

A DESCRIPTIVE ANALYSIS OF CHILD ABUSE INTAKE
OF THE FAMILY AND CHILDREN'S SERVICES
OF THE DISTRICT OF THUNDER BAY, 1978-1981

A Thesis presented to
The Faculty of Graduate Studies
University of Manitoba

In partial fulfillment
of the requirements for the degree
Master of Social Work

by
GARRY BOYD DRAKE
December, 1982

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This work is dedicated
to the memory of
my father

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I have read in other theses, the statement that, "completing such a work as this requires assistance from a lot of people and the author wishes to express his appreciation and gratitude to those people". I always thought that those other authors were overdoing things a little bit and that these expressions of gratitude were quite unnecessary. Now that I have completed my thesis, I admit my error. A project such as this can be done only with the support and assistance from a great many people.

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PREFACE

In the field of Child Welfare and Protective Family Services in North America, there has been a great deal of activity in regards to two main concepts - child abuse and Indian child welfare.

Since the early 1960s, Kempe's work in Colorado drew attention to the increasing numbers of children who are abused by their parents. The corresponding activity in Canada was a result of the interest in the United States in changing how investigation and treatment of abusive family situations was to be carried out. In Ontario, the interest in protecting children from abusive parents was dramatically heightened by the deaths of three young children in 1976 and 1977.

Vicky Ellis¹ was the youngest of five children of Debby and Brooks Ellis. On March 1, 1977, at the age of one month, Vicky Ellis died of malnutrition and abuse. Two of Vicky's older siblings had died previously and two of her siblings had been made permanent wards of the state due to abusive and neglectful situations. A family court judge had returned Vicky to her parents after she had been taken into care of the Children's Aid Society at birth, because the Society could not prove that Vicky herself was a child in need of protection. Earlier, in August 1976, Kim Ann Popen², age 19 months, was beaten to death by her mother, after being returned home from foster care by the Children's Aid Society. Another child, Adrienne Paquette³, died in June 1976 after being previously apprehended on two occasions by

Children's Aid Society for abuse administered by her parents, and who was then returned to her parents' care by the Society.

The deaths of these children and others has served to highlight changes in the intent and direction of protective family and children's services, not only in Ontario but across Canada. The deluge of criticism and concern from the media, the helping professions and the general public served to focus governmental action in the area of the protection of abused children.

In 1978, an Ontario Task Force on Child Abuse made a number of recommendations, some of which resulted in revisions to the Child Welfare Act in 1978 containing a complete, specific definition of child abuse as being separate from abandonment, neglect or the other definitions of a "child in need of protection". The definitions of child abuse included physical harm, emotional and mental well-being and sexual abuse. This legislation was expanded and by publications, standards and guidelines issued by the Government of Ontario, Ministry of Community and Social Services dealing with the mechanics of investigation and treatment of child abuse. Child abuse committees were established in many hospitals and communities across the province. A central Ontario Child Abuse Registry was established, where child welfare agencies could report abusers and also track abusers who were very mobile.

These activities in Ontario were not unique, as similar action in other provinces in Canada and in many states in the United States was occurring. The horror about and protection of abused children became a central issue for professionals, the media and the general

public throughout the remainder of the 1970s and into the 1980s.

At the same time, a similarly identifiable trend was indicated in another facet of child and family welfare, the protection of Indian children.

In the United States, the federal government enacted the Indian Child Welfare Act of 1978. This act acknowledged that the welfare of Indian children was different from other non-Indian children. It set into place mechanisms and funding to establish child welfare investigations, court proceedings and some provisions for dealing with Indian child welfare on reservations, in confronting the problem of the protection of Indian children. This legislation also acknowledged that Indian people should have a much more significant level of control over the welfare of their children.

In Canada, Indian people were also questioning the practices of Children's Aid Societies and government child protection agencies. The literature review to follow will show that they questioned the practice of placing Indian children in non-Indian adoptive and foster homes. They questioned the over-representation of Indian families and children on welfare caseloads. They questioned the under-representation of Indian staff and board members of these same agencies. Indian people began to claim stridently that child welfare agencies were committing cultural genocide by removing their children from their culture and their heritage. In the latter part of the 1970s and early into 1980, Indian bands began to take an active role in the control of the welfare of their children. The Six Nations Reserve and the New Credit Reserve in Ontario, the Fort Alexander Band, Four Nations Confederacy (now

known as the First Nations Confederacy) and Dakota Ojibway Bands in Manitoba, the Spallumcheen Indian Band in British Columbia and others all established mechanisms and communications in order to become actively involved, in practice, policy and administration, in the protection of the welfare of their children. In addition to those mentioned, other Indian bands made overtures to train Indian band social workers and to seek funding in order to establish their own child welfare system. This concept--the control of Indian Child Welfare, with or without a Canadian Indian Child Welfare Act--may be one of the goals of some Indian leaders.

The professional literature will reveal that Indian children are very much over-represented in the caseloads of child protection agencies. Indian people in general and some of the recent literature, which will be examined, maintain that this is so because child welfare agencies are ignorant of tribal customs and painful realities of Indian life. These agencies, according to the literature, remove Indian children from their parents when there is no real need to do so; or they do not investigate valid alternatives, such as placement with the extended family, or the administrative policies do not acknowledge the uniqueness of Indian families; or the requirements of protection are so vague and ill-defined that practically any case can be made to remove an Indian child from his parents. Due to the lack of interest and/or success in recruiting Indian foster homes, Indian people say that the child is placed in a non-Indian home and are then adopted by non-Indian families who have no understanding or interest in the child's cultural heritage.

The intent of this thesis is to review the literature in these two areas of child abuse and Indian child welfare. The writer will then conduct a demographic study, a descriptive analysis of the child abuse intake of the Thunder Bay Family and Children's Services (Children's Aid Society) in Ontario, for a selected time period. A number of variables will be examined including the cultural background of the families who are part of the study.

The thesis will be organized in the following manner: Chapter One will consist of two parts. The first part will review the literature on child abuse. The second part will review the literature on the concern of Indian child welfare. Chapter Two will describe the community and the agency which is being studied, and the methods used in conducting the study. Chapter Three will describe the findings of the study. A discussion of the findings will also be included. Chapter Four will discuss conclusions, recommendations and implications for further research arising from the findings of this study.

Notes

1. The information regarding the death of Vicky Ellis was found in a series of articles covering the inquest into her death. The child died on March 1, 1977 and the inquest began June 16, 1977. The articles were from editions of the Globe and Mail, Toronto, on June 16, 17, 18, 23, 25, 28, 29, 30, July 5, 7, 8, 9, 12, 15, 16, 19, 21, 22, 23, 25, 26 and August 27, 1977. There was also a series of articles in the Toronto Star on June 16, 18, 24, 28, 29, 30, July 7, 8, 9, 12, 13, 14, 15, 16, 18, 19, 20, 22, 23, 25 and 26, 1977. As a further note, Parrish Ellis, Vicky's older brother died in May 1975 and a sister, Darlene Ellis, died in September 1971. The inquest recommended that Mr. and Mrs. Ellis have no further children. The parents were not charged.
2. The information regarding the death of Kim Ann Popen, who died August 11, 1976 was found in a magazine article, CANADIAN WEEKEND, Toronto, on November 24, 1979. There were a series of articles in the Globe and Mail, Toronto, covering the inquest into the child's death. The articles were dated December 13, 15, 19, 22 and 28, 1977 and February 1, 2, 27 and March 4, 1978. Kim Ann's mother was convicted of manslaughter and was sentenced to seven years.
3. Adrienne Paquette, who died on June 5, 1976 was found hanged in her parents' home. She was five years old. Adrienne had been previously apprehended on two occasions by the Ottawa Children's Aid Society for severe physical abuse by her parents, but had been returned to her parents' care. Adrienne's mother pleaded guilty to criminal negligence and was sentenced to twenty-one months imprisonment (Globe and Mail, Toronto, Editorial page, March 22, 1978).

CHAPTER ONE
LITERATURE REVIEW

Part I - Child Abuse

A. INTRODUCTION

The abuse of children by adults, violence administered by parents, teachers and others to correct the child is not a twentieth century occurrence. Radbill (1980) states that in some ancient societies, children had no right to live and could be disposed of at will by their fathers, until that right to live was ritually bestowed:

The newborn had to be acknowledged by the father; what the father produced was his to do as he wished. (p. 3)

As a historical document, the Bible records many instances of children being destroyed or maimed for some other purpose--religious or political. For example, the death of all first-born Egyptian children was rationalized as the force by which God made the Pharaoh free the Jews from slavery (Exodus 12:29-30). On instruction from God, Abraham was prepared to sacrifice his son Isaac on an altar (Genesis 22:1-19). King Herod killed all the children under the age of two years in order to destroy the Messiah (Matthew 2:7-18). These examples show that in some instances children were deemed to be expendable and not valued.

Evans (1968) spoke of infanticide as being a universality in most cultures for a variety of reasons: for religious purposes; the culling

of handicapped or unsatisfactory babies (including too many girl babies); a family planning method (especially in aboriginal cultures where a newborn could threaten the survival of the clan or family); the result of illegitimate childbirth, rape or incest; twins seen as mystical demons have been targets of infanticide; children have been killed as punishment for their misdeeds; or a psychosis of the parent determines that the child must die.

There are many instances of ill treatment of children, from the caning of willful students, to the whipping of infants, to child labour, child prostitution, abuses and infanticide by wet nurses, as well as parents, to examples of abuse in mythology and Greek tragedy-- e.g. Oedipus Rex, Medusa (Radbill, 1974, 1980; DeMause, 1980; Richett and Hudson, 1979).

B. PROFESSIONAL DISCOVERY

The first major instance of professional discovery of abuses towards children was alleged to be the case of "Mary Ellen" in New York City in 1871.

The child was being beaten regularly and was seriously malnourished. Interested church workers were unable to convince local authorities to take legal action against the parents. The right of parents to chastise their own children was still sacred, and there was no law under which any agency could interfere, to protect a child like her. The church workers were not discouraged; rather they appealed to the society for the prevention of cruelty to animals (SPCA), which promptly took action. They were able to have Mary Ellen removed from her parents on the grounds that she was a member of the animal kingdom and that therefore her case could be included under the laws against animal cruelty. As a direct result of this incident, the Society for the Prevention of Cruelty to Children was founded in New York City in 1871. (Radbill, 1974, p. 175)

In Canada, the protection of children was furthered by the formation of the Toronto Humane Society in 1887. J. J. Kelso, a newspaper reporter, was appointed as the first superintendent of neglected and dependent children at that time. Kelso's appointment and his pioneering work in Ontario led to the formation of the Toronto Children's Aid Society in 1891. In 1893, the Ontario Legislature proclaimed an act "for the prevention of cruelty to, and better protection of children". This legislation further supported by Kelso's work led to the establishment and stabilization of Children's Aid Societies throughout Ontario. Since 1871, the movement to protect children has expanded widely to form Children's Aid Societies, child welfare bodies and other organizations throughout the United States and Canada. These agencies dealt with ill-treatment and neglect of children, however, the question of child abuse being a unique, separate issue did not come about until the 1950s and 1960s.

