

# ONTARIO INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (OIS)

## EXECUTIVE SUMMARY

### Introduction

As the first province-wide study of this scope, the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) examines the characteristics of children and families investigated by the province's 54 children's aid societies (CASs). According to provincial legislation, investigations of suspected child abuse or neglect are mandatory and must be conducted when reported. The objectives of the OIS were:

1. To estimate the annual incidence of reported and substantiated child maltreatment in Ontario.
2. To describe the type and severity of reported maltreatment.
3. To examine child, family and agency characteristics that are associated with the type and severity of maltreatment and with case disposition.
4. To provide a basis for examining incidence rates over time as well as for comparing Ontario rates with rates in other jurisdictions.

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The OIS provides an estimate of the number of cases (child-based, as opposed to family-based) of suspected child maltreatment (physical abuse, sexual abuse, neglect and emotional maltreatment) reported to, and investigated by, Ontario child welfare agencies in 1993 (screened-out reports not included). Cases open more than once during the year are counted as separate investigations, and the estimated duplication rate is 25 percent. The estimates are presented in terms of three levels of substantiation according to the following definitions:

- A case is considered *substantiated* if it is the worker's professional opinion that there is sufficient evidence that abuse or neglect has occurred.

- A case is *suspected* if there is not enough evidence to substantiate maltreatment, but neither is there enough evidence to rule out the possibility of maltreatment.
- A case is *unfounded* if there is sufficient evidence to conclude that the child has not been maltreated.

*(Readers are referred to the OIS Report for details on the overall definitional framework for the study.)*

## **Methodology**

Due to the regional diversity existing within the province, as well as the variation in agency size, a sample survey approach was utilized to provide a composite overview of the incidence and type of abuse and neglect. The final sample yielded 2,950 family intake cases, drawn from a total population of 53,000 such cases opened in Ontario in 1993. In this sample, two-thirds (1,898) of the family cases were opened for investigation of suspected abuse or neglect, involving a total of 2,447 child investigations. These 2,447 child investigations form the core sample used for estimating the incidence of reported child maltreatment, and for most subsequent analyses.

Information was collected using a two-page form designed to be completed with the written assessments that are required by the province within 21 days of the initial complaint. The design of the form was based on the questionnaires used for the two U.S. National Incidence Studies.<sup>1</sup>

The size of the OIS sample ensures that estimates for figures such as the overall rate of reported maltreatment, substantiation rates and major forms of maltreatment have low margins of error. However, the margin of error increases for estimates involving less frequent events, such as the number of child fatalities. Provincial and regional incidence estimates were calculated by annualizing the data, applying regional weights to reflect the relative sizes of the study agencies, and by dividing the estimated number of investigated children by the provincial child population (0 to 15 years old). Children investigated more than once in a year were counted as separate investigations.

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<sup>1</sup> U.S. Department of Health and Human Services, National Centre on Child Abuse and Neglect *Study of National Incidence and Prevalence of Child Abuse and Neglect* (NIS1:1981) (NIS2:1986), Washington DC: Author.



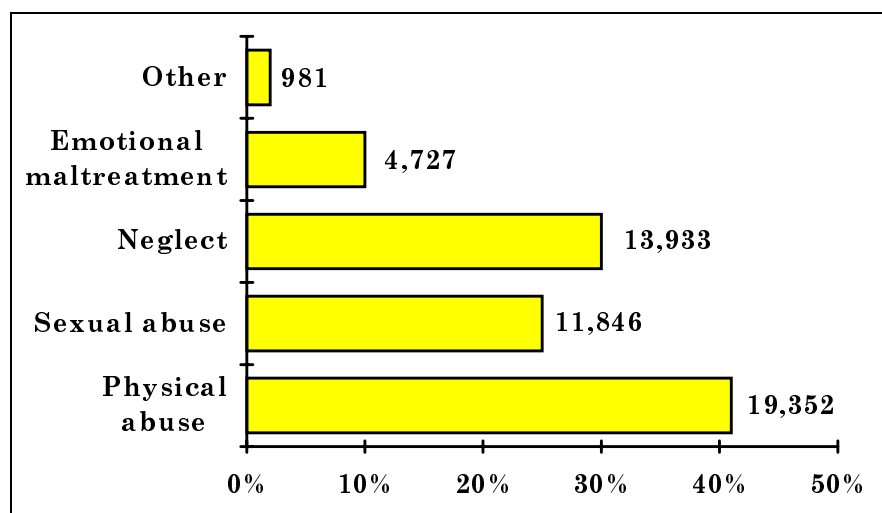
## ANNUAL INCIDENCE

**An estimated 46,683 child maltreatment investigations were undertaken in Ontario in 1993.**

**This represents an estimated incidence of 21 per thousand children in Ontario.**

Of these investigations 19,352 involved suspected physical abuse, 11,846 involved suspected sexual abuse, 13,933 involved suspected neglect and 4,727 involved suspected emotional maltreatment (Figure 1). In 88 percent of investigations there was only one form of suspected maltreatment, while in 12 percent of cases there were two or more forms of suspected maltreatment.

Figure 1. Forms of investigated maltreatment\*



\*Total is more than 100% because of overlap among multiple forms of maltreatment.

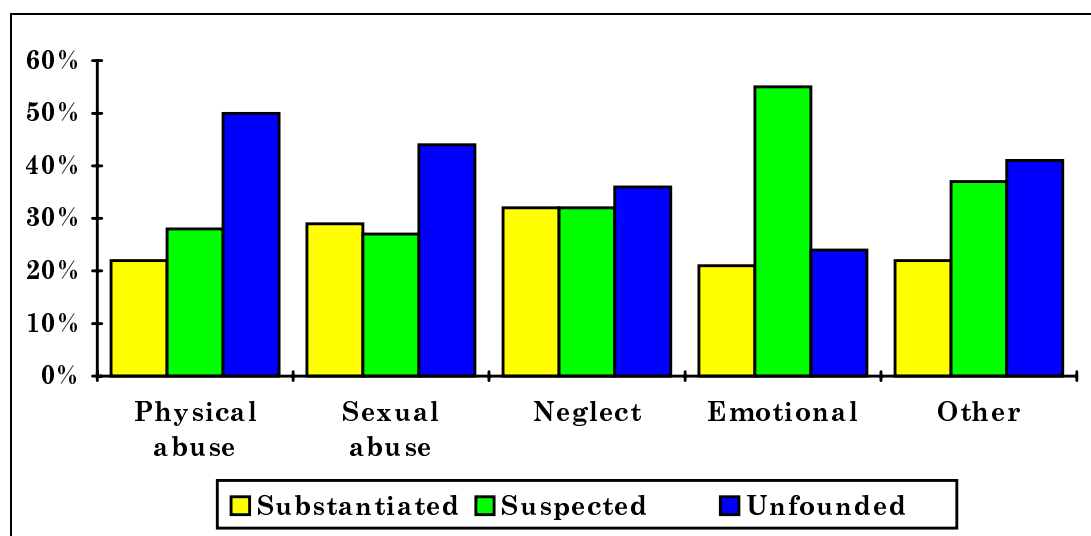
In close to sixty percent of cases, maltreatment was either substantiated or suspected upon completion of the investigation.

**27% of cases were *substantiated*,  
30% were *suspected*, and  
42% were *unfounded*.**

Although the relatively large proportion of unfounded cases may surprise some readers, it is consistent with American substantiation rates.

Rates of substantiation vary by form of maltreatment. Of substantiated cases, 36 percent involved neglect, 34 percent involved physical abuse, 28 percent involved sexual abuse and 8 percent involved emotional maltreatment. Figure 2 shows the rate of substantiation for each form of maltreatment. Since data were collected at the time of the mandatory 21-day period for filing reports, the substantiation rate may increase later with further follow-up.

**Figure 2. Substantiation rates by forms of maltreatment**



## Physical Abuse

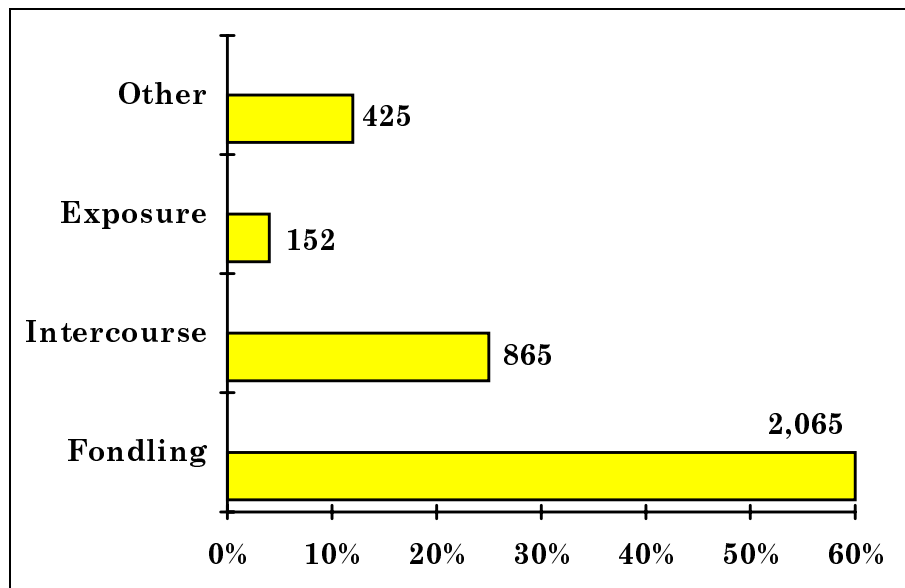
Physical abuse allegations comprised almost half of all investigations. Twenty-two percent were substantiated, 28 percent were suspected and 50 percent were unfounded. The CFSA (Child and Family Services Act of Ontario) definition of physical abuse used for this study includes situations in which the child has suffered harm as well as those in which a child is at risk of suffering harm. No distinctions were made between subtypes of physical abuse. An aspect of substantiation in these cases includes the fact that many physical abuse cases involve situations where there may be difficulty distinguishing between corporal punishment and physical abuse.

**Problems with punishment or discipline were a factor in 72% of substantiated physical abuse cases.**

## Sexual Abuse

There were an estimated 11,846 child investigations of sexual abuse in Ontario in 1993. Twenty-nine percent of all investigations were substantiated, with a slightly higher substantiation rate for cases involving intercourse (40 percent) than for exposure (33 percent) and fondling/touching (30 percent). One quarter of substantiated cases involved intercourse and a further sixty percent involved touching or fondling of genitals. (Figure 3) The "other" category includes other sexual activities such as showing pornography.

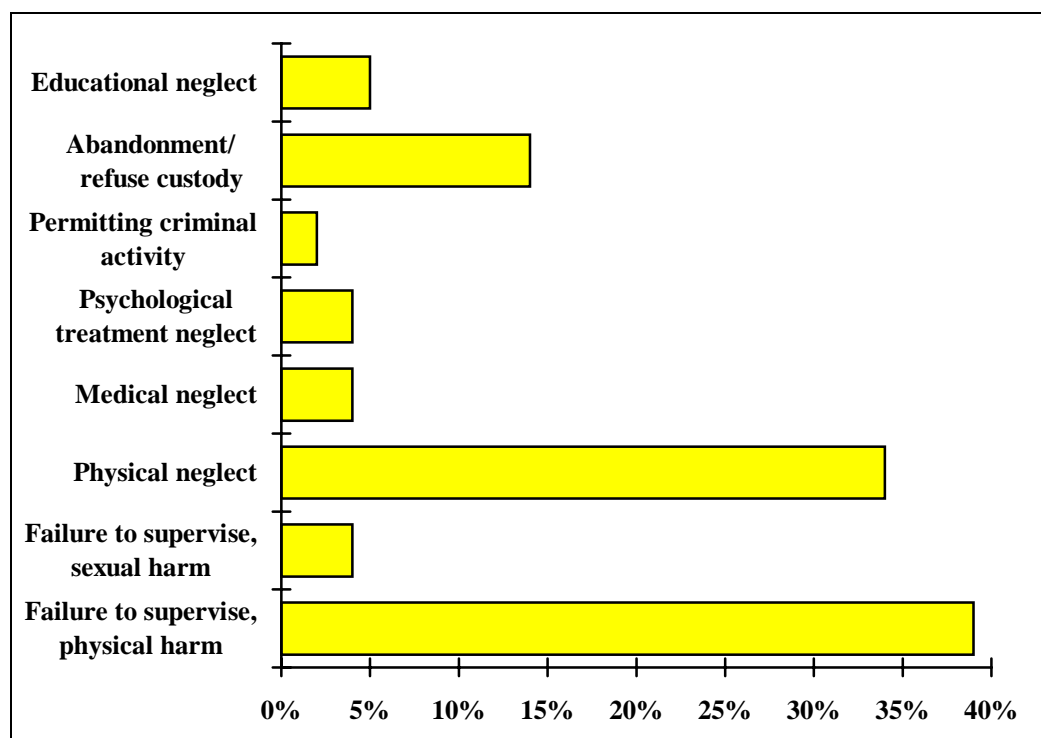
Figure 3. Forms of substantiated sexual abuse



## Neglect

Child neglect was the second most frequently investigated form of maltreatment and it was the most common form of substantiated maltreatment. There were an estimated 13,933 investigated cases of child neglect. More than 40 percent of substantiated cases of neglect involved supervision problems, and an additional 34 percent involved physical neglect (e.g., inadequate nutrition, clothing or hygiene, or hazardous living conditions). (Figure 4) In many of these cases, especially those involving physical neglect, the distinction between poverty and maltreatment is difficult to make.

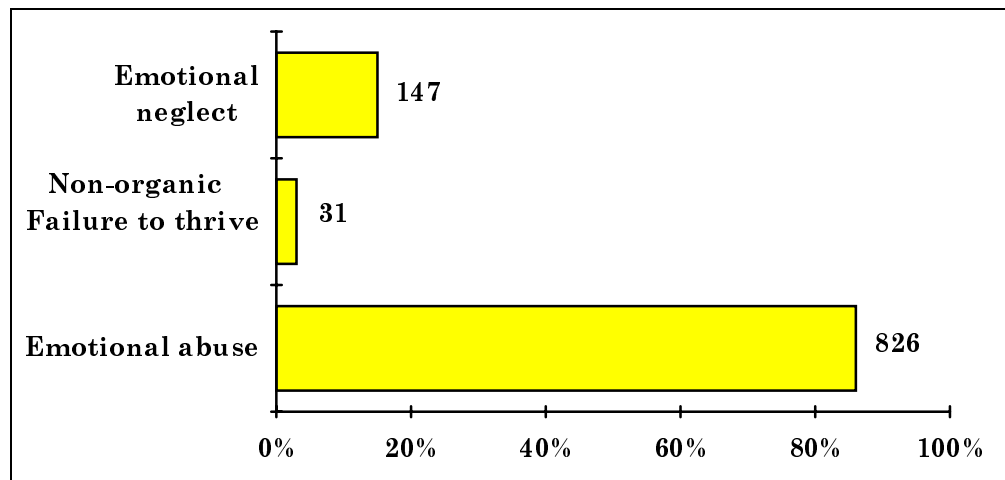
Figure 4. Forms of substantiated child neglect



## Emotional Maltreatment

Ten percent of investigations involved suspected emotional maltreatment. Most of the substantiated emotional maltreatment cases were specifically due to concerns about emotional abuse. Emotional neglect accounted for most of the other cases (12 percent of substantiations), and non-organic failure to thrive was very rarely identified.

Figure 5. Forms of substantiated emotional maltreatment





## CHARACTERISTICS OF MALTREATMENT

### Nature and Severity of Harm

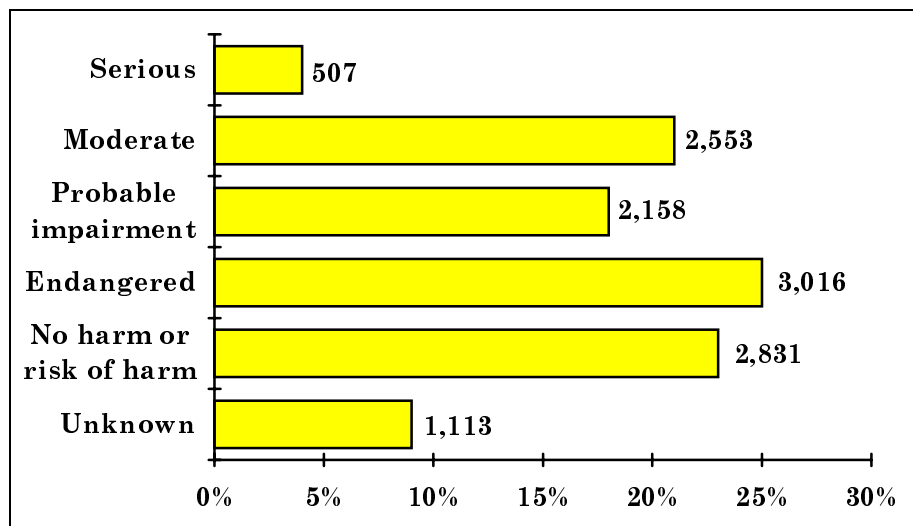
In physical abuse investigations, harm was generally a physical injury, whereas for all other forms of investigated maltreatment the harm was more likely to be mental or emotional. Although future harm is assessed under the probable impairment category, it is possible that later assessment may uncover other forms of undetected harm. The nature of harm was unknown in 19 percent of all substantiated maltreatment cases.

**63% of substantiated physical abuse cases involved a physical injury or risk of injury**

**47% of substantiated sexual abuse cases involved emotional impairment or risk of impairment**

Ratings of severity of harm ranged from "no harm or risk of harm" to "fatal". A rating of "endangered" or "probable" can refer to potentially serious injuries. (Figure 6)

Figure 6. Severity of harm for substantiated cases



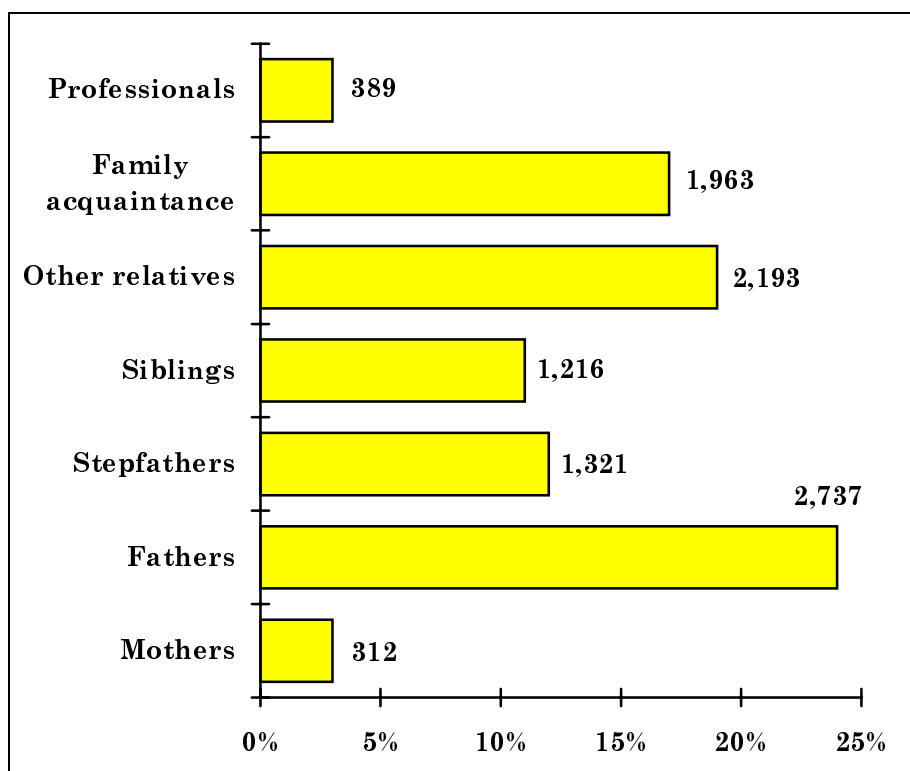
## Perpetrators

**In 75% of cases the alleged perpetrator was either both parents or the mother, father or stepfather.**

However, the identity of the alleged perpetrator was strongly associated with particular forms of maltreatment. Mothers were involved in most cases of neglect (82 percent) – they are most often held responsible for neglect because they are the parents who are usually the most actively involved; if fathers were held accountable, the proportion of neglectful mothers would be much smaller. Fathers were more likely to be involved in cases of physical abuse (54 percent).

In cases of investigated sexual abuse, 90 percent of alleged perpetrators were male. Siblings, 95 percent of whom were brothers, were suspected in 11 percent of sexual abuse investigations. Grandparents, uncles, aunts and cousins comprised the "other relative" group and 91 percent were male. Professionals were involved in 3 percent of investigated cases. (Figure 7)

Figure 7. Perpetrator-child relationships in alleged cases of sexual abuse



## Outcomes of Investigations

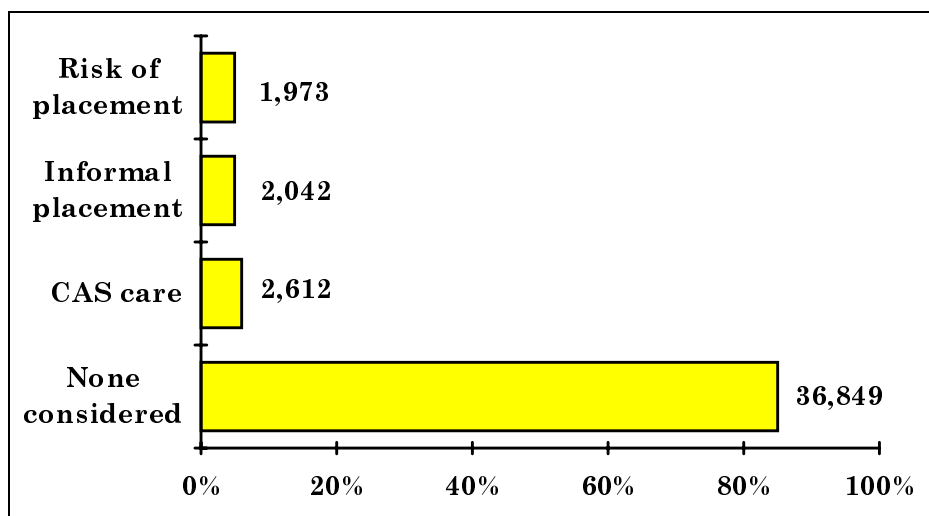
By the time the initial investigation was completed, plans to provide some form of ongoing services (either by the children's aid society involved or through referral to another agency) were made for 43 percent of investigated cases. In substantiated cases, 66 percent were designated to receive ongoing services.

