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CHILD ABUSE IN ONTARIO

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Ministry of Community and Social Services
Honourable Rene Brunelle, Minister
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PREFACE

For the last two years my colleagues and I have been studying the character and incidence of child abuse in the Province of Ontario. This research, funded by the Ministry of Community and Social Services, resulted in a mimeographed preliminary report which appeared in April of 1972 entitled Physically Abused Children in Ontario. The present work, is a revised version of the preliminary report.

We are indebted to a large number of individuals and organizations who contributed in various ways to the success of this study. In particular the generous assistance of the following individuals is gratefully acknowledged. Mrs. Elsie Etchen, Director of Research and Planning; Miss Betty Graham, Director of Child Welfare, Ministry of Community and Social Services; Dr. H.B. Cotnam, Supervising Coroner of Ontario; Mr. H.H. Dymond, Executive Secretary, Ontario Association of Children's Aid Societies; and the Directors of Children's Aid Societies.

It is also a pleasure to express gratitude to my research colleagues: Frank Adams, Erika Greenland, Maureen Orton, Iris Owen, Reinhilde Robertson and Ellen Rosenblatt for their invaluable contributions to this study. We are all grateful to McMaster University for providing us with excellent research facilities.

Cyril Greenland
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CHAPTER I

CHILD ABUSE

> To the best of our knowledge at least 250 children are injured in a non-accidental manner for every million population in urban areas. Unless these families are recognized early and some form of family-centred therapy instituted, approximately two to three per cent of these children will be killed each year and thirty per cent of the younger ones will receive permanent physical injury or brain damage. (1)

The author of the above quotation, Dr. R.E. Helfer, a respected American authority on child abuse, believes these grim statistics, derived from a study of child abuse in Denver, Colorado, apply equally to Canada. In her book, The Battered Child in Canada, Mary Van Stolk uses a slightly more conservative estimate of 225 cases per million population (2). She concluded that child abuse could result in 1,718 injuries and from 34 to 52 deaths in Ontario each year. But even these revised estimates are considerably in excess of those officially reported. In 1970, for instance, only eight deaths and injuries to 397 children were officially attributed to child abuse.

There is a wide chasm between estimates and actual reports of injuries and deaths from child abuse. Have Helfer and Van Stolk over-estimated the extent of child abuse? Are there instances of abuse that go unreported which in 1970 would make up the difference between the eight deaths known to Ontario Coroners and the estimated 34 to 52 deaths?

Our study led us to conclude that child abuse occurs in greater numbers than those reported by the Children's Aid Societies (CAS) to the Central Register (a registry maintained by the Ministry of Community and Social Services, Child Welfare Branch). But are there as many child abuse victims on a per capita basis here in Ontario as there are in Colorado?

Is there any way to determine how many children are abused each year?

Our initial findings, based on analysis of 359 cases of abuse involving 397 children reported to the Central Register in 1970, did not correspond with data from earlier U.S. studies. This led us to consider more closely the definition of child abuse and especially the meaning of "battered child syndrome."

The term "battered child syndrome" was coined in 1962 by C. H. Kempe and his colleagues from the University of Colorado School of Medicine (3). It was used to refer to children, usually under three years of age, who showed some of the following characteristics: in poor health, including poor skin hygiene, and displaying symptoms of neglect; showing multiple soft tissue injuries and malnutrition. Other frequent findings were subdural haematomae (haemorrhage beneath the skull); bone fractures in various stages of healing; and possible skull fractures. To Kempe and his colleagues, the etiology of this condition was intentional neglect and/or abuse by the parent or guardian.

Our own study suggested that the "battered child syndrome" in the classical sense was rare in Ontario. We concluded that:

(a) The physical abuse of children in Ontario is not limited to very young children, although the very young often receive the most serious injuries and most often die from them. However, one-fifth of the abused boys and over one-third of the abused girls were between 10 and 16 years of age.

(b) More than a third of the children received only bruises or welts, and fully ten per cent had no apparent injury. A minority suffered serious injuries such as burns, bone or skull fractures, brain damage and internal injuries. Fifteen per cent were injured sufficiently to require hospital admission.

(c) More men than women were reported and verified as having abused their children.

(d) Injuries were unintentionally inflicted in most cases by the natural parents or other adult caretakers. Excessive use of discipline was the most apparent cause of injuries, not deliberate or malicious abuse or neglect. Many children were victims of physical assaults expressed in a context of child rearing.

(e) Although the incidence of child abuse in Ontario is probably higher than reports to the Central Register indicate, the notion that there is an enormous number of unreported cases was not substantiated by the present study.

Our findings closely parallel those of David G. Gil reported in his book Violence Against Children (5). But these conclusions were merely the result of the initial phase of our research. To provide a much more substantial basis for our conclusions, further studies based on six major sources of data were undertaken.

1. We analyzed in detail all 998 cases (1,121 children) reported to the Central Register from 1968 to 1970 inclusive.

2. We examined Ontario's Supervising Coroner's files for all children under the age of 16 who died from violence between 1966 and 1970. Records of deaths ascribed to "child abuse" were made the subject of special study.

3. We made inquiries to determine the extent to which the C.A.S. were involved in the Coroner's Cases of child abuse deaths.

4. We studied intake records and/or case files at 16 Children's Aid Societies with either high or low reporting rates of child abuse.

5. We did a follow-up study of children who were abused and hospitalized in 1970.

6. We examined child abuse as it is reported in the Canadian press, and found that a stage army of "battered baby" cases has been used to suggest that child abuse is a national problem of epidemic proportions.

Not all these sources of information proved to be equally useful. We were disappointed to discover that the Central Register's records of 1966 and 1967, its first two years of existence, had been destroyed and were not available for study. While the quality of the 1970 records was extremely high, this was not true for previous years. Many of the files, preserved on microfilm, were barely legible and virtually useless for research purposes. We discovered, too, that all the case records which one of the larger Children's Aid Societies had converted to microfilm were equally useless. In several instances it proved impossible to retrieve files on children who had been known to be in the Society's care only a few years earlier. For this reason, the attempt to follow up cases

of child abuse reported before 1970 had to be abandoned.

In contrast to the conditions in which records were kept, we were extremely well received by all the agencies visited. The staff of the Child Welfare Branch, Children's Aid Societies, and the Supervising Coroner's Office could not have been more helpful.

The results of our research confirmed the initial impression that although child abuse is a serious problem, it is not a major cause of injury or death of children in Ontario. However, it must be borne in mind that, as parents usually punish their children in private, and that neighbours, teachers and even physicians are reluctant to report suspected cases, the true incidence of serious child abuse may never be known.

The data suggest that physicians have been reluctant to report suspected abuse of children, particularly when the evidence cannot be substantiated. Therefore, any research based only on C.A.S. records or on the Central Register is bound to be incomplete. However, determining the true incidence of a disorder is only the first step. The next and more vital step is to initiate a programme of treatment and prevention. Experience has shown that treatment on a case-by-case basis by a Children's Aid Society or any other single agency is unlikely to do more than provide temporary relief from the symptoms of family distress. Helfer and Kempe (4) have already suggested that effective treatment, if at all possible, must involve a multi-disciplinary form of family-centered therapy. Except in university clinics, this approach is expensive, time consuming and very difficult to provide. For these reasons, the major emphasis of the government's efforts to combat child abuse must of necessity be concerned with its prevention. We find ourselves in full agreement with Gil's list of five preventative recommendations.(6) In summary form they are:

(a) The rapid development of cultural and legal sanctions against the use of violence or physical force in the rearing, education or training of children.

(b) The elimination of poverty by assuring all members of society, without discrimination, equal opportunity to enjoy life through adequate income, comprehensive health care and social services, decent housing, comprehensive education, and cultural and recreational facilities.

(c) Comprehensive family planning programmes, including abortions. The availability of such birth control services to all citizens would immediately reduce the number of unwanted and rejected children who are the major victims of child abuse and even infanticide.

(d) Family life education and counselling programmes for adolescents and young adults preparing for marriage and parenthood.

(e) High-quality, neighbourhood-based, socio-medical child welfare and protection services geared to the reduction of environmental and internal stresses on family life. These services are urgently needed for mothers who single-handedly carry the major responsibility for raising children.

These are areas which need to be opened up. They happen, also, to be areas in which private and government services can work effectively together. As a matter of priority, attention should be paid to improving communication between hospitals, particularly emergency services and family practice units, Children's Aid Societies, family physicians, courts, police and other community agencies.

As a step in this direction, we have proposed a model for research which would draw upon the above resources. In cooperation with the Department of Pediatrics of Ottawa, Queen's, Western Ontario and McMaster Universities, a hospital-based study has been initiated of all children who are victims of home accidents and injuries. An outline of the project, called Home Accidents and Injuries Study (HAIS) is contained in Appendix C. This additional research will make it possible to provide the most comprehensive data available on the true incidence and nature of child abuse in Ontario.

CHAPTER 2

CASES OF ABUSE AND DEATH

HOW MANY CHILDREN WERE ABUSED?

The Central Register received 1,603 reports of child abuse during the five year period, 1966 through 1970, from Children's Aid Societies in Ontario.

Since more than one child was involved in some of these cases, the total number of abused children is approximately 1,800, or an average per year of 360.

The number of reported cases varied slightly from year to year (see Table 1). The smallest number reported, 225 cases in 1966, occurred in the first year of operation of the Register. The highest number of cases, 380, was reported the following year 1967.

It must be emphasized that these cases represent the meaning of child abuse employed by local Children's Aid Societies for the purpose of reporting to the Central Register. There seems to be no common definition of child abuse in use by all the Children's Aid Societies. Variations in their definitions will be discussed later in Chapter 8. Children's Aid Societies depend upon individuals and other community agencies to inform them of instances of child abuse. Undoubtedly, there is a certain amount of malicious reporting in any community. Children's Aid Societies have the delicate task of establishing true physical abuse, which is sometimes as difficult to prove as to disprove.

WHERE DID THE ABUSED CHILDREN LIVE?

Child abuse is reported in all parts of Ontario (Table 1). As expected, the larger population centres, the towns and cities of the southern tier, contribute the greatest number of cases but the depressed and isolated rural areas of the north also have their share (see Figure 1). Throughout the five-year period, Metro Toronto reported the greatest number of cases - a total of 853 from two agencies (Metro C.A.S. and Metro Catholic C.A.S.). Two reasonably large agencies/areas, Peel and Perth Counties, reported only two cases each in the same five-year period.

Comparing the number of child-abuse cases in agency/areas of similar population results in some unusual findings. Both the Ontario County (Oshawa) and the Sudbury agency/areas have

populations of approximately 180,000. But from 1966 to 1970 inclusive, Ontario County C.A.S. reported 34 cases whereas Sudbury C.A.S. reported only 18 cases. Was child abuse actually twice as frequent in the Ontario agency/area as in the Sudbury agency/area?