In 1962 Henry Kempe and his colleagues published an article in the journal of the American Medical Association. This article dealt with "The Battered Child Syndrome". Although this article was not the first to deal with child abuse, it is seen to be the pioneer work in the field. What is remarkable is not that this article was written but that it was only written twenty years ago. Since Kempe's initial work, the literature on child abuse in medical, legal, educational, social work and popular magazines, journals and books is now commonplace. Films, television and newspapers have also expanded their attention to this matter.

Kempe et al. (1962) said that the battered child syndrome is a clinical condition which resulted in injury, trauma and death to young children. Kempe went on to say that these injuries were inflicted by a parent or other caretaker. Kempe said that some of the symptoms include nutritional neglect, bruising and other trauma in various stages of healing, subdural haematoma, parental psychosis, parental immaturity, defective character structure, borderline economic status and so on. The authors also state that

there is also some suggestion that the attacking parent was subjected to similar abuse in childhood... it has long been recognized by psychologists and social anthropologists that patterns of child rearing, both good and bad, are passed from one generation to the next in relatively unchanged form. (p. 106)

The article by Kempe and his associates--Silverman, Steele, Droegemueller and Silver--stressed that although physicians might find it distasteful or foreign to their sensitivities, they must report these situations to law enforcement and child protection services. The problem was widespread, not much was known about the problem and it was essential, in order to protect the child, that investigation and treatment be comprehensive.

This concept of parents deliberately and forcefully hurting their own child is one which is difficult for many people, especially parents, to accept. In addition to this, it is difficult to adequately detail the nature and scope of the problem. Thiessen (1978) says that accurate statistics are difficult to find and validate in child abuse research due to inconsistencies in definitions of child abuse and un-explicit reporting procedures. As a result, it is difficult to say

exactly what child abuse is and how many children are being affected and in what way.

C. DEFINITIONS

1. Physical Abuse

Kempe and Kempe (1978) say that there are four categories of abuse: physical violence, physical and emotional neglect, emotional abuse and sexual abuse.

- (a) Physical abuse is physically harmful action directed at a child, resulting in injuries such as bruises, burns, fractures, head and abdominal injuries.
- (b) Neglect is the failure of the parent to protect the health, safety and well-being of the child. This includes nutritional neglect, failure to provide medical care and "failure to protect a child from physical and social danger".
- (c) Emotional abuse is the continual terrorization, berating or rejection of a child.
- (d) Sexual abuse is the "exploitation of immature children through such actions as incest, molestation and rape". (p. 7)

A Canadian Senate Report - Child at Risk, defines child abuse thusly:

The abuse can be in the form of physical battering, or it can be sexual or involve severe neglect. It can cause physical or psychological damage to the child, or most likely, both. The problem has been divided into the following categories: (1) infanticide; (2) the wasted and neglected child; (3) the beaten, burnt and sadistically injured; (4) the battered child...a further category, more extensive than generally realized, is the sexually abused child. (p. 38)

McNeese and Hebeler (1979) agree there are several forms of abuse: (a) physical abuse and neglect; (b) sexual abuse; and (c) emotional abuse and neglect. McNeese and Hebeler define physical abuse as "the non accidental injury of a child" (p. 3). This could be a single incident or repeated, minor or major injury. Physical neglect is defined as "the failure to provide the necessities of life to a child" (p. 3). This includes willful neglect such as lack of medical care, adequate nourishment, appropriate clothing, supervision and adequate housing. Sexual abuse refers to "any sexual activity between an adult and a child" (p. 4). Assaultive sexual abuse is more traumatic for the child than non-assaultive abuse, however, there is an emotional or physical effect regardless of the type of sexual abuse. Emotional abuse and neglect are those situations where parents fail to provide a loving, encouraging environment to their child. This behaviour is characterized by "ignoring, threatening, terrorizing or blatantly rejecting the child" (p. 4).

Gil (1975) states in his definition of child abuse that:

any act of commission or omission by individuals, institutions or society as a whole and any conditions resulting from such acts or inaction which deprive children of equal rights and liberties and/or interfere with their optimal development, constitute by definition abusive or neglectful acts or conditions. (p. 347)

Gil's definition is extremely broad and pervasive, however, in an earlier study (1971), he appears to accept a more conventional definition of abuse, although it is still broader than others:

the use of physical force by a caretaker towards a child, in order to hurt, injure or destroy a child... includes every act of aggression directed against a child, irrespective of consequences. (p. 165)

2. Child Neglect

Previous definitions of child abuse noted here include the concepts "neglect" and "sexual abuse". Polansky, de Saix and Sharlin (1972) state that definitions of child neglect are much more vague than most definitions of child abuse. The authors do not have a definite statement about neglect, however say that physical, emotional and intellectual growth and welfare are jeopardized if certain conditions exist. These conditions include malnourishment, lack of supervision, being unattended; a child who is ill and lacking essential medical care; a child who is denied "no normal experiences that produce feelings of being loved, wanted, secure and worthy" (p. 5); a child who is not attending school regularly; a child who is exploited or overworked; an emotionally disturbed child due to constant friction in the home; and a child who is exposed to "unwholesome and demoralizing" circumstances. As can be appreciated, these statements are extremely broad and are far more expansive than the definitions of child abuse we have seen. In addition, Polansky and his colleagues maintain that although there are many factors causing neglect, there are two main conditions which are usually present when neglect occurs. These conditions are first, family poverty and secondly, "infantile" elements in maternal personality.

Polansky, de Saix and Sharlin explain "infantile elements" by saying that there are parents who have not been able to mature. They are not psychotic or mentally ill.

These are clients, however, whose problems do not seem to be clearly definable. They have no symptoms, or they have a myriad; they generate troubles for others and

themselves; they lack flexibility to adjust to life's crisis...These are people playing adult roles with the mental and emotional equipment of young children. (p. 15)

An infantile personality has a poor conceptual framework, poor emotional coping skills, poor interpersonal relationships and dysfunctional love relationships.

Cantwell (1980) feels that children who are neglected are very much at risk and should not be overlooked in our preoccupation with physical abuse. Cantwell feels that:

Neglect exists when inattention is given to the child by parents or caretakers in areas including medical, educational, stimulative, environmental, disciplinary, nutritional, physical, emotional and safety needs. (p. 185)

Cantwell maintains that neglectful parenting, either chronic or acute is due to a lack of knowledge, a lack of judgement or a lack of motivation. Some of the manifestations of neglect, especially in infants is poor weight gain, lack of strength and fitness due to being left in a crib, developmental delays, a lack of language interactions and a lack of stimulation.

3. Sexual Abuse and Incest

Sexual abuse is a very complicated type of abuse. Kempe (1980) defines sexual abuse as:

...the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles. (p. 198)

Kempe sees that there are two main kinds of sexual abuse. The first is pedophilia, including child rape. Kempe maintains that this form of abuse is comparatively easy to deal with. The perpetrator

is usually a stranger. The victim is usually supported strongly by the family. It is more readily reported to authorities. Criminal investigation and prosecution is usually successfully completed. However, the second form of abuse is much different. In incest, the victim is rarely supported by the family, in fact, the victim is more often ostracized and condemned by the family. There is rarely any successful criminal prosecution. Because incest makes physicians and everyone else very uncomfortable, underreporting is massive, perhaps more than physical child abuse. Kempe says that the family is aware of and colludes, actively or passively, with the incestuous behaviour. The effect on the family of the discovery of incestuous behaviour is usually disastrous, resulting in further isolation for the victim. Incest is more usually a situation that has existed for years and comes to light after a change in family dynamics or behaviour such as adolescent rebellion, pregnancy, venereal disease or a family quarrel.

Renshaw and Renshaw (1980) state that the effects of sexual abuse on a child and his family are extensive. Firstly, there is a role distortion, where a daughter is expected to and does take on many of the roles and responsibilities of her mother. These include not only sexual activities but cooking, cleaning, child care and companion to her father. Secondly, there is a great deal of social disapproval by neighbours, friends, relatives and society in addition to possible legal action against the adult involved. Thirdly, although the family is being investigated and may be fighting with one another, they tend to come together to defend against intervention by outsiders. Fourthly, there is pressure by the professionals--the outsiders--to change the

basic family structure by counselling, separation, divorce or removal of a child. Finally, there is the acrimonious hostility by the parents and child towards each other.

Henderson (1980) wrote that incest and sexual abuse are problems more severe than statistics gathered have indicated. Henderson delineates three kinds of incestuous behaviour: firstly, an indiscriminate promiscuity which allows for sexual activity with partners inside and outside the family structure. Second, there is pedophilic behaviour which allows for an adult to have sexual relations only with children. Finally there is the lack of motivation, for various reasons, to seek sexual partners outside the family constellation. Henderson found that father-daughter incest is by far the most common form of sexual abuse.

4. Legal Perspective

The Child Welfare Act of Ontario (RSO 1980) and its accompanying Ministry guidelines define physical abuse as a non-accidental injury to a child. Emotional abuse is defined as an act which affects the mental, social and emotional well-being of a child. Sexual abuse is an act which sexually exploits a child (Government of Ontario, Child Welfare Act RSO 1980, Section 49(1), (2) and (3)). Neglect is not defined in the Child Welfare Act, although the legislation defines conditions under which a child would be considered to be in need of protection. These conditions include abandonment, death of parents, unwillingness by a parent to provide for a child, medical inattention, and inability to care properly for a child (Child Welfare Act, RSO 1980, Section 19).