**Police were involved in 23% of all investigations**

**Criminal charges were laid in 6% of investigations**

Data on police charges reflects only those charges laid by the end of the 21-day assessment period following the initial report of abuse. Additional charges may be laid and more children may be admitted to care at a later date. An application to child welfare court was made for 8 percent of investigations, with an additional 4 percent of cases at risk of being brought before the courts. Six percent of investigated children were admitted to care from intake and another 5 percent were perceived to be at risk of placement. An additional 5 percent of children had been placed informally with a relative or neighbour. (Figure 8)

**Figure 8. Placement status of investigated cases after investigation**

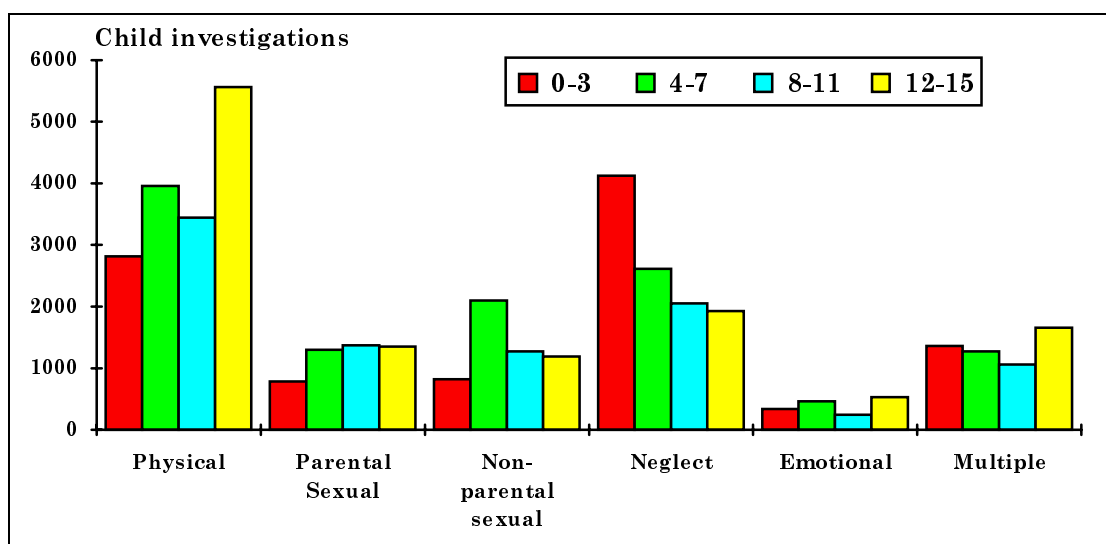


## CHILD AND FAMILY CHARACTERISTICS

### Age and Gender

While all age groups were represented, more children were investigated in the adolescent age groups than in any other. Investigations involving older children and adolescents were more likely to be substantiated. (Figure 9)

Figure 9. Age of child by forms of investigated maltreatment



Slightly more girls (54 percent) than boys were investigated for suspected maltreatment, and two-thirds (65 percent) of suspected sexual abuse cases involved girls. Boys were most strongly represented in the area of physical abuse, especially in the 0- to 3-year-old category where boys accounted for 59 percent of investigations. However, investigated female adolescents outnumbered male adolescents even in cases of suspected physical abuse.

## Family Structure

**Investigated families were substantially younger compared to the average age of caregivers in Ontario.**

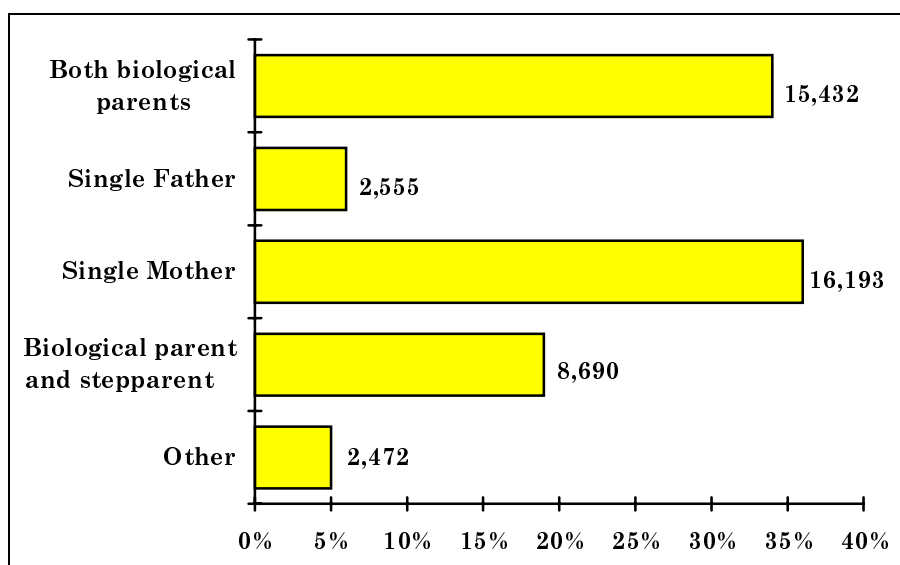
Twenty-three percent of lone-parent OIS families were under 25, compared to 11 percent for the province, and 12 percent of OIS two-parent families were under 25, compared to 2 percent for the province.

**42% of reported families were led by single parents.**

This is more than three times the rate of lone parent families in the general population, indicating that these families were at high risk of being reported for suspected child maltreatment. However, it should be noted that lone parent families were also more likely to be living in poverty, which may be the factor placing these families at such high risk of being reported. (Figure 10)

The high proportion of reconstituted families (i.e., including a step-parent) is consistent with previous research that has found that step-parents are at higher risk of sexually or physically abusing their step-children.

Figure 10. Family structure of investigated children



The largest group of investigated children (40 percent) came from families with two children. Thirty-one percent of investigated children had no siblings, 40 percent had one sibling, and 28 percent had two or more siblings.

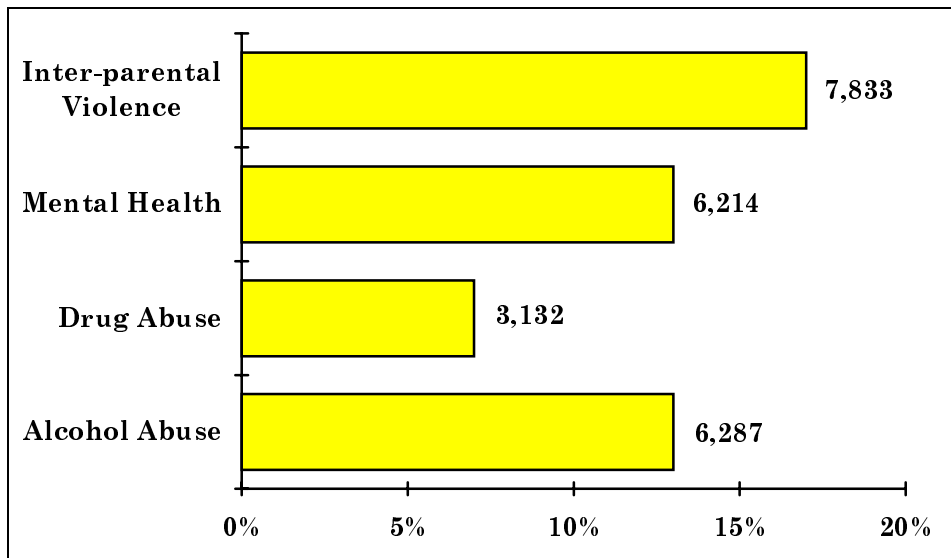
### Risk Factors

In a third of the child maltreatment investigations, parents were judged to be having difficulties with substance abuse, mental health or spousal violence (Figure 11). Suspected maltreatment was generally more likely to be substantiated in these families.

#### Inter-parental violence was suspected in 17% of investigations

Alcohol abuse was a suspected problem in 13 percent of investigations and drug abuse was a concern in 7 percent of investigations. These two groups overlapped considerably – in 70 percent of cases where workers were concerned about drugs, they also had concerns about alcohol.

Figure 11. Parental risk factors

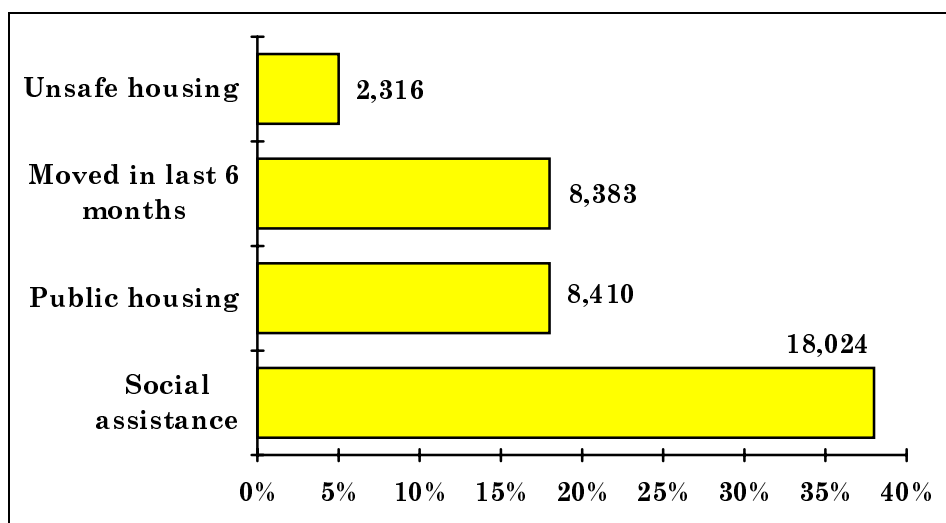


## Income and Housing

**At least 36% of investigated families depended on social assistance as their primary source of income.**

When cases with missing information were excluded, the proportion of investigated families dependent on social assistance increased to 50 percent. This is more than double the provincial rate of 23 percent.

**Figure 12. Income and housing of investigated children's families**



Income and source of income were strongly related to the forms of maltreatment investigated. Children dependent on social assistance were more likely to be investigated because of suspected neglect than were children from families dependent on full-time paid employment (43 percent vs. 13 percent). This relationship between poverty and child neglect has been systematically documented in numerous studies. For example, in the second U.S. National Incidence Study, families with incomes under \$15,000 were 7 times more likely to be reported for child neglect than were families with incomes over \$15,000. In contrast, children from higher income families and children from families dependent on full-time paid work were much more likely to be reported because of suspected physical abuse or sexual abuse.

### Referral Rates

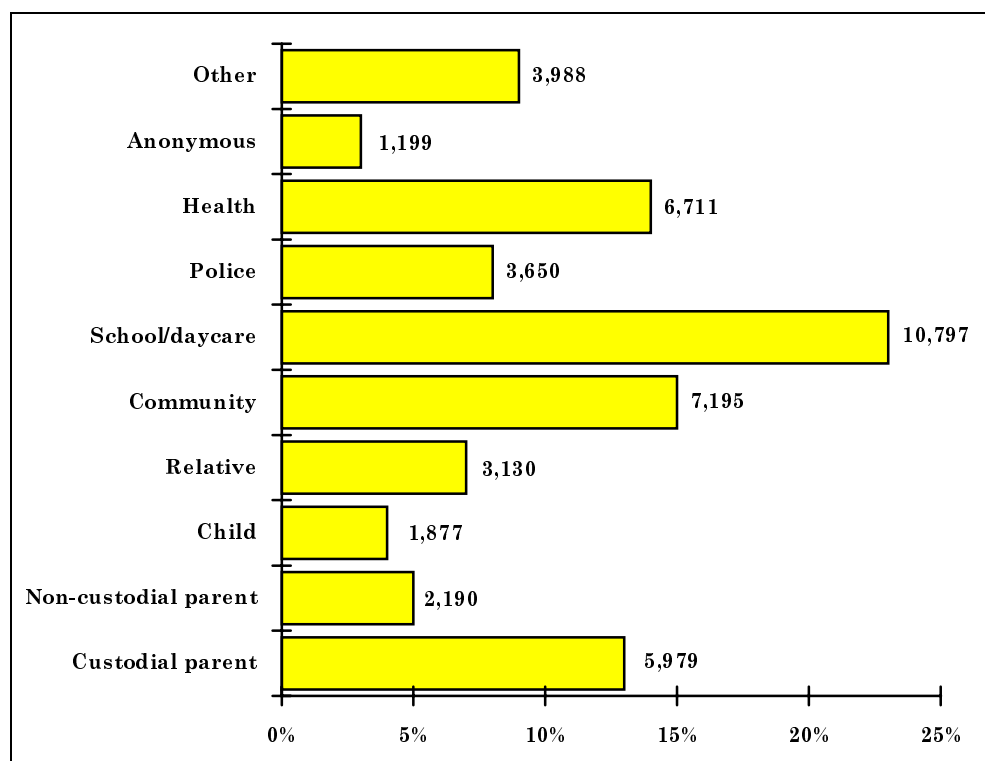
The three most common sources of referral were schools, neighbours or acquaintances, and parents themselves (Figure 13). Referrals from custodial parents, the police and medical personnel were most likely to be substantiated, whereas referrals from non-custodial parents were less likely to be substantiated. Anonymous referrals were relatively rare (3 percent of all investigations) and were the least likely of all types of referrals to be substantiated (10 percent).

Workers were asked to specify whether they felt that any unsubstantiated referrals had been made maliciously.

**An estimated 2.5% of investigations  
were considered to have been made  
with malicious intent.**

Allegations of neglect or physical abuse were most likely to be the subject of malicious referrals.

Figure 13. Source of referral





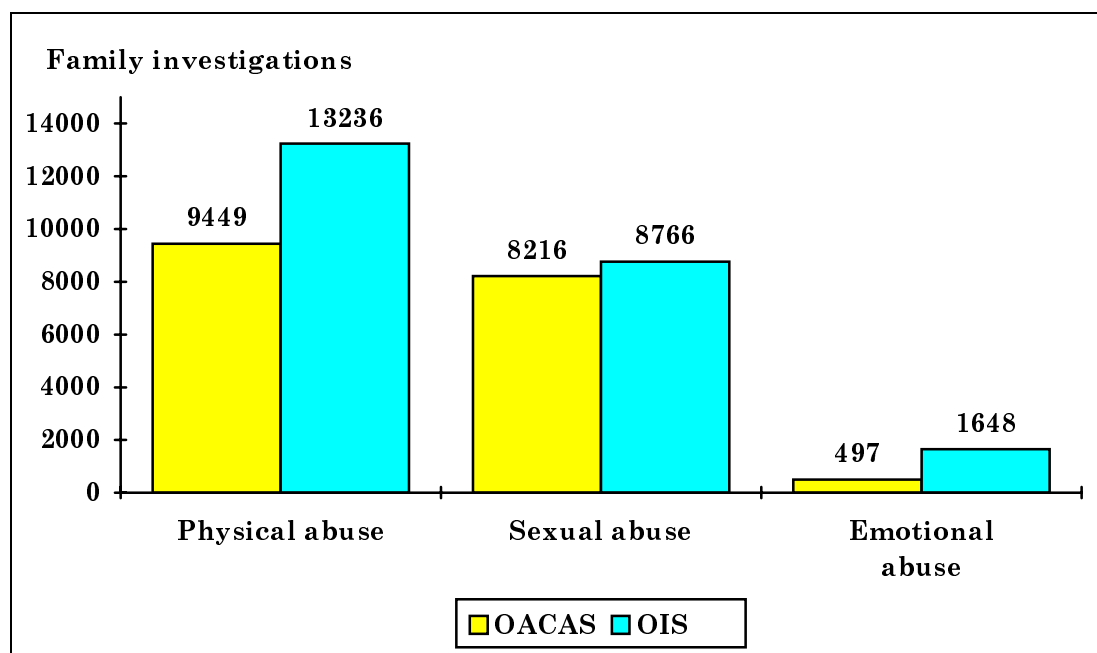
## COMPARATIVE ANALYSIS

### Ontario

There were 18,845 abuse allegations reported to the Ontario Association of Children's Aid Societies (OACAS) in 1990. Using the same family-based approach to recalculate OIS estimates for 1993 yields comparable results: 23,650 families investigated for alleged abuse.

There were also comparable results in data relating to "family service openings". In the 1989 OACAS survey, 50,491 family service cases were reported to have been opened for service. According to the OIS estimates, in 1993 53,000 families were opened at intake. (Figure 14)

Figure 14. Comparison of OIS and OACAS allegation data

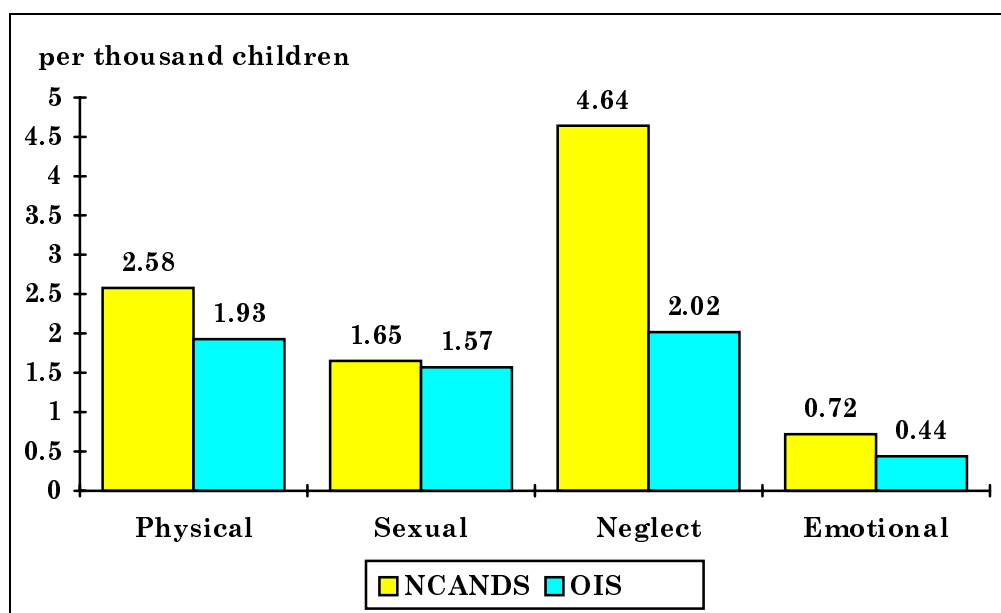


## United States

**U.S. incidence is estimated at  
43 per thousand,  
double the OIS estimate of 21 per thousand.**

This statement is based on a comparison of OIS results with the estimated incidence of investigated child maltreatment in the United States, as reported by NCANDS (1991).<sup>2</sup> The difference can be accounted for primarily by rates of investigated child neglect that were two times higher in the U.S. (Figure 15) The higher rates of child neglect may be the result of the higher rates of poverty in the U.S. as well as the limited social service, medical and educational programs available to many families in the U.S.

**Figure 15. Comparison of Ontario and U.S. (NCANDS) rates of substantiated maltreatment**



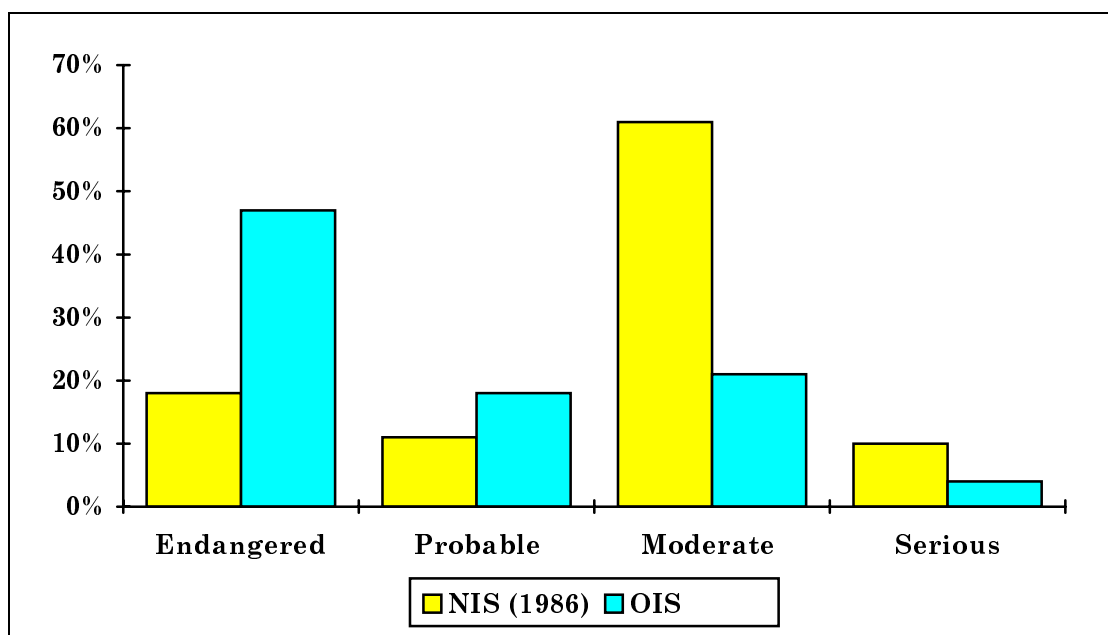
<sup>2</sup> *National Child Abuse & Neglect Data System: 1991 Summary Data Component*, U.S. Department of Health & Human Services, 1992. These estimates are calculated from the tables provided; states with missing data were excluded.

Data from the U.S. National Incidence Study provide an additional basis for comparison. Figure 16 compares the proportion of "severe harm" cases in both studies.

**The Ontario child welfare system appears to deal with fewer and less serious cases of child maltreatment than does the American child welfare system.**

Comparing the severity data from the two studies suggests that the lower rates of investigated maltreatment in Ontario are unlikely to be caused by a lower case detection rate in Ontario. If the case detection rate were lower in Ontario, one would expect that only the more serious cases were being identified.

**Figure 16. OIS and NIS severity of harm for substantiated maltreatment**



## Future research

This first report presents the descriptive findings from the OIS. Because of its relatively large sample size, this data base lends itself well to further analysis of the relationships between different variables and sub-populations. More extensive multivariate analyses are being conducted with the OIS data. These analyses will be conducted along four major lines of inquiry:

1. determining factors that influence outcomes of investigations (substantiation, court, placement and provision of services);
2. exploring the characteristics of different subtypes of reported maltreatment; and
3. examining the differences between CAS cases opened because of suspected child maltreatment and cases opened for other reasons.
4. comparing the incidence of reported maltreatment in Ontario to incidence estimates derived from the 1993 United States National Incidence Survey (NIS3).

Several additional studies are planned:

1. a follow-up study of the 3,000 OIS families;
2. similar surveys at regular intervals to examine reporting and investigation trends over time;
3. incidence studies in other provinces to develop a much more accurate profile of the kinds of families and children who are coming into contact with child welfare services in Canada; and
4. surveys of reporting practices of different professional groups.

A list of publications will be available from Dr. Trocmé and the Institute for the Prevention of Child Abuse.

# 1 INTRODUCTION

The following report presents the major descriptive findings from the 1993 Ontario Incidence Study (OIS) of Reported Child Abuse and Neglect. The OIS is the first province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Ontario Children's Aid Societies. The incidence estimates presented in this report are based on a survey completed by child welfare workers of a representative sample of 2,447 child maltreatment investigations. This introduction provides an overview of the Ontario child welfare system, describes the various data collection systems currently in place, discusses the rationale and objectives of the OIS, presents the definitional framework used and outlines the report format.

## 1.1 Context: Child Welfare in Ontario

Child welfare legislation and services are organized in Canada at the provincial level. While services in most provinces are delivered through a centralized government agency, Ontario child welfare services are delivered through a provincially regulated system of Children's Aid Societies (CAS). These agencies are private non-profit organizations funded primarily through the provincial Ministry of Community and Social Services (MCSS). Each CAS is an autonomous organization that sets its own intervention policies within the broad guidelines set by MCSS. As a result, there is variation in how services are organized, in the budgetary priorities that are set (e.g., proportion of staff time devoted to prevention and community support services) and even in the interpretation of child protection mandates (e.g., the extent to which cases of alleged non-parental sexual abuse should be investigated by CASs). While this unique blend of government financing and an autonomous private service delivery system allows for the development of innovative programs and agencies

with strong community links, it has not supported the development of province-wide documentation of these services.

There are currently fifty-four CASs across the province. Each society provides services in one of forty-seven geographic areas, usually delimited on the basis of county boundaries. In most areas, a single society serves the whole population, with the exception of the three Native (Payukatano, Tikinagan North and Weechi-it-te-win), three Catholic (Essex, Hamilton and Toronto) and one Jewish (Toronto) CASs that serve specialized populations within the boundaries of the non-specialized agencies. Child welfare services provided by CASs include child protection investigations, in-home family support services, and foster care and group care services. Some agencies run their own residential treatment programs, and some provide integrated services that include both child welfare services and broader counselling services for individuals and families.

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The mandate of Ontario CASs is set by the Child and Family Services Act, 1984 (CFSA). The CFSA gives authority to CAS social workers to investigate all allegations of suspected child abuse and neglect<sup>3</sup>, and it sets the conditions under which children may be removed from their parents' care. The CFSA is generally viewed as a non-interventionist piece of legislation that seeks a balance between the child's interests and family autonomy. While "promoting the best interests, protection and well-being of children" (Section 1[a]) remains a core principal of the legislation, it is offset by the "least restrictive" rule (Section 1[c]) that requires the intervening agency to demonstrate that a less restrictive course of action was attempted, or that a child is at such imminent risk that a less restrictive action is not possible.