Similar comparisons may be made between three agency/areas with populations of approximately 100,000. Frontenac C.A.S. (Kingston) reported 37 cases, Kent C.A.S. (Chatham) 24 and Wellington C.A.S. (Guelph) 5 cases. The range from a high of 37 to a low of 5 cases is quite remarkable. Is there seven times more child abuse in Kingston than in Guelph? It is unlikely that the figures reflect much more than the fact that Kingston C.A.S. uses a more inclusive definition of abuse than Guelph C.A.S. With a population of some 390,000, Hamilton-Wentworth C.A.S., together with the Hamilton-Wentworth Catholic C.A.S., reported a total of 34 cases, whereas, with a slightly smaller population of some 337,000, Niagara C.A.S. (serving both Welland and Lincoln counties) reported 78 cases. Is Hamilton-Wentworth's definition less inclusive than Niagara's?

Only further research can fully answer these questions, but we do know that individual agencies employed, and continue to employ, different definitions of child abuse in selecting cases for reporting to the Central Register. Thus the value of comparative studies is limited.

Toronto had the highest rate of abused children per 1,000 population, but one of the lowest rates of hospitalized children. The reverse of this situation was observed for Kapuskasing. But again, in view of the limitations of the data available, no valid conclusions can be drawn from a comparison of the geographic distribution of hospitalized and abused children. In addition, no means exist to control for the dissimilar characteristics of the various regions in the province, including differences between rural and urban populations, ethnic cultural influences and the availability of community resources such as day-care centres, public health nurses, family planning services, and so on.

WHO WERE THESE ABUSED CHILDREN?

For a more detailed answer to this question we examined two groups: the total group of 1,121 abused children in the three-year period, 1968, 1969 and 1970; and the severely injured and hospitalized children in the single year 1970.

We found that young boys were slightly more prone to abuse

than young girls. Of the total number of children reported to the Central Register, 52 per cent were boys and 45 per cent were girls. In three per cent of the cases no sex was reported.

The first year of life is the most dangerous. One in ten of these children was abused before his or her first birthday. Risk remained high but declined gradually through the pre-school years. Of the total group of abused children (N=1,121), ten per cent were under one year of age. The proportion of abused children in each one of the age groups, one, two and three years, is seven per cent. The proportion drops again at ages four, five and six, to five per cent each. Therefore, almost half the abused children were six years of age or under.

Thirty-six per cent of the abused children were in the age range seven through 15. By comparison, then, pre-school children were much more at risk than school-aged children. Age was not reported on the records of 15 per cent of the children.

At all ages, except puberty, there was a slightly higher proportion of reported abuse of boys than of girls. After the age of twelve, the risk for boys dropped dramatically, but equally dramatically it rose for girls. Only eight per cent of the abused boys were 13, 14, or 15 years old. In contrast, 20 per cent of the girls were in their teens. This was also double the rate of girls in the preceding three-year age span (ages 10, 11 and 12). Although boys are generally more likely to suffer abuse, girls at puberty are in greater danger. (see Figure 2)

It is interesting to compare the overall sex and age distribution with the pattern for children who were severely injured and required hospitalization in 1970. In that year, 60 abused children were hospitalized (Table V). The majority, 62 per cent, were boys (Table VI). The very young children suffered the most serious and life-threatening injuries. Eighty-two per cent of the hospitalized children were six years of age or younger. In fact, almost one in three of the hospitalized children was under one year. This may be compared with the point made above that for all abused children, including those not hospitalized, one in ten was under one year old. Only one child in three in hospital was more than three years of age.

Sex continued to be associated with age in the cases of serious injury but in a pattern less dramatic than that for the child abuse group as a whole. Among the children hospitalized in 1970 the proportion of hospitalized boys was greater than that for hospitalized girls at all ages up to

ten years. After age ten, the drop in the number of hospitalized boys is again evident although the trend is less pronounced, possibly because of the small numbers of hospitalized children at all ages.

HOW MANY OF THE CHILDREN WERE REPEATEDLY ABUSED?

Information on the repeated abuse of children was very limited. We examined the records of all abused children reported during the 1968-1970 period, as well as data on the 1970 hospitalized children. The statistics presented here refer only to those children where a history of repeated abuse was known. As it is unlikely that all instances of repeated abuse are known or reported, these findings may not be representative of children who possibly suffered repeated abuse.

For this group, the local Children's Aid Societies reported that they knew or suspected previous abuse in the families of 106 children. This represents approximately ten per cent of the total abused children. In 89 per cent of the cases the same child had been involved in a previous incident, either alone or together with another child. Indeed, another child had also been previously abused in half of these 106 families.

Among children severely injured and hospitalized in 1970, 20 per cent were noted to have a history of repeated abuse, usually occurring within the preceding year. Although data were again very limited, it was known that, in at least ten per cent of the families having a hospitalized child, another child had also been abused in a previous incident. Moreover, in these families, the same abuser was known or suspected to have been involved in both the earlier and present incidents. There is therefore evidence that abuse runs in some families and is often inflicted on the same child or children by the same person.

HOW WERE THESE CHILDREN ABUSED?

The abused children were slapped, spanked, beaten (by hand or object), shoved, pushed, thrown, dropped, burned, neglected or abandoned. An extremely wide range of injuries was found in both the total abused group (1968-70) and the 1970 hospitalized children. However, details of injury were known for only two-thirds of the abused children. Consequently, the following classification of injuries should be taken as minimum rather than total incidence figures.

In the 1968-70 group of abused children for which data on injuries were reported (N=758), it was found that 17 per cent had no apparent injuries, but all the rest suffered some form of injury. Some of these injuries were sufficiently serious to require hospitalization. However, in 69 per cent of the children, the injuries evidently ranged from less serious to very minor including such specific injuries as having teeth broken, hair pulled out, bruises, welts, abrasions, lacerations, etc. (Table II).

One-quarter of the children were examined at hospital and released. Private physicians treated nine per cent. No medical treatment was considered necessary for thirteen per cent. Five (0.5 per cent) children were reported to have died. One child was examined and treated by a public health nurse. No details of medical disposition were available for 38 per cent of the children.

Nevertheless, it is known that 15 per cent of the total group (1968-70) required admission to hospital, the great majority of these having suffered serious and life-threatening injuries. Nearly half of these hospitalized children received multiple injuries, two were neglected to the point of extreme malnutrition, and one child suffered from severe frostbite.

Details of injuries of the children hospitalized in 1970 were available in 92 per cent of the cases. The most frequent injuries were bone fractures, excluding skull fractures, in one-fifth of the children. Other serious injuries such as skull fractures, internal injuries and brain damage, were diagnosed in an additional 25 per cent of the cases. Multiple bruises and abrasions, poisonings, burns and malnutrition were also reported (Table VI).

CHILD ABUSE DEATHS

All child-abuse deaths discussed in this section concern children who were under five years of age when they died. We investigated a total of 40 deaths in which physical abuse or criminal negligence was the probable cause. This is not a complete list of abuse or neglect related deaths but they represent cases in which file information was complete enough to allow us to safely conclude that abuse was definitely involved. The Supervising Coroner's Office kindly opened their records to us for this part of the study (Table X).

In comparing the number of deaths recorded in the Central Register with those in the Coroner's records, we found

considerable discrepancy. For the 1968 to 1970 period, the Central Register has record of five deaths as a result of abuse. However, the Coroner's records show 24 child-abuse deaths for that time period. In 1970, the Central Register listed three deaths while the Coroner listed six child-abuse deaths. In the three cases known to both the Register and the Coroner's Office, charges were not laid while in the other three Coroner's cases charges were laid against a parent and, one case, the babysitter. We concluded that deaths resulting from child abuse are, therefore, more likely to be reported in the Coroner's records than in the Central Register.

WHO WERE THE DEAD CHILDREN?

Twenty-four of 40 dead children were girls. In three cases, the child's sex was not indicated on the Coroner's report. The greater proportion of female deaths here is in marked contrast to the greater proportion of boys found in both the 1970 hospitalized children and the total child abuse cases. We have no explanation for the greater number of female deaths. Over half the dead children were in the first year of life. Obviously, very young children are less able to survive physical abuse than are older children.

HOW DID THEY DIE?

Eighteen of the children died from multiple injuries. Eleven other children died as a result of skull fractures, internal injuries or burns. Negligence was associated with deaths of four children who died from asphyxia, malnutrition or exposure. Details of injury of four children were not reported.

WHO WERE THE ABUSERS?

Natural parents were responsible for 29 of the deaths. Both parents were involved in the deaths of eleven children, the natural mother alone in ten deaths and the natural father alone in eight deaths (Table XI).

Other adults living in the household were involved in the deaths of three children. These adults included two male common-law partners, who were not the biological fathers of the dead children, and a sib of the dead child. Private foster mothers were considered responsible in three infant deaths and an adoptive mother in one. Unrelated persons not living in the home were responsible for four other deaths. There appeared to be no relation between the sex of the dead

child and that of the abuser.

PROSECUTION OF ABUSERS

Details of legal action were available for only 28 dead children. Abusers of 18 children were prosecuted. Convictions were obtained in eight cases. Convictions obtained were assault in four cases, manslaughter in two cases and murder in two. Five of the convicted abusers were males.

HOME ACCIDENT DEATHS

The death of an abused child is always tragic and a matter of grave concern and alarm. However, compared to deaths from accidents, child-abuse deaths are very rare. Yet, so-called home accidents may be just as much a product of family disorder or parental stress as child abuse.

To put the incidence of child-abuse deaths in perspective, we compared them with the number of deaths attributed to both home accidents and natural deaths of children. Ontario Vital Statistics show that the number of childhood deaths due to accidental and natural causes decreased during the five-year-period, 1966 to 1970. The number of homicide deaths, which include child-abuse deaths, remained steady during this period. Homicide deaths constitute less than one per cent of the total deaths. (see Table XIV).

It is impossible to determine whether some home-accident deaths may actually have been the result of child abuse or neglect. However, we were able to study the age, sex and causes of death in these cases. Data provided by the Supervising Coroner's Office showed 131 home-accident deaths in 1970 for children under 16 years of age. Sixty per cent of the children were boys. Twenty-nine per cent of the home-accident deaths occurred to children under one year of age. Pre-schoolers were the most vulnerable to fatal home accidents with 78 per cent under the age of six and only 22 per cent over six years of age. At all ages the risk of home-accident death was highest for boys (Table XII).

Half the home-accident deaths were due to asphyxia. Four other causes appeared in about equal frequency. Skull and/or brain damage, burns, poisonings and trauma to a vital organ and/or haemorrhage were each the cause of death for between ten and 12 per cent of home accident deaths of children.

Housefires were the cause of asphyxia in one-quarter of the

deaths. Strangulation or suffocation occurred in 21 per cent of child deaths. Other causes of death in decreasing frequency were aspiration of vomitus, 10 per cent; injection of a foreign or lethal substance, nine per cent; drowning, six per cent; battering, five per cent; respiratory infection, four per cent; and internal injuries, five per cent. Exposure to heat or scalding killed two per cent of children (Table XIII).

The purpose in presenting these data is to suggest that an excessive concern for child abuse at the expense of these other equally tragic causes of child deaths makes little sense. The public, through its Child Welfare Services, must be vigilant and dedicated to preserving and enriching the lives of all children. Punishing abusive parents and making scapegoats of them may relieve the public conscience but does nothing to correct this tragic waste of children's lives.

CHAPTER 3

CHILD ABUSERS

WHO WERE THE CHILD ABUSERS?