5. Summary of Definitions

The definitions that have been examined here appear to be saying that child abuse consists of six non-exclusive categories. These are the general definitions upon which this thesis is based:

- (a) Physical abuse is physical injury to child resulting in bruises, cuts, fractures, welts or other markings, internal injury or damage to the child.
- (b) Emotional abuse is the sustained attack by a caretaker on a child's emotional or mental well being resulting in mental illness or emotional disturbance.
- (c) Sexual abuse is sexual exploitation by a caretaker of an immature child. Sexual abuse within the family is usually synonymous with the phenomenon of incest.
- (d) Physical neglect is the unwillingness or inability of a caretaker to adequately provide for a child's physical, educational, social or medical development and well being.
- (e) Emotional neglect is the unwillingness or inability of a caretaker to provide for a child's emotional and mental well being. This results in a lack of emotional, mental and/or social development in a child.
- (f) Institutionally or socially sanctioned abuse or neglect refers to, from Gil's analysis, to children allowed to live in poverty, illness, political refugee camps, racism or societal violence (such as the children of Belfast or Beirut). Sanctioned abuse also relates to the generally accepted level of abuse in particular cultures. In some countries, this means varying degrees of corporal punishment in the schools and the amount of spanking the laws allow a parent to administer. Also to be considered in this category is the methods by which certain children are treated in rehabilitative centres. Programs such as behaviour modification and reality therapy have been questioned, due to their allegedly abusive treatment of children, in order to achieve a therapeutic goal. (Landsberg, 1981)

6. Some Differences Between Abuse Types

Given the above-noted six categories and the definitions of child abuse--including sexual abuse and neglect--it becomes clear that the effect is usually the same in that a child is affected detrimentally

by someone who has responsibility for his care and someone he loves and trusts. However, there are fundamental differences in the dynamics of physical child abuse as opposed to culturally sanctioned forms of abuse and neglect.

Child abuse (physical, emotional and sexual abuse) is firstly, an act of commission by a parent. That is to say, a parent or caretaker actively, physically commits an act which directly affects his child in a harmful way. Child neglect on the other hand, is an act of omission by the parent. The parent/caretaker omits to provide the care which his child needs--basic needs such as shelter, food, safety, medical care, emotional stimulation. The nature of the acts implies different motivations, different reactions, different ego strengths. Polansky's study (1972) showed that neglectful parents showed infantile personalities and were greatly influenced by their economic conditions. However as will be seen later in this paper, abusive parents are as a group not as easily identified by their socio-economic status as are neglecting parents; and infantile personalities is a minor proportion of abusive parents (Gelles, 1973; Zalba, 1973; Justice and Justice, 1976; Fontana and Besharov, 1977).

Just as there is a difference between child abuse and neglect, so too is there a difference between physical/emotional abuse and sexual abuse. There are also, some similarities between these two phenomena. First there is the act of commission--in both cases the parent actively does something to his child to hurt him, if not physically, then assuredly, emotional damage is done. Secondly, it is the person whom the child should or does trust the most, who does

the damage to him. Thirdly, in different degrees, there is a disposition by the caretaker that he has the right to treat his family whichever way he thinks best--regardless of what the larger society may hold to be proper. The ownership of children by the parent is very much an ideology held by both physically and sexually abusive parents.

However, in spite of the similarities, there are some significant differences between physical and sexual abuse which make them very different problems to deal with. First, as Gil (1970) has pointed out, there is a general acceptance of violence and physical aggression towards children to an ill-defined degree. The Criminal Code of Canada allows a parent to physically punish his child "within reasonable limits" (Criminal Code of Canada, Sec. 43). So the discussion becomes not whether children should be struck, but what is reasonable and what is excessive. However, with sexual abuse and incest, there is a categorical condemnation of incestuous behaviour. As Henderson (1980) states: "The incest taboo is perhaps the most binding moral constraint known to man" (p. 423). Renshaw and Renshaw (1980) comment that:

...incest is an almost universal taboo or prohibition by both religion and law. It is so grave a taboo that few persons can comfortably discuss the topic in depth and detail; as a result, investigation and understanding have been fraught with difficulty...Lacking clear knowledge, we have not developed a treatment system, nor have we begun to plan for prevention in high risk groups. (p. 415).

Kempe (1980) also states that incest makes everyone very uncomfortable so that on the one hand, there is an aversion to the act

and a strong taboo against incest. On the other hand, there is a lack of knowledge and an unwillingness to deal adequately with the problem. The body of knowledge and willingness to tackle the problem of physical abuse on the other hand, is much more developed and becoming more so. Support systems, legislative authority and treatment facilities are relatively more well equipped to handle victims of physical abuse and their families. Concerning sexual abuse, the systems are not so clearly designated.

Ironically, the third major difference is the paradoxical effect that the discovery of sexual abuse or incest has on the victim. There is some literature (Martin, 1976; Elmer, 1967; Elmer and Gregg, 1967) to suggest that some children are more prone to abuse than others. However, when a child is physically battered or abused, it is rare that he is seen to be the cause of the abuse. More likely, censure is directed at the parent. However, in sexual abuse, the victim is very often ostracized by her own family. She is seen to be lying, manipulating and trying to "cause trouble" between the parents. Incest is rarely physically violent, and the victim is compliant with the wishes and demands of the incestuous parent, usually out of fear or lack of understanding. When she reports that incest is occurring, the physical effects are not as evident as in physical abuse cases, and the investigation of the victim is much more thorough--to determine her credibility. The child's mother is in a position of having to defend her husband or her child. It is usually the child who is left unsupported (Kempe, 1980).

Note: There are, as can be seen, many facets to child abuse. This paper will focus mainly on physical and emotional abuse, sexual abuse and incest. Child neglect is a more pervasive problem with different characteristics, treatment and legal implications. Neglect is usually investigated by a general intake unit of a child protection agency rather than a separate child abuse unit. The issue of neglect will be left to other research and not discussed in any further detail in this paper.

Socially sanctioned child abuse while it is at the heart of the problem of abuse is seen as beyond the scope of this paper and will also be left to further research.

D. INCIDENCE OF CHILD ABUSE

How pervasive is this problem of child abuse?

Kempe et al. (1962) stated that in a one-year survey with 71 hospitals, they found 302 cases of abuse--33 of the children died and 85 had permanent brain injury. They also surveyed 77 District Attorneys and found 477 such cases in which 45 children died and 29 suffered brain damage. These numbers were significant to Kempe and his associates.

Kempe's later publication (1978) stated that:

A third misconception about child abuse is that it is very rare. In fact, child abuse is reported 320 times per million population. Reported sexual abuse stands at 150 per million. Since the dimensions of the problem elude precise definition, it is not surprising that disagreements arise concerning the incidence of abuse. Our evidence shows that reported cases represent only a fraction of the total (sexual abuse, especially, is underreported)." (pp. 7-8)

Helfer and Kempe (1976) state:

Approximately 1 percent of American children are reported to be abused or neglected each year. Considering the number of unreported cases, especially the siblings of those who were reported, the total percentage of those actually abused or neglected is no doubt higher."
(Introduction, p. xvii)

Justice and Justice (1976) say that the violence of child abuse is a public health problem. They estimate that incidents of child abuse are increasing at a rate of thirty percent per year. They also estimate that for every reported case of child abuse there are one hundred unreported cases. Justice and Justice may be overstating their case. However, due to the lack of concrete research, their statement may have some validity.

Van Stolk (1972) estimated that in Canada the incidence of child abuse is 250 cases per million population. However her figures are derived from American studies and it was not verified that Canadian parents are greater or lesser abusers than are American parents.

The Canadian Senate Report estimated, according to its witnesses, that in Canada the number of abused children is "somewhere between 5,000 and 9,000". However, the report goes on to say, as do the previous references that:

Statistics on the extent of child abuse are, however, of questionable value as definitions of what constitutes abuse vary and judgements at the primary level of investigation must be based on subjective evaluations." (p. 38)

Taking these projections and estimates as being factual, then if we accept Kempe's estimate of 320 cases per one million population, then in a city like Winnipeg of approximately 700,000 population, there would be 224 cases per year. In Thunder Bay, Ontario, approxi-

mately 115,000 population, there would be 36.8 cases. Using Van Stolk's estimate of 250 per million population, then Winnipeg would have 175 cases and Thunder Bay, 28.75 cases. However the estimates and the clear definitions of abuse may not coincide. Preliminary statistics from the Children's Aid Society of Thunder Bay indicate that in 1978, there were 65 abuse cases opened, in 1979 there were 58, in 1980, 93 cases, and as of September 30, 1981, there were 77 cases of reported child abuse opened (Family and Children's Service Plan, 1981).

Comparing these actual statistics to Van Stolk's and Kempe's projections, an inference could be made that their projections are conservative and there may be more incidents of abuse occurring than researchers are projecting. The difficulty in making these inferences of course is the discrepancies in definitions and types of abuse. However, the point that reported child abuse is a small number compared to the total frequency of abuse is probably a valid one.

E. MODELS OF CAUSALITY OF ABUSE

Who are the people who abuse their children and what would be some of the factors causing this social problem to become so evident?

It appears that there are three main schools of thought on this issue. Starr (1979) sees the three groups as (1) the "psychologically oriented" group, (2) the "socio-situational" group, and (3) the "all factors" group.

The first group, which may be called the Medical-Psychological Model, states that child abuse is a universal phenomenon, that anyone has the potential to abuse. The medical model says that abuse is

caused mainly by the pathology of the abuser/parent. Although there may be other stresses and extenuating circumstances, such as marital strife, an unwanted pregnancy, a handicapped child, culture or socio-economical status, it is the parents' inability to handle this stress that is then transformed into child abuse.

The second group called the Socio-Political Model feel that child abuse, like poverty, is essentially a socio-political phenomenon, that child abuse is institutionally and culturally condoned and that lower socio-economic groups abuse their children more due to the excessive economic and political stress placed on them and that this group cannot escape the purview and scrutiny of public child welfare agencies. This model feels that the medical model is a red herring designed to remove attention from social inequalities.

A third group which could be called the Multiple Causality Model believes the truth is somewhere in the middle, that child abuse is complex and multi-faceted and cannot be simply explained. According to this model all sources of possible stress must be equally considered. These three schools of thought are not mutually exclusive, indeed they tend to be fairly similar in parts of their analyses. With that qualification in mind, let us examine some of the literature.

1. The Medical-Psychological Model

Kempe and Kempe (1978) suggest that child abuse is a phenomenon which is possible in any given situation. As they say:

abusive parents come from all walks of life, rich and poor, well educated and uneducated, from all races and religious backgrounds. (p. 10)

The Kempes also say that there is such a thing as the "Cycle of Abuse". (The Senate Report Child at Risk refers to this cycle by repeating the maxim that "violence breeds violence".) The Kempes found that:

the most consistent feature of the histories of abusive families is the repetition, from one generation to the next of a pattern of abuse, neglect and parental loss or deprivation. In each generation we find, in one form or another, a distortion of the relationship between parents and children that deprives the children of the consistent nurturing of body and mind that would enable them to develop fully. (p. 12)

Kempe and Kempe go on to state that other problems relating to the parents' perceptions of the child, the introduction of a new child, parental immaturity, lack of education, social isolation, parental intelligence, socio-economic status, cultural background and psychological makeup, contribute to a state of abuse. However, the authors reiterate that it is the parents' inability to handle these stresses that lead to abuse.

Steele and Pollock (1960) studied 60 abusing families and they came to a conclusion similar to Kempe's that there was no major variable that was similar in abusing parents.