Another salient feature of the CFSA is the definition of "child in need of protection" (Section 37[2]) that defines the grounds for court-ordered interventions (Appendix G). Neither the terms "abuse" nor "neglect" are used in this section; instead, the legislation focuses on specific evidence of harm or risk of harm to a child (e.g., "suffered physical harm," or "sexually molested," or "emotional harm").

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<sup>3</sup> Investigations involving potential criminal matters are conducted jointly with the police. In some cases of non-parental sexual abuse, the investigation is carried out solely by the police.



The CFSA also provides a mandatory reporting clause (Section 68) which includes the general public as well as specified professional groups. Outside of the solicitor-client privilege, this duty to report has precedent over any other confidentiality restrictions. For more information on child welfare services in Ontario, see Trocmé (1991)<sup>4</sup>

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## 1.2 Child Welfare Information Systems

The following sections describe the information currently available on reported child maltreatment in Ontario and the United States, as well as population survey data on the childhood prevalence of sexual abuse and the incidence of physical abuse.

### Ontario Child Welfare Information Systems

Child welfare service information is collected at four different levels in Ontario: (1) individual agency management information systems, (2) annual surveys of the Ontario Association of Children's Aid Societies (OACAS), (3) quarterly reports to the Ministry of Community and Social Services, and (4) reports made to the Ontario Child Abuse Register.

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□ Individual agencies have no standard method for collecting child abuse and neglect investigation data. Each agency has its own management information system although some agencies share the same information software. While all agencies track physical abuse and sexual abuse cases, there is little consistency in the way other types of maltreatment are categorized. Other key case characteristics, such as substantiation rates, are not documented.

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□ Province-wide child welfare statistics are published annually by OACAS. Aggregate service, personnel and financial data are collected from member

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<sup>4</sup> Trocmé, N. (1991) *Child Welfare Services* in Barnhorst & Johnson (eds.) *The State of the Child in Ontario*. Oxford University Press, Toronto.



agencies.<sup>5</sup> The only information on child maltreatment included in the annual survey is the number of child abuse investigations conducted. These cases are broken down into physical, sexual and emotional abuse allegations. While these data appear to have been fairly reliable in the past, changes made in 1990 to the OACAS survey make the more recent abuse investigation data unusable.

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The Ministry of Community and Social Services collects some service information from CASs each quarter. However, these reports do not include information on child abuse and neglect investigations. Furthermore, since 1987, the Ministry has stopped tabulating this information on a provincial basis.

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□The Ontario Child Abuse Register (OCAR) documents cases of substantiated child abuse and neglect that are placed on the official Register. Unfortunately, reporting practices appear to vary considerably from one agency to another, thereby limiting the usefulness of these data provincially.<sup>6</sup>

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□In addition to some of the problems noted above, these data bases do not document multiple forms of maltreatment, do not clearly distinguish between children and families as the units for investigation, and provide little additional information about the characteristics of these investigated cases.<sup>7</sup> The lack of reliable information on the scope and characteristics of reported child abuse and neglect in Ontario provided the initial rationale for conducting the present study.

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<sup>5</sup> Of the fifty-four CASs in Ontario, fifty are members of OACAS and provided data for the 1990 service information survey. Data from the three Native CASs are not included in the OACAS report; see Trocmé (1991) for further details.

<sup>6</sup> While the number of child maltreatment investigations documented by OACAS has steadily increased – 13,000 in 1986 to 16,837 in 1989 – reports to the OCAR have been decreasing – 2,151 in 1986 to 1,445 reports in 1989.

<sup>7</sup> For further review, see Trocmé, *Estimating the scope of child abuse and neglect in Ontario*, Institute for the Prevention of Child Abuse, Toronto, 1993.

## National and International Information Systems

No Canadian national organization regularly collects child welfare service data. A national review of provincial child welfare systems has just been completed by Health Canada.<sup>8</sup> This report provides child welfare statistics reported by each province (the OACAS data were used for Ontario). However, discrepancies in the way data are collected in each province do not allow for inter-provincial comparisons, nor do they provide a basis for estimating national child welfare statistics.

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Several national American child welfare data bases have been developed over the past two decades.<sup>9</sup> The most comprehensive source of statistics is the National Child Abuse and Neglect Data System (NCANDS), developed in close consultation with the forty-nine participating states by the U.S. Department of Health and Human Services (USDHSS). As with the OACAS information system, NCANDS uses a survey method whereby each participating state provides aggregate child welfare statistics. To assist state reporting and improve data quality, technical assistance is made available to each reporting state. Total number of reports received are monitored by family and by child, and substantiated abuse and neglect cases are documented by child. Substantiation rates are documented for each state, duplication rates and multiple maltreatments are only documented in a handful of states. The U.S. Department of Health and Human Services has also conducted three National Incidence Surveys (NIS) of child maltreatment, both at the level of child protection agencies as well as among professionals involved with children.<sup>10</sup> The OIS uses a similar design to the NIS studies although the scope of the OIS is limited to official reports of suspected maltreatment.

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<sup>8</sup> *Child welfare in Canada*, Federal-provincial working group on child and family service information, Health Canada, Ottawa, 1994.

<sup>9</sup> Up to 1988, the American Association for the Protection of Children was the major source of national U.S. data. The AAPC is now a partner in NCANDS. Since 1986, the National Center for the Prevention of Child Abuse has conducted annual phone surveys of state child maltreatment statistics.

<sup>10</sup> Sedlack (1991), *National incidence and prevalence of child abuse and neglect: 1988, Revised report*. Westat (Rockville, MD).

## Population Surveys

In addition to these child welfare data bases, population surveys have been conducted to examine the incidence and prevalence of specific forms of maltreatment as identified by adult victims or parents. Unlike child welfare data bases that are restricted to reported cases, the population survey method allows identification of both reported and unreported cases of maltreatment. However, even this method underestimates the true prevalence of child maltreatment because victims or parents may be reluctant to disclose abuse.

Population surveys have been particularly effective at documenting the prevalence of childhood sexual abuse. Surveys using similar definitions of sexual abuse have generally found comparable rates of childhood prevalence.<sup>11</sup> The most comprehensive Canadian study is the National Sexual Abuse Survey conducted for the Committee on Sexual Offences Against Children and Youths (Badgley et al., 1984). The Badgley survey found that 10.6 percent of respondents reported being sexually touched or assaulted by the age of 16 and 19.2 percent reported at least one incident of sexual abuse ranging from exposure to sexual assault. It should be noted that population prevalence estimates cannot be directly compared to annual incidence estimates (see 1.5 Definitional Framework: Timeframe).

Two national American family violence surveys have been conducted to estimate the annual incidence of child physical abuse.<sup>12</sup> The surveys asked respondents about their own parenting practices and included specific questions about different forms of physical violence they may have used on their children. Using the most narrow definition of physical assault (excluding spanking and other forms of corporal punishment, such as "hitting with an object such as a stick or a belt"), the survey found that 1.9 percent of parents reported seriously assaulting their children in 1985.

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<sup>11</sup> Feldman, W., Feldman, E., et al. (1991). Is childhood sexual abuse really increasing in prevalence? An analysis of the evidence. *Pediatrics*, 88(1), 29-33

<sup>12</sup> Gelles, R.J., and Straus, M.A. (1987). Is violence towards children increasing? *Journal of Interpersonal Violence*, 2(2).

A key source of information on population prevalence of abuse in Ontario will soon be available with the recently completed Ontario Mental Health Survey. The survey includes questions about childhood histories of physical abuse and sexual abuse.

### 1.3 Definitional Framework<sup>13</sup>

Statistics describing the incidence and prevalence of child abuse and neglect are easily misinterpreted when taken out of context. Variations in definitions and data collection methods lead to significant differences in estimates of the scope of child maltreatment. The following discussion and framework is provided to assist readers in interpreting the statistics included in this report.

#### The Issues

Variations in reported rates of child abuse and neglect can be attributed to two types of problems: the lack of a standard definition of child abuse and neglect, and the lack of consistent data collection and reporting methods. Definitional differences can have considerable impact on reported rates. For example, the U.S. National Incidence Study<sup>14</sup> found that by adding "substantial risk of harm" in their definition of child physical neglect, their estimates of the annual rate of reported neglect tripled.<sup>15</sup> Similarly, the Badgley Report's estimates of the prevalence of child sexual abuse double if one includes threats and acts of exposure.

Unfortunately there is no consensus about definitions of child maltreatment. Definitions have been shown to vary substantially on the basis of differences in

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<sup>13</sup> Adapted from Trocmé (1993) Op. Cit. For more details and references, see original document.

<sup>14</sup> U.S. Department of Health and Human Services (USDHSS), National Center on Child Abuse and Neglect (1988). Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988 (NIS1), Washington DC: Author.

<sup>15</sup> This is a particularly controversial issue in Ontario because "substantial risk of harm" is included in principle as a reason for mandated intervention in the *Child and Family Services Act* (1984), but in practice it has been much more difficult to intervene before harm occurs.

legal mandates, professional practices, and social and cultural values. The lack of standards in defining child abuse and neglect have been repeatedly identified as the major obstacle to the development of child maltreatment research and practice. Progress is being made in setting clearer criteria for defining abuse and neglect, although the establishment of completely "objective" criteria is constrained by the fact that in practice judgements about child maltreatment are shaped by a complex array of changing community interests and values.

Beyond differences between research and legal definitions, it should also be recognized that child protection agencies and practitioners develop their own standards that do not necessarily reflect the legislation they operate under. Furthermore, even within agencies there is evidence that, in practice, standards are influenced by factors such as neighbourhood characteristics and caseload sizes.

A second and related source of variation in maltreatment rates arises from differences in the way statistics are collected and reported. Child maltreatment statistics can end up measuring very different things, depending on who collects them and how they are collected. Some rates refer to the number of reported incidents, others to the number of children harmed. Some refer to all allegations, others refer only to allegations that have been substantiated by a thorough investigation. Some rates are based on annual incidence counts, while others measure childhood prevalence. These differences limit direct comparison of maltreatment statistics derived from different data sources. However, unlike the more intractable definitional problems, these issues can be resolved by clearly specifying data collection methods. The following framework provides a basis for comparing child maltreatment statistics by considering the effect of different data collection methods on maltreatment statistics.

## Forms of Maltreatment

A first area of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the *forms of maltreatment* included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other forms such as neglect and emotional maltreatment are not systematically included. There is even less consensus with respect to subtypes of maltreatment. For instance, some child welfare statistics include only parental sexual abuse, non-parental sexual abuse being dealt with by the criminal system.

The OIS definitions include seventeen forms of child maltreatment: physical abuse, four forms of sexual abuse, eight forms of neglect, three forms of emotional maltreatment, and an "other" maltreatment category. This broad spectrum is designed to include as many types of maltreatment as possible, and goes beyond the forms defined in Ontario's child welfare legislation. Estimates based on a strict interpretation of the legislation are presented in the report.

Documentation of *multiple forms* of maltreatment is also problematic. Many child welfare information systems only have the capacity to classify cases in terms of a single form of maltreatment. Systems that count only one form of maltreatment tend to under-count neglect and emotional maltreatment because they often appear in conjunction with abuse, but are generally considered to be less serious. Over ten percent of OIS investigations involved more than one form of maltreatment.

## Timeframe

Maltreatment statistics can also be misinterpreted because of a lack of clarity about the *timeframe* to which statistics refer. The most serious source of confusion is the difference between annual incidence and childhood prevalence. *Childhood prevalence* refers to the number of people maltreated at any point during their childhood, whereas *annual incidence* refers to the number of children maltreated in a single year. The relationship between the two is complicated and is determined by the duration of maltreatment, the number of

separate incidents, and age at onset. While this use of the term incidence is common in child welfare, it is different from the way the term is used by epidemiologists, where incidence usually refers to the number of new cases of a disease or disorder.

The *reporting year*, especially in examining official child maltreatment statistics, can significantly affect documented rates of maltreatment, since reporting rates change over time. For instance, in Ontario from 1985 to 1989 there was a 57 percent increase in the number of documented child abuse allegations received.

### Unit of Analysis

The *unit of analysis* determines the denominator used in calculating maltreatment rates. While some statistics refer to the number of child investigations, others refer to the number of family investigations. The relationship between the two is unclear in some instances because with **family-based** statistics it is often difficult to determine how many children have been maltreated, particularly for neglect. The OIS uses **child-based** statistics to be consistent with the way most child service statistics are kept (e.g., health, corrections, education, and foster care).

Some jurisdictions (including Ontario) provide child welfare services to families where there is no suspected maltreatment. In this report these are referred to as *non-investigated* families (e.g., pre-natal counselling and child behaviour problems).

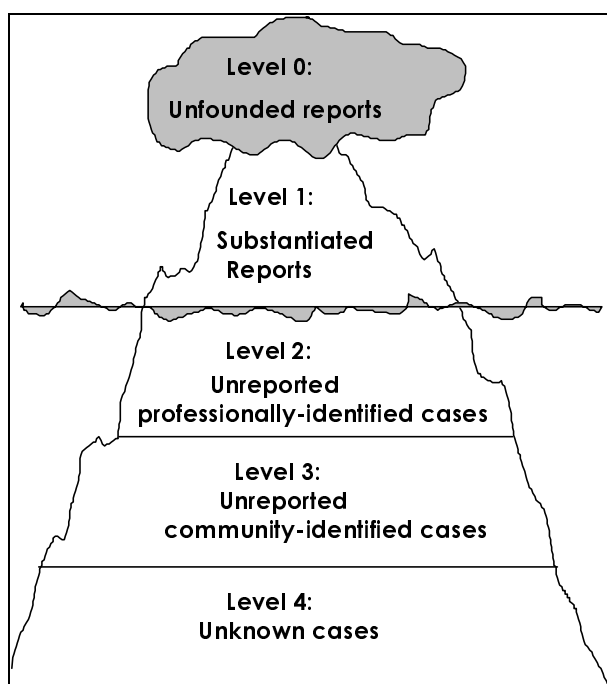
Consideration should also be given to the *age-group* included in the child welfare statistics. While Ontario child welfare interventions are restricted to children under 16, in other jurisdictions the childhood cut-off age may be 18, or even 21.

*Case duplication* can be another source of confusion in interpreting maltreatment rates. Most child welfare data bases count cases that are opened several times in a year as separate cases. While this may be a fair reflection of

workload, it leads to double-counting of the number of investigated families and children. OIS estimates are not unduplicated because the estimates are weighted using unduplicated statistics provided by the participating agencies. The estimated duplication rate for the OIS may be as high as 25 percent, which means that the actual number of investigated **children** may be 12.5 percent less than the number of child **investigations**.

### Level of Identification/Substantiation

A major source of variation in maltreatment statistics occurs with the *level of identification/substantiation* used. The following five-level "iceberg" model clarifies the relationship between levels of identification/substantiation (adapted from the U.S. National Incidence Study, 1986).



**Level 0: Unfounded reports** - alleged cases of child maltreatment reported to a CAS that are not substantiated following investigation.

**Level 1: Substantiated reports** - maltreatment reports substantiated by an investigation.

**Level 2: Unreported professionally identified cases** - maltreated children who are known to professionals working with children, but not reported to CAS.

**Level 3: Unreported community identified cases** - maltreated children who are known to community members, but not to professionals nor to the CAS.

**Level 4: Unknown Cases** - maltreated children who are known to no-one.

Figure 1. Iceberg Model: Levels of

Identification and Substantiation of Child Maltreatment





The "iceberg" provides a useful heuristic model for interpreting child maltreatment statistics. However it necessarily oversimplifies the relationship between the different levels of identification. Levels 2 and 3 could be presented side-by-side, since both professionals and the general public are sources of reports to CASs. The boundaries between the five levels are not always well-defined. There is some discrepancy in determining what gets counted as a report, and what gets counted as a substantiated report.

In many systems, level 0 can be further broken down to include reports that are (a) screened out before an investigation is even started, (b) "unfounded" because maltreatment has been definitely ruled out, and (c) "suspected" because there is insufficient evidence to conclude that the report is either "substantiated" or "unfounded". In some jurisdictions, suspected reports are included at the substantiated level.

In summary, the OIS provides an estimate of the number of cases (child-based, ages 0 to 15) of suspected child maltreatment (physical abuse, sexual abuse, neglect and emotional maltreatment) reported to, and investigated by, Ontario child welfare agencies in 1993 (screened-out reports not included). The estimates are broken down by three levels of substantiation (substantiated, suspected, unfounded). Cases open more than once during the year are counted as separate investigations, and the estimated duplication rate is 25 percent. Table 1 on the following page summarizes these elements of the definitional framework.

**Table 1. OIS Definitional Framework**

Source of data	Statistics are rarely presented with sufficient detail to allow one to consider all the data collection issues. OIS data were collected from CAS workers upon completion of their initial investigation (usually within 21 days of the report).
Forms of maltreatment	Maltreatment statistics vary considerably with respect to the forms of maltreatment included. The OIS includes seventeen forms of maltreatment under four main categories: physical abuse, sexual abuse, neglect, and emotional maltreatment.
Multiple forms of maltreatment	Failure to document multiple forms of maltreatment can lead to underestimating some forms of maltreatment. Twelve percent of OIS investigations involve more than one form of maltreatment.
Unit of Analysis	Child-based: Each investigated child counted as a separate investigation. Family-based: Unit of analysis is the investigated family, regardless of number of children investigated. OIS estimates are child-based.
Age-group	0 to 15 in Ontario, 0 to 18 in most U.S. jurisdictions.
Timeframe	Annual Incidence: Number of cases in a single year. Childhood Prevalence: Number of children maltreated during childhood.
Reporting year	Rates of reported maltreatment have been increasing steadily, as public awareness of child abuse increases. Rates from two different years must be compared accordingly. The reporting year for the OIS is 1993.
Records unduplicated	Double counting cases investigated twice in a year can inflate incidence statistics. The estimated duplication rate for the OIS is 25 percent.
Levels of identification/ substantiation	Level 0: Unfounded reports Level 1: Substantiated reports Level 2: Unreported professionally identified cases Level 3: Unreported community identified cases Level 4: Unknown cases OIS reports on level 0 and 1 cases, including a further distinction between suspected and unfounded cases. Uninvestigated screened-out reports are not included.
Substantiation/reporting rate	Substantiation and reporting rates provide a means of translating combined data (e.g., Level 0 & 1 data) into separate levels. The OIS substantiation rate is 27 percent. Professional reporting rates are estimated on average to be about 50% in the U.S.

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## 1.4 Objectives

The OIS was initiated to address the lack of accurate province-wide information on the incidence and characteristics of child abuse and neglect. The Institute for the Prevention of Child Abuse became interested in funding the study both to meet its own information needs as well as in response to increasing requests for information from the general public, the media and researchers on the scope and characteristics of child maltreatment. The study was also designed to meet some of the planning needs of OACAS member agencies who were seeking provincial data that could be used as a baseline for analyzing their own child protection investigation activities. Finally, information in the OIS on a variety of child, family and agency characteristics of close to 3,000 investigated families will serve as a research data base.

The primary objective of the OIS is to produce an accurate estimate of the scope of reported child abuse and neglect in Ontario. Specifically, the study provides an estimate of the annual incidence of reported and substantiated child maltreatment. This estimate reflects the number of cases of suspected child maltreatment reported in 1993 to CASs that were first investigated and then substantiated.

Second, the OIS gathers case-specific<sup>16</sup> information on type and severity of reported maltreatment. The study provides estimates of the annual incidence of the four major types of maltreatment (physical abuse, sexual abuse, neglect and emotional maltreatment) as well as sub-types of maltreatment (e.g., intercourse, failure to supervise, medical neglect). Both single and multiple forms of maltreatment are documented.

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<sup>16</sup> Case-specific information as opposed to aggregate information was sought to allow for analysis of the relationships between type and severity of maltreatment and other case characteristics. Aggregate data, such as the data collected by OACAS, only allow for the calculation of overall rates (e.g., incidence of reported abuse, substantiation rate), but cannot be used for other analyses (e.g., child and family characteristics associated with substantiated versus. unsubstantiated cases).

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The study also examines substantiation rates, the nature, severity and duration of injuries/conditions, the relationship of the alleged perpetrator(s), as well as case disposition (provision of on-going CAS services, placement in care, CFSA court involvement and police involvement).

Third, the OIS examines some of the child, family and agency characteristics that are associated with type and severity of maltreatment and with case disposition. This case specific information provides a general profile of cases at risk of becoming involved with the child welfare system, and allows for the analysis of factors associated with key investigation decisions (substantiation, provision of services, placement, and court involvement).

A fourth objective of the study is to provide a basis for examining incidence rates over time, as well as comparing Ontario rates with rates in other jurisdictions. The methodology and instruments used in the OIS parallel those developed for the United States National Incidence Surveys (NIS).<sup>17</sup> The NIS is conducted every five years, and NIS III is currently being completed. Comparisons of Ontario and United States incidence rates will be made when the NIS III data are available. Funding will also be sought to conduct similar incidence studies in other provinces.

In summary, the major objectives of the OIS are:

1. **to estimate the annual incidence of reported and substantiated child maltreatment in Ontario.**
2. **to describe type and severity of reported maltreatment.**  
□
3. **to examine child, family and agency characteristics that are associated with type and severity of maltreatment and with case disposition.**

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<sup>17</sup> U.S. Department of Health & Human Services (1988) Op. Cit. Note that the OIS does not include non-reported cases identified by professionals working with children. In a subsequent study, NIS and OIS rates will be directly compared while controlling for the different levels of data collection.

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4. to provide a basis for examining incidence rates over time, as well as comparing Ontario rates with rates in other jurisdictions.

## 1.5 Organization of Report

The following report presents the major descriptive findings from the OIS. These statistics are provincial *estimates* based on a core sample of 2,447 child maltreatment investigations drawn from a total population of 53,000 family cases open for CAS services in 1993. (See Chapter 2 for details of sampling and estimation methods used.) The descriptive findings do not include more detailed analyses of statistically significant differences between subgroups. Further analyses of the study findings will be presented in a series of papers that will be completed over the next year.<sup>18</sup>

The report is divided into eight chapters and four appendices. The second chapter describes the study's methodology. Chapter 3 presents the estimates of the incidence of reported child maltreatment by type of maltreatment and by level of substantiation. Chapter 4 examines the characteristics of these different forms of maltreatment in terms of the nature, severity and duration of injury, and the identity of the alleged perpetrators. Outcomes of investigations, provision of services, placement, police involvement and applications to court are presented in Chapter 5. Chapter 6 describes the characteristics of the reported children and families, and Chapter 7 describes the characteristics of the sources of referral and the investigating agencies. The final chapter summarizes the key findings, compares the OIS estimates to statistics from other data bases and outlines directions for further research. The appendices include a description of characteristics of the sample of CAS cases used to calculate provincial incidence estimates (Appendix A), a profile of the investigating workers (Appendix B), the study forms (Appendices C and E), the study guidebook (Appendix D), the relevant legislation in the *Child and Family Services Act* (Appendix F) and the confidence intervals for the OIS estimates (Appendix G).

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<sup>18</sup> A list of these publications will be available from the principal investigator or IPCA: **Professor Nico Trocmé**, University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto, ON, M5S 1A1, Tel: 416-978-5718; Fax: 416-978-7072, Internet: Nico@FSW.UTORONTO.CA; **Institute for the Prevention of Child Abuse**, 25 Spadina Rd., Toronto, ON, M5R 2S9, Tel: 416-921-3151, Fax: 416-921-4997.

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## 2 METHODOLOGY

This chapter presents the design, sampling and data collection strategies used for the OIS. Following a summary of the overall study design, the sampling section details the methods used for identifying the participating CASs and selecting study cases. The section on data collection describes the assessment form used for the study and discusses the definitions used. The sample of cases used for calculating provincial estimates is outlined in Appendix A.

### 2.1 Overview of Design

The OIS used a sample survey approach to collect information directly from CAS social workers once they have completed their intake investigation. This method was considered to be the most reliable and cost-effective for gathering detailed, case-specific information, given the limitations identified in agency data bases. A two-page information collection instrument was completed by CAS investigating workers on each OIS case (see OIS Assessment Form, Appendix C). This form included questions on case status, family and child demographics, a short risk factor checklist, source(s) and reason(s) for referral, and outcome of investigation (type(s), severity and duration of maltreatment, perpetrator(s), placement and court involvement).