For only one-quarter of the children abused during 1966 to 1970 did the abuser admit responsibility. Suspected abusers specifically denied responsibility for injuries of 15 per cent of the children. Accidental falls were the most frequent explanation for the abuse. Unfortunately, since no record of the suspected abuser's response to the allegations of abuse is available in half the cases, the following discussion is based solely on the recorded opinion of the investigating social worker as to the identity of the abuser.

Natural parents were by far the most frequently suspected abusers of their children. In three-quarters of the cases, the investigating C.A.S. worker suspected that the natural parents were responsible for the abuse. Parents admitted that they were indeed the abusers in 35 per cent of these cases. The natural father slightly more often than the natural mother was suspected of being the abuser. In about 11 per cent of the cases both parents acting together were suspected.

After natural parents, common-law partners and step-parents were most often involved as abusers or suspected abusers. Adoptive parents and both private and agency-placement foster mothers were involved in a small number of cases. Non-related individuals, such as babysitters, were suspected of abuse in less than ten per cent of cases.

A slightly higher proportion, 48 per cent, of suspected and confirmed abusers were male. Unfortunately, information on the sex of the abuser was not recorded in 13 per cent of cases. But in most of the categories of abusers discussed above, men were more often the suspected or confirmed abusers.

ABUSERS OF 60 HOSPITALIZED CHILDREN

Once again, natural parents were most often the abusers of hospitalized children. They were responsible for the injuries of just over half of these children. Both parents together were responsible for 14 cases of abuse. In cases where only an individual parent was involved, mothers tended to abuse daughters and fathers to abuse sons, although the relationship is not significant statistically.

After natural parents, the hospitalized children were most often abused by common-law partners (in seven of eight cases the partner was male) and step parents.

FOLLOW-UP STUDY

A more detailed study was made of the characteristics of the abusers of the 60 hospitalized children and 36 other children during 1970 who were injured though not seriously enough to be hospitalized. Combining these two groups, we found that these 96 children came from 82 families. Eighteen of these families were known previously to the C.A.S. Eleven of the mothers had sought the help of the C.A.S. as unmarried mothers. Another five women had requested help in managing their children, and one poor woman had asked for help to pay the rent. One father was himself a 16 year old C.A.S. ward and regularly in contact with a social worker at the time of the abuse. Seven other parents had also been Crown wards.

In these more serious cases the natural mother was the suspected abuser in 29 cases, and in 12 cases the natural father was suspected. In eleven cases, male common-law partners were involved. Because of the disorganized lives led by these abusive adults, a clear picture of the family relationships is difficult to obtain. In 62 per cent of the cases, there appeared to be a more or less stable relationship of the natural parents. Some of these parents had been previously married and/or were living in a permanent common-law relationship. Another 18 per cent were involved in more recent common-law partnerships. Four were unmarried mothers. Two were deserted mothers with visiting male partners. The remainder represented a variety of assorted relationships. Although the findings of this follow-up study are incomplete, the impression of the available evidence is that the majority of these abusive parents were very young - perhaps under 25 years of age. Some were 18 years old or less. It will be seen that the life styles of these parents were quite varied, so any attempt to describe a pathology common to all abusive parents must be regarded as ill-conceived.

CHAPTER 4

CIRCUMSTANCES

"Nothing real is simple"

Attempts to explain child abuse in terms of a single cause are foolish as well as misleading. There is strong evidence that shows that abuse occurs for a multitude of reasons. Thus it is imperative that we consider all the possible factors operating in a specific instance of abuse. To complicate matters, even in the best reported instances reliable information on the circumstances is not always available. We encountered reports in which not even the sex of the abused child was reported. This is another reason why explanations of child abuse must be treated with great caution.

CULTURAL FACTORS

Many parents regard it as a right, even a duty, to discipline their children. The means they employ - hitting, beating, punching, smacking, whacking, strapping - are accepted forms of child-rearing in our society. At one time the Christian church punished sinners of whatever age by scourging. Today school teachers may legally administer corporal punishment to their young pupils.

Many people agree that pain, judiciously applied, is necessary for the raising of children. However, too much suffering is inconsistent with parental love and duty, and many people feel that corporal punishment is incompatible with the education of children. Where does one draw the line between imposed discipline and physical abuse?

How much "suffering" turns discipline into abuse? The majority of reported cases of child abuse involved parents whose use of discipline was excessive. When injuries occurred, they tended to be superficial and rarely life-threatening, but even these were felt to be excessively harsh. The punishment of babies, however, may lead to serious injury and even death.

PRECIPITATING FACTORS

In most cases, the abuse was an accidental and unintentional consequence of parental discipline imposed on the child to produce memorable pain and not physical injury. It was rare that physical aggression was used with the intent to injure or

kill the child. Less than half the parents admitted using harsh punishments with their children.

The precipitating factors of abuse were recorded in 80 per cent of the cases. These were:

(a) "Staying out late; being defiant; out of control; disobedient and misbehaving." These reasons motivated about one-half of the parents to punish their children excessively.

(b) "Excessive crying, wetting and soiling, spilling or breaking household items and general irritation or frustration," were given by one-quarter of the parents for abusing their children.

(c) "Sexual abuse; acute family distress." These factors were identified as leading another one-quarter of parents to inflict injury on their children.

A TYPOLOGY OF ABUSIVE SITUATIONS

In what situations do parents exceed the culturally sanctioned level of violence towards their children? In Violence Against Children, Gil elaborated a typology of abusive situations (7). Here are six Ontario cases arranged according to Gil's typology.

1. Psychological rejection (12 cases)

Case No. 5:

This young mother was separated from her husband and looking after her four-month old baby alone. Neighbours made three complaints of her ill-treatment of the child. Child was taken to hospital bleeding from ear and with a bruised eyeball. At first mother blamed child for its injury, but finally admitted injuring it herself. The mother had been a Crown Ward (five foster homes) and had one pregnancy before marriage in which child died of prematurity. Current marriage has never been stable. She complains of bad nerves and continual financial difficulties. The notes state this mother is obviously seeking love and needs to be wanted. She has a series of boy friends, but the relationships never last. When she has a friend, she does not want the child and is aware that she might injure it. When the relationship breaks up, she wants her child back again. She has twice attempted suicide.

2. Angry and uncontrolled disciplinary response (five cases)

Case No. 20:

Three children - ages 6, 4 and 3 - were all severely beaten on the same day - the eldest the worst. Father said it was disciplinary. He was regarded as a man of violent temper. At age 16 he had been given a suspended sentence for assault. The family moved from the area immediately after the incident and was lost sight of.

3. Baby sitter abuse (one case)

Case No. 37:

Three children, ages one, two and three, were killed by a 16-year-old baby sitter while the mother was out drinking.

4. Personality deviance and reality stress (17 cases)

Case No. 2:

This is a case in which everyone knew the mother was mentally ill and ill-treating her children. No one was prepared to do anything about it. Neighbours saw this mother shoot her nine-year-old son in the back of the head with a BB gun. Then they reported that she was mentally ill, would not let the children out except for school, yelled and screamed at her husband, children and the neighbours. She was obviously very distressed and mentally ill. The husband was passive about getting treatment for his wife. Finally, he got a divorce rather than attempt to get her committed. The records do not say, and the C.A.S. do not know, who has custody of the children.

5. Child originated abuse (one case)

Case No. 21:

The first C.A.S. contact with this family occurred when the father asked for help in controlling his son. The son was said to be running away, setting fires, and beyond control. A psychiatric examination was suggested. Later when the father discovered that his children were also involved in sexual activity, he and his housekeeper punished them by frequent beatings, burnings and scaldings.

6. Caretaker quarrel (two cases)

Case No. 35:

This three and a half-year-old boy is congenitally blind, due to the mother contracting German Measles during pregnancy. The mother is a staunch Catholic with a good job. The father, a staunch Protestant, is partially paralyzed and epileptic. The father professed great affection for his child. The first involvement with the C.A.S. occurred when the father accused the mother of neglecting the child, by leaving him alone with an elderly baby sitter. There are marital, sexual and religious difficulties. The father is very aggressive and inimical towards his wife. The child was severely beaten by his father - in a "terrible temper." The father probably abused the child to punish the mother.

Almost all of the 82 follow-up cases fit into Gil's categories of abusive situations. But, in several instances we found cases that did not fit into Gil's typology. We, therefore, added a seventh category, "unwanted children." We studied 18 such cases in which undesired offspring were mistreated, apparently so the C.A.S. would take them off the parents' hands.

Children are abused in a variety of situations for many different reasons. The elements in common for most of the reported cases were poverty and severe environmental stress, combined, in a few cases, with personality disorders and alcoholism. The part played by poverty and environmental stress cannot be over-emphasized. Unlike those with adequate incomes, parents who are very poor have few opportunities to take an occasional holiday from the inevitable strains of child-rearing. Constant stress and inadequate means of coping often precipitate an explosive outburst of rage.

CHAPTER 5

REPORTING

It is almost as if a conspiracy of silence exists surrounding the reporting of child abuse. The law is very vague on what must and must not be reported, by whom and to whom. It can be shown statistically that there are children living today in perilous situations. Some of them will die, because neither the police nor the physician nor the teacher will report these situations to the Children's Aid Societies.

Who reports cases of child abuse to C.A.S.? We found that referral was made by the following groups, in order of frequency: schools, natural mothers, neighbours, hospitals, police, family relatives, private physicians, public health nurses (Table III).

SCHOOL AND CHILD-CARE FACILITY

It will be recalled that about 35 per cent of the abused children in the 1968-70 group were over the age of six and presumably attending school. The school or child-care facility (nursery, etc.) alerted C.A.S. concerning 15 per cent of the children.

NATURAL MOTHERS AND FATHERS

Next in frequency to schools in reporting were natural mothers. They brought 12 per cent of the abused children to the C.A.S.'s attention. Mothers living outside the household (separated or divorced parents, etc.) reported abuse of just under one per cent of the children.

The natural father was seldom instrumental in reporting, whether he lived in the household or not. Fathers living in the household reported one per cent of the abused children; fathers living outside the household reported a similar proportion of cases. Both parents were involved in reporting about two per cent of the children. Singly or together, then, natural parents reported only about 17 per cent of cases of child abuse. This is a very low level of referral in view of the fact that one or both parents were the suspected abusers in more than three-fourths of the abusive incidents.

Mothers tended to report abuse for which they or others

were responsible more often than did fathers. The privacy of the home allows few witnesses of child abuse, except family members. One parent reporting on the other parent's abusive behaviour occurred in fewer than one-fourth of these cases. The low level of parental response to child abuse demonstrates the need for public education on the function of Child Welfare and Family Services. In order to encourage families in which abuse has occurred or is likely to occur to seek help, we would like to see abuse interpreted as a function of family or individual stress rather than as a criminal act. As long as abuse is treated as a crime to be punished the incentive for reporting it will tend to be limited to the most extreme cases.

NEIGHBOURS AND HOSPITALS

The next frequent referral source was concerned neighbours who reported 10 per cent of the abuse cases. Hospitals followed next reporting about eight per cent of the cases. Since about 15 per cent of the children were severely injured and admitted to hospital, one can only conclude that hospitals reported only half the abused children they admitted for treatment.

POLICE, FAMILY RELATIVES, PRIVATE PHYSICIANS, PUBLIC HEALTH NURSES

Other referrals, in order of reporting, were made by police, family relatives, private physicians and public health nurses.