They [abusing parents] were not a homogeneous group but rather a random cross section of the general population. They were from all socio-economic strata...Some were in poverty, some were wealthy but most were in between...Housing varied from substandard hovels to high class suburban homes... (pp. 106-107)

De Courcy and de Courcy (1973) echo the predominant theme that child abuse is universal. They discuss the causes or at least the roots of child abuse as being psychological stress, long established patterns of maladaptive behaviour, intolerable social pressures,

unsatisfactory sex roles, social isolation, unrealistic expectation of a child, isolation and separation from extended family, step parent marriages, feelings of parental failure directed at a child, mental illness, societal attitudes towards discipline of children and the unwillingness by many professionals to become involved. However, de Courcy and de Courcy say that the abuser is either the creator of the problem or does not have the emotional or psychological stability to resist these stresses and thus abuse occurs. The epidemic proportions of abuse are expressed thusly:

Child abuse is not an isolated phenomenon confined to alienated underprivileged groups. It is widespread and the parents who commit these atrocities range from those who are obviously psychotic to those who are seemingly well adjusted and successful.
(pp. 3-4)

Fontana (1973) agrees that child abuse is a widespread problem and that any parent is capable of abuse. He wrote that while socio-economic status (i.e. poverty) and cultural values about violence may exacerbate the problem, he maintains that any studies showing high incidence rates among poverty groups are due to their visibility to public welfare agencies.

It is true that under conditions of poverty, all problems are exacerbated, but it is also true that these problems tend to surface in families made visible by exposure to welfare services. Instances of child abuse in the more affluent families are not frequently exposed to public agencies and escape the public gaze, but they are nevertheless known to private practitioners, clergy and the neighbours... let us not forget that discipline and poverty are not always the accompaniments of child maltreatment.
(pp. 39-40)

The last word on this conceptual model comes from Van Stolk (1972):

...a large segment of the population, including many doctors, are still inclined to believe that child abuse occurs only among people of a low socio-economic status. This simply is not true. (p. 10)

2. The Socio-Political Model

Gil (1971) says that the culturally sanctioned use of force in child rearing creates the norm. Added to this are ethnic cultural norms which may be different than the dominant society, environmental stress factors which heighten unsatisfactory social living conditions and the essential fact that people are human. Gil says that child abuse as it is presented by the medical professionals is a distraction from the real problems of poverty, discrimination, malnutrition, poor housing, and inadequate health care and education. However, Gil goes on to say that child abuse is more frequent in the lower socio-economic classes, due not to over-zealous reporting but due to the fact that:

...life in poverty and in the ghettos generates additional stressful experiences likely to become precipitating factors of child abuse...the poor and members of ethnic minorities have fewer alternatives and escapes than the non poor..." (p. 167)

Gil recommends that a massive educational program be initiated to combat the use of force and violence in society. He recommends elimination of corporal punishment in schools and other institutions. Gil says that poverty should be eliminated. He recommends a series of educational programs, family planning programs, a national health service, neighbourhood social services and an understanding and fair child welfare system.

Pelton (1978) refutes the medical-psychological model. He maintains that the preponderance of national surveys show that abuse is overwhelmingly evident in lower socio-economic groups. Pelton says that this evidence and one's logical reasoning show that child abuse is not a classless phenomenon in the way the medical-psychological model maintains. He goes on to say that:

The myth of classlessness persists not on the basis of evidence or logic but because it serves certain professional and political interests. These interests do not further the task of dealing with the real problems underlying abuse and neglect; adherence to the myth diverts attention from the nature of the problems and diverts resources from their solution.
(p. 616)

Pelton's analysis suggests that although abuse may occur in other classes, the unequal distribution of resources not only aggravates but is the cause of most abuse, because most abuse occurs in lower class families. In Pelton's reasoning, the suggestion that parents abuse children due to their inability to handle environmental stress is "blaming the victim". The medical model avoids the issue of poverty, due to political interest--the unwillingness to deal effectively with poverty--the unwillingness to view abuse as being other than a clinical issue.

Gil (1974, 1975) sees massive societal abuse of children as a far more serious problem than individual abuse of children. Problems such as infant hunger and malnutrition, infant mortality, poverty, inadequate medical care to certain groups, poor education and officially sanctioned abuse in schools and institutions all have created a culture of violence in which the abuse of children is epidemic and is encouraged by the so-called child and family experts.

Billingsley (1969) conducted a study of abuse amongst black families in which he said that the level of caring and non-abuse in families in the black community is directly related to the level on which the dominant society meets the needs of black people and black families. In other words, if a racial or cultural minority is not treated with respect and caring by the dominant society, then the level of "un-caring-ness" and abuse by black families towards their children will increase.

Giovannoni and Billingsley (1970) conducted a study of neglectful mothers and found that social and family backgrounds did not seem to differentiate neglectful and adequate mothers, but that the current life situation, i.e. poverty of neglectful mothers, was more stressful than adequate mothers. Giovannoni and Billingsley summarize that:

...the low income neglectful parent is under greater environmental and situational stress and has fewer resources and supports in coping with these stresses than does the adequate mother. It is the current situational strains that predominate among neglectful parents, not those of their past life...Among low income people "neglect" would seem to be a social problem that is as much a manifestation of social and community conditions as it is of any individual parent's pathology. (pp. 176-177)

Zigler (1976) says that society does not care properly for its children generally and this creates a milieu in which abuse of children is condoned and/or ignored. Zigler cites examples such as a lack of societal concern with good prenatal care, inadequate medical services, lack of concern with nutritional problems, lack of educational opportunities, institutionalized child abuse--e.g., the strap or paddling in schools, lack of quality daycare and media violence. These examples are exacerbated by general social conditions such as the erosion or

breakup of the extended family into isolated insular nuclear family units and a demand for geographic mobility. Given these stresses and lack of support it is no wonder that children in lower class families are abused in epidemic proportions.

Jayarathne (1977) agrees with Gil and Pelton and others in refuting the statement that child abuse and poverty have no connection.

Jayarathne maintains that empirical evidence supports the statement that child abuse is more prevalent in the lower socio-economic classes.

Jayarathne says that it is "practicality that had led the majority of clinical workers to concentrate their interventive efforts on the psycho-social phenomena related to child abuse" (p. 5). It is not practical (or politically astute) to eliminate poverty so one individualizes and personalizes the problem in order to deal with it.

Newberger and Bourne (1978) continue the discussion by maintaining that Kempe's article on "The Battered Child Syndrome" made child abuse a medical issue. The problem with that is that physicians tend, due to their education and training, to look only at the medical problem, i.e., the broken bone, rather than the family and social problems. Newberger and Bourne's analysis of the causality in child abuse maintain that social inequality is a major factor. The medical concept of abuse tends to splinter and individualize the problem so that poverty and inequality are not addressed as problems. The authors say that physicians need to look at other factors in their patient's lives and "the conceptual bases of medical practice need to be broadened, and the intellectual and scientific repertory of the practitioner expanded" (p. 604).

The socio-political model, based on the above discussion says that poverty, inequality and cultural norms are the reasons that children are abused. The largest number, by far, of these children are from lower class families. This model says that this is because of the extreme environmental and social stress placed on these families, not, as the medical-psychological model maintains, these parents cannot handle environmental stress.

3. The Multiple Causality Model

Zalba (1973) says that abusing parents are in two main groups: (1) parents with personality problems--patent psychosis, pervasive anger, depressive passive-aggressive personality and cold compulsive disciplinarians, and (2) parents who are impulsive but generally adequate but who have marital conflicts or identity-role crises. Zalba states that people in the lower socio-economic classes who are generally not abusive except in times of distress or financial stress would be in the second group. Zalba maintains that greater incidence of abuse amongst lower class families reflects the over reporting in this highly visible group, not a true number. Gelles (1973) says that the interpretation that the pathology of the parent is to blame for abuse is far too narrow. Gelles says that there is no single cause: that we must look at a combination of many variables. Gelles says that inequality and poverty are major factors as well as the parental pathology. However, Gelles says that a factor which is overlooked for example, is the characteristics of the abused child, especially the child under three years of age. Gelles points out the characteristics of the young child (under three years) which

contribute to an already abusive situation. The inability of an infant to verbally communicate his needs and desires, problems with toilet training, poor feeding habits, irregular sleeping patterns, the almost total dependency of the child and the lack of reasoning ability of a young child when combined with marital pressures or financial pressures on the parents, or a history of the parent being abused as a child can inevitably lead to a potentially abusive situation. Gelles says we must consider other stress such as unemployment, an unwanted pregnancy or a large number of children. As Gelles puts it:

It is time to start thinking about the multiple social factors that influence child abuse. If unemployment and social class are important contextual variables, then strategies to prevent child abuse should aim at alleviating the disastrous effect of being poor in an affluent society... programs ought to be designed to aid in planned parenthood, birth control devices...removal of the legal and social stigma of abortion...teach parents alternative means of bringing up their children.
(p. 619)

Justice and Justice (1976) put forth the theory that the cause of abuse is change. Change can be personal or societal and it is usually too much too soon, which constitutes a life crisis which precipitates abuse. Justice and Justice maintain that significant change such as the death of a spouse, divorce, marital separation, a jail term, personal injury, loss of a job, unplanned or even planned pregnancy, sexual problems and financial changes create an environment of instability, frustration and anger in which violence and abuse are logical results. The change creates stress and in an environment of destructive relationships which may already exist, strife between parents flourishes, making abuse inevitable.

Fontana and Besharov (1977) state:

There are many factors which unfavourably affect the normal adult-child relationship leading to the maltreatment syndrome. Among the more important and more frequently reported are a history of family discord, financial stress, alcoholism, illegitimacy, poverty, perversive tendencies, drug addiction and involvement with law enforcement agencies. Various grades of physical, mental and social retardation are encountered in many of these abusing parents. In some of these individuals, obvious evidences of severe personality disorders have also been noted. Environmental stresses and strains related to life in the ghettos may serve as triggers resulting in incidents of child abuse in the lower socio-economic strata. (pp. 23-24)

Schrier (1979) holds that there are many situations in which abuse occurs and many contributing factors to abuse. The intervention needed to deal with abuse must focus on "psychological needs of abuser, spouse, extended family and the child and the environmental stress leading to abuse" (p. 243).

Ostbloom and Crase (1980) see the dysfunction of the family as a "stress-resource imbalance, with the stresses felt by the family overwhelming the resources available to them. The tendency of the parents to react aggressively under these conditions results in abuse." (p. 172). The broad goals, simply put by Ostbloom and Crase should be to (1) relieve the stress, and (2) enhance the resources. Most of the families in these situations are not chronically dysfunctional and when the stress is relieved and the resources enhanced, the family will return to its previous level of normal functioning.