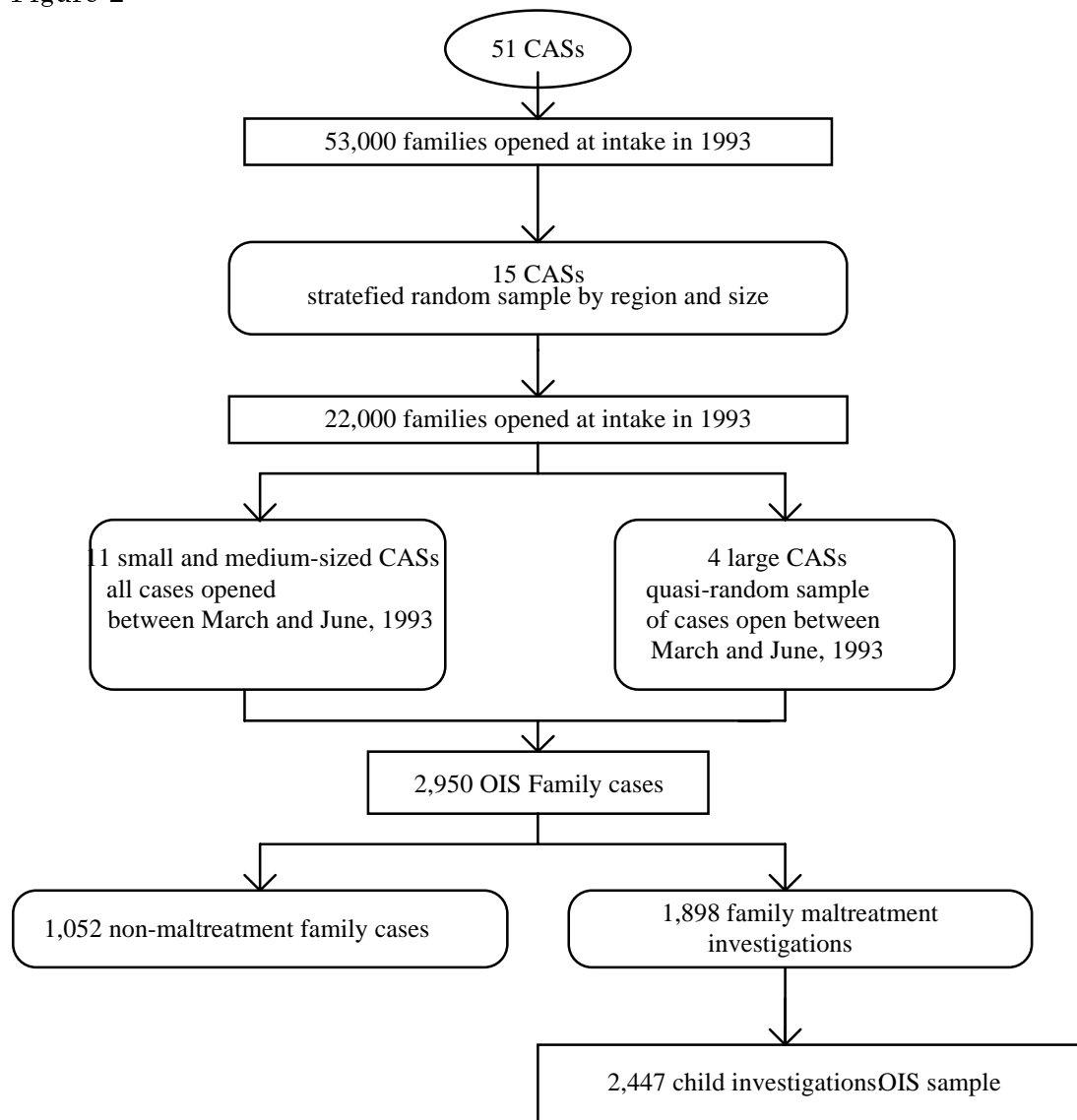
Sampling was conducted in two stages. First, a random sample of fifteen CASs, stratified by region and agency size, was identified. Within small and medium-sized agencies, all cases opened for investigation during the study period (March to June, 1993) were included. Within large agencies, cases opened during the study period were either randomly sampled or sampled from geographically based teams on a rotating basis.<sup>19</sup> This method yielded a final sample of 2,950 family intake cases. About a third of these family cases (1,052) were opened for

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<sup>19</sup> For example, all cases opened in March in Team A, in April in Team B, etc.

reasons other than suspected abuse or neglect (e.g., prenatal counselling, child behaviour, information sharing). The remaining two-thirds (1,898) were family cases opened for investigation of suspected abuse or neglect, and involved a total of 2,447 child investigations. These 2,447 child investigations form the core sample used for estimating the incidence of reported child maltreatment, and for most subsequent analyses(see figure 2.1).

Figure 2





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To pretest OIS procedures and instruments, a pilot study was conducted in November, 1992, in two CASs: a large urban agency and a mid-sized mixed urban and rural agency. One agency uses a specialized intake team to investigate all reports whereas the other uses an integrated team in which family service workers share intake investigation functions. This pilot project allowed us to test OIS procedures in both types of agencies. The OIS forms were completed for 90 families involving 105 investigated children.<sup>20</sup>

## 2.2 Sampling

A multi-stage cluster sampling strategy was developed for this study to generate a representative sample of CAS intake family cases. The first stage involved selecting a representative sample of agencies, and the second stage involved selecting a representative sample of cases within each selected agency. Cluster sampling was required to account for the fact that intake procedures and management information systems vary considerably from agency to agency. Four key criteria were considered in developing the sampling strategy: (1) maximize the precision of the incidence estimates; (2) minimize the response burden for the agencies and the agency staff; (3) allow for training and monitoring of all participating CAS social workers; and (4) maximize response rates.

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<sup>20</sup> Some changes to study procedures and forms were made as a result of the pilot findings, but, overall, the consensus was that the procedures and forms provided the expected results. The case selection process was the major procedural change that was made. Originally, cases were to be included based on their opening date, which meant a six-week to two-month delay between training and form completion. To avoid this delay, cases were included based on the date of completion of the intake assessment. Changes to the form included: (1) replacing country of origin questions with race questions; (2) changes to the environmental checklist; (3) changes to the number and type of sexual abuse codes; (4) addition of a nature of harms question; and (5) addition of a question about previous abuse.

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### 2.2.1 Sample Size:

Sample size was calculated to ensure the greatest possible precision in estimating the proportion of different forms of child maltreatment in cases available to Ontario CASs. Sample size estimates were calculated using the sample size formula for estimating proportions for small populations.<sup>21</sup> The four MCSS regions (North, South-Central, South-East and South-West) and Metro Toronto were considered the primary units for analysis to allow for regional comparisons. Determining sample size regionally produced a larger overall sample than required for producing simple provincial estimates. Sample sizes were calculated on the basis of case openings reported in the OACAS survey for 1989. The overall target sample for the study was 3,320 cases: 1,085 from South-Central Ontario, 750 from South-Western Ontario, 787 cases from South-Eastern Ontario and 698 from Northern Ontario. (See Table 2.1.)

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<sup>21</sup> See page 38 in Thompson, S.K., *Sampling*, Wiley Press, (1992). Sample sizes for each region were calculated to ensure regional estimates within a 3 percent margin of error 95 percent of the time.



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## 2.2.2 Agency Sampling

Sampling was stratified based on the four MCSS regions and on agency size (small: fewer than 500 openings in 1989;<sup>22</sup> medium: 500 to 1,000 openings in 1989; and Large: over 1,000 openings in 1989). Stratification by region was used because of regional differences in CAS caseloads. A review of the OACAS service statistics also indicated that there may be differences between the types of cases seen by large urban versus small rural agencies. In cities which have several overlapping agencies (e.g., a Catholic and a non-Catholic agency), all agencies were included. Unless otherwise specified, sampling was random within each stratum.<sup>23</sup> Fourteen of the fifteen originally sampled agencies agreed to participate. To replace the agency that could not participate, a second agency from the same strata was randomly selected. The final selection included fifteen agencies:

- Central: Toronto<sup>24</sup> (CASMT, CCAS, JF & CS), Simcoe and Halton
- East: Ottawa, Renfrew and Hastings
- West: Halton, Sarnia and Waterloo
- North: Porcupine, Rainy River, Algoma and Thunder Bay<sup>25</sup>

The three Native CASs were not included in the study because the definitions and design employed in the OIS could not be directly transposed to the more holistic service approach used these agencies. The possibility of developing a parallel study with the Native agencies is being pursued. Service statistics from the Native CAS that is in a sampled county – Weechi-it-te-win (Rainy River) – are discussed in Chapter 6 but are not included in the incidence estimates.

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<sup>22</sup> 1989 Service Information was used because of serious discrepancies in 1990 and 1991 service data.

<sup>23</sup> Random selection was made using the Excel 4.0 randomization function. Randomization was non-proportional.

<sup>24</sup> Non-randomly sampled. Because of the size of Metropolitan Toronto, all three Metro agencies were included.

<sup>25</sup> Non-randomly sampled. This agency had explicitly requested participation.

Comparison of the selected agencies to the profile of all provincial agencies indicates that the stratification and randomization processes produced a representative sample. As shown in Table 2.2, no significant differences between the OIS CASs and Ontario CASs exist in terms of the average number of openings, the average number of staff, the proportion of abuse investigations and the proportion of families receiving services. The four regions also appear to be accurately represented. For most regions there were no significant differences between selected agencies and the overall regional agencies, with the exception of the average number of staff in Eastern Ontario and the average ratio of openings to county families in Western Ontario.

**Table 2.2: Comparisons of sampled agencies to Ontario agencies,  
Metro Toronto excluded<sup>26</sup>**

	Average number of openings per agency (1989)	Average number of staff per agency (1991)	Average ratio of abuse investigations to openings (1989)	Percentage of openings to county families (1989)
Ontario	876	67	.36	5.5 %
Total Sample **	968	89	.37	4.8 %
Eastern Ontario	1221	166*	.33	4.8 %
Eastern Ontario Sample	853	78*	.34	5.4 %
Central Ontario **	1350	76	.38	3.6 %
Central Ontario Sample **	1283	72	.35	4.0 %
Western Ontario	869	66	.37	4.2* %
Western Ontario Sample	916	66	.35	5.3* %
Northern Ontario	634	49	.36	6.9 %
Northern Ontario Sample	689	56	.38	6.3 %

\* Significant difference using a T-test, at  $p < 0.15$ .

\*\* Metro Toronto excluded

Source: OACAS, *Services Information*, 1990, 1993

<sup>26</sup> The Metro Toronto agencies are not included in this table because all three agencies were included in the study.

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### 2.2.3 Case Sampling

Cases were sampled in each agency over a three-month period between March and June, 1993.<sup>27</sup> While it would have been preferable to sample cases over the whole year, three months was considered to be the optimum period to ensure high participation rates. Consultation with service providers indicated that case activity from March to June is typical of the whole year. Comparison of cases collected in two agencies as part of the OIS pilot test in November 1992 (N=101) to cases collected from the same agencies in the spring of 1993 (N=107) indicates that there appear to be few differences between cases from these two periods. There were no statistically significant differences in terms of socio-demographic variables, sources of referral, forms of maltreatment and substantiation rates. Among cases referred during the pilot study, there were significantly more cases previously opened for service (55 percent versus 32 percent) and more cases in which the mother was one of the alleged perpetrators (66 percent versus 54 percent). Of particular concern in comparing the two groups was the potential effect of the time of year on school referrals. However, there were no significant differences in the proportion of school referrals between the two samples (26 percent versus 30 percent).

In small and mid-sized agencies, all cases investigated during the study period were eligible for inclusion. In large agencies – 1,000 to 5,000 openings per year – the three-month sampling frame in each agency was between 250 and 1,250 cases, in most cases, far more than required for the study. Two different approaches were used for sampling cases from these agencies. In some agencies, the service director and team supervisors selected a random number of cases to be included in the study. They chose one out of every three or four cases from a list of all openings during the study period. In more decentralized agencies, this

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<sup>27</sup> The original sampling period was to be March 1 to May 30. However, because of unexpected delays, sampling did not start in some agencies until April. For late starting agencies, the sampling period was extended to the end of June.

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method was not feasible.<sup>28</sup> Instead, area intake offices took turns collecting data for one month each. For example, in an agency with six area offices, two offices collected data in March, two in April and two in May, producing a selection of approximately one in three cases.

## 2.3 Data Collection

### 2.3.1 Instruments

The primary data collection instrument used for the study was a two-page form designed to be completed by the worker who conducted the intake assessment (see Appendix C). The front page, *Intake Assessment Form*, covers information about case status, family structure, race, housing, parent risk factors, income, source of referral and reason for referral. No directly identifying information was collected. However, to allow for cross-referencing files and for potential follow-up, the assigned case number and family initials were documented. The Intake Assessment Form was completed for all cases opened at intake during the study period, whether or not a specific allegation of maltreatment had been made.

The inside page, *Maltreatment Investigation Form*, was only completed if abuse or neglect was suspected either by the person(s) making the report or by any other person(s) (including the worker) during the investigation (e.g., a case referred because parents are having difficulty managing a child's behaviour but for which abuse is subsequently suspected). A separate *Maltreatment Investigation Form* was completed for each investigated child.<sup>29</sup> The Maltreatment Investigation Form documents up to four different forms of

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<sup>28</sup> Training would have to have been provided to all teams at the same time, supporting and monitoring completion would have to have been spread over three months for each team, and the selection process would have required an efficient and reliable information system that would have allowed us to sample cases quickly enough to inform the workers of their study status before they wrote the intake assessments.

<sup>29</sup> Two Maltreatment Investigation Forms were attached to the main OIS form, and pads with additional forms were available in every office.

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maltreatment, and for each it documents levels of substantiation, nature of injury or impairment, severity of injury or impairment, duration of maltreatment, alleged perpetrator and the existence of previous reports specific to the child or to the alleged perpetrator. In addition, the form documents CFSA court activity, out-of-home placement, police involvement, the extent to which maltreatment was related to discipline issues and whether the referral was considered malicious.

### 2.3.2 Definitions

All items on the data collection forms are defined in an accompanying study guide (see Appendix D). The seventeen forms of maltreatment used in the study are derived from two sources. To allow for international comparisons, the typology reflects the one used in the United States National Incidence Study<sup>30</sup> (NIS). Wherever possible, definitions also use the wording from the CFSA, Section 37, definition of a child in need of protection. For instance, "Failure to supervise leading to physical harm" is defined as "the child has suffered or is at substantial risk of suffering physical harm caused by the caretaker's *failure to supervise and protect* child adequately" [CFSA 37(2)(a&b)](see Appendix G). The definitions of substantiation, nature of injury and severity of injury are also based on a combination of the typologies used in the NIS and provincial standards. For example, the definition of substantiated requires "sufficient evidence that abuse or neglect *probably* occurred" (emphasis added). The balance of probability rule reflects the current Ontario child welfare standards.

### 2.3.3 Completion and Participation Rates

The data collection form was kept as short and as simple as possible to minimize the response burden and ensure a high completion rate. During pilot testing, workers estimated that the form took less than five minutes to complete. Item

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<sup>30</sup> Sedlack (1991), *National incidence and prevalence of child abuse and neglect: 1988, Revised report*. Westat (Rockville, MD).



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completion rates were over 90 percent on most items.<sup>31</sup> However, the initial completion rates on forms of maltreatment, substantiation rates, court activity and placement were under the 90 percent target.<sup>32</sup> A mailed supplementary form was sent to workers who had not completed those items (see Appendix E), yielding a final completion rate of over 95 percent on those key study variables.

The participation rate<sup>33</sup> cannot be directly calculated because no reliable baseline agency statistics exist to estimate the proportion of eligible cases. The best estimate of a participation ratio, derived by comparing the target sample sizes to the actual samples, is 0.89 for the whole sample (see Table 2.1). Eleven agencies had estimated participation ratios above 0.80, three had participation ratios of between 0.70 and 0.80, and one had a participation ratio of 0.54. Participation was discussed with the OIS liaisons for each agency to examine the possibility of skewed sampling. Low participation could in all cases be attributed to external events (e.g., holidays and work slowdowns to account for exceptional budget cuts), and no evidence of systematic bias was found.

### 2.3.4 Reliability

To ensure accurate completion, the items on the OIS forms were designed to measure factual information whenever possible (e.g., "Moved within last six months," "Application to CFSA court made"). In addition, training was provided to all agencies. Before data collection started in any agency or branch office, one of the investigators conducted a half-day training meeting.<sup>34</sup> Following a detailed review of the data collection procedures and forms, trainees completed the OIS forms for two case vignettes. The completed forms were then discussed and discrepancies in responses reviewed to ensure that items were being

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<sup>31</sup> Three items had completion rates under 90 percent: age of primary caretaker 85 percent completion; family income 87 percent completion and punishment/discipline 84 percent completion.

<sup>32</sup> Maltreatment codes had to be transposed from one page to another. The court and placement activity questions were at the top of the page in a separate box. As a result, some workers missed these altogether.

<sup>33</sup> Participation rate = proportion of eligible cases for which an OIS form was completed

<sup>34</sup> Trocmé, McPhee or Hay.

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properly interpreted. Each worker was also given a study guide with definitions for all the items (see Appendix D), and for key items (substantiation, nature of injury and severity of injury), definitions were provided directly on the inside page of the Maltreatment Investigation Form. The form also included an open comment section for situations in which the categories provided did not adequately describe a case.

Interrater reliability was assessed by having McPhee and Trocmé independently rate a random selection of fifteen written assessments from the pilot study. Levels of agreement were measured by calculating Cohen's Kappa, a measure of the proportion of agreement correcting for chance agreement. Agreement was generally high, ranging from a low of 0.77 for emotional maltreatment to 1.00 for source of referral, case status, presence of physical abuse and relationship of alleged perpetrator.

One concern in evaluating the OIS data is that certain key variables, especially substantiation and severity of injury, reflect worker judgements that could vary from worker to worker and from agency to agency. To assess the extent to which OIS respondents were applying similar standards in determining severity of maltreatment and level of substantiation, workers were asked to rate 32 two-sentence vignettes on a severity scale of 1 (least serious) to 9 (most serious).<sup>35</sup> One hundred and seventy-one of the 285 workers who had completed OIS forms returned a mailed questionnaire with the case vignettes. On most items, ratings were similar (see Appendix E). For vignettes depicting serious cases of maltreatment (e.g., intercourse, physical assault causing a concussion, refusing to feed underweight child), there was very little variation. The mean score was around eight with standard deviations of less than one. The amount of difference in responses increased as the vignettes depicted less serious

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<sup>35</sup> The vignettes and the scales were adapted from Giovannoni, J.M., and Becerra, R.M. (1979) *Defining child abuse and neglect*. New York: Free Press.

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situations. For instance, a vignette depicting a child with dirty clothes had an average score of four with a standard deviation of two. However, even with the more ambiguous vignettes, the standard deviation never exceeded two. Variation in vignette scores were examined by Analysis of Variance in terms of worker education, years of experience, agency size, region and agency. In most instances, there were no significant relationships between these background variables and severity scores. The only significant relationships were for workers in smaller agencies and workers in Eastern and Northern agencies who assigned an average higher severity ratings to the less serious vignettes.

### 2.3.5 Procedures

To ensure that all workers used the same procedures, completion of the OIS form was anchored to the initial written assessments that CAS workers are required to complete after their investigation. Half of the OIS forms had been completed within a month of referral.<sup>36</sup> The workers were instructed to complete an OIS form for every case for which they wrote an initial assessment report during the study period.<sup>37</sup> These cases included those investigated for any suspected abuse or neglect as well as any other cases opened for service (e.g., prenatal counselling, child/youth behaviour problems, request for services from another CAS). Workers were asked to complete the forms even when the investigation had not been completed by the time of the initial report. In these instances, they were asked to specify the incomplete status at the top of the Family Assessment Form ("Ongoing assessment").

As soon as they were completed, forms were sent through the agency mail system to an OIS agency coordinator who in turn was responsible for collecting the forms and for ensuring that all eligible cases had been included. Regular contact was kept between the agency OIS coordinators and the research team.

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<sup>36</sup> In fact, MCSS guidelines require that a written report be filed within twenty-one days of a case being opened.

<sup>37</sup> As noted earlier the study period was three months in small and medium-sized agencies. In most large agencies, each team was assigned a one-month study period. In one agency every third case was randomly selected from a master list.

### **2.3.6 Brief Services**

To estimate the volume and characteristics of cases reported to CASs but not investigated because they were considered not to fall under the CAS mandate, a *Brief Services Log* was designed to be completed during the study period by all OIS agencies. The logs were completed by the worker who took the initial referral, whether or not this worker conducted the investigation. However, the data from this log were not completed systematically enough to be included in this report. The logs will be used for exploratory analysis and to provide a basis for a study designed specifically to monitor such cases.

## **2.4 Data Analysis**

### **2.4.1 Data Entry and Analysis**

Data were entered manually using a DBase-IV data base program for PC. Duplicate cases were screened for and deleted based on CAS case identification numbers and family initials. All written comments were assessed and, where appropriate, changes to worker ratings were made to reflect these comments (in most instances, this meant reclassifying cases rated as "Other maltreatment" to a more specific type of maltreatment). Case numbers, family initials and names of first two children were cross-referenced with all cases within each agency. Any duplicated reports were eliminated from the final sample. Data entry verification was done on a random sample of 159 cases. No data entry errors were found. Once cleaned, data was transferred to an SPSS file.

All analyses were performed on a 486 Personal Computer using SPSS, version 6.0 for Windows. Most of the data reported in this study are descriptive. Some bi-variate analyses were done using Chi-square statistics and odds ratios to analyze categorical variables, and T-tests and Analyses of Variance to analyze continuous variables. Multivariate analyses will form the basis for further analyses that will be published over the next year.

### **2.4.2 Weighting**

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To calculate provincial and regional estimates, cases from the OIS sample were weighted at two levels. First, results were annualized to estimate the annual volume of cases investigated by each study agency. The annualization weights were derived by taking the ratio of cases sampled for the OIS to the total number of cases investigated by each agency in 1993<sup>38</sup> (see Table 2.3). In small and mid-sized agencies, the annualization weight was on average a factor of 4, reflecting the fact that cases had been collected over three months out of twelve. In larger agencies, the annualization weight was on average closer to 12 because only about one-third of the investigated cases during the three-month period were included in the study. 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. However, as noted earlier (section 2.2.3), a comparison of cases opened in November with cases opened between April and June indicates that seasonal variations do not appear to significantly affect key case characteristics.

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<sup>38</sup> In three agencies for which 1993 statistics were not available, annualization was done using 1992 rates prorated by the average change in other agencies.

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The second weighting procedure involved applying regional weights to cases from each agency. Because sampling was not proportional, results were weighted to reflect the relative sizes of the study agencies. Each study agency was assigned a weight reflecting the child population of the county relative to the child population in other counties from the same region for same size agencies. For instance, cases at the Ottawa-Carleton CAS were weighted by a factor of 2.1 to reflect the fact that the child population of the three large CASs in Eastern Ontario is 2.1 times greater than the child population for the Ottawa region.

Provincial incidence estimates were calculated by dividing the weighted estimates by the child population (0- to 15-year-olds) for the province, and regional estimates were calculated by dividing the regional weighted estimates by the child population in each region. The 1991 Census child population figures were used for all the incidence calculations.<sup>39</sup>

### 2.4.3 Duplication

Case duplication or double-counting is a problem with most child welfare data bases. While all duplicate reports were removed from the OIS sample, it was not possible to develop unduplicated annualization weights because the annual data provided by the agencies was not unduplicated. This means that cases that were opened two or more times in the study agencies in 1993 would have been counted as separate openings. While this accurately reflects the number of investigations, it double counts, and in some cases triple counts, the number of families and children investigated. Unfortunately, the three-month study sample does not provide a basis for calculating an accurate enough estimate of the duplication rate to allow us to unduplicate the OIS estimates. Given that most Canadian and American child welfare data bases are not unduplicated, this was not judged to be a serious problem.

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<sup>39</sup> Figures were provided by Joel Clodman, Senior Analyst, Community Indicators Project, Research and Evaluation Branch, Ministry of Community and Social Services.