The police reported about six per cent of the cases, slightly more than either the private doctor or the public health nurse. Family relatives communicated their concern with regard to 5 per cent of the children. Private physicians reported abuse of five per cent of the children. Some of these children may or may not have been among those admitted to hospital (the records are unclear). However, as noted previously, nine per cent of the abused children were treated by private physicians. It may be concluded that private physicians suspected and reported, at most, about half of the abused children brought to them for treatment. Public health nurses reported four per cent of the cases.

The abused child himself was not a significant source of information. Only three per cent disclosed the fact of their own injuries. A child may even deny that abuse was the cause of his or her own injuries, possibly out of fear of reprisal, but also because of an inability to communicate the fact.

This may prove a major obstacle to C.A.S. intervention.

The major reporting source of abuse in the 60 children hospitalized in 1970 was the hospitals treating these children (Table VII). They were responsible for 37 per cent of the reports. The other major reporting source for these cases was the police, with 18 per cent. Natural parents reported eight per cent and neighbours five per cent. School officials, relatives, private physicians and C.A.S. workers each reported just under two per cent of the cases. In 20 per cent of the cases reporting source was not indicated.

CHAPTER 6

HELPING

What better way is there to help the already abused child than to ensure that he is not abused again? We undertook to study how the relevant social agencies responded to past distress signals and kept an eye on potentially abusive situations.

In Chapter 3, we discussed the families of all seriously injured children reported in 1970. We wanted to expand this base but were unsuccessful in obtaining access to cases occurring before 1970. Eight children who died of child-abuse injuries, but who were not reported to the Register, were also included. Our purpose was to learn whether these families were previously known to the C.A.S. and what was the fate of these children and their brothers and sisters.

BACKGROUND

The 82 cases considered involved 96 children, 52 boys and 44 girls, the majority under five years of age. The injuries suffered by these children were: multiple injuries with severe bruising, 28; head injuries brain and skull damage, 24; bone injuries, 21; burns and scalds, 11; sexual abuse, 2; malnutrition, 1; others - poisonings, shooting, etc. - 9.

The long-term effects of these injuries were difficult to obtain from the case records, and the C.A.S. workers were not always available for interview. Consequently, in only 54 of 96 cases did we obtain the following information. Permanent damage, 9; child blind, crippled or brain-injured (one child was described as a "vegetable"), 4; pale and listless, 2; scars as a result of burns, 1; previous handicap, blind, mentally retarded, 3; no lasting damage, 35.

DISPOSITION

What happens to the abused child who receives the proper medical attention and comes to the attention of C.A.S.? (See Figure 3). We followed up the 96 children abused in 1970 to see where and how they were living in 1972. Of the 96 abused children, nine died of their injuries. Six others were living at home with the abuser temporarily absent while 32 were living at home with the abusive person present. Six were

returned to their natural parents. The 19 Crown wards were still wards available for adoption. Of 27 temporary wards in 1970, only eleven were Crown wards two years later. Nine returned home after temporary wardship. One was in Training School. It may be concluded that the circumstances of the abused child did not basically alter over the two-year period.

BROTHERS AND SISTERS

The 96 children considered here had a total of 140 brothers and sisters. Between the abusive incident in 1970 and the follow up in 1972, eight more children were born into these families. In 29 cases, the abused child was an only child.

Between 1970 and 1972, at least 30 of the brothers and sisters experienced some form of abuse or neglect. Four had died, one each of malnutrition, suffocation, drowning, and prematurity. Five of the 30 were known to have been injured by their parents. Three of the 30 children had been deserted by a common-law parent. Eighteen other children were temporary or Crown wards, and one was in a Training School with an older brother. Eight of the abusive parents had been Crown wards themselves. A brother or sister of an abused child has a 20 per cent chance of also being abused.

C.A.S. INTERVENTION

Only after very extensive research could one generalize about the effectiveness of C.A.S. intervention. Essential to the success of such research is the availability of parents and their willingness to cooperate.

In following up the 1970 cases, we discovered that the C.A.S. was actively involved with 44 of the 82 families, although three of the families were described as "impossible to work with." Ten had moved to an unknown address, and five had moved to another area where the local C.A.S. was alerted and presumably made contact. In another five instances cases were closed because the child or children were no longer living with the family. The C.A.S. closed the cases of ten families who were under the supervision of other agencies such as Mental Health Clinics, Public Health Nurses, etc. In five cases, C.A.S. closed files because the family situation was regarded as satisfactory. In only two cases was there no record of follow-up. One case had lapsed with a change in the C.A.S. worker.

CHILDREN STILL AT RISK

How many children were still living in possible danger in 1972? The assessment of risk is a matter of judgement which offers considerable room for error. Families that had moved to an unknown address have to be included among the high-risk situations.

On the basis of the available information a conservative estimate is that about half of these children are continuing to live in unhealthy situations. The situation remains unchanged for twenty-nine children who continue to live with the abuser at home. Eight live at home where the abuser is likely to return. The cases of 21 children with whom the C.A.S. lost contact were closed. Fifteen children were removed but other young children still remain in the home. In preparing this section we learned of several instances of child abuse in these families since 1970. It can be said without qualification that many of these children are still living in perilous situations.

The lack of adequate follow-up procedures is of great concern. In many cases C.A.S. workers recognize this but for various reasons the necessary services still are not provided.

CHAPTER 7

PROSECUTING

Should child abusers be punished or treated? At the present time, except in the most blatant cases, child abusers in Ontario are seldom prosecuted and rarely convicted. But are they ever treated?

LEGAL PROSECUTION

There is considerable controversy concerning prosecution and imprisonment as an effective response to child abuse. Does legal action rehabilitate the abuser, act as a deterent, or protect potentially abused children?

The courts and prisons certainly act as agents of punishment, far beyond the sentence. Child abusers and sex offenders are at the lowest level in prison life and suffer not only from the normal confinements of prison but also at the hands of their fellow prisoners. One instance: a father who punished his five children so excessively (Chapter 4, Case No. 21) was brutally killed by fellow prisoners during the 1971 Kingston Penitentiary riot. He was assaulted because he was known by the inmates to have abused children (8).

This section reports on the legal actions taken in the group of 1968-70 abused children and in the group of 1970 hospitalized children. Information was available for 1,049 children. (See Figure 4)

Minimum use was made of the Courts in prosecuting child abusers. Charges were laid in the abuse of only 158 children. Convictions were obtained in almost half of the cases. Outcome of the rest of the cases includes: charges adjourned sine die in the abuse of 22 children, charges dismissed against abusers of 15 children and charges withdrawn against abusers of nine children. Lack of substantiating evidence was the major reason for most of the dismissals or withdrawals of charges.

Prosecution of the abusers of the 1970 hospitalized children was no more successful. Information on legal action was available for 49 of the 60 hospitalized children. Charges were laid against the abusers of only one-third of the children and convictions were returned in half of these cases. Even with the benefit of medical evidence of serious injury, legal conviction of the abuser was obtained in only about 20 per cent of these serious cases of abuse.

CHAPTER 8

LEGISLATION AND THE CENTRAL REGISTER

> "One of the greatest delusions of this world is the hope that the evils of this world can be cured by legislation."

The Central Register of Child Abuse, the hub of all legislation in this area, has been in operation since 1966. It is maintained by the Child Welfare Branch and is Ontario's first systematic documentation of child abuse. In the first four years of its operation, over 1,600 cases were reported. In about 4 per cent of the cases, the abuse was repeated. Charges were laid in 172 cases, and these resulted in 49 convictions.

The availability of such statistical information seems sufficient justification for the Register's continued existence. However, in the course of our study, it became evident that for statistical purposes alone the Central Register is of limited value. The reasons for this will be discussed below. It also became obvious from our inquiries that the information contained in the Register is rarely used by the local Children's Aid Societies. Since it is inadequate for research purposes, and apparently ineffective for service, should the Central Register be continued? Some comments on the past and future of Child Abuse Legislation, and a review of the research findings, provide our answer to this question.

CHILD-ABUSE LEGISLATION

The Child Welfare Act (Ontario) 1965 states:

Sect. 41(1) Every person having information of the neglect, abandonment, desertion or physical ill-treatment of a child shall report the situation to a Children's Aid Society or Crown Attorney.

(2) Subsection 1 applies notwithstanding that the information is confidential or priviledged and no action shall be instituted against the informant unless the giving of the information is done maliciously or without reasonable or probable cause.

Physicians are not specifically mentioned in Section 41, and there is no penalty for failure or refusal to report cases

of abuse.

The term "physical ill-treatment" can be widely interpreted and is not defined in this section. However, Section 19, dealing with Protection and the Care of Neglected Children, does appear to cover physical abuse.

> "Child in need of protection" means: Section 19 (xii) - A child whose life, health or morals may be endangered by the conduct of the person in whose charge he is.

The Canadian Criminal Code, Section 197, could also be used to presecute parents (or anyone in loco parentis) for failing to provide the necessities of life for any child under the age of sixteen. Other sections of the Criminal Code make it a criminal offence to assault or cause bodily harm to any person.

REPORTING IN PRACTICE

We found widespread differences between local Children's Aid Societies in the kinds of cases they reported to the Central Register. Variations in the use of the Register may be partly explained by the different criteria of child abuse. Metro Toronto C.A.S., for example, rarely if ever reported cases of sexual assault or severe over-disciplining. Ottawa C.A.S. reported all such cases. The Director of another C.A.S. explained that cases were only reported by his agency after a physician's examination had confirmed that the child's injury was the result of deliberate abuse. These are only a few instances of how the Register is used by different societies.

There is need of a generally accepted definition of child abuse so all such instances can be reported in a standardized way. There is also need of a time-limit for the reporting of cases. Some agencies report cases immediately, others delay several weeks. Even in the recording of data, the margin for error is too large. There is not even a standard way of writing dates, so an event occurring on October 6th, 1969, may be annotated as 10.6.69. and then recorded as occurring on June 10, 1969, - a trifling matter perhaps? A serious source of error in duly reported cases was the failure of some Societies to provide all the information required of them. This accounts for gaps in some tables on such crucial points as age and sex of child, who reported the case, and so on. If more care was taken in accurately reporting cases in the past, the value of the Central Register's data would be correspondingly higher today.

CROWN ATTORNEYS

The Child Welfare Act, Section 41, provides an option to those reporting child abuse. Cases may be reported either to a Children's Aid Society or to a Crown Attorney. The C.A.S. involvement has already been described. What is the role of the Crown Attorney?

Through the office of the Director of Public Prosecutions Crown Attorneys were asked to provide information on the number of cases of child abuse reported to them in 1970. Ten positive replies were received, yielding 30 cases in all. The next step, to collect more detailed information on these 30 cases, was - to say the least - unrewarding. Only one of the Crown Attorneys consulted could assist us. Incredible though it may seem, we were repeatedly informed that no records of reported cases of child abuse were kept on hand. The C.A.S. involved appeared to have no knowledge of the Crown cases, and, as far as can be ascertained, the Crown Attorneys did not report the cases to the Central Register. This unfortunate gap in reporting needs to be closed. Crown Attorneys should report all cases of child abuse brought to their attention to the C.A.S. and to the Central Register. If these cases are reported to the C.A.S., they may be followed up; if they are reported to the Central Register, there will be a centralized listing of all reported abuse cases available to social workers and authorized researchers.