4. Summary of Causality Models

The multiple cause theory seems to be the one that many practitioners now subscribe to: that there are many reasons that children

are abused and it is not correct to say that any stress more than any other will lead to an environment for abuse. While they accept the fact that parental pathology is extremely important, i.e., an unlearned parenting skill, an experience of being abused as a child, mental illness, cruelty or any other problem, they also accept that social inequality, poverty, chronic unemployment, ghetto living and/or minority group status have created a tremendous stress on parents and families. However, the third model de-emphasizes the supremacy of these two conceptual frameworks and holds that there are other factors which must be given serious or equal consideration. One of these factors is the characteristics of the abused child--particularly the handicapped child or the child with birth defects or debilitating illnesses. Also to be considered is the alcohol or drug lifestyle of the parent, which influences family dynamics and structure. Single mothers on welfare is an issue that must be considered as a major factor. Sexual dysfunctioning and marital strife are also exceedingly important, particularly in regards to sexual abuse and incest. Step parent marriages may also create or add to a parent-child conflict which may possibly lead to abuse.

Although all three models previously discussed have their respective merits, the phenomenon of child abuse is extremely complicated and it would be narrow-minded to accept that there is a singular factor which precipitates abusive situations. The complexity of family life, human nature and modern technological society lead us to accept that there are multiple stresses on families and parents which can lead to abuse.

This writer will take the perspective in this paper that the multiple causality model is the most appropriate.

F. SUMMARY

Child abuse has occurred throughout civilization for various reasons and in various forms. Although there have been mechanisms established to deal with children's rights, children's protection and the proper care of children, it was not until the mid-twentieth century that child abuse was seen as a separate unique issue in the broad jurisdiction of child welfare.

Kempe's work in the 1960s and 1970s, supplemented by writers and researchers such as Fontana, Van Stolk, Gil and Helfer, continued to explore the problems of physical and sexual abuse and neglect of children.

Child abuse has been defined in this chapter as dealing with physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect and socially sanctioned abuse. Although all of these facets of abuse are significant, this paper will deal with only physical, emotional and sexual abuse. Child abuse is seen as occurring frequently in modern society. Statistics are very difficult to determine as many incidents go unreported. Some writers feel that only ten percent of cases are reported (Kempe, 1980) while others see the number of unreported cases as much higher (Justice and Justice, 1976). Statistical studies in Canada (Van Stolk, 1978); Canada (1976) show that there may be five to nine thousand cases of abuse per year. Due to the uncertainty of the frequency of unreported cases, the number may be quite higher.

There are three perspectives from which to examine the causes of abuse. First the medical-psychological model maintains that it is the parent's inability to parent effectively which is the cause of abuse. The second model, the Socio-Political model maintains that the uneven distribution of income, racism and warfare leads to abuse of children. The Multiple Causality model maintains that there is no one situation which can lead to abuse. This model states that many variables such as parental childhood, family constellation, mental instability, socio-economic status, alcohol usage and characteristics of the abused child must be considered in determining the sources of stress which lead to abuse.

The second part of the literature review will examine the problem involved in Indian Child Welfare.

Part II - The Welfare of Indian Children and their Families

A. THE ENVIRONMENT OF THE INDIAN CHILD

Farris and Farris (1976) in speaking of the Indian child made the following observations. They say that an Indian child is a most neglected person because:

- (1) the infant mortality rate for Indian children is twice the national average,
- (2) after the first month of life, infant death rates are four times the national average,
- (3) the lifespan of his parents is lower, resulting in the possibility of becoming an orphan at an early age,

- (4) the likelihood of foster or adoptive care is greater than whites. More likely than not, an Indian child will be placed in a non-Indian home,
- (5) his average formal education will be at the Grade Five level,
- (6) his people suffer an extraordinary high unemployment rate. He will likely be unemployed through a significant portion of his adult life,
- (7) he and his family will most likely be poor, living at a subsistence level,
- (8) the suicide rate for his people is twice the national average. For Indian teenagers, the suicide rate is five times the national average.

Farris and Farris' statements seem to be well substantiated by the facts. Indian Conditions, (1980) an Indian and Northern Affairs publication, lists the following concerning Status Indian people:

- (1) Life expectancy of Indian people is ten years less than the national average.
- (2) Violent deaths for Indians is three times the national average.
- (3) Suicides of Indians, especially in the 15-24 age range is up to six times national levels.
- (4) Indian people experience higher divorce rates.
- (5) More Indian children proportionately are in care of child protection agencies than non-Indians. (8% of all Indian children are in-care as opposed to only 1% of non-Indian children.)
- (6) Indians and other natives are over-represented in correctional institutions by more than three times their proportion of the

general population.

- (7) In 1977-78 between fifty and seventy percent of the Indian population received social assistance.
- (8) One in three Indian families lives in severely crowded conditions.
- (9) Hospitals admissions for alcohol psychosis and alcoholism for on-reserve Indians is five times the national average.
- (10) The number of Indian children who are adopted has increased five-fold since 1962 with an increasing proportion of Indian children being adopted by non-Indian parents.
- (11) Deaths of Indian children ages one to four is almost four times the national levels. In the age group five to nineteen years, it is almost three times the national average.
- (12) The Indian population is growing much faster than the non-Indian population since the 1950s. Also the Indian population is statistically younger than the non-Indian population. As a result, there is an increase in the demand for educational services, social services and jobs.
- (13) The juvenile delinquency rate for Indian children is three times the national average.

Wahbung - Our Tomorrows (1971), a Manitoba Indian Brotherhood publication, says that Indian people live in poverty with a multitude of nutritional, sanitation and health problems, an epidemic alcohol abuse problem, inadequate and sometimes non-existent housing.

By far, the majority of Indian people in Canada live in dire poverty. By all scales of measurement and all across the spectrum - health, welfare and housing - most of us live in conditions well below the basic

level acceptable to a nation with one of the highest standards of living in the world. Throughout this country, Indian people more than any other group, are engaged in a constant, unremitting daily struggle to survive. (p. 57)

A Canadian Council on Children and Youth (1978) said that the Indian child is at risk. Their culture and families are trying to maintain the old values and yet find a place in a technological society. The Council reports that the Indian child is at risk because he "suffers doubly as a powerless member of a minority group" (p. 123). They go on to say that the Indian child is even more at risk because:

...poverty and social disorganization have also resulted in a much higher incidence of family breakdown, alcoholism and other social disorders than among the general Canadian population... provincial and federal authorities...are often eager to remove these children from what they regard as unsatisfactory home environments... (pp. 124-125)

In addition to these risks, the health of the Indian child is very much at high risk. A Manitoba Community Task Force on Maternal and Child Health (1981) state that socio-economic factors such as poverty, unemployment, education, poor housing, unsanitary water and sewage and lack of access to medical facilities result in risk to an Indian mother and child. This risk results in intervention by health and social services, sometime resulting in separation of Indian parent and child. The Task Force also states that:

The history of native-white contact is documented well in other studies dealing with the resulting acculturation, introduction of new diseases, conflicting ideologies, the cultural disintegration of minority populations, and the impact of a change in lifestyle by outside agents. The native Indian has experienced all these and in many instances the changes have not been to his benefit...It must be remembered that

poverty, malnutrition and anemia are social factors which reduce the chance of a healthy outcome of pregnancy. (pp. 23-24)

The Canadian Department of Health and Welfare 1979 Annual Review speaks of a health issue affecting Indian and Inuit children much more than white children:

Rates of tuberculosis in Indian (113 per 100,000 population) and Inuit (93 per 100,000 population) continue to decline, but still remain higher than the overall Canadian experience (approximately 16 per 100,000 population)...86% of cases in the Indian population were new cases, as were 62% of cases of tuberculosis in the Inuit population. Furthermore, tuberculosis is still being detected in Indian children under the age of 20 years. (p. 14)

The Canadian Council also speaks of the issue of education presenting a risk to the Indian child in that the educational system serves to instill values that are inconsistent with the Indian culture.

Larocque (1975) says that the education system has created a mythology and a stereotype about Indians which is difficult for Indian children to combat.

It was the Indian of the White Man's imagination rather than the Indian of historical fact who finally become dominant in English-American literature. This fact has had a long range effect upon the Indian image; the myth of both the nobility and the savagery of the native is not dead. It has been transported into modern times. (p. 32)

Larocque also says that the educational system has its own jargon and language in dealing with Indian students. The definition which is harmful to an Indian student, his family, his community and his culture is that he is:

culturally deprived, culturally impoverished, educationally retarded, economically impoverished, culturally disadvantaged, chronically poor, educationally deprived, culturally alienated, ad infinitum... (p. 56)

The Union of British Columbia Indian Chiefs (1977) state that the education system has not proved in its present form to be advantageous to Indian people. They found that 63% of Indians have only elementary level education compared to 26% for the rest of the people in the province. Also only 9% of the native population has received (or achieved) a post secondary education, compared to 29% for the rest of the provincial population.

The problems in the educational system are further elucidated by Dlugokinski and Kramer (1974) in their discussion of the Boarding School system:

In studies using the MMPI, Indian children revealed greater personality disruptions and problems of adjustment than the norm...The authors suggested that the school system with its white middle class value system was especially significant in the creation and perpetuation of these problems because it lacked personal relevance to the Indian student. (p. 671)

Dlugokinski and Kramer go on to say that the boarding school system tends to isolate Indian children not only from their families and communities, but also from white society as well. Instances of the negative effects of the boarding school system on Indian children are recorded by Robertson (1970); Campbell (1973) and Willis (1973). This isolation of children from their families did not allow for parents to teach appropriate child care mechanisms to their children, which may have resulted in subsequent parenting problems for these children.

Serious problems such as alcohol abuse rates (Indian Affairs, 1980; Swanson, Bratrude and Brown, 1971), high unemployment and income assistance recipient numbers (Indian Affairs, 1980) all tend to lead

to situations where family stability becomes difficult.

The consequences of these conditions are seen in the numbers of Indian children in care of child welfare agencies. The 1971 Canadian census showed that people of status Indian background comprised only 1.4% of the total population. However in Manitoba in 1977, 60% of the children in care were Indian. In Alberta - 44%, British Columbia - 39%, Saskatchewan - 51.5% and Ontario - 8.6% (Hepworth, 1980, p. 116).

Hepworth's figures of children in care included non-status Indian and Metis as well as status Indians. As will be noted in Chapter Three, it is difficult to establish the number of people of Indian heritage and cultural background. However, Krotz (1980) maintains that in 1976, Winnipeg had an Indian population estimated at forty to sixty thousand. Edmonton has an Indian population estimated at thirty to forty thousand. Regina is projecting a 1981 Indian population of 27,000--17% of the total population. Members of local (Thunder Bay) Indian support groups estimate the Indian population at about fifteen to sixteen thousand--twelve or thirteen percent of the total population.