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A rough approximation of the number of unduplicated cases can be arrived at by examining the number of cases that had been reopened within the previous 12 months. Twenty-five percent of OIS cases had been opened within the previous 12 months (see Table 7.2c). A 25 percent duplication rate would mean that the annual OIS estimates would need to be reduced by 12.5 percent to avoid double counting. This rough estimate is consistent with duplication rates reported in American child welfare data bases.<sup>40</sup>

### 2.4.4 Sampling Error Estimation

The OIS uses a sample survey method to estimate the incidence and characteristics of cases of reported child abuse and neglect across the province. The study estimates are based on the OIS sample of 2,447 child investigations, drawn from a total population of 56,000 family cases open for CAS services in Ontario (see Figure 2.1). The relatively large size of this sample ensures that estimates for figures such as the overall rate of reported maltreatment, substantiation rate, and major forms of maltreatment have a low margin of error. However, the margin of error increases for estimates involving less frequent events, such as the number of reported cases of medical neglect or the number of children under four placed in CAS care. For extremely rare events, such as number of fatalities, the margin of error is very large, and such estimates should be interpreted as providing a rough idea of the relative scope of the problem rather than a precise number of cases.

The use of stratified random sampling provides a basis for calculating the margin of error, or confidence interval, for OIS estimates. Table 2.4 provides the margin of error for selected OIS estimates. For example, the estimated number of substantiated child maltreatment investigations is 12,309. The lower 95 percent confidence interval is 11,400 children and the upper confidence interval is 13,217 children. This means that there is a 95 percent chance that the true incidence of substantiated maltreatment is between 11,400 and 13,217. In

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<sup>40</sup> A survey of four states that monitor case duplication rates found that 25 percent of cases were reported more than once in a year. American Association for the Protection of Children (1988). *Highlights of official child neglect and abuse reporting*. Denver, CO: American Humane Association.

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contrast, the estimated number of fatalities is 33 but the 95 percent confidence interval is between 3 and 79. The estimate of 33 is unlikely to be correct, however, we can be very sure that the actual number of fatalities investigated by CAS is in the range of 3 to 79.

Table 2.4 provides a selection of the sampling error estimates for illustrative purposes. The error estimates for the major OIS statistics are presented in Appendix G. As a general rule, estimates below 4,000 children (or 10 percent of the sample) have a confidence interval of plus or minus 500 children, estimates below 1,000 children (or 2 percent of the sample) have a confidence interval of plus or minus 300 children, and estimates below 100 children (or 0.2 percent of the sample) have a confidence interval of plus or minus 100 children.

The error estimates do not account for any errors in calculating the annual and regional weights. They also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depend on the extent to which the sampling period is representative of the whole year. (see 2.2.3)



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To assess the precision of the OIS estimates, sampling errors were calculated from the sample with reference to the stratified sampling design of the study. Standard error estimates were calculated with reference to variance estimation for stratified random sampling methods. Detail of the variance estimation of stratified random sampling are given in Chapter 5 of Cochran<sup>41</sup> or Chapter 11 of Thompson.<sup>42</sup>

The estimated population of incidences ( $\tau$ ) with the characteristics of interest is:

where  $h$  denotes the 15 strata in the study.  $N$  is the total number of units in the population and  $N_h$  represents the number of units in the stratum  $h$ .  $n_h$  is the number of units in the sample from that stratum and  $s_h^2$  is the sample variance from the stratum  $h$ . The variable of interest associated with the  $i$ th unit of stratum  $h$  will be denoted  $y_{hi}$ .  $N_h = w_e^* n_h$  where  $w_e$  denotes the weight of the sample cases in each stratum  $h$ .

The unbiased estimate of the population variance is:

$s_h^2$  is the sample variance from the stratum  $h$ .

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<sup>41</sup> W. G. Cochran. (1977). *Sampling Techniques*. 3rd ed. New York: John Wiley & Sons, Inc.

<sup>42</sup> S. K. Thompson. (1992). *Sampling*. New York: John Wiley & Sons, Inc..

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The standard error [ $se(\tau)$ ] of each estimate is the square root of the variance.

### 3 INCIDENCE OF ABUSE AND NEGLECT

This chapter presents estimates of the number of child maltreatment investigations conducted in Ontario in 1993. All data are presented in terms of the total number of estimated child investigations, as well as the annual incidence rate calculated per thousand children aged 0 to 15.<sup>43</sup> It should be carefully noted that these figures are child-based and not family-based. Thus, if several children in a family had each been reported as abused or neglected, each child would count as a separate report. These estimates also include duplicate cases reported more than once in a year. (Please see section 1.3 Definitional Framework.)

The data in this chapter are all presented in terms of the three levels of substantiation specified by workers: unfounded, suspected, and substantiated. The following definition of substantiation was used:

- A case is considered *substantiated* if it is the worker's professional opinion that there is sufficient evidence that abuse or neglect probably has occurred (i.e., prepared to testify in court as an expert witness, even though worker may be uncertain whether the evidence meets all legal evidentiary requirements).
- A case is *suspected* if there is not enough evidence to substantiate maltreatment, but neither is there enough evidence to rule out the possibility of maltreatment.

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<sup>43</sup> The cutoff age of 15 was selected since the mandate to investigate in Ontario is restricted to children under 16. All calculations are based on the Ontario child population estimates from the 1992 census – 2,189,000 – provided by Joel Clodman, Senior Analyst, Community Indicators Project, Research and Evaluation Branch, Ministry of Community and Social Services.

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- A case is ***unfounded*** if there is sufficient evidence to conclude the child has not been maltreated.

Many Canadian and American jurisdictions only distinguish between two levels of substantiation: substantiated and unsubstantiated cases. The addition of a suspected category provides an important distinction between cases where there is enough conclusive evidence to substantiate or not, compared to cases where maltreatment is suspected but cannot be substantiated. It should be noted, however, that providing this middle category will necessarily lead to fewer cases being classified as substantiated or unfounded. Comparisons with data bases using only two categories of substantiation should therefore be made with caution. (see Chapter 8)

### **3.1 Total Investigations and Overall Rates of Substantiation**

The total number of child maltreatment investigations includes all children who were investigated for suspected child maltreatment, whether or not the investigation was substantiated. The OIS definition of child maltreatment includes seventeen forms of maltreatment subsumed under the four major forms of maltreatment: physical abuse, sexual abuse, neglect and emotional maltreatment (see Guidebook in Appendix D). Each specific form is defined in the corresponding section of this chapter.

Table 3.1a presents the estimated number of child maltreatment investigations (child-based). This table shows that an estimated 46,683 cases, 21 per thousand children in Ontario, were reported and investigated in 1993 because of suspected child maltreatment. In close to sixty percent of cases, maltreatment was either substantiated or suspected upon completion of the investigation. Twenty-seven percent of these investigations, 12,309 investigations, were substantiated by the investigating worker. For a further 13,670 investigations, there was insufficient evidence to substantiate maltreatment, but maltreatment was nevertheless suspected by the investigating worker.

The large proportion of suspected cases leads to some potential difficulties in interpreting these statistics. It is possible that had this information been collected at a later point in the investigation a smaller proportion of cases would have been classified as suspected.<sup>44</sup> The

relatively large proportion of unfounded cases may surprise some readers. This proportion certainly is consistent with American substantiation rates (see Chapter 8). It should also be noted that very few cases involved malicious referrals (see Chapter 7).

**Table 3.1a: All child maltreatment investigations (N=2,447)\***

	Substantiated	Suspected	Unfounded	Total
Child investigations	12,309	13,670	18,855	46,683**
Incidence per thousand children	5.62	6.24	8.61	21.32
Row percentage	27%	30%	42%	

\* Estimates based on a sample of 2,447 child maltreatment investigations.

\*\* Total number of investigated cases is equal to more than the sum of the three levels of substantiation because of missing information on levels of substantiation.

Table 3.1b presents the estimated number of family investigations (family-based). Although most of the estimates presented in this report are child-based, the family-based data are presented to provide a basis for comparing OIS data to other family-based child maltreatment statistics.

**Table 3.1b: All investigated families (N=1,898)\***

	Substantiated	Suspected	Unfounded	Total
Family investigations	10,285	10,434	10,285	36,799**

<sup>44</sup> The proportion of suspected cases was indeed significantly higher in ongoing assessments (42 percent) than in completed assessments (28 percent). However, the proportion of substantiated cases was also higher for ongoing assessments (38 percent) than for completed assessments (26 percent), reflecting the fact that on-going cases generally involved more serious and complex allegations.

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Row percentage	29%	30%	41%
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\* Estimates based on a sample of 1,898 family investigations.

\*\* Total number of investigated cases is equal to more than the sum of the three levels of substantiation because of missing information on levels of substantiation.

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## 3.2 Forms of Maltreatment

Table 3.2 shows the incidence of each form of maltreatment. The most common form of investigated maltreatment was **physical abuse**. There were 19,352 investigations for suspected physical abuse, 4,229 of which were substantiated. Forty-one percent of all investigations involved suspected physical abuse, and 34 percent of substantiated cases involved substantiated physical abuse. Physical abuse cases represent a smaller proportion of substantiated cases because the substantiation rate is lower for this form of maltreatment. Cases of **child neglect** were the second most frequent form of investigated maltreatment and the most common form of substantiated maltreatment. There were 13,933 investigations for child neglect, 4,415 of which were substantiated. Child neglect cases comprised 30 percent of all investigated cases and 36 percent of substantiated cases. There was a total of 11,846 investigations for **sexual abuse**, 3,437 of which were substantiated. Sexual abuse cases comprised 24 percent of all investigations and 28 percent of substantiated cases.

Despite the lack of emphasis on emotional maltreatment in Ontario, there were 4,727 investigations and 958 substantiated cases. Eleven percent of all investigations included concerns about potential emotional maltreatment; however, the level of substantiation for this form of maltreatment was somewhat lower, and only 8 percent of substantiated cases involved substantiated emotional maltreatment. Two percent of cases fell into the other maltreatment category. Wherever possible, other maltreatment cases were reclassified under a more specific form of maltreatment, leaving an estimated 981 investigations that were considered by the CAS worker to involve maltreatment that could not be classified under a more specific form of maltreatment (e.g., witnessing wife assault or concerns about parent substance abuse).

### 3.3 Multiple Forms of Maltreatment

The OIS questionnaire was designed to ensure that multiple forms of maltreatment were documented. Up to four forms of maltreatment could be chosen. As shown in Table 3.3, 12 percent of investigations (5,402) involved more than one form of maltreatment. The first half of the table gives the breakdown for each form of maltreatment in terms of (a) cases where only that form of maltreatment was investigated, (b) all cases involving that form of maltreatment, and (c) cases where that form of maltreatment was selected as the primary form.

The most common combinations were cases involving emotional maltreatment. Had the study documented only single forms of maltreatment, more than half of the emotional maltreatment cases would have been classified as abuse or neglect and the estimate of the incidence of investigated emotional maltreatment would have been 2,028 instead of 4,727. The next most common combinations were cases involving neglect and sexual or physical abuse. Failure to document these combined cases would also have lead to an underestimation of the incidence of neglect, by as much as 12 percent (12,278 instead of 13,933).

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### 3.4 CFSA Forms of Maltreatment

The cases of investigated maltreatment presented in Tables 3.1 and 3.2 are based on broader definitions of child maltreatment than are covered by Section 37(2) of the CFSA (see Appendix F). Participating CAS workers were instructed to include any case that met the study's definitions even if it did not meet CFSA standards. Five of the seventeen forms of maltreatment that respondents could choose from were not considered to fall under a narrow interpretation of the section 37 standards: educational neglect, emotional abuse, emotional neglect, non-organic failure to thrive and other maltreatment. In addition, cases of "Permitting maladaptive/criminal behaviour" were not considered to fall under the CFSA mandate if the child was twelve years of age or older. Workers were instructed in such cases to first try to find a form of maltreatment that was consistent with CFSA standards. For example, if a case involving educational neglect or emotional neglect could also be coded as a case of failure to provide treatment for mental/emotional/developmental problems, respondents were instructed to use a medical neglect code, as well as the non-CFSA code.

There is some debate about the inclusion of cases involving non-parental sexual abuse. In cases of child sexual abuse, parents were suspected perpetrators in 40% of cases (see Tables 4.4 and 4.5). Sections 37(c&d) identify two types of situations in which a child can be found in need of protection for reasons of sexual abuse, where:

- (1) "the person having charge of the child (...) sexually molested or sexually exploited" the child; and
- (2) "the person having charge of the child (...) knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child."

While the "person having charge of the child" can be considered to include non-parental relatives, teachers, or other professionals who have daily responsibility for a child, the narrowest possible interpretation of these sections would be to



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restrict these cases to parents. If a parent was suspected of sexually abusing a child as in (1), he or she was

counted in the CFSA definition of sexual abuse. If a parent failed to protect a child as in (2), he or she was counted in the CFSA definition of neglect, under "failure to supervise or protect leading to sexual abuse." Using the narrowest possible interpretation of CFSA criteria, sexual abuse cases involving other relatives (e.g., an uncle or a sister), or family acquaintances, professionals, or strangers were not included in the CFSA sexual abuse definition presented in Table 3.4. On the other hand, cases involving "failure to supervise leading to sexual abuse" were included under the sexual abuse category and account for cases in which a child is sexually abused by a non-parental perpetrator and the parent's(s) failure to supervise or protect that child was a contributing factor.

Table 3.4 presents recalculated estimates of the total number of child maltreatment investigations and the major subtypes of maltreatment, using the narrowest interpretation of CFSA standards. As noted above, this CFSA typology excludes:

- (a) sexual abuse by a person other than the parent, step-parent, adoptive parent or common-law partner,
- (b) permitting maladaptive/criminal behaviour if a child is over 12,
- (c) educational neglect,
- (d) emotional abuse,
- (e) emotional neglect,
- (f) non-organic failure to thrive, and
- (g) other maltreatment.

Seventy-six percent of all investigations (35,314) met the narrowest interpretation of CFSA standards. Of these investigated cases, 9,182 were substantiated. The narrow CFSA standards do not affect the number of physical abuse investigations, but decrease the number of sexual abuse cases by as much as two-thirds and lead to a negligible reduction in the number of eligible neglect cases. If one were to include all sexual abuse cases, the number of CFSA-eligible investigations would climb to 42,782, over 92 percent of all OIS maltreatment investigations. It would therefore appear that, except in cases of

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sexual abuse, the effect of using the broader OIS definitions of child maltreatment is minimal.

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Several limitations to the narrow interpretation of Section 37(2) of the CFSA presented in this section should be understood. First, it should be noted that Section 37(2) applies only to the relatively small number of cases that are brought to CFSA court. In all other instances, it is more reasonable to apply clinical and research-based standards, such as the ones used in the OIS. Second, the intent of legislation such as the CFSA is not to identify maltreated children, but to provide a basis for intervention in cases where families are not

cooperating, or cannot cooperate, with available and needed services. Thus, while it might be appropriate to exclude non-parental sexual abuse cases from the direct scope of the CFSA, many of these children are nevertheless victims of serious abuse and require CAS protection and services. Since the objective of this study is primarily to estimate the number of reported maltreated children, the broader OIS standards are used in all other sections of this report.

### 3.5 Physical Abuse

The CFSA definition of physical abuse was used for the purpose of this study: "the child has suffered or is at substantial risk of suffering physical harm, *inflicted by the child's caretaker*" [CFSA 37(2)(a&b)]. The definition includes situations in which the child has suffered harm as well as those in which a child is at risk of suffering harm. The distinction between the two was made based on the severity of harm information presented in Chapter 4. No distinctions were made between subtypes of physical abuse.

The incidence of reported physical abuse is presented in Table 3.5 below. While physical abuse allegations comprised almost half of all investigations, the relatively low substantiation rate for physical abuse cases (22 percent) meant that these situations constituted only one-third of all substantiated cases. The lower substantiation rate might be accounted for by the fact that many physical abuse cases involve situations in which there may be difficulty distinguishing between corporal punishment and physical abuse. (See section 4.6)

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### 3.6 Sexual Abuse

Sexual abuse was defined using the relevant sections from the CFSA: "the child has been or is at substantial risk of being *sexually molested or sexually exploited*" [CFSA 37(2)(c&d)]. The study distinguished between three subtypes of sexual abuse: intercourse, touching/fondling genitals and exposing genitals. A fourth category was used for situations involving other sexual activities, such as showing pornography. If several subtypes of sexual activity were involved, respondents were instructed to include the most intrusive subtype.<sup>45</sup>

The overall incidence of investigated sexual abuse in 1993 was 5.4 children per thousand, involving an estimated 11,846 child investigations across the province. As shown in Table 3.6, close to two-thirds of these cases (59 percent) involved fondling. An estimated 2,164 child investigations involved intercourse, 865 of which were substantiated following the investigation. Only 4 percent of cases involved exposure (461 reported cases). However, it should be noted that many acts of exposure are probably not reported to CASs since they often involve strangers. Nineteen percent of investigations were classified under the "other" category. Twenty-nine percent of all sexual abuse investigations were substantiated, and 40 percent of cases involving intercourse were substantiated.

### 3.7 Neglect

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<sup>45</sup> Cases where workers had identified several subtypes of sexual abuse were subsequently recoded to avoid any double counting. For instance, if a child had been a victim of fondling and intercourse by the same perpetrator, this was counted a single case of intercourse.

Child neglect is defined in the CFSA in terms of situations in which a child suffers harm or is at risk of suffering harm due to parental failure to protect, to supervise or to provide. Although this concept of neglect is included in every subsection of CFSA 37(2), it is rarely acknowledged as a major form of maltreatment.<sup>46</sup> In training the OIS respondents, the importance of documenting cases of child neglect was emphasized, and the relevant sections of CFSA 37(2) were highlighted. The OIS neglect typology was designed to reflect the relevant sections of CFSA 37(2) to facilitate classification of these cases.

Eight forms of neglect were specified:

**Failure to supervise leading to physical harm:** "the child has suffered or is at substantial risk of suffering physical harm caused by the caretaker's *failure to supervise and protect* child adequately" [CFSA 37(2)(a&b)].

**Failure to supervise leading to sexual abuse:** "the child has been or is at substantial risk of being *sexually molested or sexually exploited* where the caretaker knows or should have known of the possibility of sexual molestation and fails to protect the child adequately" [CFSA 37(2)(c&d)].

**Physical neglect:** "the child has suffered or is at substantial risk of suffering physical harm caused by the caretaker's *failure to care and provide* for the child adequately [CFSA 37(2)(a&b)]". This includes inadequate nutrition/clothing and unhygienic/dangerous living conditions. There must be evidence or suspicion that the caretaker is at least partially responsible for the situation.

**Medical neglect:** "the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's caretaker *does not provide, or refuses, or is unavailable, or unable to consent to the treatment*" [CFSA 37(2)(e)].

**Failure to provide treatment for mental / emotional / developmental problem:** "the child suffers from or is at substantial risk of suffering from (1) emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or (2) a mental emotional or developmental condition that,

if not remedied, could seriously impair the child's development, and the child's caretaker *does not provide, or refuses, or is unavailable, or unable to consent to treatment* to remedy or alleviate the harm" [CFSA 37(2)(f,g&h)]. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems as well

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<sup>46</sup> See Trocmé, *Focus on child neglect*, Child, Youth and Family Policy Research Centre: Toronto, 1992.

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as for infant development problems such as non-organic failure to thrive. This category *does not* include failure to provide treatment for criminal behaviour (see *Permitting maladaptive/criminal behaviour*).

**Permitting maladaptive / criminal behaviour:** "a child has committed a criminal offence (1) with the *encouragement* of the child's caretaker or because of the caretaker's *failure or inability to supervise* the child adequately, or (2) services or treatment are necessary to prevent a recurrence and the child's caretaker *does not provide, or refuses, or is unavailable, or unable to consent to* those services or treatment" [CFSA 37(2)(j&k)]. Unlike the CFSA, no age restriction is put on this form of maltreatment. However, where necessary, the child's age will be separated out for analysis. Although the CFSA is restricted to assaults and property offenses, serious substance abuse should be included as well as a type of criminal offence. There is some overlap between this category and the *Failure to supervise* as well as the *Failure to provide treatment* category; if a situation involved both criminal activity and some form of harm or substantial risk of harm to the child, both forms of maltreatment were included.

**Abandonment/refusal of custody:** "the child's parent has *died* or is *unable to exercise custodial rights* and has not made adequate provisions for care and custody, or child in residential placement and the parent *refuses or is unable to resume custody*" [CFSA 37(2)(i)].

**Educational Neglect (truancy):** Caretakers knowingly permit chronic truancy (5+ days a month, or fail to enrol child, or repeatedly keep at home, etc.). If a child was experiencing mental, emotional or developmental problems associated with school, and treatment was offered but caretakers were not cooperating with treatment, the case was also classified under *failure to provide treatment*.

Child neglect was the second most frequently investigated form of maltreatment (13,933 child investigations), and it was the most common form of substantiated maltreatment (4,415 child investigations). Table 3.7 shows that the most common forms of neglect were failure to supervise and physical neglect. Together these two categories accounted for 83 percent of investigations, and 73 percent of substantiated cases. Interestingly, the substantiation rate for failure to supervise was one of the highest of all forms of maltreatment (33 percent). On the other hand, the substantiation rate for physical neglect cases was considerably lower (24 percent). This finding reflects the fact that physical neglect is in many ways the most ambiguous form of neglect. On one hand, the level of deprivation for these children is high and is easily documented; on the other hand it is

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difficult, if not impossible, to determine the extent to which this deprivation is due to neglectful parenting rather than poverty.<sup>47</sup>

Abandonment or refusal of custody was the third most frequently investigated form of neglect (1,392 investigated children, 611 substantiated). Medical neglect, psychological treatment neglect, failure to protect from sexual abuse, permitting criminal activity and educational neglect were all relatively rare occurrences, each accounting for 2 to 5 percent of children investigated for neglect.

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<sup>47</sup> A strong argument could be made for viewing all children living in poverty as neglected (by society) and in need of protection from this lack of collective social responsibility. If social responsibility is emphasized, one could also argue that most cases of neglect should not be dealt with by child welfare agencies (Wharf, B. (1993). *Rethinking child welfare in Canada*. Toronto: McClelland and Stewart.

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### 3.8 Emotional Maltreatment

As with child neglect, emotional maltreatment is not strongly emphasized in Ontario's child welfare system. Unlike neglect, no specific sections in the CFSA define emotional maltreatment. Situations where parents refuse to provide needed psychological treatment are covered by the CFSA and were included in the child neglect typology presented in Table 3.8.

Three specific forms of emotional maltreatment were defined for the study:

**Psychological abuse:** The child has suffered or is at substantial risk of suffering from mental, emotional or developmental problems *caused by overtly hostile or punitive treatment, or habitual or extreme verbal abuse (threatening, belittling, etc.)*. If treatment was being offered but caretakers were not cooperating, cases were classified under *Failure to provide treatment* as well.

**Psychological neglect:** The child has suffered or is at substantial risk of suffering from mental, emotional or developmental problems *caused by inadequate nurturance/affection*. If treatment was being offered but caretakers were not cooperating, cases were classified under *Failure to provide treatment* as well.

**Non-organic failure to thrive:** A child under three who has suffered a marked retardation or cessation of growth for which no organic reason can be identified. Failure to thrive cases in which inadequate nutrition is the identified cause were classified as physical neglect. NOFTT is generally considered to be a form of emotional neglect; it has been classified as a separate sub-type of emotional maltreatment because of its particular characteristics.

Despite the fact that emotional maltreatment is not included in the CFSA, a large proportion of cases were classified as involving suspected emotional maltreatment. Ten percent of all investigations, involving 4,727 cases, were conducted for reasons of suspected emotional maltreatment. The substantiation rate for emotional maltreatment was particularly low (21 percent). However, the rate of suspected maltreatment was very high (55 percent). In more than three-quarters of emotional maltreatment cases, allegations were either substantiated or suspected. Most of the emotional maltreatment investigations (75 percent) and an even larger proportion of substantiated cases (86



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percent) were specifically due to concerns about emotional abuse. Emotional neglect accounted for most of the other cases (27 percent of investigations and 12 percent of substantiations). Non-organic failure to thrive was rarely identified. The estimated 79 cases of NOFTT (+/- 50 cases) were derived from a sample of only 5 cases from the total OIS sample of 2,447 investigations.