THE SUPERVISING CORONER'S OFFICE

The Crown Attorneys do not as a matter of course report cases of abuse to the Central Register. Do the Coroners in Ontario report the battered child deaths that are known to them? By courtesy of the Ontario Supervising Coroner, the records of 46 suspected or confirmed cases of abuse leading to death, which occurred between January 1965 and May 1971, were made available to us for study. Only nine of the 46 cases were reported to the Register. This is a most serious omission. In at least 18 of the 46 cases, young brothers and sisters were also at risk.

Two cases, neither of them reported to the Register, demonstrate the problem.

(1) The mother was pregnant at the time of her child's death. She had two other children, one of whom was reported to have a black eye and a bruised back.

(2) The father was jailed for assaulting and killing his seven-week-old baby. A year earlier, he was given a suspended sentence for mistreating another child who subsequently died of pneumonia.

In conclusion, the following points must be made about the Central Register:

1. Not all cases of child abuse are being reported by the responsible agencies.

2. When cases are reported, the data are frequently incomplete.

3. The fact that the staff of the C.A.S. makes only sporadic use of the Register suggests that the staff places little confidence in its value.

4. If the Register is to serve a useful function, guidelines defining child abuse will have to be issued to all reporting agencies.

5. In the future the staff of the Child Welfare Branch must take a more zealous approach to matters of documentation to improve the quality of the Register.

6. Child abuse is coming to be regarded as a gross symptom of family distress, rather than a serious result of an individual's pathological condition, so the Register itself should be reorganized to reflect this. In the future, emphasis should be placed on information relating to family function and dysfunction instead of on the isolated abusive episode.

DO WE NEED A CHIILD ABUSE REGISTER?

"The need to discover and identify child victims of abuse is the compelling reason for devising a case-finding tool such as the reporting law." Thus does the American Humane Association's publication, "Child Abuse Legislation in the 1970's" stress the need for a Central Register. But the Association's publication provides little evidence that the Registers are being used for the purposes for which they were originally designed (9).

Those who defend the Register stress the fact that the Register records each instance of abuse to a child. To avoid detection abusive parents often take their children to a different hospital or doctor when medical attention is required. The Central Register should alert the responsible

authority of repeated abuse. In actual practice, the Register is rarely used for this purpose. Indeed, doctors not only fail to report cases to the Register, they hardly seem to be aware of its existence.

The reluctance of physicians to use the Register is well known. Some are anxious to protect the parent from what they regard as the punitive intervention of the C.A.S.; others want to avoid court proceedings. Legally, the physician must report all instances of abuse to the Register, so this issue would be sharpened if and when a penalty for failing to report were introduced (10).

Mandatory reporting has already been proposed by Mary Van Stolk, who recommended a fine of $500 or three months of imprisonment or both for erring physicians. Subsequently, she has increased the recommended fine to $1,000. But legislators are unlikely to adopt such a proposal. In addition, the knowledge that physicians face fines and penalties might deter parents from securing the necessary medical attention for their injured offspring.

CHAPTER 9

THE PRESS

"Tip of the iceberg or stage army?"

Child abuse makes good copy. When a case goes to court, the headlines may be very dramatic, full of violence and urgency, like these three headlines reporting on an abuse case tried in Ontario in 1971:

> CHILDREN BEATEN, BURNED
> WOMAN ADMITS
>
> CHILDREN TREATED LIKE ANIMALS
> PLACED ON HOT STOVE, TRAIL TOLD
>
> WOMAN JAILED 5 YEARS FOR TORTURING 3
> TOWNSHIP CHILDREN

Not all trials yield sensational headlines. The reporting may be informative only, as in this Ontario 1971 case:

> MISTREATED SON, MAN REMANDED

There is no question that Canadian newspapers give their readers the impression that large numbers of children are being deliberately abused by their parents or other adults. To study the role of these papers in relation to this, we surveyed press clippings on child abuse supplied to us by Canadian Press Clipping Service, Toronto.

During a two-year period, from January 1970 to December 1971, 213 clippings were received. Forty-five actual cases of child abuse were covered by 119 separate articles. In 12 of the cases injuries resulted in death.

Newspapers were more concerned about the deaths than about the non-fatal cases. The only case reported from New Brunswick in 1971 was a fatal one involving a three-year-old girl. The King's Country Record devoted five articles to the case, covering the charge of manslaughter against the mother, the inquest and the dropping of charges. The extensive coverage may reflect more interest in the judicial process than in child abuse. At least the reports stressed the judicial aspects.

A Toronto Coroner's case covered in the three daily papers had a record number of 16 reports. They ranged from a few

paragraphs to half a page in length. Two fatalities in British Columbia resulted in a total of 17 articles. The Vancouver Sun covered both trials and quoted many details and statements from the doctors involved. Both cases were followed up months later. (They involved boys under four years; one was apparently the victim of an abusive common-law father, and the other of an abusive uncle. The suspected abusers were both youths.)

Reporting in the big-city press had a no nonsense air to it, with many minor cases covered by court reporters. The small cities and towns reflected local personalities and interests more. The Bradford Witness ran an article on a young couple who left their daughter and niece, young school children, in a car while they stopped off for a drink. There was a subtle commendation of the police officers for rescuing the children. The bold headline read, KIDS COLD IN CAR, PARENTS IN BAR. Even a small write-up of a child's death in the London Free Press managed to include the names of the detectives investigating the case.

For sheer literary style and readability, the French-language newspapers easily outranked their English-language counterparts. The Quebec reporters gave their readers all the facts. Witness Gilles Normand's report (La Press, February 1, 1971) on the autopsy of a one-year old girl beaten to death by a Shawinigan couple:

"Le dedecin a releve de nombreuses blessures, lors de l'autopsie: erosion au front; laceration d'un pouce avec signe inflammatoire a l'oreille gauche; sept ecorchures superficielles; de nombreuses egratignures au tonc, a l'abdomen et au thorax (ces blessures semblaient avoid ete causees par des ongles); des brulures au troisieme degre aux mains comme se on avait applique de force les deux mains sur un corps tres chaud'; des ecchymoses nombreuses aux bras (causees par une pression exageree); une infection douloureuse a l'aine, deux autres ecchymoses a une cuisse et d'autres aux genous et aux jambes."

Trials were covered by feature-writers, not court-room reporters. The Quebec journals covered only the French cases.

Considering there were not more than 45 reported incidents of child abuse in 1971, ranging from an icepick stabbing to a fall from an unguarded hospital window, it is interesting to note that there appeared no less than 80 articles on what the press called "the child battering epidemic" during the year.

The Winnipeg Free Press took the lead with almost a dozen articles on the subject. Some of the reports concerned the Manitoba Registry which was begun on July 1, 1971, in the vital

statistics branch of the Department of Health and Social Development. Three months later, the Winnipeg Free Press (October 2, 1971) headline: "27 SUSPECTED CHILD ABUSE CASES REPORTED."

The lead paragraph explained: "In its first two months of operation, the provincial health and social development department's child abuse registry has recorded 27 instances of suspected child abuse."

The twelve-paragraph report reviewed the characteristics of child-abuse cases, and discussed some of the causes of abuse. The report concluded on an encouraging note:

"Citizens should contact the C.A.S. or local regional social service office with information on suspected child abuse. The child abuse registry doesn't seek to punish parents, but to understand the extent and nature of the problem and to prevent it from growing. All reports are kept confidential."

For informing the public on a nation-wide basis credit must go to Glennis Zilm, a staff writer with Canadian Press. "A special report on child-beating compiled by Glennis Zilm" appeared in the New Westminster Columbian on March 25, 1971, and in many other papers from coast to coast. Her 43 paragraph article is an example of journalism that is fundamentally responsible yet not entirely free of alarmist tendencies.

The author begins dramatically with a case of abuse:

"A six-month-old boy spent 54 days in hospital last November with fractures of every rib, a broken right leg, head injuries and possibly permanent damage to an eye."

"And the sad-perhaps tragic-part is that he wasn't in a car accident or hit by a train."

Having caught the reader's attention and sympathy the author begins to address the reader's intelligence with her research.

"It's impossible to get actual figures on the number of baby beatings in Canada," said Mary Van Stolk, an Edmonton author who is writing a book on baby battering.

But she believes that in the age group from one to ten years, child beatings are probably the major cause of death, ranking even above accidents."

From what Mrs. Van Stolk "believes" the author moves on to what some unidentified expert "estimated."

"A former official of the Department of Health and Welfare estimated 2,000 children each year are killed or permanently maimed through battering by their parents in Canada."

This would be hard news if the "former official" were named, but as he remains anonymous, the unsubstantiated "2,000 children" is not headline news. (Instead it appears above the headline as a kicker: "2,000 Children Killed, Maimed Every Year." Canadian Press is not responsible for the headlines in the New Westminster Columbian, so only the B.C. newspaper's desk editors can be blamed for turning the generalized estimate of an anonymous former official - we take Glennis Zilm's word for it - into hard fact.)

The Brockville Recorder and Times ran Miss Zilm's article in full, but it referred to the "2,000" figure only in a caption to the CP photo of a child in a hospital crib which many papers ran. "BABY BEATINGS - a former official of the Department of Health and Welfare estimated 2,000 children each year are killed or permanently maimed through battering by their parents in Canada. This child was welts on his back, buttocks and legs administered by a belt. Most provinces don't keep records of beatings and unless a case is taken to court it is impossible to isolate the records. Five provinces have legislation requiring persons aware of child-beatings to report them to welfare officials." This is an unstable mixture of fact and fiction.

To Miss Zilm's credit, she does stress throughout her article the lack of statistics: "Only Ontario - which pioneered the way with legislation in 1966 - British Columbia, Nova Scotia, Newfoundland and Alberta have laws requiring persons aware of child beating to report them to welfare officials. Quebec has a bill in the works."

She quotes child-welfare officials from across the country on the causes of child abuse, and performs a useful function by explaining how the agencies and if necessary the courts may enter into the picture.

"The worst cases usually come to the attention of officials through hospitals or doctors....Sometimes, neighbours or relatives and, occasionally, teachers will report suspicious bruises and indications that a child is being mistreated.... What is done depends largely on where the child is when the case is reported....If, as is usually the case, the child is in hospital, he is kept there....The welfare or social development department makes some arrangement to have the child made a ward of the court or province. A court hearing usually is

required, ...If the child is at home....the department investigates and what is done depends largely on how willing the informant is to testify." It is easy for those professionally concerned with child care to under-estimate how useful to the general public such step-by-step information is.

The article goes one step beyond other articles on the subject of child abuse. Miss Zilm endorses parental education and child protection, and then sees the subject in a larger light. "Pressures of life in cities have increased and... child beatings are only one part of the problem." One solution might be small clinics in neighbourhood shopping centres, for instance, where a young mother could drop in and discuss home problems with a social worker or nurse..." A variation is a child-care centre for those who need immediate relief from stress. "I think our whole way of life has to be changed," Miss Zilm concludes, quoting the Director of Child Welfare for Prince Edward Island, Eugene A. Macdonald.

Common to most articles on the battered child is a description of the most brutal cases imaginable, a typology of the family situation, and a warning that many more are mistreated than ever come to light. Records may be scarce, but readers must be on the lookout and take the responsibility since "We are all potential child-beaters."