In the District of Thunder Bay, the Family and Children's Services report that although status Indian children represent only 1.92% of the total child population, they represent 7.22% of the total population of children in care (Service Plan 1981). When we include non-status Indian and Metis people, the numbers are more disproportionate. In 1977, 44.2% of the children in care were Indian children. In 1978, the rate was 48.3%, in 1979 the rate was 51.5% and 1980, 48.3% of the children in care were Indian. Accepting that status Indian people represent only 3.3% of the population of the District of Thunder Bay

and including the Metis and non-status Indian, the proportion of the population who are of Indian heritage is only twelve to thirteen percent, the differences stand out very clearly. What could explain this disproportionate number of Indian children being cared for by the Children's Aid Society? It would be extremely simplistic, naive, incorrect and probably bigotted to say that Indian people are poor parents and cannot care properly for their children. However, it cannot be denied that Indian families--whether status, non-status or Metis--operate under very disadvantageous circumstances which may affect their ability to provide for and protect their children adequately.

However, a very large factor in the admission of Indian children to a child protection agency will be affected by the attitude and philosophy of the dominant society, the agency and its staff, and its understanding about native Indian people, their culture and their support systems.

B. BIAS: ATTITUDE AND PHILOSOPHY

Waubageshig (1970) sees that a large part of the responsibility for the Indian's plight is the larger dominant white society.

Police brutality, incompetent bureaucrats, legal incongruities, destructive educational systems, racial discrimination, ignorant politicians who are abetted by a country largely ignorant of its native population, are conditions which Indians face daily. Yes, the only good Indian is a dead one. Not dead physically, but dead spiritually, mentally, economically and socially. (Introduction, p. vii)

Nicholas (1970) sees that oppression and colonialism and its resultant attitudes are to blame for the disintegration of the Indian and his family.

For as long as you can remember, no one cared a goddam what the people - the Indian people - thought or felt about the matters which affect them so critically. The ideas which Indian people have and the suggestions which they want to make are considered a pile of horseshit. The reason for this is that the 'power structure' is made up of 'whities'. The Indian agent, Community Development Officer, Economic Development Advisor, etc....and all of the other Indian Affairs bastards are not Indians. (pp. 36-37)

Adams' (1975) viewpoint is quite scathing. He examines Indian-white relations from an oppressed-oppression, colonized-colonial viewpoint. Adams says that the Indian-white struggle is essentially a class struggle. The Indian person will not be in an equal position unless a revolution occurs. Adams says the White power structure has successfully perpetuated the myth that Indians need protection - special status. By persuading whites to believe this myth, colonizing governments are able to get away with "suppressive and abusive control" of natives.

In Canada, schemes of protection are enforced by the Royal Canadian Mounted Police, the treaties, the reserves and the Indian Act. The economic dependency connected with these schemes foster distorted social relationships and lifestyles. A century ago, it was rations; today it is welfare, which prevents occupational independence and allows the government to control native people as wards and children. (p. 171)

The effect of the bias of the representative (teachers, textbooks, school boards, IAB officials) of the education system on an Indian child is expressed by Willis (1973) in a recounting of a personal experience:

I was told I was intelligent but not intelligent enough to think for myself. Only the white man could do that for me. Only he could decide how I should live, what I should do with my life, the life which a white Christian god had given me. I was not intelligent enough to decide such things.

When I had been stripped of all pride, self-respect and self-confidence I was told to make something of myself to show the white man that not all Indians were savage or stupid. When I failed, I was told with a shrug, "Well, what do you expect from an Indian?". (p. 199)

Harold Cardinal (1969, 1977) says that white bureaucracies such as Indian Affairs and welfare agencies are the enemy to Indian people. They are the enemy because their role is to keep Indian people poor, uneducated, unhealthy. Cardinal (1977) says also that although Indian Affairs are blamed by Indian people, that is not the real enemy. The real enemy is personified in "the guy who comes around in a nice white shirt and a good suit, driving up to the reserve in an ordinary car, and looking like a decent Canadian" (p. 39). Cardinal is saying here that it is not the system but the people within the system who are at fault.

Cardinal (1969) says that a great need for a non-violent improvement in the Indian person's situation is self determination, acceptance and a sense of self-worth. The welfare system, according to Cardinal, does not advance this need.

When that man looks at you as he hands over the check and you reach for it, you know what his look means. It means that you aren't man enough to make your own living; it means that you aren't man enough to feed and clothe and house your own children. (p. 16)

Wuttunee (1971) says that a major negatively motivating force for Indian people is the reserve system. In spite of the problems that Indian people have in cities and urban centres, Wuttunee believes that an Indian person can maintain his own culture and lifestyle off reserves because his physical and mental health will be better, because,

the conditions which exist on most reserves are deplorable. Usually there is no electricity and no running water, and the houses are mostly shacks. The poverty is depressing and there is an obvious lack of motivation. The residents of a reserve seem to always carry with them an air of failure. (p. 114)

In addition to the attitudes of the dominant society and the institutional and bureaucratic racism exerted on Indian people, there is the inflexibility and inability of the social service agencies and its staff to deal effectively with its Indian clients. A Government of Manitoba Report on Child Welfare (1975), (sometimes referred to as the Ryant Report), did not focus in great detail on the problems of providing child welfare services to Indian families and children, however, it did make a rather succinct comment on the problems that a child protection agency and its staff has in attempting to assist Indian families.

The dominant orientation of child welfare personnel in Manitoba is culturally inappropriate. That is, the workers and senior staff in most agencies, public and private, do not have as an operational goal that cultural heritage and background of native persons is something to be cherished, respected or nurtured. Native families in urban areas are often expected to "fit in" to the dominant ethos of the white urban society. Particular characteristics of Indian culture are often regarded as problems to be overcome, not as factors to be accepted by appropriate revisions in the goals set for, and the ways of working with native children and families.
(Report Summary, p. 48)

Some of the recommendations from the Ryant Report on this issue suggest that child welfare agencies examine its staff training programs, improve communication with band councils, recruit native Indian staff, foster and adoptive families. The Ryant Report very clearly sees that there are large problems in existing child welfare

agencies in their provision of services to Indian people, largely maintained by the agencies' inflexibility.

Jack The Indian Voice, a British Columbia Indian newspaper has published a series of articles dealing with apprehension of Indian children and placing them for adoption from Canada into the United States (Volume 13, No. 11 and 12, November/December 1981, p. 1, p. 2; Volume 14, No. 3, March 1982, p. 1; Volume 14, No. 5 and 6, May/June 1982, pp. 1-5). The most recent article accuses government agencies of "unmerciful snatching" of Indian children. A subsequent article maintains that apprehension of Indian children is cultural genocide. The underlying statement in this series of articles is that white non-Indian social workers have no understanding of Indian heritage and thus are not acting in the Indian child's best interests when they are removed from their families and communities.

Slaughter (1976) reviewed the literature of Indian Child Welfare. She found three main issues which negatively affected the way in which effective child welfare services were provided to Indian people. These factors were:

- (1) gaps in service due to lack of funding and unclear responsibility--i.e., state vs federal vs tribal jurisdiction.
- (2) the limited participation of Indian people in the planning and delivery of child welfare services.
- (3) the relative "inappropriateness of traditional Anglo-American child welfare policies and policies as applied to services for a minority population with different cultural traditions and values". (p. 1)



Slaughter said that the most basic problem is the lack of awareness and understanding about tribal culture by agency personnel. This lack of knowledge is expressed when child protection agencies place Indian children in non-Indian homes; a failure to recognize diversity between different tribal groups--e.g. Navajo, Nez Perce, Sioux, etc.; the problem of adapting (or not adapting) general, standard casework methods such as direct questioning, confrontation, showing direct disapproval, paternalistic attitudes, enforcement of dominant society value systems; language barrier problems; inherent social worker or governmental authority; the concept that social work intervention is antithetical to a basic Indian value of non-interference. In addition to these kinds of attitudinal problems due to a lack of cultural differences, the extent of Indian participation in planning and delivery of service is inhibited by a lack of Indian staff and board members. This is due to a scarcity of professionally trained Indian social workers and the unwillingness of agencies to hire "non-professional" staff, and the destruction of Indian self government. Slaughter says that both of these situations are rapidly improving, especially the issue of self government, however more positive change will be needed.

The United States Children's Bureau conducted a State-of-the-Field Study in 1976 to research the area of Indian Child Welfare Services. This study was closely linked to Slaughter's work and came to many of the same conclusions. This study examined some of the cultural differences between the Indian client and the non-Indian agency and its staff:

Tribal cultures differ from anglo culture in several respects, many of which have a very important impact on child welfare service provision...the extended family is a trait common to most Indian tribes although its strength may vary from tribe to tribe or even within reservation communities...therefore non-Indian social service providers often find it difficult to identify who is responsible for an Indian child and are frustrated by the mobility of a child, who may be the responsibility of different adults at different times....However, if social workers fail to understand this system or insist on enforcing middle class anglo standards, they may intervene when Indians feel there is no reason for intervention. (p. 346)

The study goes on to discuss some of the other common value differences which result in perhaps unjustified removal of Indian children. These are:

- (1) The concept of permissiveness vs parental control. The Indian parent sees that the child should have responsibility for learning at an early age and making his own mistakes. The non-Indian social workers may feel the parent is not properly supervising his children.
- (2) Indian children care for younger siblings at an early age. This is sometimes seen by non-Indians as being neglectful. However, most times, an adult member of the extended family is supervising from a distance. This is not seen by the non-Indian.
- (3) There is no stigma attached to illegitimacy. The support of the extended family is offered to and usually accepted by the mother and child. Family planning programs and unmarried parent counselling services may at times be inappropriate for Indian people.
- (4) Social work intervention techniques such as confrontation go against the Indian value of self determination and non-interference.

To some Indian people, "social work is a white man's technology... social workers become change agents in an acculturation process" (p. 347).