### **3.9 Other Maltreatment**

Cases that did not correspond to one of the sixteen OIS forms of maltreatment were categorized under the Other Maltreatment label. When workers selected this category, they were asked to give details about the nature of the alleged maltreatment. Wherever possible, these were recoded<sup>48</sup> under the appropriate form of maltreatment. Those cases that could not be recoded were organized in terms of several recurrent themes. In cases where insufficient details were provided, an unspecified code was assigned.

Table 3.9 shows that parent substance abuse, parent mental health and spousal violence were the most common forms of Other Maltreatment, accounting for 51 percent of "other" investigations. These cases might arguably be subsumed under another form of maltreatment, such as emotional abuse or neglect, especially since substance abuse, parent mental health and spousal violence were separately documented in the parental risk factors section of the

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<sup>48</sup> By Trocmé and Tam

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questionnaire (see Section 6.5). Cases coded as involving parenting difficulties (parent-child conflict, limited parenting skills and inappropriate discipline) accounted for 19 percent of investigations. These cases could also have been coded under another form of maltreatment. A significant proportion of maltreatment cases involved discipline-related problems (26%), and many cases had been referred because of difficulties parents were having with managing their child(ren)'s behaviour (9.2 %).

## 4 CHARACTERISTICS OF MALTREATMENT

Chapter 4 describes the nature, severity and duration of child maltreatment, and identifies the alleged perpetrators. The findings are broken down by the four major forms of maltreatment (physical abuse, sexual abuse, neglect and emotional maltreatment), with rates given for all investigated cases as well as for substantiated cases only.

### 4.1 Nature of Harm

Information on physical injuries and psycho-social impairments was collected using two separate scales. For each form of investigated maltreatment (up to four per child), CAS workers were asked to specify the nature and the severity of harm. To collect this information, the OIS used the nature of injury and severity of injury scales developed for the U.S. National Incidence Survey. These are non-standardized scales reflecting the investigating worker's general assessment of the harm or potential harm to the child. These ratings are not necessarily equivalent to ratings that would be obtained following a comprehensive medical or psychological assessment. Nature of harm was documented on the basis of six possible classifications:

1. **No harm**
2. **Physical injury:** e.g., broken bone, burn, bruise.

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3. **Other health condition or impairment:** e.g., sexually transmitted disease, failure to thrive, pneumonia, severe diaper rash.
  4. **Mental/emotional impairment or behaviour problem:** e.g., over-sexualized behaviour, depression, anxiety, conduct disorder.
  5. **Impaired educational development:** e.g., child not attending school, loss of school year, scholastic delay. Note that any manifest *mental/emotional impairment or behaviour problems* related to school problems should be noted as well.
  6. **Unknown**

The severity of harm (ranging from no harm to fatal) was rated on a second scale (see Section 4.2). A physical injury classification could include situations where a child had sustained a serious physical injury as well as situations where a child was at risk of sustaining a physical injury (e.g., almost fell out of an unprotected window). Because a very small proportion of cases (0.3 percent) fell under the "Impaired educational development" category, those cases have been combined for the present report with the "Mental/emotional impairment" category.

Table 4.1 presents the types of harm documented in the OIS. Harm, or risk of harm, was documented for 28 percent of the investigations (12,278 children). The proportion of injuries or impairments in substantiated cases was much higher (54 percent); however, in a significant number of substantiated cases (26 percent), there was no evidence of any form of harm, or risk of harm, and there was a large number of cases (19 percent) where the investigating worker was not sure what the nature of the harm was.

The forms of harm are evenly divided between physical injuries and mental/emotional impairments. However, broken down by form of maltreatment, distinct patterns emerge. Sixty-three percent of substantiated physical abuse cases involved a physical injury or risk of injury, whereas less than 1 percent of substantiated sexual abuse cases and 7 percent of substantiated neglect cases involved a physical injury. On the other hand, 49 percent of substantiated sexual abuse cases, 66 percent of substantiated

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emotional maltreatment cases and 28 percent of substantiated neglect cases involved a mental or emotional impairment or risk of impairment. Few cases involved a physical health condition other than a physical injury. While most forms of substantiated maltreatment were accompanied by some form of harm or risk of harm, this was not so for cases of child neglect. In 39 percent of child neglect cases there was no harm, and in a further 20 percent of cases the type of harm was not known.



## 4.2 Severity of Harm

Severity of harm ranged from "no harm or risk of harm" to "fatal." Seven categories were used to document severity of injury:

1. **No harm or risk of harm**
2. **Endangered:** Child's health or safety was or is seriously endangered, but child appears not to have been harmed. "Endangered" is used in the same sense as "substantial risk" is used in the CFSA. An "endangered" rating does not necessarily refer to a less serious case than a *Moderate injury/condition* rating (e.g., toddler often left alone with access to deadly chemicals).
3. **Probable impairment:** No obvious injuries or problems, but in view of the extreme traumatic nature of the maltreatment, it is probable that the child's mental, emotional, or developmental health or capabilities have been significantly impaired. A *Probable impairment* rating does not necessarily refer to a less serious case than a *Moderate injury/condition* rating (e.g., a seriously sexually abused child who has not been physically harmed and is not yet exhibiting emotional difficulties).
4. **Moderate injury/condition:** Behaviour problem or physical/ mental/ emotional condition with *observable* symptoms lasting at least 48 hours.
5. **Serious injury/condition:** Professional treatment/remediation needed to alleviate acute present suffering or to prevent significant long-term impairment.
6. **Fatal:** Maltreatment suspected as a major contributory cause of death.
7. **Unknown**

CAS workers were instructed to base their severity ratings on observable evidence of harm. As indicated in the definitions above, the "Endangered" and "Probable" categories can in some instances refer to potentially very serious injuries. The severity categories should therefore not be interpreted as an ordinal scale.

The severity of harm information is presented in Table 4.2. As with nature of harm, in more than half of the investigated cases there was no evidence of harm

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or risk of harm, and in another 14 percent of investigations the severity of harm was not known. In only 11 percent of investigated cases, involving an estimated 5,002 child investigations, was there any evidence of observable injury or condition, and in only 2 percent of investigated cases was the injury serious enough to require professional intervention. In other words, of the estimated 46,683 child maltreatment investigations, less than a thousand involved a serious injury, and a little over five hundred had sustained a serious injury that could be attributed to substantiated child maltreatment.

Three child fatalities are documented in the OIS sample, the estimated number of fatalities for the province in 1993 was 33. However, because of the very small number of fatalities in the survey sample, the actual number of fatalities could be anywhere between 3 and 79 (see Section 2.4.3). The Coroner's Office documented 16 child homicides in 1991, 8 of which could be directly attributed to child abuse. The Ontario Child Abuse Register recorded 4 child abuse fatalities in 1993.

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The proportion of cases involving observable harm is considerably higher among substantiated cases. Twenty-five percent of substantiated cases involved observable harm, 18 percent were considered to involve non-observable but probable harm and an additional 24 percent involved situations where a child had been at substantial risk of harm. Nevertheless, 23 percent of substantiated cases were classified as involving no harm or risk of harm, and in an additional 9 percent of cases, the severity of harm was unknown. This relatively large number of substantiated cases with no evidence of harm or risk of harm is difficult to explain. The guidelines set by Section 37 of the CFSA clearly require evidence of harm or substantial risk of harm before court-ordered intervention is allowed.

There are some noteworthy differences in the severity of harm rates for different forms of maltreatment. The form of maltreatment with the largest proportion of observable injuries was physical abuse (42 percent of substantiated cases involved observable injuries). This finding is most likely attributable to the fact that physical injuries are more readily observable than are psycho-social problems. Cases involving substantiated emotional maltreatment or sexual abuse were much more likely to be classified as involving probable harm (43 percent and 31 percent of cases respectively), in other words, situations where the nature of the maltreatment is serious enough to indicate that the child has suffered or will suffer in some significant way. Cases of substantiated child neglect are most often characterized by situations in which the child has not yet been harmed but is at substantial risk of harm. Harm requiring professional intervention were relatively rare for all forms of maltreatment although they were most prevalent in cases of emotional maltreatment (9 percent of substantiated cases). Interestingly, cases of emotional maltreatment were least likely to be classified as involving no harm (6 percent of substantiated cases), or unknown harm (5 percent of substantiated cases). The substantiation standards in cases of emotional maltreatment appear to be higher than for other forms of maltreatment.



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### 4.3 Duration of Maltreatment

Duration of maltreatment was documented on a three point scale:

- 1 = Single incident;
- 2 = Less than six months;
- 3 = More than six months.

Given the design restrictions on the OIS questionnaire, it was not possible to gather information on frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and long-term situations with frequent maltreatment.

Table 4.3 shows that cases of substantiated maltreatment were evenly split between single incidents (37 percent of substantiated maltreatment) and situations involving maltreatment over a duration of more than six months (38 percent of substantiated maltreatment). This table also shows that duration of maltreatment varied significantly by type of maltreatment. Most cases of substantiated physical abuse were single incidents (57 percent), although over 1,000 children had been victims of physical abuse for a period of more than six months. The relatively short duration of most physical abuse cases can be explained in at least two ways. One possible explanation is that many physical abuse cases are in fact isolated situations that are unlikely to be repeated. A second possible explanation is that, since physical abuse is more likely to involve observable injuries, cases are more likely to be detected and reported after a first incident. If this is the case, it is potentially of some concern that so many cases nevertheless escaped detection for more than six months.

In contrast to physical abuse cases, 38 percent of substantiated sexual abuse cases and 39 percent of substantiated neglect cases involved situations lasting more than six months, while about a third of each type of maltreatment involved single incidents. Cases of substantiated emotional maltreatment were almost exclusively limited to long-term situations, indicating that, to be substantiated, emotional maltreatment appears to need to be ongoing over a long period of time.

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## 4.4 Alleged Perpetrator

As shown in Table 4.4, in almost half of all investigated (48 percent) and substantiated (49 percent) cases, the mother was an alleged perpetrator, and in almost as many cases fathers or stepfathers/common-law partners were alleged perpetrators (43 percent of investigations and 44 percent of substantiated cases). Note that there is overlap between these categories: in 12 percent of investigations both parents (mother and father or stepfather) were alleged perpetrators. Generally one or both parents were alleged perpetrators in 75 percent of maltreatment investigations.

The identity of the alleged perpetrators varied considerably by type of maltreatment. Fathers and stepfathers/common-law-partners were responsible for 57 percent of cases of substantiated physical abuse, and mothers were responsible for 39 percent of cases. In

contrast, mothers were responsible for 85 percent of substantiated neglect while fathers or stepfathers/common-law partners were responsible for 34 percent of cases of substantiated neglect.

The over-representation of mothers in the neglect category should be interpreted with caution. This figure does not take into consideration the substantial proportion of absentee fathers. Forty-nine percent of families investigated for child neglect are lone-mother families. If the absentee fathers<sup>49</sup> in these families were also held responsible for child neglect, the estimated number of fathers or stepfathers/common-law partners responsible for child neglect would climb from 1,497 to as much as 3,207.

In addition, while in most two-parent families both parents were held responsible for substantiated child neglect, in a significant number of cases (30 percent for biological two-parent families and 52 percent for families with a

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<sup>49</sup> Some of these missing fathers may in fact be deceased.

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stepfather/common-law partner), only the mothers were held responsible. It is likely that, in many of these cases, the mother alone was held responsible for neglect because she was considered to be the primary caretaker. If these fathers were also held responsible, an additional 1,003 men would be added to the number of fathers or stepfathers responsible for substantiated child neglect.

Men were responsible for 90 percent of cases of investigated child sexual abuse. Twenty-four percent of alleged perpetrators were biological fathers, 12 percent were stepfathers or common-law partners and 46 percent were other males.

Table 4.4b gives the breakdown for the "other" perpetrators for cases of investigated sexual abuse. Siblings, 95 percent of whom were brothers, were suspected in 11 percent of sexual abuse investigations and in 17 percent of cases of substantiated sexual abuse. Grandparents, uncles and aunts, and cousins, 91 percent of whom were male, were responsible for 17 percent of cases of investigated sexual abuse and 23 percent of cases of substantiated sexual abuse.

Babysitters, 79 percent of whom were male, were responsible in 5 percent of cases of investigated sexual abuse. Neighbours were responsible for 4 percent of investigated sexual abuse cases, and the child's friends or peers were responsible for 4 percent of cases. Together, relatives and family acquaintances accounted for 47 percent of cases of investigated sexual abuse and 63 percent of cases of substantiated sexual abuse. Professionals accounted for another 3 percent of investigated cases of sexual abuse.

Sexual abuse by strangers was relatively rare: the identity of the perpetrator was unknown in 12 percent of investigated cases and 5 percent of substantiated cases.

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## 4.5 Punishment/Discipline

Table 4.5 shows that in 35 percent of investigated cases there were issues relating to punishment or discipline of children. Most of these situations are accounted for by cases involving physical abuse on its own or in combination with other forms of maltreatment. Punishment or discipline related issues were involved in 72 percent of investigated physical abuse cases, and 85 percent of substantiated physical abuse cases. Thirty-one percent of emotional maltreatment cases also had problems relating to discipline or punishment. Unlike most of the other characteristics examined in this chapter and the next, no relationship was found between punishment/discipline and levels of substantiation.

# 5 OUTCOMES OF INVESTIGATIONS

Four key outcomes were documented when the OIS forms were completed: provision of ongoing services following the investigations, admission to CAS care, applications to CFSA court and police involvement. The outcome statistics presented in this chapter should be interpreted with care, given that many of the investigated cases were to be kept open for further service. It is likely that some of the children who had not been admitted to care by the time the OIS forms were completed might eventually end up in care. Similarly, in some cases an application to CFSA court might eventually be made after the attempt to provide voluntary services had failed. A follow-up study is planned to track the OIS cases to determine longer-term service outcomes.

The following service outcome statistics apply only to children who were investigated because of alleged maltreatment. Many of the children referred to CAS for reasons other than child maltreatment (see Figure 2), may also be admitted to care or may even be subject to CFSA court proceedings.

The tables presented in this chapter are organized along a different typology than the tables in the three previous chapters. Substantiation rates, nature,

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severity and duration of maltreatment, as well as alleged perpetrators, were documented for each form of investigated maltreatment. Thus, it is possible, for instance, to attribute a child's physical injury to physical abuse, and the same child's emotional problems to the accompanying emotional maltreatment. However, this type of association cannot be made for service outcomes such as placement in CAS care, because the decision to place a child in care relates to all forms of maltreatment that the child has been subjected to. The following tables break the service outcome statistics into six non-overlapping maltreatment categories: physical abuse only, parental sexual abuse only, non-parental abuse only, neglect only, emotional maltreatment only and multiple forms of maltreatment. Parental and non-parental sexual abuse are distinguished because the two types of cases usually lead to different outcomes.

## 5.1 Case Status

CAS workers completing the OIS forms were asked to specify whether they planned to keep the investigated case opened for further CAS services, close the case and refer it to another agency, or close it with no referral. Workers were asked to complete these questions to the best of their ability based on the information available at that time. It is likely that subsequent developments in some cases may have lead to a different service outcome. While in most cases workers were able to specify the plan of service, in 15 percent of cases workers did not specify the service plan.<sup>50</sup> These were generally cases where the worker had indicated that the assessment was not yet completed.

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<sup>50</sup> These cases are not included in the calculations in Table 5.1.

After the initial investigations, plans to provide services were being made for a little over a quarter (27 percent) of the child maltreatment investigations. In an additional 16 percent of cases, a referral to another agency was planned, and in 57 percent of cases the plan was to close the case with no further referral. Table 5.1 shows that, as one would expect, substantiated cases were far more likely to receive ongoing services (49 percent of cases). Among the substantiated cases, plans to provide ongoing services were being made for 82 percent of cases involving emotional maltreatment 68 percent of cases involving multiple forms of maltreatment, and 47 percent of cases involving physical abuse only or neglect only.

In cases involving parental sexual abuse, service plans were being made for 42 percent of cases whereas similar plans were being made for only 34 percent of cases of non-parental sexual abuse. For both forms of substantiated sexual abuse, most of the cases being closed were also being referred for services elsewhere, reflecting the fact that for this particular form of child maltreatment there appear to be more alternate non-CAS services available.





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## 5.2 Placement

An estimated 2,612 children were placed in care during the initial intake investigation. It is likely that many more children will be placed in care subsequently.<sup>51</sup> For an estimated additional 1,973 children, placement in care has been considered, and one might assume that some of these children will eventually end up in CAS care. Another 2,043 children are estimated to have been placed in an informal out-of-home care arrangement, either with relatives or neighbours, but without CAS assuming any kind of wardship of the child. While this is far less intrusive, it nevertheless means that even by this initial assessment stage more than 10 percent of investigated children experience a dramatic change in their living arrangements.

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<sup>51</sup> An estimated 10,000 children are admitted to care in Ontario every year (Trocmé, 1992). A large proportion of these are likely to be for reasons other than suspected child maltreatment, in particular, situations where parents are requesting admission to care because of difficulties managing the behaviour of their child or adolescent. The OACAS's (Darnell, 1988) report on children in care indicates that only 30 percent of admissions are attributed to child abuse, although it is likely that more admissions would be attributed to maltreatment using the broader OIS categories. Some admissions can also be attributed to re-admissions. Nevertheless, one would expect that the number of admissions to care from the group of children investigated for suspected child maltreatment would increase considerably, by as much as 100 percent, beyond the 2,612 estimated admissions at the time of the intake assessment.

Most admissions to care (70 percent) are for cases involving substantiated maltreatment.

Broken down by form of maltreatment, it is interesting to note that the children at greatest risk of being admitted to care were the emotionally maltreated children: 35 percent of children who were victims of emotional maltreatment were placed in care, and for another 13 percent placement was being considered. Neglected children and children who were victims of multiple forms of maltreatment are the next most frequent groups to be admitted to care, 22 percent and 18 percent respectively. Close to half the children who were victims of neglect, emotional maltreatment or multiple forms of maltreatment were either admitted to CAS care or placed in informal care, or CAS care has been considered as an option.

In contrast, admissions to care for substantiated abuse were much lower: 14 percent of physically abused children, 10 percent of victims of parental sexual abuse and 4 percent of victims of non-parental sexual abuse. Informal care arrangement were made for a significant number of the physically abused children (11 percent) but were rarely made for the sexually abused children. Compared to the neglected and emotionally maltreated children, placement was not being considered as often for the abused children (5 percent of physically abused children, 10 percent of parental sexual abuse children and 2 percent of non-parental sexual abuse children). Placement was not considered to be an option for 70 percent of physically abused children, 75 percent of parental sexually abused children and 93 percent of non-parental sexually abused children.

### **5.3 CFSA Court Involvement**

Applications to CFSA court were being made for an estimated 3,304 children and being considered for an additional 1,580 children – in total, 11 percent of child maltreatment investigations. The proportion of cases in which court applications were made was substantially higher in cases of substantiated

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maltreatment (19 percent applications made, 7 percent applications being considered). While relatively small (less than 1 percent of investigations), it is somewhat intriguing that applications had been made for an estimated 358 children for whom allegations of maltreatment had not been substantiated.

Table 5.3 provides the breakdown of CFSA court involvement by form of substantiated maltreatment. It is interesting to note in particular in this section that cases of child neglect and emotional maltreatment are just as likely to end up before the courts as are cases of physical abuse. In addition, these cases are much more likely to be considered at risk for future court involvement than are cases of physical abuse: 4 percent of physical abuse cases, compared to 9 percent of neglect cases and 19 percent of emotional maltreatment cases, were at risk of future court involvement. Sexual abuse cases were generally less likely to be involved in CFSA court proceedings: applications to court were made in 15 percent of parental cases and only 7 percent of non-parental cases. However, as will be shown in the next section, these cases were much more likely to be involved with the criminal court system.

## **5.4 Police Involvement and Criminal Charges**

There has been a growing emphasis on involving police in all situations that could lead to criminal charges, particularly in cases of child sexual abuse and child physical abuse. Detailed protocols between police and CASs specify at what points in any investigation police should be contacted. Consistent with these principles, it appears that police were involved in a significant number of child maltreatment investigations. An estimated 10,077 child maltreatment investigations involved both the CAS and the police.

As shown in Table 5.4, police involvement was even greater in cases of substantiated child maltreatment where 41 percent of cases involved a joint police investigation. Police involvement was greatest in sexual abuse cases. Police shared investigations for 75 percent of non-parental cases and 63 percent of parental cases. Police involvement was relatively high in physical abuse investigations (43 percent of substantiated cases). In neglect and emotional maltreatment cases, police involvement was lower, although police were involved in investigating an estimated 752 child neglect cases.

Criminal charges follow a similar pattern, although for a much smaller proportion of cases. Criminal charges were laid in the cases of an estimated 2,701 child maltreatment investigations, or 6 percent of all investigations. In 78 percent of these cases, maltreatment had been substantiated, although in an estimated 308 cases in which criminal charges had been laid, maltreatment had not been substantiated.<sup>52</sup> It is likely that charges would be laid in more cases at a later point after completion of the OIS forms.

Criminal charges were laid in 43 percent of cases of substantiated parental sexual abuse and in 31 percent of cases of substantiated non-parental sexual abuse. Criminal charges also laid in 18 percent of substantiated emotional maltreatment cases, 19 percent of cases involving multiple forms of maltreatment and only 1 percent of cases of child neglect.

## 6 CHILD AND FAMILY CHARACTERISTICS

This chapter describes the characteristics of investigated children and their families, including age and gender of the children, family structure, age and race of parents, family income and housing, and a list of parental risk factors.

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<sup>52</sup> It is difficult to understand exactly how it is possible to have criminal charges laid in unsubstantiated cases. One possible explanation is that the initial investigation led to criminal charges that were later dropped following a more thorough investigation or the discovery of new evidence.

In this chapter and the next, the maltreatment categories are collapsed into four primary forms of maltreatment: physical abuse, sexual abuse, neglect and other maltreatment (including emotional maltreatment). Cases involving more than one form of maltreatment are classified under the primary form specified by the investigating worker (see *OIS Intake Assessment Form*, Appendix C). The four primary forms of maltreatment are used because of space limitations in displaying the results in the tables. In most instances there is no difference between single and multiple forms of maltreatment, and between parental and non-parental sexual abuse. The data are also broken down by number of family investigations and number of child investigations.

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## 6.1 Age and Gender

Table 6.1 shows that the incidence of both investigated and substantiated maltreatment increases with age. Incidence rates varied from 13 per thousand to 27 per thousand. Infants were the least likely age group to be investigated while preschoolers (3-5) and adolescents (12-15) were at greatest risk of being investigated. Substantiation rates were related to age. Thirty-five percent of investigations involving children over 10 were substantiated whereas only 22 percent of investigations involving children under 10 were substantiated.

The incidence rate of substantiated maltreatment was considerably higher for adolescents (8.89 per thousand), more than double the incidence rate of children under 4 (3.89 per thousand). These age-related variations in rates of reported and substantiated maltreatment are difficult to interpret. They could imply that adolescents are at higher risk of being maltreated or that, because of their age, they are more often reported and are more willing or credible witnesses.

Girls were the subject of 54 percent of investigations (25,016) and boys were the subject of 46 percent of investigations (21,426). Table 6.2 provides a breakdown of each form of maltreatment for each age group by gender and by rates of substantiation. Some interesting differences emerge when the figures are broken down by these three categories. Female teenagers accounted for 86 percent of parental sexual abuse investigations and 72 percent of non-parental sexual abuse investigations, while in the 8- to 11-year-old group, girls accounted for 56 to 58 percent of sexual abuse allegations.

Boys were most strongly over-represented in the area of physical abuse, especially in the 0- to 3-year-old category where boys accounted for 59 percent of investigations. However, investigated female adolescents outnumbered male adolescents even in cases of suspected physical abuse. Females were generally at higher risk in the adolescent age group.