"Across Canada Parents Hit, Burn, Throw Children Downstairs Until 2,000 Are permanently Maimed, Damaged, Maybe Dead - this is how The Oshawa Times on April 1, 1971, featured its shortened version of Miss Zilm's article. The article ends with another anonymous individual's comments: "A justice department lawyer in St. John's Nfld., said the public needs to be more aware of the enormity of the crime and the prevalence of baby beatings."

Only the women's section of The Hamilton Spectator (April 15th, 1971) gave space to the minority view that child-battery is a "fairly rare event and a gross exaggeration of the press." This constituted a short paragraph in a page of articles on the subject headed "Baby Beating: Only Tip of Iceberg Shows."

A new angle on child abuse was taken by the New York Times whose dispatch was carried by the Winnipeg Tribune on November 6, 1971. The 25 paragraph article entitled "Child Abusers Form Group in Effort to Save Themselves" began:

Los Angeles - Private psychiatric therapy hadn't helped her and she was fearful that what she saw as her killer instinct would overpower her maternal feelings toward her 6-year-old daughter.

"I had come close to killing her twice," said Jolly K., a Los Angeles area housewife, mother of two young girls and a self-admitted child abuser.

Jolly K. entered group therapy and in 1970 founded her own group, known as Mothers Anonymous (M.A.). Like Alcoholics Anonymous, members who have made an open admission of child abuse or neglect and have evinced a desire to build a loving home free of aggression toward children help one another.

When a mother feels she is near the breaking point, she can call for help to another M.A. member with whom she has swapped telephone numbers.

At times of stress, some of the women even swap children. Jolly said she has taken five different children into her home for periods of from a few days to six weeks.

While M.A. members see themselves as middle class, most admit to emotionally deprived childhoods and many have faced a variety of criminal charges.

The article succinctly follows a child abuse case from detection through its social and psychiatric causes to its conclusion. It knowledgeably discusses such things as the "generation-to-generation chain," and the need to "build up the self-image of mothers." It stresses the role of professional guidance and psychiatric help, but also the need for people to help themselves. "I feel good about myself now, she said. I honestly like other people, so that door is open for them to like me. M.A. is the first constructive thing I have ever done, and I did it out of desperation since there is amost no place to go for help."

No newspaper or news service in this country has yet supplied its readers with an article about child abuse anywhere near this one's level of knowledge and sympathetic understanding. The new York Times Service, unlike the Canadian Press, does not find it necessary to play up anonymous disclosures and exaggerated figures. It does not employ scare tactics to play upon the reader's residual guilts. Nor does it need a scapegoat, whether it be the various welfare organizations, the government or the "establishment." An enlightened press is a step towards an enlightened view of child abuse.

APPENDIX A

STATISTICAL TABLES

STATISTICAL TABLES

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CHILD DEATHS IN ONTARIO REPORTED TO
SUPERVISING CORONER'S OFFICE
Years 1966 - 1970 Inclusive

INTRODUCTION

Statistical Tables

NOTE

Data for this study come from two main sources, the Central Register, maintained by the Child Welfare Branch, Ministry of Community and Social Services, and the Supervising Coroner's Office in Toronto. Where supplementary data, such as Vital Statistics, have been used, the source is given in the relevant table.

CENTRAL REGISTER

Since the 1966 and 1967 records were not available to us, only the basic statistics provided by the Child Welfare Branch have been used in Table I.

For the years 1968, 1969 and 1970, all the data used were abstracted by us from the actual files or other available records keps by the Child Welfare Branch.

For some unaccountable reason, there is a difference in the total number of cases reported in these tables and those provided by the Child Welfare Branch. In 1969, six extra cases were found. However, in 1970 the Child Welfare Branch reported 407 cases while we had access to only 359. The discrepancy may be due to our use of the date of the actual incident rather than the date when the Child Welfare Branch was notified of the case.

SUPERVISING CORONER'S OFFICE

We had privileged access to two major sources of data provided by Dr. H.B. Cotnam's office. Information was available on 46 cases of "battered child" deaths from 1966 to 1971. Since we were also interested to discover if these cases were known to the C.A.S. and reported to the Central Register, we limited our investigation to 40 cases from 1966 to 1970 inclusive for which this information could be ascertained.

The second source of data from the Supervising Coroner's Office concerns Home Accident Child Deaths in 1970. Our intention here was to examine the relationship between cases of suspected or proven child abuse and other "home accidents".

Table XIV, based on Vital Statistics, confirms that serious though it may be "battered child" deaths represent only a small proportion of all child deaths due to violence rather than a disease.

C.G.

CHILD ABUSE IN ONTARIO
YEARS 1966, 67, 68, 69 and 1970

Table I Number of Cases Reported to Ontario Central Register by C.A.S.

	1966	1967	1968	1969	1970	TOTAL
01 Algoma	0	2	1	3	3	9
02 Brant	5	2	0	0	0	7
03 Bruce	1	1	1	1	1	5
04 Dufferin	0	1	2	0	1	4
05 Elgin	0	2	2	2	3	9
06 Essex C.A.S. - Essex RC 07	0	2	1	5	1	9
08 Frontenac	4	11	10	7	5	37
09 Grey	3	6	1	1	3	14
10 Haldimand	1	4	0	3	0	8
11 Halton	2	5	1	0	1	9
12 Ham.-Went. - Ham.-Went RC 13	4	11	2	9	8	34
14 Hastings	3	0	5	2	3	13
15 Huron	3	2	5	4	5	19
16 Kapuskasing	0	1	1	0	3	5
17 Kawartha	9	12	5	4	4	34
18 Kenora	0	2	1	3	3	9
19 Kent	5	9	2	1	7	24
20 Lambton	0	0	1	4	0	5
21 Lanark	1	2	0	1	0	4
22 Leeds & Grenville	1	2	1	1	4	9
23 Lennox & Addington	0	0	0	3	1	4
24 London & Middlesex	6	14	8	21	18	67
25 Manitoulin	0	0	0	1	0	1
26 Muskoka	3	0	1	2	2	8
27 Niagara	6	13	12	24	23	78
28 Nipissing	1	0	1	1	0	3
29 Norfolk	3	4	1	1	1	10
30 Northumberland & Durham	1	0	2	2	3	8
31 Ontario	4	3	10	13	4	34
32 Ottawa	20	19	25	18	28	110
33 Oxford	3	2	2	0	1	8
34 Parry Sound	0	0	0	3	4	7
35 Peel	2	0	0	0	0	2
36 Perth	0	0	2	0	0	2
37 Porcupine	2	4	5	4	5	20
38 Prescott & Russell	0	2	1	3	2	8
39 Prince Edward	0	2	1	1	2	6
40 Rainy River	0	1	0	1	2	4
41 Renfrew	0	0	1	4	3	8
42 Simcoe	0	4	3	4	9	20
43 Stormont Dun. & Glen'y	4	1	0	3	2	10
44 Sudbury	1	4	3	7	3	18
45 Temiskaming	0	1	1	1	1	4
46 Thunder Bay	1	2	0	0	3	6
47 Metro Toronto	114	193	115	159	151	732
48 Metro Toronto RC	9	27	28	33	24	121
49 Waterloo	2	3	2	5	8	20
50 Wellington	0	3	2	0	0	5
51 York	1	1	1	5	4	12
TOTALS	225	380	269	370	359	1603

CHILD ABUSE IN ONTARIO

YEARS 1968, 69 AND 70 COMBINED

TABLE II Medical disposition

Admitted to hospital	167	14.9 %
Examined and released	279	24.8 %
Private physician treated	101	9.0 %
No treatment necessary	142	12.7 %
Died	5	0.5 %
Not reported & Other	427	38.1 %
TOTAL	1121	100.0 %

CHILD ABUSE IN ONTARIO

YEARS 1968, 69 and 70 COMBINED

TABLE III Community reporting sources to C.A.S.

Mother living in household	131	11.7 %
Mother NOT living in household	9	0.8 %
Father living in household	14	1.2 %
Father NOT living in household	13	1.2 %
Parents	20	1.8 %
Hospital	94	8.4 %
Private Doctor	52	4.6 %
Police	63	5.6 %
School or child care facility	171	15.3 %
Public health nurse	47	4.2 %
Neighbour	112	9.9 %
Anonymous call	32	2.9 %
Relatives	61	5.4 %
Abused child	35	3.1 %
C.A.S. worker	37	3.3 %
Other	69	6.2 %
Not reported	158	14.1 %
Multiple	3	0.3 %
TOTAL	1121	100.0 %

CHILD ABUSE IN ONTARIO

YEARS 1968, 69 and 70 COMBINED

TABLE IV Relationship to child of suspected abuser

Natural mother living in household	327	29.2 %
Natural mother NOT living in house.	3	0.3 %
Natural father living in household	408	36.4 %
Natural father NOT living in house.	2	0.2 %
Natural parents	127	11.3 %
Common-law partner, male	41	3.7 %
Common-law partner, female	9	0.8 %
Adoptive father	8	0.7 %
Adoptive mother	8	0.7 %
Other relative in household	19	1.7 %
Stepfather	24	2.1 %
Stepmother	11	1.0 %
Not related caretaker (babysitter)	27	2.4 %
Foster mother, private placement	5	0.4 %
Foster mother, agency placement	9	0.8 %
Other	44	4.0 %
Multiple	35	3.1 %
Not reported	14	1.2 %
TOTAL	1121	100.0 %

HOSPITALIZED CHILDREN

YEAR 1970

TABLE V No. reported hospitalized children / cases by agency/area

Agency Areas	Number of Children	Number of Cases
Algoma	1	1
Elgin	3	3
Essex RC	1	1
Frontenac	1	1
Grey	1	1
Hamilton RC	1	1
Hamilton CAS	2	2
Hastings	1	1
Kapuskasing	3	3
Kenora	1	1
Kent	5	1
London	2	2
Lennox	1	1
Leeds & Grenville	1	1
Northumberland	1	1
Ottawa	4	4
Porcupine	1	1
Prince Edward	1	1
Rainy River	2	2
Simcoe	3	3
Sudbury	2	2
Thunder Bay	1	1
Toronto CAS	12	10
Toronto RC	6	6
Waterloo	2	2
York	1	1
TOTAL	60	54

HOSPITALIZED CHILDREN

YEAR 1970

TABLE VI Boys and Girls by Injury

	Boys	Girls	Total	Percentage
Bruises	6	3	9	15.0
Burns	8	1	9	15.0
Bone fracture	10	2	12	20.0
Internal	2	2	4	6.6
Malnutrition	1	2	3	5.0
Skull fracture	1	10	11	18.4
Other	6	1	7	11.7
N/R	3	2	5	8.3
TOTAL	37	23	60	100.0

HOSPITALIZED CHILDREN
YEAR 1970

TABLE VII Community sources reporting to C.A.S.