This is not acceptable to the Indian person. Andres (1981) says that the white culture has thrust its values and attitudes upon the Indian society. This is clearly seen by Andres in Child Welfare:

The larger society has ideas about raising children in a good way, and these ideas are set down in law in terms such as 'proper care'. Clearly what is proper in one culture may be highly improper in another. Differing cultural values that are expressed in child rearing methods are a source of conflict, that brings about the apprehension of native children. In our multicultural society, these differences are either not understood or simply not respected. (p. 32)

Ishisaka (1978) says that there are cultural differences--such as leaving younger children to care for younger siblings, general permissiveness--between white and Indian culture that are seen as being neglectful. Ishisaka condemns the lack of understanding or misperception by child protection agencies which results in Indian children coming into care. As Ishisaka says:

The removal of children from their parents due to family poverty or misperceptions of parenting behaviour because of differing cultural standards is not an adequate response. (p. 306)

The concept of a different value orientation between a non-Indian social worker and his Indian client is expressed by Good Tracks (1973). He maintains that the very fact that social workers intervene in Indian families is contrary to the Indian's adherence to the principle of non-interference. The interference is not so much a problem when it incorporates respect and consideration but very often a social worker is inherently coercive. This does not take into account the

Indian's right to run his own life--the right to self-determination.

Shore (1978) comments at length about how a standard, accepted method of determining protection of children can work to achieve the opposite end. In this case, Goldstein, Solnit and Freud's book, Beyond the Best Interests of the Child (1973), is examined in terms of its effect when applied against protection of Indian children. Shore speaks of a case where a child is in care of an agency, his parents are judged to be unfit and the question of adoption is before the court. The child's grandparents apply for custody and they are supported by several eminent authorities. However the court rules that the Indian home offers no more than the non-Indian home and in the child's best interests, the child should remain where he is--in a non-Indian home. Shore maintains that the philosophy represented in the book Beyond the Best Interests of the Child strongly influences these legal decisions much to the detriment of Indian children. As Shore says:

Beyond the Best Interests of the Child, is being used in courts and social agencies to justify and validate the practice of terminating family ties in favor of prior non Indian placement of Indian children. (p. 15)

C. CHILD ABUSE: POTENTIAL STRESSES AND FREQUENCY

If we examine child abuse in terms of the multiple causality model discussed in the previous chapter, then it would appear that Indian children in Indian families are very much at risk and have a great potential to be abused. An inventory of stresses according to the above literature review affecting the Indian family reveals:

- (1) high alcohol abuse rates

- (2) high rate of violent deaths
- (3) high suicide rate
- (4) low income levels; poverty is commonplace
- (5) high unemployment rates
- (6) high incarceration rates
- (7) social isolation for urban Indians
- (8) poor housing
- (9) inaccessible health facilities for reserve Indians
- (10) high infant mortality rates
- (11) high rates of tuberculosis
- (12) high rates of illegitimate children, single parent families
- (13) racist, stereotypical attitudes and responses from the dominant white society
- (14) uninformed, misunderstood intervention from child welfare agencies
- (15) lack of control at planning and service delivery levels by Indian people.

Given these stresses it would seem to follow that children in the Indian family would be abused at an excessive rate. As a matter of fact, is the incidence of child abuse amongst Indian families excessive or disproportionate?

Fischler (1980) says that child abuse is a major problem with Indian people. He reports on two studies conducted, one with Navajo people and one with Indians in South Dakota. Both studies showed excessively high rates of abuse and neglect.

In one study done on the Navajo reservation, a rate of 13.5 substantial cases of child abuse and neglect per 1000 children per year were found. Ratio of neglect to abuse was 6 to 1, in accord with national estimates. Twenty three percent of the children

were hospitalized and over fifty percent were placed in foster care....In South Dakota...an overall rate of 26 per 1000 children under age 18 in a given year, 5 per cent resulting in death....In 1977 for the United States as a whole, 1.4 per cent of reported child abuse and 1.7 per cent of reported neglect involved American Indians although American Indians represented only 0.4 per cent of the U.S. population. (p. 343)

Fischler says that these statistics he cites are due to a number of factors: the erosion of the Indian family, alcoholism, boarding school admissions, superstition and folklore by Indians--"evil" children and myths about special children--e.g., twins.

Blanchard and Barsh (1980) refute Fischler's analysis. They say that any statistic used to describe Indian families are open to debate and questioning due to a lack of cultural understanding by researchers. Blanchard and Barsh maintain that Indian children are removed from their homes because the parents do not understand court documents; they have no legal counsel; government officials are unfamiliar with and disdainful of Indian culture; many neglect situations are not harmful or are easily remediable; and tribal authorities are not notified or consulted. Blanchard and Barsh say that the disproportionately high rates of removal of Indian children is proof that discriminatory and inappropriate services are being applied to Indian people.

Korbin (1980) simply says that in spite of concrete figures, it is extremely difficult to determine if child abuse is more prevalent in those cultures.

Because of the nature of the clientele of social welfare agencies in this country, ethnicity and socio-economic status are often hopelessly entangled.

There can be no doubt that child abuse and neglect occurs in all segments of the population. What remains problematical is whether child abuse and neglect occur with greater frequency among given cultural groups or socio-economic classes who are subject to increased stress and also to increased scrutiny by public agencies. (p. 9)

It is sufficient to say from the preceding comments that there are no major studies which address the problem of child abuse amongst Indian families in particular. These studies that do attempt this process are subject to disclaimers and criticisms that the cultural subjectivity of the researcher is biased. Even if that claim can be subdued, there is the difficulty of social worker or agency bias, either in labelling or in action.

It is not anticipated that this study will escape similar criticism, however the writer is aware of the potential for bias and shall attempt to confront his subjectivity.

D. SUMMARY

The world of the Indian child is seriously influenced by disproportionate health and morbidity rates, problems in education, unemployment, alcoholism, racism, criminal prosecution and incarceration and poverty.

Indian leaders feel that the Indian child and his family is seriously hampered by the racist bias and prejudice inflicted by the non-Indian society and its government agencies. The Indian leaders feel that the social workers employed by child protection agencies are not sensitive to the cultural environment of Indian people and thus intervene to protect Indian children, sometimes inappropriately.

The disproportionate numbers of Indian children in care reinforces, in part, that belief by Indian leaders.

Research studies on the incidence of child abuse amongst Indian families seem to indicate a high proportion of abuse as opposed to the general population. However, these studies are subject to criticisms of bias in the study as well as in the labelling of the raw data. The studies are inconclusive in determining the rate of abuse amongst Indian families.

CHAPTER TWO

METHODS

A. INTRODUCTION

This study will describe the characteristics of families which are referred, due to alleged abuse, to the Family and Children's Services (Children's Aid Society) of the District of Thunder Bay, in the City of Thunder Bay and the surrounding District of Thunder Bay in the province of Ontario. The time span is January 1, 1978 through December 31, 1981, inclusive.

B. THE SETTING

1. The Community

According to the Service Plan of the Family and Children's Services (1982), the area for which the agency is responsible is approximately 65,000 square miles. The 1976 Census population for the District is 150,647 persons. The area is composed of the City of Thunder Bay, population 111,328; eighteen municipalities - Beardmore, Conmee, Dorion, Geraldton, Gillies, Longlac, Manitouwadge, Marathon, Nakina, Neebing, Nipigon, O'Connor, Oliver, Paipouge, Red Rock, Schreiber, Shuniah and Terrace Bay; eleven Indian reserves; and various unorganized municipalities. The predominant ethnic groups in the District are British 42.4%, French 8.9%, Finnish 7.6%, Italian 8.0%, Ukrainian 8.0% and Native Status Indian 3.3%. (The over-

representation of Indian people in this District and Northwestern Ontario is noted in that all of Ontario, 0.8% of the population is Indian; in Thunder Bay District 3.3%, Kenora District 21%; Rainy River District 7.0%.)

The eleven Indian reserves in the District of Thunder Bay are under the jurisdiction of two treaties. Treaty 9 covers Longlac 58 Reserve. The Robinson-Superior Treaty covers the reserves of Longlac 77, Mobert, Heron Bay, Pays Platt, Lake Helen, Rocky Bay, Fort William Mission, Gull Bay, Seine River and Lac des Mille Lacs Reserves.

The main economic activity in the District is related to natural resources - mining, logging, pulp and paper industries, shipping - grain, coal, manufactured goods; transportation - C.P. Rail, trucking, etc.; and tourism. Many of the smaller municipalities--Longlac, Terrace Bay, Marathon, Manitouwadge, Schreiber--are one-industry towns. In many of the unorganized municipalities and Indian reserves, there is virtually no economic base, although trapping and fishing provide some means of support.

The Abugove Report (1980) maintains that Northwestern Ontario has a number of unique social problems. The Report states that the illiteracy rate is higher; the infant mortality rate exceeded that of the rest of the Province by more than 50%; alcoholism is identified as a more serious and frequent problem; suicide rates are higher and substandard housing is more evident.

2. The Agency

The Family and Children's Services of the District of Thunder Bay (originally incorporated as the Children's Aid Society of the District

of Thunder Bay) is established under the jurisdiction of the Ontario Child Welfare, RSO 1980, Section 6, to provide the following functions:

1. Investigating allegations or evidence that children may be in need of protection;
2. Protecting children where necessary;
3. Provide guidance, counselling and other services to families for protection of children and prevention of circumstances requiring protection of children;
4. Providing care for children in care;
5. Supervising children under its supervision;
6. Placing children for adoption;
7. Assisting parents of children born or likely to be born outside of marriage;
8. Any other duties.

The Service Plan (1982) states the purpose of its Service:

To maintain every child in his or her own family, provided the child's needs and bests interests (as defined in our legislated mandate) are safe-guarded; and to recognize the child's kinship ties, as well as permanency needs in provision of any alternate care. (p. 5)

The philosophy of the agency is defined in the Service Plan as:

Every child in the District of Thunder Bay has the right to care which meets his or her basic physical, mental and emotional needs. For children, the family is the primary social group. The family is of paramount concern because it shapes people both in the present and shapes their future; it is and it will be the most momentous influence in the development of the individual's character and personality.

In circumstances where care, alternate to the biological family, is provided through the Society, these arrangements must recognize important kinship ties as well as

allow for the biological, socialization and individual development needs of the child. (pp. 5-6)

The agency is governed by a board of directors, elected at large from the community. Also there are two board members appointed from the city council of the City of Thunder Bay.

3. The Staff

In order to fulfill its responsibilities and to deal with this vast area and its diverse population, the agency has approximately 31 professional social work staff, 9 management/supervisory staff, 11 clerical staff and 20 group home staff. The majority of the social workers have BSW and MSW training. Other educational backgrounds include community college diplomas in Child Care, Social Services and recreation and undergraduate Arts degrees.

The agency staff is divided into 5 major units:

(1) Support Services

- Foster Family Care
- Staff Training and Prevention
- Social Work Assistants
- Residential Services (group homes)
- Institutions program

(2) Permanent Care

- Child Care services to permanent wards
- Adoption
- Single Parents

(3) Administration Support Service

- Clerical
- Statistical
- Accounting

(4) District Services

Branch offices of the Society in Nipigon, Geraldton and recently in Marathon and workers in the main office in Thunder Bay serving Armstrong, Gull Bay and Savant Lake provide generalized services related to Family Service Intake and Child Abuse, Protection, Child Care, Single Parent, Adoption, Foster Care and Official Guardian's Reports.