Table 6.2 shows that substantiation rates vary considerably by age group and by form of maltreatment. In the 0- to 3-year-old group, substantiation rates were lowest in cases of non-parental sexual abuse (6 percent) and parental sexual abuse (11 percent), reflecting the inherent difficulty in interviewing children in this age group. On the other hand, substantiation rates were highest for parental sexual abuse cases involving adolescents, where 54 percent of allegations were substantiated, and for cases involving multiple forms of maltreatment, where 57 percent of allegations were substantiated.

A similar shift occurs in cases of emotional maltreatment: substantiation rates are very low for the younger children and much higher for the older children. Substantiation rates go from 4 percent for children under three and 3 percent for children in the 4- to 7-year-old category to 21 percent for the 8- to 11-year-old group and 33 percent for the adolescent group.

## 6.2 Family Structure

Forty-one percent of investigated families were lead by a lone parent: 35 percent by a lone mother and 6 percent by a lone father. (Table 6.3) This rate is more than three times the rate of lone-parent families in the general population, indicating that these families are at high risk of being reported for suspected child maltreatment.<sup>53</sup> It should be noted, however, that lone-parent families are also at higher risk of living in poverty, and that poverty, as opposed to family structure, might in fact be the factor placing these families at such high risk of being reported for maltreatment (see Section 6.4). Thirty-two percent of investigated families included both biological parents, and 18 percent of investigated families had a step-parent who was not the biological parent of at least one of the children in the family.

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<sup>53</sup> Fourteen percent of children under 20 were living in a lone-parent family in Ontario as of 1991 (1991 Census, provided by MCSS Community Information System).



Table 6.3 provides the breakdown of family structure by forms of investigated child maltreatment. Lone-mother-led families were much less likely to be reported for suspected sexual abuse or physical abuse, and much more likely to be reported for suspected child neglect (38 percent of children from lone-mother families were reported for suspected child neglect). Given the strong association between child neglect and child poverty, the higher rate of neglect reports for these families indicates that poverty is likely to be a key factor in explaining the large proportion of reported lone-mother families. In contrast, lone-father families were at greatest risk of being reported for physical abuse (44 percent of children from lone-father families were investigated for suspected physical abuse). Two-parent families with both biological parents in the home were also at greatest risk of being reported for suspected physical abuse (47 percent). Families with a step-parent were at high risk of being reported for physical abuse as well as sexual abuse.

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Children from both step-parent and two-biological-parent families were at similar risk of being investigated because of sexual abuse (28 percent and 26 percent respectively). However, 67 percent of sexual abuse cases from families with step-parents involved alleged parental sexual abuse whereas only 33 percent of sexual abuse cases from biological parent families involved alleged parental sexual abuse.

Substantiation rates vary by family structure. Investigations involving children from lone-mother families were least likely to be substantiated (23 percent), whereas investigations involving families with a step-parent were most likely to be substantiated (34 percent). It is not clear how this difference should be interpreted. One would have expected that investigations involving lone-parent families would have been most likely to be substantiated, given that these cases are more likely to involve neglect, and that substantiation rates in cases of suspected child neglect are higher than in cases involving

other forms of suspected maltreatment (see Table 3.2).<sup>54</sup> In at least 46 percent of investigated families, the parents were separated or divorced. These families were less likely than non-separated families to have maltreatment substantiated.

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<sup>54</sup> One could speculate that this substantiation rate might reflect a certain bias on the part of the persons reporting single mothers to the child welfare system. It is surprising that only one in four reports are substantiated. It is possible that reports reflect concern over the poor living conditions of these families, rather than evidence that the children are being maltreated. While race- and class-related reporting biases have been explored in several studies, family structure has not been examined as a source of reporting bias.

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Table 6.4 shows that the primary caregiver (in most cases the mother) of most investigated children (61 percent) was over 30 at the time of the investigation. In 2 percent of investigations, the primary caregiver was under 19, and in at least<sup>55</sup> 6 percent of investigations the mother was under 19 at the time of the birth of her first child. Investigated families were, on average, younger than the average age of parents in Ontario. Twenty-three percent of lone-parent OIS families were under 25 compared to 11 percent for the province, and 12 percent of OIS two-parent families were under 25 compared to 2 percent for the province.<sup>56</sup>

Age of primary caregiver was strongly related to the primary form of investigated maltreatment. As shown in Table 6.4, children with younger parents were much more likely to be investigated because of suspected neglect whereas children with older parents were much more likely to be investigated because of suspected physical abuse or sexual abuse. As noted above, this relationship is difficult to interpret because of at least two potentially confounding factors. First, younger parents are at greater risk of poverty and therefore of being reported for suspected child neglect. Second, since parent age is strongly related to child age, the relationship between parent age and form of investigated maltreatment might simply reflect the fact that older children are more likely to be reported because of abuse, rather than neglect.

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<sup>55</sup> Age of mother at birth of first child was estimated by subtracting the age of the eldest child from the upper age of the age category specified by the investigating worker. This is bound to be an underestimate of the actual proportion of births to adolescent mothers since a) it generally overestimates the current age of the mother, and b) it excludes situations where the first-born child is not in the home (eldest child in this study meant eldest child in the home).

<sup>56</sup> 1991 Census data provided by MCSS Community Information System.



The largest group of investigated children (40 percent) came from families with two children. Table 6.5 provides the breakdown of major forms of investigated maltreatment by the number of children in families. Investigations of children from larger families are more likely to be substantiated than are investigations of children from smaller families. Children from large families are also more likely to be investigated because of suspected child neglect and less likely to be investigated because of suspected sexual abuse.

### 6.3 Race

Parents' racial background was documented to determine whether race may be a variable influencing reporting and investigation practices.<sup>57</sup> Seventy-eight percent of reported families were classified as being white. In an additional 8 percent of families, race was either not known or no data were provided. Non-white families comprised 15 percent of all investigated families across the province.<sup>58</sup> The two largest non-white groups were families identified as black (5 percent of investigated children) and families identified as Native Canadian (5 percent of investigated children).<sup>59</sup>

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<sup>57</sup> It should be carefully noted that this is a study of *reported* child abuse and neglect. Over- or under-representation of any group does not mean that actual rates of maltreatment are lower or higher in that group.

Space limitations in designing the questionnaire allowed for only one set of questions on race or ethnicity. Race was chosen because it was thought to be a more reliable measure than ethnicity and because race has been examined in several previous studies as a variable influencing reporting practices.

<sup>58</sup> There was missing information on 8 percent of cases. The proportion of visible minority families might be higher if some of these missing information cases include visible minority families.

<sup>59</sup> This study under-represents the true proportion of Native children reported to CASs. The three Native CASs were not included in the sampling frame for this study. Weechi-it-te-win Family Services provides child welfare services to Native families living on reserves in the region covered by Rainy River CAS, one of the agencies included in the OIS survey. According to the Executive Director for Weechi-it-te-win, George Simard, rates of child maltreatment and of other family problems are high in this community. However, differences in approaches to addressing family problems such as child maltreatment make direct comparisons difficult. The agency's child abuse worker conducts about 160 physical and sexual abuse investigations every year under the child protection section of the CFSA (population base of approximately 4,500 people involving about 2,000 children under 16 – a rate of at least 80 per thousand children, more than six times the incidence of investigated physical and sexual abuse in the rest of the province).

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Substantiation rates for some of these groups are considerably higher than for white children. As shown in Table 6.6, the rates of substantiation are considerably higher for Native Canadian, East Asian, Southeast Asian and West Asian/North African families.

Table 6.6 also shows that the reasons for investigation are different for each group. Children from white families are more likely to be investigated because of suspected sexual abuse. Children from most of the visible minority groups are at greater likelihood of being investigated because of suspected physical abuse, usually accompanied by problems related to discipline and punishment. For instance, 54 percent of investigations involving black families were for suspected physical abuse compared to 40 percent of investigations involving white families. Children from Native Canadian families are much less likely to be investigated because of concerns about physical abuse (25 percent) and much more likely to be investigated because of concerns about neglect (47 percent compared to 26 percent for white families). This finding is not unexpected given the high rates of child poverty in this group.

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## 6.4 Income and Housing

Information in the next two sections on income, housing and parent risk factors was derived from a short list of eleven close-ended questions designed to provide some basic background information about possible family and environmental stressors that might be factors in explaining the suspected maltreatment. The data from these questions should be interpreted with caution. Space and time requirements did not allow for the use of more comprehensive scales or indices. Workers were asked to formulate global judgments about the presence of any of the stressors listed. The information on which these judgments are made is not known and no attempt was made to assess accuracy. The items included in this checklist were selected because they were likely to be taken into consideration as part of the investigation and assessment of the family, and because they have been identified in the literature as risk factors for child maltreatment.

Workers were asked to estimate family income to the best of their ability. During all training sessions, this was strongly emphasized, although participants expressed concern about often not knowing what a family's income might be. Workers were asked to include both parental incomes if two parents were in the home. If either parent was receiving Welfare (Social Assistance) or Family Benefits, workers were asked to check off the Welfare/Family Benefits category. Public housing was defined as any "subsidized housing complex (e.g., Ontario Housing, Metro Toronto Housing Authority, etc.), excluding co-op housing, or subsidized rent in a private housing unit." Unsafe/Inappropriate housing was defined as situations where, in the worker's opinion, "the housing needs of this family are not appropriately met, housing is a major source of stress, and/or conditions are unsafe and children are at risk of injury or impairment (e.g., broken windows, insufficient heat, parents and children sharing single room)."

The income data were unfortunately the least reliable data from the OIS. Workers either did not answer or chose the "not sure" answer in 25 percent of cases for primary source of income and in 57 percent of cases for estimated

income. On most other questions, the completion rate was between 90 and 95 percent. The income data in this study must

therefore be interpreted with caution because we do not know on what basis these two questions were answered. Nevertheless, the data in Table 6.7 do indicate that income may be significantly related to reporting patterns and substantiation rates.



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At least 36 percent of investigated families and 38 percent of investigated children depended on social assistance as their primary source of income. Excluding "not sure" cases brings these figures up to 50 percent, double the rate in Ontario.<sup>60</sup>

Substantiation rates for families receiving social assistance were substantially lower than for families relying primarily on income from full-time or part-time paid employment. One possible explanation for this sharp contrast may be that families depending on social assistance are more likely to be reported because of their income status rather than because of well-grounded suspicions of maltreatment. Likewise, in the cases for which workers could estimate income (only 43 percent of cases), lower-income families had lower substantiation rates, again indicating the possibility of reporting biases whereby lower-income groups might be over-reported.

Income and source of income were strongly related to the forms of maltreatment investigated. Children dependent on social assistance were more than three times more likely to be investigated because of suspected neglect than were children from families dependent on full-time paid employment (43 percent to 13 percent). The same dramatic difference emerges in comparing children from families with incomes under \$20,000 (44 percent neglect) to children from families with incomes over \$40,000 (10 percent neglect). This relationship between poverty and child neglect has been systematically documented in numerous studies. For example, in the second U.S. National Incidence Survey, families with incomes under \$15,000 were seven times more likely to be

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<sup>60</sup> Data for February 1994 provided by Tom Baker at the Social Planning Council indicates that there were over 550,000 children under 17 dependent on social assistance, representing 23 percent of Ontario's population under 17.

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reported for child neglect than were families with incomes over \$15,000. This strong relationship between neglect and poverty has led some to argue that neglect may be better understood as a consequence of child poverty rather than as a parenting problem.<sup>61</sup> In contrast, children from higher income families and children from families dependent on full-time paid work were much more likely to be reported because of suspected physical or sexual abuse.

At least 17 percent of investigated families lived in public housing at the time of the study, six times the proportion of households living in Ontario Housing.<sup>62</sup> The actual percentage may be higher given that an additional 16 percent of workers were not sure whether the families lived in public housing. The substantiation rate for families living in public housing was not significantly different than for families not living in public housing. However, families in public housing were at greater risk of being referred for alleged neglect.

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<sup>61</sup> Brian Wharf (1993). *Rethinking Child Welfare*, Toronto: McLelland & Stewart.

<sup>62</sup> 2.5 percent of provincial households live in Ontario Housing according to data supplied by the MCSS Community Information System.

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Investigations involving families living in rural communities or in small towns (under 5,000 inhabitants) were more likely to be substantiated (32 percent) and more likely to involve cases of suspected sexual abuse (38 percent). Child neglect investigations were substantially more prevalent in families that had moved within the last six months (44 percent) and dramatically more prevalent in families living in unsafe or inappropriate housing (66 percent). In addition, over half (53 percent) of investigations involving

children judged to be living in unsafe or inappropriate housing were substantiated. Of the eleven family and environmental risk factors included in the OIS checklist, unsafe or inappropriate living conditions was the factor most strongly associated with the decision to substantiate maltreatment.

## 6.5 Parental Risk Factors

Four parental risk factors<sup>63</sup> were examined: alcohol abuse, drug abuse, parent mental health and inter-parental violence. Workers were instructed to rate the child's parent(s) or caregiver(s) based on their best professional judgment. They were not asked for corroborating evidence. For instance, a mental health problem rating did not mean that they were aware of a formal psychiatric diagnosis. Risk factors included

- **Alcohol abuse**
- **Parent drug abuse:** Includes abuse of prescription or illegal drugs.
- **Caregiver mental health:** Either parent/partner appears to have present or previous mental health problems.
- **Inter-parental violence:** Physical assault between adults including situations in which there are serious threats of assault (e.g., death threats). Child abuse not included.

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<sup>63</sup> The term "risk factor" is used because these characteristics are considered in the clinical literature to be risk factors. However, the cross-sectional design of the OIS survey only allows us to conclude that they might be *correlates*, but not necessarily *causes*, of child maltreatment.

A third of the investigated parents, involving an estimated 14,800 children, were judged to be having difficulties with substance abuse, mental health or spousal violence. Suspected maltreatment was generally more likely to be substantiated in these families. Alcohol abuse was a suspected problem in 13 percent of investigations. Drug abuse was of concern in 7 percent of investigations. These two groups overlapped considerably; in 70 percent of cases where workers were concerned about drugs, they also had concerns about alcohol. Cases involving either form of substance abuse were more likely to be investigated because of suspected neglect rather than abuse.

In 13 percent of investigations, workers had concerns about the mental health of the parent(s). The distribution of these cases by form of maltreatment followed the general pattern for all investigations. The most prevalent risk factor identified was inter-parental violence which was felt to be a problem in the

families of 17 percent of investigated children. These children were more likely to be reported because of suspected physical abuse (48 percent) than neglect (22 percent). While there has been growing awareness of the relationship between spousal assault and child maltreatment, the relationship is often thought to be at the level of its psychological effect on the children witnessing this violence. It would appear instead that the children who witness spousal assault and are reported to CAS are at high risk of being themselves victims of assault. Unlike parent substance abuse and parent mental health, witnessing spousal assault does not put children at higher risk of substantiation.

## **7 REFERRAL AND AGENCY CHARACTERISTICS**

### **7.1 Source of Referral**

Referrals and reports of suspected maltreatment were received from many different sources. The three most common sources of referral were schools (21 percent), neighbours/friends/acquaintances (15 percent) and parents themselves (13 percent). (Table 7.1) Forty-nine percent of all referrals were from professionals, 17 percent were self-referrals (custodial parent or child) and 27 percent were from other relatives or the community. As shown in Table 7.1, rates of substantiation and forms of maltreatment investigated vary considerably by source of referral. Almost half (46 percent) of the referrals from custodial parents were for suspected sexual abuse, and the substantiation rate for these investigations was considerably higher (36 percent) than for other investigations. Half of the self-referrals made by children (49 percent) were made because of alleged physical abuse, and the substantiation rate for these investigations was also higher than average (31 percent).

In contrast, referrals from non-custodial parents were unlikely to be substantiated (13 percent), and were most often made because of suspected neglect (38 percent) or suspected abuse (39 percent). Referrals made by neighbours/friends/acquaintances were similar to ones made by non-custodial parents: they were less likely than average to be substantiated (23 percent) and

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were primarily made because of suspected child neglect (48 percent) or suspected physical abuse (33 percent).



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Anonymous referrals were relatively rare (3 percent of all investigations). They followed the same pattern as referrals from neighbors and non-custodial parents in the forms of alleged maltreatment and were the least likely of all types of referrals to be substantiated (10 percent). The low substantiation rates for referrals from these three groups, coupled with the strong emphasis on suspected neglect, would indicate that many of these referrals were made based on fairly superficial judgments about family lifestyles rather than on accurate knowledge about children suffering from abuse or neglect.

Almost half of all referrals made by professional sources came from schools, and two-thirds of these were made because of suspected physical abuse (64 percent). While it is understandable that schools are most likely to detect physical abuse because of the daily contact they have with children, it is somewhat surprising that schools are not reporting more suspected child neglect, given that of all forms of child maltreatment, neglect has been most closely associated with school-related problems.<sup>64</sup> The substantiation rate for referrals from schools was slightly above average (29 percent).

Referrals from day cares were relatively rare (2 percent), although they did constitute 5 percent of referrals involving children under seven. As with schools, most day care referrals were made because of suspected physical abuse (59 percent); unlike schools, rates of substantiation were lower than average.<sup>65</sup>

The second most frequent source of professional referrals was the police (8 percent of referrals). Referrals from this group were evenly distributed over the three main forms of maltreatment, and substantiation rates for police referrals were among the highest of all groups (38 percent).

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<sup>64</sup> See Trocmé & Caunce, 1994, *Child maltreatment and school related problems*. Toronto: Children's Aid Society of Metropolitan Toronto, North York Education Project.

<sup>65</sup> This difference may be accounted for by the age of the children investigated. While substantiation rates were lower than average, the proportion of cases involving suspected maltreatment was higher than average.



Ten percent of referrals came from health professionals: hospitals, family physicians and, in a very small number of cases, public health nurses. While substantiation rates from hospitals were much higher than average (35 percent), substantiation rates from family physicians were surprisingly low (20 percent), especially considering that almost half of the referrals (45 percent) from physicians were made because of suspected sexual abuse.

In fourteen percent of investigations, referrals were received from more than one source (6,286 child investigations). Most second referrals were made either by the police, schools, custodial parents or neighbors. Forty percent of these cases were substantiated, compared to only 25 percent for cases where there was only one source of referral.

## **7.2 Reason for Referral**

Ninety-seven percent of investigations were initiated as a result of an allegation of suspected child maltreatment (Table 7.2). In the remaining 3 percent of cases, referrals had been made because of other concerns, primarily child or youth behaviour, and maltreatment became an issue as a result of the initial CAS assessment. In 9 percent of cases, referrals had also been made because of child or youth behaviour problems. In these cases, child maltreatment was more likely to be substantiated, and children were much more likely to be placed in care. Concerns about parent mental health were a reason for referral in an additional 3 percent of cases. These cases were more likely to be investigated because of concerns about emotional or other maltreatment (22 percent).

### 7.3 Case Previously Opened

Table 7.3a shows that close to half (48 percent) of all investigated children have had previous contact with the investigating CAS. Twenty-seven percent of investigated children have been previously investigated because of the same form of suspected maltreatment, and an additional 21 percent come from families who have been previously involved with the investigating agency for some other reason (other form of maltreatment, or concerns about another sibling, or some other unspecified reason). Cases involving suspected neglect and suspected emotional maltreatment are more likely to have been previously opened: 38 percent of neglect cases compared to 24 percent of abuse cases have been previously investigated because of previous alleged maltreatment. This difference is most likely due to the chronic nature of neglect cases. It is also possible that this may reflect a higher burden of proof needed to substantiate neglect. The substantiation rates for previously opened cases is somewhat higher than for cases open for the first time (28 percent compared to 26 percent).

Table 7.3b indicates the amount of time passed since the previous opening. One-quarter of investigated cases had been previously opened less than 12 months before the current investigation, and 16 percent of cases had been opened within 6 months. As noted in chapter 2, the number of cases opened within 2 months provides a rough estimate of the case duplication rate.

## **7.4 Malicious Referrals**

Workers were asked to specify whether they felt any unsubstantiated referrals had been made maliciously. An estimated 2.5 percent of investigations (1,207) were considered to have been made with malicious intent. While this is a relatively small number overall, the rates of malicious referrals were higher for referrals made by non-custodial parents (13 percent), neighbours or relatives (5 percent) and anonymous sources (6 percent). Allegations of neglect or physical abuse were most likely to be the subject of malicious referrals than were allegations of sexual abuse. Recent public concern about children making intentionally false allegations of sexual abuse are not confirmed by these findings. Less than 2 percent of referrals from children were judged to be malicious, and less than 1 percent of sexual abuse referrals were considered to be malicious.

## **7.5 Regional Variations**

Investigation rates, forms of maltreatment investigated, substantiation rates and placement rates varied by region within the province. These statistics should be interpreted with caution, given that the design of this survey does not provide a basis for determining whether (1) these variations are due to different investigation and service practices in these agencies, or whether (2) they reflect regional variations in the rate of maltreatment. Table 7.5 presents the regional variations in rates of reported maltreatment. The incidence of reported maltreatment varies from 17 per thousand in South-Central Ontario to 27 per thousand in Northern Ontario with the incidence of reported maltreatment in South-East Ontario being at more than 25 per thousand.

However, because of differences in substantiation rates, the regional distribution in substantiated cases is quite different. Northern Ontario maintains the highest rate of substantiated maltreatment (8 per thousand) but South-West Ontario is very close to this rate (over 7 per thousand). In contrast, South-Central and South-East Ontario generally have lower substantiation rates (27 percent and 18 percent respectively), and have the lowest incidence of substantiated maltreatment (4.4 per thousand).

There are relatively few regional variations in forms of maltreatment investigated. The two differences that stand out are a significantly higher proportion of reported cases of child neglect in Northern Ontario (39 percent versus 26 percent in the rest of the province) and a higher proportion of cases of suspected child sexual abuse in South-West Ontario (33 percent versus 22 percent in the rest of the province).

While the higher rate of neglect allegations in Northern Ontario could be explained by factors such as the higher rates of child poverty and the lack of alternative services to CAS, it is more difficult to explain the higher incidence of sexual abuse allegations in South-West Ontario. Higher rates of reported sexual abuse could be due to greater public awareness, or more thorough reporting practices, or different investigation practices, or a higher incidence of sexual abuse. Further study is needed to determine the factors that may explain this apparent difference in these rates of reported sexual abuse.

## **7.6 Agency Size**

Agency size also appears to have an effect on reporting and investigation practices. As shown in Table 7.6, the incidence of reported child maltreatment decreases as the size of investigating agencies increases, going from rates of investigated maltreatment of over 27 per thousand children for small agencies to 19.5 per thousand for large agencies. The higher incidence of reported maltreatment in smaller communities could be due to fewer alternative services being available, and/or to higher detection rates in these communities. Large agencies accounted for over half of investigated children, mid-sized agencies for 31 percent of investigations and small agencies for 14 percent of investigations.

The pattern for small rural agencies is the same as for children and families who came from rural areas. Both reported maltreatment rates and substantiation rates were higher than for larger urban agencies, and rates of reported sexual abuse were higher than for the rest of the province.

## **7.7 Worker Experience and Education**

Investigating worker variables appear to have relatively little effect on the outcome of investigations. Table 7.7 presents some of the worker background information gathered from the 171 workers (representing 60 percent of investigations) who completed the worker survey (see Appendix F). Gender and age had no significant effect on substantiation rates. Education appears to have some effect, with substantiation rates being higher for CAS workers with MSWs (32 percent) than for workers with BSWs (24 percent) or with other degrees (26 percent). Years of child welfare experience had an inverse effect on substantiation rates. Investigating workers with greater experience were generally less likely to substantiate allegations of maltreatment than were workers with less child welfare experience.