	N	%
Natural mother living in household	2	3.3
Natural father living in household	2	3.3
Natural father not living in household	1	1.7
Hospital	22	36.6
Private physician	1	1.7
Police	11	18.3
Neighbour	3	5.0
Relatives	1	1.7
School	1	1.7
Other	3	5.0
CAS worker	1	1.7
Not reported	12	20.0
TOTAL	60	100.0

HOSPITALIZED CHILDREN

YEAR 1970

TABLE VIII Agency action

	N	%
Child taken into care	27	45.1
Child taken into care and Crown notified	2	3.3
Child taken into care and police notified	6	10.0
Child not taken into care	21	35.0
Other	2	3.3
Not reported	2	3.3
TOTAL	60	100.0

HOSPITALIZED CHILDREN

YEAR 1970

TABLE IX Agency Action if Child not taken into care

	N	%
Case opened to protection for supervision	6	28.5
Case opened to active ongoing service	8	38.0
Case opened police notified	3	14.3
Further home visits planned	1	4.8
Plan to maintain contact with family	1	4.8
Not applicable	1	4.8
Not reported	1	4.8
TOTAL	21	100.0

DEATHS FROM CHILD ABUSE IN ONTARIO REPORTED TO
SUPERVISING CORONER'S OFFICE
YEARS 1966 - 1970 INCLUSIVE

TABLE X Distribution by year

1966	10
1967	6
1968	6
1969	10
1970	8
TOTAL	40

DEATHS FROM CHILD ABUSE IN ONTARIO REPORTED TO

SUPERVISING CORONER'S OFFICE

YEARS 1966 - 1970 INCLUSIVE

TABLE XI Relationship of suspect to victim

Natural mother, father, or parents living in household	29	72.5%
Common-law partner, male	2	5.0%
Adoptive mother	1	2.5%
Other relative living in household	1	2.5%
Foster mother, private placement	3	7.5%
Others	4	10.0%
TOTAL	40	100.0%

HOME ACCIDENT CHILD DEATHS IN ONTARIO*
YEAR 1970

TABLE XII — Cause of death by age and sex

AGE		- 1 Yr.		1 - 3 Yrs.		4 - 6 Yrs.		7 - 9 Yrs.		10 - 16 Yrs.		TOTAL		GRAND TOTAL
SEX		M	F	M	F	M	F	M	F	M	F	M	F	
Asphyxia	N	23	7	7	10	4	4	4	-	6	5	44	26	70
	%	88.5	53.8	31.8	47.7	36.4	44.4	50.0	-	54.7	55.6	56.4	49.0	53.4
Skull &/or brain damage	N	-	2	5	3	1	1	2	-	1	1	9	7	16
	%	-	15.4	22.8	14.3	9.1	11.2	25.0	-	9.1	11.1	11.5	13.2	12.2
Burning	N	1	1	5	2	2	-	2	-	2	-	12	3	15
	%	3.8	7.7	22.8	9.5	18.1	-	25.0	-	18.1	-	15.4	5.7	11.5
Poisoning	N	-	2	3	4	4	-	-	1	-	2	7	9	16
	%	-	15.4	13.6	19.0	36.4	-	-	100.0	-	22.2	9.0	17.0	12.2
Trauma to a vital organ and/or haemorrhage	N	2	1	2	2	-	4	-	-	2	1	6	8	14
	%	7.7	7.7	9.0	9.5	-	44.4	-	-	18.1	11.1	7.7	15.1	10.7
TOTAL	N	26	13	22	21	11	9	8	1	11	9	78	53	131
	%	100	100	100	100	100	100	100	100	100	100	100	100	100
GRAND TOTAL	N	39		43		20		9		20		131		131
	%	29.8		32.7		15.3		6.9		15.3		100		100

*Data provided by courtesy of the Supervising Coroner's Office

HOME ACCIDENT CHILD DEATHS IN ONTARIO

YEAR 1970

(Under the age of 16)

TABLE XIII Manner of injury by sex

	Boys	Girls	Total	Percentage
Housefire	21	15	36	27.5
Aspiration of Vomitus	10	3	13	9.9
Strangulation, Suffocation	17	11	28	21.4
Fall	8	5	13	9.9
Ingestion of a foreign or lethal substance	9	3	12	9.2
Drowning	5	3	8	6.1
Battering	1	5	6	4.6
Respiratory Infection	3	2	5	3.8
Wounding; internal injuries	2	5	7	5.3
Exposure to heat; scalding	2	1	3	2.3
TOTAL	78	53	131	100.0

CHILD DEATHS IN ONTARIO*

YEAR 1966 - 1970

(Ages: Birth to 5 yrs.)

TABLE XIV

Causes	1966	1967	1968	1969	1970
Traffic Accidents	70	85	61	50	45
Home Accidents	76	59	56	41	52
All Other Accidents	222	233	212	156	98
Homicide**	10	14	8	7	10
All Other Deaths	2792	2645	2469	2432	2425
TOTAL	3170	3036	2806	2686	2630

* Source: Ontario Vital Statistics - Tables 28 & O. Traffic Accidents: AE138A; Home Accidents: AE140, 141 & 142; All Other Accidents: AE146; Homicide: AE148.

** Including deaths also resulting from physical abuse and criminal negligence.

APPENDIX B

F I G U R E S

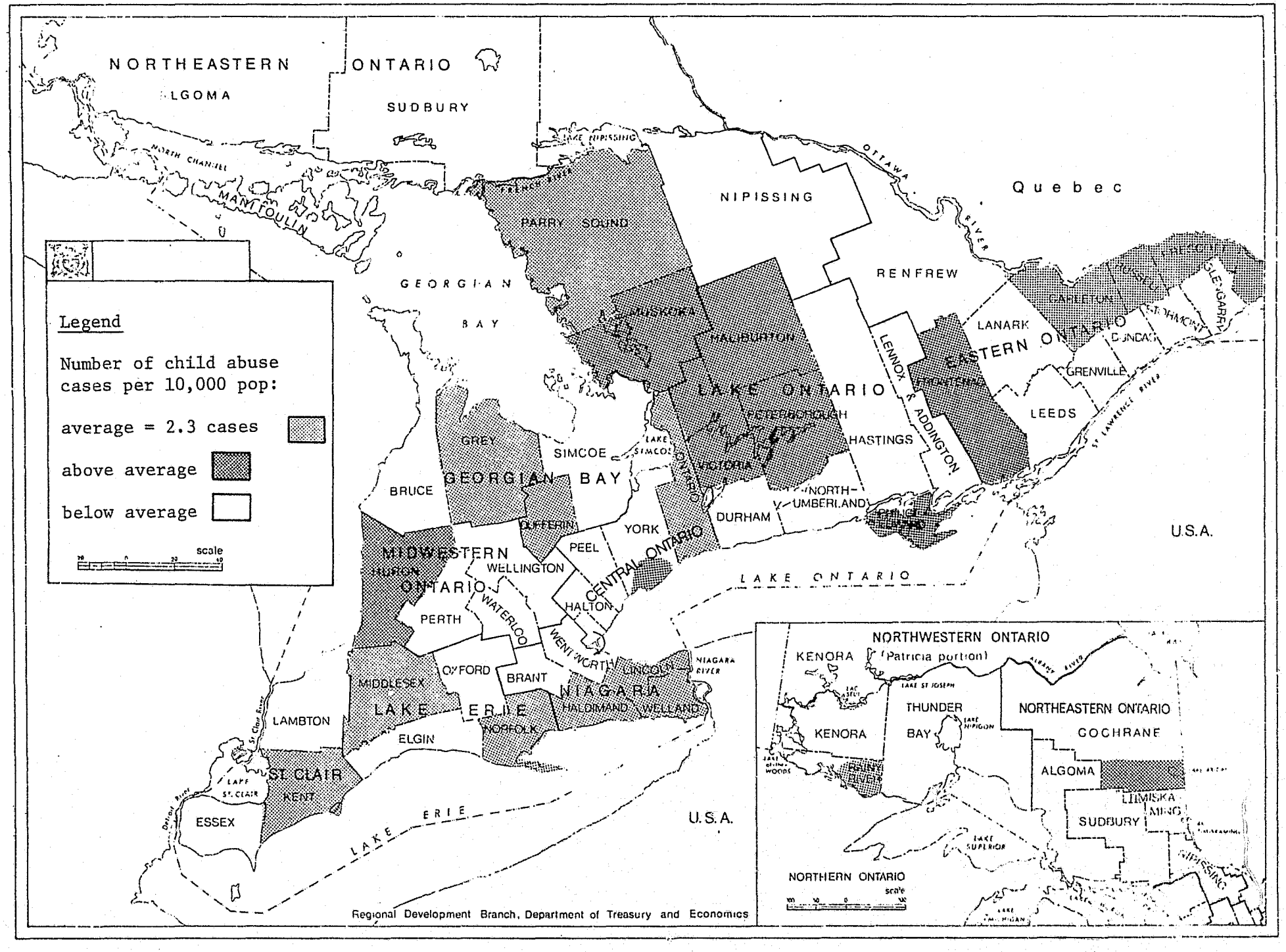

NORTHEASTERN ONTARIO
ALGOMA
SUDBURY
NIPISSING
PARRY SOUND
Quebec
RENFREW
GEORGIAN BAY
MUSKOKA
HALIBURTON
LAKE ONTARIO
LANARK
EASTERN ONTARIO
CARLETON
GRENVILLE
LEEDS
HASTINGS
PETERBOROUGH
VICTORIA
DURHAM
NORTHUMBERLAND
GREY
SIMCOE
BRUCE
YORK
PEEL
DUFFERIN
WELLINGTON
MIDWESTERN ONTARIO
CENTRAL ONTARIO
HURON
PERTH
WATERLOO
HALTON
WENTWORTH
OXFORD
BRANT
LINCOLN
NIAGARA
HALDIMAND
WELLAND
MIDDLESEX
LAMBTON
ELGIN
NORFOLK
LAKE ERIE
ST CLAIR
KENT
ESSEX
U.S.A.
Legend
Number of child abuse cases per 10,000 pop:
average = 2.3 cases
above average
below average
scale
NORTHWESTERN ONTARIO
(Patricia portion)
KENORA
THUNDER BAY
NORTHEASTERN ONTARIO
COCHRANE
ALGOMA
TIMISKA MING
SUDBURY
NIPISSING
NORTHERN ONTARIO
Regional Development Branch, Department of Treasury and Economics

Figure 1.