# **8 CONCLUSIONS AND FUTURE DIRECTIONS**

## **8.1 SUMMARY OF MAJOR FINDINGS**

This first report for the Ontario Incidence Study of Reported Child Abuse and Neglect presents the study's methodology, estimates of the incidence of all forms of reported maltreatment and descriptions of key case characteristics. The study is based on information collected from CAS workers when they had completed their initial investigations. Data forms from a sample of 2,950 families were collected from fifteen randomly selected agencies during the months of March to June, 1993. Sixty-four percent of these families were investigated for alleged child maltreatment involving 2,447 investigated children. This sample of 2,447

children was used to derive the following estimates of the incidence and characteristics of investigated maltreatment:

### **Incidence of Reported Maltreatment**

- The incidence of investigated child maltreatment is 21.32 per thousand children, for a total of 46,683 children;
- In 27 percent of these cases, maltreatment was substantiated, in 30 percent maltreatment was suspected and in 42 percent maltreatment was unsubstantiated;
- Forty-one percent of investigations involved physical abuse, 24 percent sexual abuse, 30 percent neglect, 10 percent emotional maltreatment and 2 percent other forms of maltreatment. There were two or more forms of suspected maltreatment in 12 percent of investigations.

## Perpetrators

- In 75 percent of investigations, one or both parents were the alleged perpetrators; but in cases of alleged sexual abuse, parents were the perpetrators in only 38 percent of investigations;
- In 90 percent of sexual abuse investigations, men were the suspected perpetrators, and in 88 percent of sexual abuse cases the suspected perpetrator was either related to or known to the child;

## Child Characteristics

- Fifty-one percent of investigated children were female, and 65 percent of children investigated because of suspected sexual abuse were female;
- The incidence of investigated maltreatment was highest for youths 12 to 15 years old (24.88 per thousand) and lowest for children in the 8 to 11 year old group (18.31 per thousand);

## Family Characteristics

- Thirty-four percent of investigated children lived with both biological parents, 19 percent with a biological parent and a step-parent, 36 percent with a single mother and 6 percent with a single father;
- Social assistance was the primary source of income for the parent(s) of at least 38 percent of investigated children and possibly as many as 50 percent of investigated children;
- At least 17 percent of investigated children lived in a subsidized housing complex, 18 percent had moved in the last six months and the homes of 5 percent of children were considered to be unsafe or inappropriate;
- Alcohol abuse was considered to be a problem for 13 percent of parents and drug abuse for 7 percent of parents; inter-parental physical violence was documented in 17 percent of investigations; and the parents of 13 percent of investigated children were considered by the investigating worker to have mental health problems;

## Agency Characteristics

Rates of reported maltreatment varied by region and by agency size. The rate of reported maltreatment in South-Central Ontario was 17 per thousand, in South-Western Ontario it was 23 per thousand, in South-Eastern Ontario it was 25 per thousand, and in Northern Ontario it was 27 per thousand;

- The largest number of referrals for investigation were made by schools (21 percent), 15 percent of referrals came from health professionals, and 18 percent from parents or children.

## Service Outcomes

- In 27 percent of investigations, workers were planning to keep the case open for service beyond the investigation; in 8 percent of cases CFSA court proceedings were underway; in 6 percent of cases the child had been brought into CAS care, and an additional 5 percent were at risk of coming into care at a later point;
- The police were involved in 23 percent of investigations and criminal charges were laid in 6 percent of cases, with the possibility of more charges being laid later;



## 8.2 COMPARATIVE ANALYSIS

The descriptive findings presented in this report raise more questions than they answer. There are no baseline data that can be used to put into perspective the OIS estimates of reported child maltreatment: Is a rate of 21 maltreatment investigations per thousand children high or low? Is the province's child welfare system casting the investigative net widely enough or is it being cast too wide? Nor are there clear standards that can be used to determine the extent to which the estimated reporting, substantiation and placement rates are too high or not high enough: Are too many unsubstantiated cases being needlessly investigated?; or, Is this low substantiation rate a result of a well-developed early intervention system that is providing preventative services to families at risk of maltreatment?

While an evaluation of the effectiveness of Ontario's child welfare system was not an objective of this study, some comparative analysis is useful to put these statistics into perspective. Comparable statistics from other sources are presented below to provide an initial base for comparison. The OIS estimates are compared first to the CAS service statistics collected by the Ontario Association of Children's Aid Societies (OACAS). Comparisons are then made with data from two American data bases. Finally, comparisons are made with the Badgley Report's sexual abuse prevalence data. However, **these preliminary comparisons should be interpreted with caution** since the statistics from the comparative data bases are derived using different methodologies and definitions. Please review Definitional Framework, Chapter 1.3, before reading the following section.

## OACAS Annual Survey<sup>66</sup>

The OACAS annual survey provides statistics on the number of child abuse investigations, and the total number of family cases opened for CAS service<sup>67</sup> in Ontario. These figures provide an external reference point to validate the OIS estimates. The OACAS and OIS data are compared in Table 8.1. The OIS data have been transformed into family-based estimates comparable to the OACAS statistics. The overall number of family case openings documented by both sources is comparable: 53,000 in 1993 according to OIS estimates, and 50,491 in 1990 according to OACAS reports. Given that reporting rates have been increasing annually, the difference in reporting years probably accounts for the additional 2,500 cases estimated by the OIS.

Estimates for the number of sexual abuse investigations are almost identical (8,766 vs. 8,216). Forty percent more physical abuse investigations are documented by the OIS compared to the OACAS, and three times as many emotional abuse cases. These differences may be explained in part by the fact that documentation of these forms of maltreatment was stressed in the OIS

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<sup>66</sup> Abuse allegation data derived from *Services information for the year 1991*, OACAS, 1992, and case openings derived from *Info 90*, OACAS, 1990.

<sup>67</sup> The OACAS case opening statistics include cases open for reasons other than suspected child maltreatment.

training sessions, whereas, the less severe cases of these forms of maltreatment may not have been documented as systematically by the OACAS survey. It is also possible that rates of child physical abuse have increased since 1991 as a result of rising rates of unemployment.

### **United States NCANDS<sup>68</sup>**

Reported child maltreatment in the United States provides a useful basis for comparison, given the relative similarity of the child welfare systems in both jurisdictions. The National Child Abuse and Neglect Data System provides the most extensive statistics on investigated maltreatment in the United States. The NCANDS collects aggregate data directly from each state and documents the total number of child and family investigations, rates of substantiation, and forms of maltreatment for substantiated cases.

The overall incidence of reported maltreatment is compared in Table 8.2. There were twice as many investigations per child in the United States in 1990 than in Ontario in 1993. It is likely that this difference would be even greater if one used 1993 figures for the United States. Table 8.2 shows that substantiation rates in the 19 states using three levels of case substantiation (substantiated, suspected/indicated, unfounded) are comparable to the OIS rates, with a slightly higher proportion of unfounded cases in the United states (51 percent vs. 42 percent).

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<sup>68</sup> *National Child Abuse & Neglect Data System: 1991 Summary Data Component*, U.S. Department of Health & Human Services, 1993.

Forms of substantiated maltreatment are compared in Table 8.3. The major difference between the Ontario and American statistics is in the area of child neglect. The estimated incidence of substantiated neglect is more than two times as high in the United States than in Ontario (4.64 per thousand vs. 2.02 per

thousand), and the proportion of neglect cases relative to other forms of maltreatment is also higher in the United States. There also appear to be more cases of substantiated physical abuse in the United States<sup>69</sup> than in Ontario, but no difference in the incidence of substantiated sexual abuse. The higher rates of neglect could be partially explained by the higher rates of child poverty in the U.S., given the close association between reported child neglect and child poverty.

### **United States NIS<sup>70</sup>**

Data from the U.S. National Incidence Study provide an additional basis for comparison because the OIS questionnaire included many of the NIS categories<sup>71</sup>. Table 8.4 compares the severity of harm for substantiated cases in both studies. The NIS cases appear to include significantly more serious cases of maltreatment, with 71 percent of NIS cases involving observable harm (moderate to serious) compared to 25 percent in the OIS.

Comparing the severity data from the OIS and the NIS indicates that the lower rates of investigated maltreatment in Ontario are unlikely to be caused by a lower case detection rate in Ontario. If the case detection rate were lower in Ontario, one would expect that only the more serious cases were being identified. The severity data would indicate that rates of maltreatment are not only lower in Ontario, but that far fewer cases involve serious harm.

### **Childhood Prevalence of Sexual Abuse: The Badgley Report<sup>72</sup>**

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<sup>69</sup> This difference is not large enough to be considered significant given that it could just as well be attributed to methodological or definitional differences.

<sup>70</sup> National Incidence and Prevalence of Child Abuse and Neglect: 1988 (Revised Report), Sedlack, 1991, Westat.

<sup>71</sup> In most cases, direct comparison of the published 1988 NIS findings and the OIS findings cannot be made because of (1) the difference in reporting years, and (2) the NIS includes both reported and non-reported professionally-identified cases. However, the severity data presented in Table 8.4 are least likely to be significantly affected by these differences. Full comparison of the two studies will be conducted once the 1993 NIS data are available for analysis.

<sup>72</sup> Committee on sexual offences against children and youth. (1984). *Sexual offences against children* (Vol. 1). Ottawa, Canada: Canadian Government Publishing Centre.

Comparison between the OIS sexual abuse data and estimates of the childhood prevalence of sexual abuse provides a means of examining the relationship between officially reported cases and the actual number of abused children. Table 8.5 compares the OIS estimates of reported sexual abuse to childhood prevalence estimates derived from the Canadian general population survey conducted for the 1984 report of the Committee on Sexual Offences Against Children and Youth (Badgley Report). To allow for meaningful comparisons, Badgley data are transformed into crude estimates of the annual incidence of abuse by dividing the childhood prevalence figures by the number of years of exposure (16). To avoid double counting, the OIS data have also been adjusted by removing all cases where a child had been previously reported because of suspected sexual abuse.

Comparison of the overall rate of reported sexual abuse (4 per thousand) to the overall estimate of the annual incidence of sexual abuse (9.5 per thousand) indicates that possibly close to half of all sexually abused children are being identified by the child welfare system. However, if one excludes unfounded cases

and considers only substantiated plus suspected cases, it appears that only one-quarter of the victims are being identified.

Although the OIS and Badgley subtypes of sexual abuse are not exactly the same, the four subtypes used in both studies are similar enough to provide an interesting point of comparison. Cases involving physical contact appear to be more likely to be identified by the child welfare system (2.9 per thousand vs. 5.3 per thousand), whereas only a small proportion of exposure cases are identified (0.2 per thousand vs. 4.3 per thousand).<sup>73</sup> It should be noted that the contact cases are more narrowly defined in the OIS ("intercourse" and "genital fondling") compared to the Badgley Report ("assaulted" or "attempted and touching"), indicating that the proportion of identified cases is higher than would appear by comparing the figures in Table 8.5.

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<sup>73</sup> Many of these cases may be reported to the police without notification to the CAS.

### **8.3 FURTHER ANALYSIS OF 1993 OIS DATA**

This first report has presented the descriptive findings from the OIS. Because of its relatively large sample size, this data base lends itself well to further analyses of the relationships between different variables and sub-populations. As shown in the tables in Chapters 4 to 7, there are significant differences between subgroups. Not all investigated children have an equal chance of being placed in CAS care. Sexual abuse investigations involving younger children are less likely to be substantiated. Families with housing problems are more likely to have a child placed in care. Parents who are considered to have problems with drugs or alcohol are also more likely to have a child placed in care.

More extensive multivariate analysis is being conducted with the OIS data. This analysis will be conducted along three major lines of inquiry: (1) determining factors that influence outcomes of investigations (substantiation, court, placement and provision of services); (2) exploring the characteristics of different subtypes of reported maltreatment; and (3) examining the differences between cases opened because of suspected child maltreatment and cases opened for other reasons.

The OIS data will also be used to conduct a comparative study of the incidence of reported maltreatment in Ontario compared to incidence estimates derived from the United States National Incidence Survey (NIS).



## 8.4 FUTURE RESEARCH

Several studies are currently being planned. We first plan to conduct a follow-up study of the 3,000 OIS families. The major objective of the follow-up will be to track child welfare services provided to these children and families. We already know that, in 73 percent of cases, workers were planning to close reported cases after the intake assessment. Follow-up studies will allow us to determine what kind of post-intake services were provided and for how long. At present very little longitudinal information is available that describes the service pathways of families involved with CASs.

Using the model of the NIS, we hope to conduct similar surveys at regular intervals (e.g., every five years). The 1993 OIS could then serve as a baseline for studying changes in the populations being reported to and investigated by CASs.

We also hope to conduct similar incidence studies in other provinces. There are currently no national estimates of the incidence of reported maltreatment. A series of provincial incidence studies would allow us to develop a much more accurate profile of the kinds of families and children coming into contact with child welfare services in Canada.

In addition to providing a basis for conducting other incidence studies of reported maltreatment, the OIS can also be used to study reporting practices in more detail. As indicated in Chapter 7, there appear to be significant differences in the types of reports made by reporting sources. The NIS included mandated reporting professionals in their studies and found that reporting practices did indeed vary considerably. With the cooperation of professional associations, it would be possible to conduct surveys of reporting practices to determine the extent to which clearer reporting guidelines or procedures may be needed.

## Profile of OIS Sample

The profile presented in this Appendix describes the characteristics of the OIS sample of family intake cases. Since most Ontario CASs maintain family-based statistics for cases open at intake, this profile allows agencies to determine the extent to which their caseloads correspond to the OIS sample. In all other chapters, unless otherwise specified, the statistics presented are child-based. Because the major objective of this study is to estimate the incidence of reported and substantiated child maltreatment, the units of analysis used are the individual children who were investigated because of suspected abuse or neglect.

### Number of Children and Families

Tables A.1 and A.2 illustrate the relationship between the family-based statistics presented in this section and the child-based statistics presented in the rest of this report. The fifteen OIS CASs generated 2,950 intake family cases for this study. Two-thirds of these families (N=1,898) were investigated for suspected abuse or neglect involving a total of 2,447 children. (see Figure 2)

**Table A.1: Number of intake cases, family investigations, and child investigations by region and agency in the selected sample.**

Region & Agency	Number of families open at intake (N=2,950)	Number of family investigations (N=1,898)	Number of child investigations (N=2,447)
South-Central	914	664	857
Toronto Roman Catholic	235	162	216
Toronto Jewish	35	35	47
Toronto Public	315	257	343
Halton	208	146	173
Simcoe	121	64	78
South-West	579	439	552
Norfolk	54	47	54
Sarnia	171	118	159
Waterloo	354	274	339
South-East	732	451	578
Frontenac	143	110	142
Ottawa	407	236	295
Renfrew	182	105	141
North	725	344	460
Algoma	155	89	111
Porcupine	114	40	46
Rainy River	95	17	22
Thunder-Bay	361	198	281
Total	2,950	1,898	2,447

Table A.2 shows the relationship between the investigated children and their families. There were 3,638 children in the investigated families, 2,447 (67 %) of whom were subject to an investigation. In 68 % of families with two children both children were investigated. In larger families only half of the children were targets of investigation.

**Table A.2 Number of investigated children per family (N=1898)**

Number of investigated families	Total number of children in investigated families	Proportion of children investigated	Number of children investigated
740	1	100 %	740
731	2	68 %	1,003
319	3	50 %	479
81	4	48 %	155
27	5 or more	45 %	70
Total 1,898		67 %	2,447

### Referral Source and Reason

The relatively large number of non-investigated families identified in the OIS involves a variety of other types of CAS services. Table A.3 provides the reasons for referral both for investigated and non-investigated families. Ninety-six percent of the investigated families had been referred specifically for suspected maltreatment. In 4 percent of cases, the original referral was for another CAS service and maltreatment became an issue for investigation during the assessment for service. The majority of the non-investigated cases were open for direct services to families, most often because of difficulties parents were having with their children's behaviour.

The non-investigated portion of the OIS sample may under-represent the extent of some of these services. In some agencies, administrative services and some support services, such as prenatal counselling, are provided by service units that may not have been included in the study. A surprisingly large number of non-investigated cases (133) involved an allegation of abuse or neglect. These cases

appear to be situations in which it was immediately apparent that there was no maltreatment but the allegation nevertheless referred to suspected maltreatment.

**Table A.3 Reason for referral (actual number in parenthesis) (N=2950)**

Reason for referral	Percentage of investigated families (N=1898)		Percentage of non-investigated families (N=1052)	
Abuse/Neglect/Other maltreatment	96.1%	(1824)	12.6%	(133)
Supportive ser.-Child/youth behaviour	10.0%	(189)	32.7%	(344)
Supportive ser.-Dev/Phys handicapped child	1.3%	(24)	2.0%	(21)
Supportive ser.-Prenatal counselling	0.2%	(4)	4.5%	(47)
Supportive ser.-Parent mental health	3.8%	(72)	9.9%	(104)
Supportive ser.-Developmentally delayed	0.3%	(5)	1.4%	(15)
Supportive ser.-Financial assistance	1.1%	(20)	2.8%	(29)
Supportive ser.-Other supportive service	6.6%	(126)	23.3%	(245)
Other-Services for other CAS	1.0%	(19)	6.9%	(73)
Other-Foster/adoption home study	0.1%	(1)	3.1%	(33)
Other-Services for Ex-ward	–		0.5%	(5)
Other-Adoption information sharing	–		2.2%	(23)
Other-Other information request	0.5%	(10)	7.7%	(81)
Other-Other reason for referral	2.3%	(44)	11.8%	(124)

Note: There may be more than one reason for referral in each case.

Table A.4 presents the sources of referral for both investigated and non-investigated cases. Schools were the largest source of referral for investigated cases. Overall, 60 percent of referrals for investigated cases were from professionals, and 40 percent from the community. For non-investigated cases, self-referrals were the largest source of cases (30 percent).

**Table A.4 Source of referral (actual number in parenthesis) (N=2935)**

Reason for referral	Percentage of investigated families (N=1898)		Percentage of non-investigated families (N=1052)	
Custodial parent	14.8%	(280)	29.8%	(308)
Non-custodial parent	4.5%	(85)	3.9%	(41)
Child	4.5%	(86)	5.8%	(61)
Relative	6.8%	(128)	3.6%	(37)
Neighbour/Friend/Acquaintance	15.2%	(287)	8.9%	(93)
School	25.7%	(487)	8.2%	(85)
Day care	2.1%	(39)	0.2%	(2)
Police	9.7%	(184)	7.6%	(79)
YOA Court/Probation	0.7%	(13)	2.4%	(25)
Hospital	5.7%	(108)	4.2%	(44)
Public health nurse	0.5%	(9)	1.2%	(12)
Family Physician	4.1%	(77)	3.1%	(32)
Mental health professional	5.9%	(111)	6.5%	(67)
Other CAS	3.4%	(64)	10.8%	(112)
Anonymous	2.6%	(49)	1.2%	(12)
Other source of referral	6.2%	(118)	12.5%	(130)

Note: There may be more than one source of referral for each case. Fifteen cases were discarded due to missing information about the source of referral.

## Case Status

As can be seen in Table A.5, most of the study cases were opened during the study period (March to June, 1993). Because cases entered the study based on the the date of the written intake assessment, a proportion of cases (11 percent) were open before the study began. The cases open in July or later came from intake workers who had not completed their OIS forms during the study period but who wanted to participate nevertheless. Because there was no evidence of a significant seasonal effect in case characteristics, these "late comers" were included in the final sample.

**Table A.5 Date intake cases opened (N=2,841)**

Date of Case Opened	Percentage of investigated families (N=1815)	Percentage of non-investigated families (N=1026)
On or before Dec. 92	3.4 %	2.2 %
Jan. 93	2.1 %	1.8 %
Feb. 93	5.4 %	2.9 %
March 93	19.9 %	22.0 %
April 93	27.8 %	28.0 %
May 93	26.2 %	27.2 %
June 93	13.4 %	13.5 %
July 93 or later	1.8 %	2.4 %
Total	100.0 %	100 %

Note: 109 (3.7 percent of cases were discarded due to missing information about the date case was opened.

Table A.6 presents the case status for investigated and non-investigated cases. For both types of cases, approximately half of the cases seen at intake were reopenings. The average time between the current opening and the previous opening was 48 days. Half of the OIS forms – and the intake assessments – had been completed within a month of a case being opened. By the time the OIS forms were completed, the assessments/investigations for over 80 percent of

cases were considered to be completed.<sup>74</sup> For cases where the assessment was completed, 15 percent of cases were to be kept open for ongoing CAS service, 19 percent closed with a referral to another agency and 70 percent were closed with no referral. It is interesting to note that of the 2,950 intake family cases surveyed, in only approximately 300 cases<sup>75</sup> was there both an investigation for alleged maltreatment and plans for ongoing CAS services.

**Table A.6 Case Status**

Case Status	Percentage of Investigated Families	Percentage of Non-investigated Families
Previous case status	(N=1,898)	(N=1,052)
New cases	54 %	50 %
Reopened cases	46 %	49 %
Current case status	(N=1,774)	(N=982)
Assessment completed	81 %	84 %
	(N=1,421)	(N=815)
Open for CAS service	15 %	15 %
Closed & referral	19 %	21 %
Closed & no referral	66 %	64 %

Note: 194 (6.6 percent) cases which did not have information on current case status and 41 (1.8 percent) cases with assessment completed but missing information on current case status were discarded.

<sup>74</sup> Cases for which the assessment was ongoing generally involved more serious and complex cases, requiring more extensive investigation. Comparison of the two types of cases shows that the ongoing assessments are significantly more likely to involve situations in which a child has sustained an injury (17 percent to 10 percent), the case is more likely to be substantiated (36 percent to 25 percent) and to have gone to court (12 percent to 6 percent), and the child is more likely to have been placed in care (15 percent to 4 percent).

<sup>75</sup> 15 percent of 1,898 = 285. The actual number of ongoing cases is not known since this survey gathered information only at the time of the initial intake assessment. The 15 percent estimate is based on projections made by workers at the time of the assessment.



## Family structure

The family structures of the investigated and non-investigated families are presented in Table A.7. Close to half the families were intact families with both biological parents in the home. A third of the families were led by one parent only. A surprisingly large number of families (18 percent for investigated and 14 percent for non-investigated) were two-parent families where one of the parents was a step-parent to at least one of the children. The family characteristics of the investigated children as they compare to other children in the province are discussed in Chapter 6.

**Table A.7 Family Structure**

	Percentage of investigated families	Percentage of non- investigated families
Parents*	(N=1,843)	(N=1,021)
Intact	43 %	54 %
Lone Parent	34 %	27 %
Parent & Step-parent	18 %	14 %
Parent & Grandparent	2.4 %	2.4 %
Parent & Other	2.8 %	1.4 %
Grand Parents	0.4 %	1 %
Number of Children	(N=1,898)	(N=1,052)
0	0 %	13 %
1	39 %	44 %
2	39 %	27 %
3	17 %	12 %
4	4 %	4 %
5 or more	1 %	1 %

\* 86 (2.9 percent) of cases were discarded due to missing information about parents.

## Profile of Participating CAS Social Workers

All of the CAS social workers who participated in the study were sent a three-page Worker Survey form (Appendix E). Sixty percent (171) of the 285 OIS workers completed and returned this form. The survey included questions about worker experience, education and caseload, as well as eighteen two-sentence case vignettes that they were asked to rate in terms of severity on a scale of one to nine. As can be seen in Table A.1, these workers are an experienced group of social workers. More than two-thirds have an MSW or a BSW, and over 90 percent have a university degree. Close to a third have worked in child protection for more than ten years, while less than 20 percent have worked in child welfare for less than two years. Three-quarters of the protection workers surveyed were women. Two-thirds of the workers were over thirty and a third were over forty. Almost all of the respondents had taken the MCSS or IPCA Child Protection I training program, while most had taken the level II program and the sexual abuse specialist program. The average caseload size was 17 and only 14 percent of workers carried a caseload over 26 cases. However, it should be noted that most of the workers surveyed were intake specialists who have a rapid turnover of cases.

**Table A.1: Profile of CAS intake workers\*  
(N=171)**

Worker Characteristics	Proportion
Female	77 %
Over 30 years old	60 %
Child Welfare Experience	
less than 2 years	18 %
3- 5 years	33 %
6 years or more	49 %
Education	
College	9 %
BSW or MSW	65 %
Other University Degree	26 %
Training	
IPCA/MCSS Protection I	83 %
IPCA/MCSS Protection II	72 %
Sexual Abuse Specialist	69 %
Average Caseload	17
less than 16 cases	54 %
16 to 25 cases	32 %
26 to 38 cases	12 %
more than 38 cases	2 %

\* Sixty percent (171 of 285) of workers completed and returned the OIS Worker Survey.