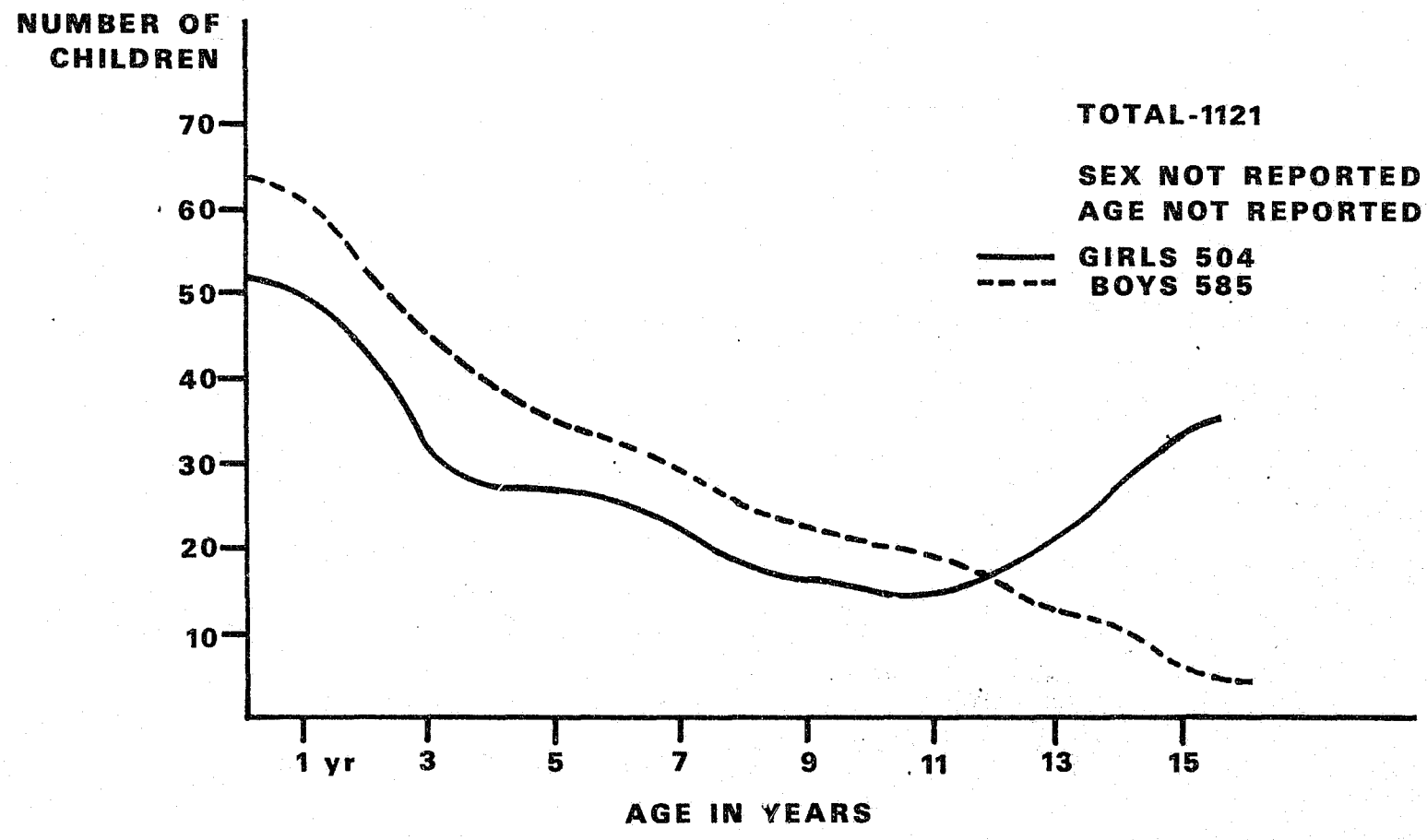


FIGURE 2: PHYSICALLY ABUSED CHILDREN IN ONTARIO 1968—1969—1970 ,BY SEX AND AGE

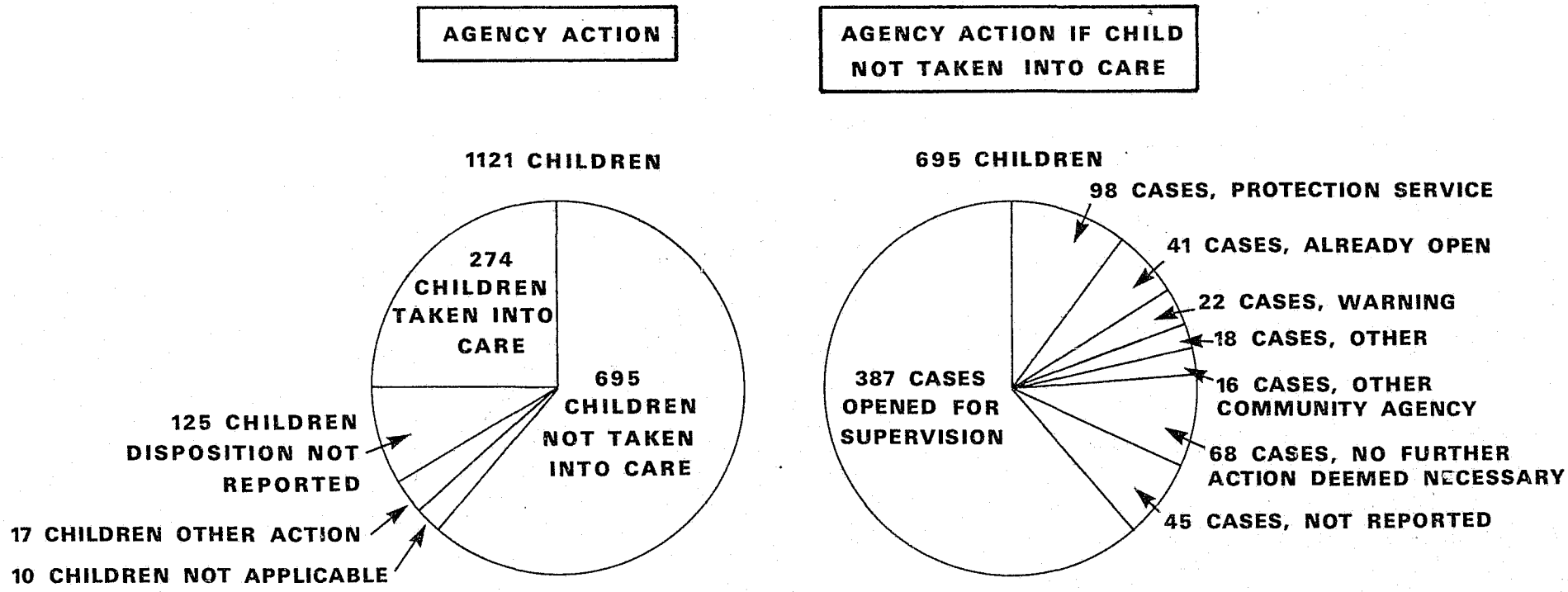
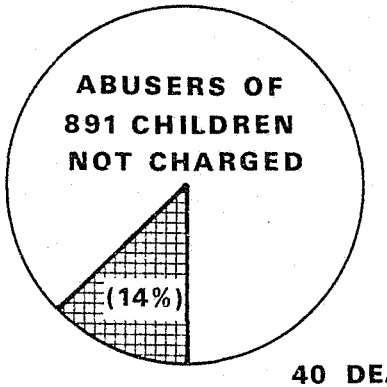


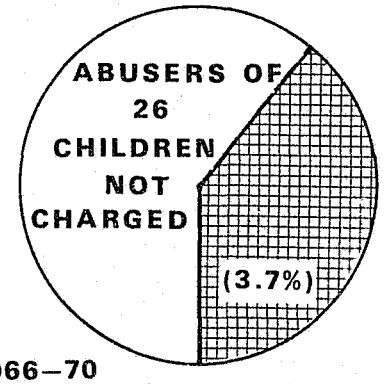
FIGURE 3. PHYSICALLY ABUSED CHILDREN IN ONTARIO, 1968–69–70, DISPOSITION

1121 CHILDREN ABUSED IN 1968–69–70



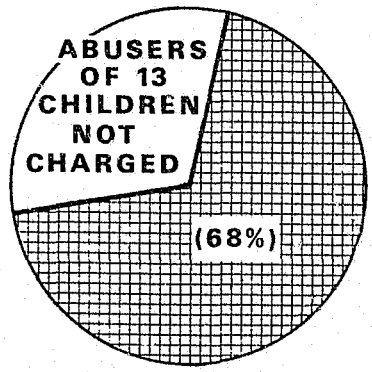
ABUSERS OF 158 CHILDREN
WERE CHARGED:
CONVICTIONS IN 72 CASES

60 ABUSED CHILDREN HOSPITALIZED IN 1970



ABUSERS OF 22 CHILDREN
WERE CHARGED:
CONVICTIONS IN 12 CASES

40 DEAD CHILDREN, 1966–70



ABUSERS OF 27 CHILDREN CHARGED:
CONVICTIONS IN 9 CASES

FIGURE 4. LEGAL PROSECUTION OF ABUSERS FOR THREE GROUPS OF ABUSED CHILDREN

APPENDIX C

HOME ACCIDENTS AND INJURIES STUDY

(HAIS)

HOME ACCIDENTS AND INJURIES STUDY

(HAIS)

PROJECT DESCRIPTION

1. PURPOSE

(a) The study of Physically Abused Children in Ontario revealed that the data available from the Central Register were far from complete. The virtual absence of abused children from middle and upper income families was particularly noticeable. This may be associated with low rates of reporting by physicians and hospitals. Wide variation between socieites on the definition of child abuse was also noted. However, of more immediate and practical concern was evidence that despite C.A.S. intervention some of the abused children were still living in perilous situations. This suggests that new styles of intervention involving shared community responsibility for working with these problem families are necessary.

The major aim of the research component of this project, for which funds are requested, is to report on the nature of injuries, causes, family circumstances, treatment and after-care of physically abused children seen in emergency rooms and out-patient departments of participating hospitals.

A secondary, but not subservient aim, is to explore with the participating Pediatricians and Children's Aid Societies innovative ways of treating and preventing child abuse. It is anticipated that different approaches will be developed in Hamilton, Kingston, Ottawa, London and hopefully in Toronto. However, the research project will be much more concerned with monitoring these programs rather than shaping them.

(b) This project will be undertaken in co-operation with the Pediatrics Department at McMaster, Queen's and Ottawa and Western Ontario Universities, the affiliated hospitals and local Children's Aid Societies.

Although the approach will probably be somewhat different depending on local conditions, it is agreed that each of the participating hospitals will appoint a 'designated' officer. This officer, a physician, social worker or nurse, will have the following basic responsibilities:

1. Maintaining a register of HAIS cases seen in the emergency rooms, out-patient clinics, referred by local physicians or other community agencies;

2. Acting as liaison with the local C.A.S.;

3. Completing the research questionnaires and generally co-operating with the research team in providing information.

In Hamilton, Dr. J. Jacobs, Department of Pediatrics and his colleagues will co-ordinate the diagnostic, treatment and follow-up services provided to HAIS children, through the McMaster network. This will be done in co-operation with both Children's Aid Societies and the Medical Officer of Health. Physicians, teachers, police, etc. will be advised to refer cases directly to the HAIS project.

APPENDIX C

HOME ACCIDENTS AND INJURIES STUDY

(HAIS)

FOOTNOTES

1. Mary Van Stolk, The Battered Child in Canada (Toronto: McClelland and Stewart, 1972), p.vi.

2. Ibid., p.112.

3. C. Henry Kempe, et al., "The Battered Child Syndrome," Journal of the American Medical Association, 1962, Vol.181, pp.17,18.

4. C.H. Kempe and R.E. Helfer (eds.). Helping the Battered Child and His Family (Toronto: J.B. Lippincott, 1972).

5. David G. Gil, Violence Against Children: Physical Child Abuse in the United States (Cambridge, Mass.: Harvard University Press, 1970).

6. Ibid., pp.141-148.

7. Ibid., p.125 ff.

8. Fred Desroches, "The April 1971 Kingston Penitentiary Riot," Master's thesis, Centre of Criminology, University of Toronto, 1972.

9. American Humane Association, "Child Abuse Legislation in the 1970's," (Denver: American Humane Association, Children's Division, 1970).

10. C. Busing, "An Analysis of Child Abuse as a Social Problem," unpublished mimeographed paper, Queen's University Faculty of Law, 1971.

END