There are seven social work staff, 3 clerical and one supervisory staff working in the District Services Unit. This unit deals with the population not residing in the urban centre of the City of Thunder Bay.

(5) Family Services

- Intake Services collect and assess information related to allegations that a child may be in need of protection; decide on provision of in home services vs placement; and involvement in related Family Court hearings.
- Protection Services - dealing with families of children in care.
- Child Abuse Team investigates new referrals of physical and/or sexual abuse; they provide treatment for abusive parents and abused children; and participate in community programs related to public education, early detection and prevention of abuse.
- Legal Services - child welfare and juvenile matters in Family Courts.
- Official Guardian Services.

C. METHODS AND PROCEDURES1. Preamble

As previously mentioned in the Introduction, this paper will conduct a descriptive analysis of families reported or referred for alleged abuse to a child to the Family and Children's Services of the District of Thunder Bay during the period January 1, 1978 to December 31, 1981. The bulk of these referrals will be to the Child Abuse Team, although there will be some referred to the Family Services Intake Unit and some to the District Services Unit. In all cases,

alleged child abuse will be the major identified problem.

A descriptive analysis of families referred to a child protection agency for alleged abuse is warranted because, apart from some of Polansky's work (1972), there is not a great deal of information concerning these specific demographics. Particularly in regards to referrals involving Indian families, there is very little known about child abuse.

Selltiz, Wrightsman and Cook (1976) define the purpose of a descriptive study as portraying accurately the characteristics of a particular individual, station or group with or without specific initial hypotheses about the nature of these characteristics. Selltiz and his colleagues also say that a descriptive study could be used to determine the frequency with which something occurs or with which it is associated with something else.

Tripodi, Fellin and Meyer (1969) in their discussion of a classification system for research design refer to Quantitative-Descriptive Research. Sub-types of this method of research are studies which test hypotheses, program evaluation research, research seeking relationships between variables and population description research. Tripodi, Fellin and Meyer see population description research as that which:

...seeks to describe accurately some characteristics of designated populations....These studies have the purpose of answering specific questions in regard to quantitative descriptions of a designated population, and they strive to obtain samples which are representative of the population so that external validity, i.e. generalizability, is maximized. (pp. 24-25)

Epstein and Tripodi (1977) see that the "population" referred to by Tripodi, Fellin and Meyer has characteristics which may include,

...Race, sex, age, socio-economic status, area of residence, employment status, type of problem presented, source of referral to the program and officially applied labels or diagnostic categories.
(p. 60)

Therefore, the research design for this project is a descriptive study of the characteristics of a selected group--that is, families referred to the Family and Children's Services of the District of Thunder Bay for alleged child abuse. There is no initial hypothesis and the goal is to discover some demographic characteristics of that selected group.

The method of determining these characteristics will be by examinations of the case files of these particular families. Data sources within the files will include the Record of Inquiry (face sheet), the Child Abuse Registry Report, the Quarterly Review Summary and/or the Closing or Transfer Summary and any other appropriate documents enclosed in the family file. All of the files for the four-year period, 1978-1981 will be studied.

2. Variables

The following variables will be recorded and examined:

- (1) Year of Referral will indicate in which calendar year the referral was made to the agency - 1978, 1979, 1980 or 1981.
- (2) Culture will refer as to whether the family is considered Indian or non-Indian. Indian will mean treaty status Indian, non-treaty or non-status Indian and Metis. Non-Indian will mean families whose cultural background is not Indian. A family shall be considered Indian when one or both of the parents of the children are Indian.

- (3) Residence will indicate where the family usually lives. The categories are urban and rural. Urban will mean only those families living within the limits of the City of Thunder Bay, population approximately 115,000. Rural will indicate families living outside of Thunder Bay, including those living in the small municipalities in the District, the largest of which is about 4,000 population. Some of these centres include Nipigon, Red Rock, Armstrong, Savant Lake, Beardmore, Geraldton, Longlac, Nakina, Manitouwadge, Marathon, Terrace Bay, Schreiber, Upsala, Kakabeka Falls and Murillo.
- (4) Reserve will indicate whether or not the family usually or normally lives on a reserve, or who were living on a reserve at the time of referral. There are eleven reserves in the District of Thunder Bay - Fort William Mission, Lake Helen, Pays Platt, Longlac 58, Longlac 77, Mobert, Gull Bay, Seine River, Lac des Mille Lacs, Rocky Bay and Pic-Heron Bay Reserves.
- (5) Family Constellation will mean the family type which is being referred.
- (a) Two parent nuclear family means when both parents are natural parents to all of the children and are living together, either in a common-law or legal marriage.
- (b) Mother-led and father-led single parent family includes parents who have never been married, or are presently separated, or divorced or widowed and who are acting as the caretaking parent to the child/children.

- (c) Extended family means that the persons acting as parents to the child are not his natural parents but are related to him. The parent figures could include grandparents, aunts and/or uncles and older siblings.
- (d) Blended family means a family where one or both parents are step parents to the children. This includes common-law as well as legal marriages. Other commonly used terms for blended families are reconstituted families or step parent families.
- (e) Other could include situations such as foster parents or caretakers who are not natural parents to the children.
- (6) Number of children would indicate the number of children under the age of sixteen who are living in the home at the time of referral.
- (7) Education for both mother and father would indicate the level of formal education the parent has achieved. None indicates that the parent has received no formal education at all. Elementary means attendance at formal education up to and including Grade 8. Secondary indicates that the parent has attended high school, not necessarily completing Grade 12. Post-secondary indicates that the parent attended university or community college and may or may not have received a degree or diploma.
- (8) Employment for either parent would indicate whether or not the parent was working outside of the home at the time of referral. Yes indicates employment. No indicates unemployed whether receiving Unemployment Insurance, Workmen's Compensation or a

- (8) Disability or Canada Pension. Student indicates that the parent is enrolled as a full-time student at university, community college, high school or a manpower training program. Housewife will indicate women or men who are not employed outside the home and who normally are caring for their children at home but not receiving social assistance. Homemaker/assistance will indicate those parents who are not working outside the home and who are receiving provincial or municipal social assistance.
- (9) Marital Status will indicate the status of the parent in the home at the time of referral. Single means never married and not presently married or living common-law. Married also includes remarriage, but non common-law marriage. Separated means separated from spouse but not divorced and not living common-law. Divorced means decree nisi has been granted but the parent is not remarried or living common-law. Widowed means the spouse/parent has died and the widow/widower has not remarried or living common-law. Common-law means living in common-law union, not legally married. This could include separated, divorced, single, or widowed parents who are living in a common-law union.
- (10) Alleged Abuser is the person who is alleged in the referral to have abused the child.
- (11) Age of Abuser is to be recorded and then coded into categories - under 20, 20-29, 30-39, 40+.
- (12) Referral Source will indicate the person or agency who made the original referral.

- (13) Alcohol Abuse will indicate whether or not the investigating social worker assessed in the recording that the use or abuse of alcohol was a contributing factor in the alleged abuse. Yes would mean that the parent was intoxicated at the time or it may be that the parent has an alcohol abuse problem.

The next seven variables will deal with the particulars of the children in the family, whether or not they were abused. There are spaces to deal with five children in a family. The order in which the child appears on the list will not be by age. Rather, the first child will be a child who has been referred for the alleged abuse. For example, in a family with three children, the first child will be the identified child--the allegedly abused child regardless of age. If the other two children were not referred for abuse, then they will then follow as the second and third children. In other words, all of the first children mentioned will be considered to be children who were alleged to be abused. However, it may also be that some or all of the subsequent children may also have been referred for alleged abuse.

- (14) Sex of the child will indicate male or female.
- (15) Age of the child is to be recorded and will later be collapsed into categories.
- (16) Disability refers to a mental or physical handicap of the child. Disability includes Downs Syndrome, retardation, cystic fibrosis, cerebral palsy, paraplegic, quadraplegic or any other similar disability.

- (17) Level of Abuse will indicate to what level it has been determined after investigation that the child has been abused. None will indicate that the child was not abused at all or that the allegations of abuse cannot be substantiated. Minor will indicate minor bruising, abrasions and markings. Major will include severe bruising, burns, scalds, subdural hematoma, broken bones, internal damage, serious abrasions and cuts. Emotional will indicate that the child is suffering from treatment which is inhibiting his mental, emotional or social well-being. Non-violent sexual abuse indicates incestuous fondling and caressing which is not physically violent. Violent sexual abuse is that which includes sexual intercourse, rape, oral sex, sexual fondling which is done by force. Other includes perhaps neglect, lack of supervision, death or any form of abuse not previously indicated. This form of abuse will be specified. An eighth category is for children for whom abuse has not been referred.
- (18) Confirmation will indicate whether or not the abuse was confirmed, found not to exist or is suspected but cannot be confirmed.
- (19) Care will indicate whether or not the child came into the care of the Children's Aid Society with or without parental consent, and remained with his/her parents or was placed with relatives or friends.
- (20) Registry Report will indicate whether or not a report was made to the Central Child Abuse Registry in Toronto.

3. Rater Reliability

It was anticipated that collecting reliable information could be a major difficulty in this study. Two pretests on ten cases each showed that some of the information was not readily accessible in some case files and in some variables. Although the face sheet should have been able to give most of the information regarding family type, size of family, marital status, cultural background, age and sex of children and the identified problem, it was our experience that this was not always so. In many cases the face sheet did not show that information. As well the information regarding level of abuse, the admission of children to care, the registry report, the alleged abuser was found in the case file recording. As a result of both of these issues--the lack of completed face sheets and information contained in the file recording--it was necessary for the recorders documenting the information to read every file fully. Even though the information collection would be done by two people independently it would be essential to establish that the information should be done consistently and accurately.

There were as previously mentioned, two pretests, each examining ten cases, chosen randomly. There were a number of meetings with the recorders as a group to fully identify and explain the variables and to discuss where the information on each file should be. As well, when a recorder ran into a problem, a meeting was held to discuss that particular problem. Decisions were reached by consensus within the group of recorders.

4. General Information

Names of families were not included as part of this study. The information gleaned from the files was recorded on a data collection sheet, then recorded on 80-column standard cards. There were sixty columns used, the first three columns indicated the case number (001 to 244). The remaining columns were for the 57 variables. Each variable was indicated by a one column value. Missing values were indicated by a zero (0).

The computer program utilized to read the information and to compute tasks was the Statistical Package for the Social Sciences (SPSS). The number of cases (N) was 244.

D. THE SAMPLE GROUP

The Family and Children's Services Plan (1981) indicated that there were, from January 1, 1978 up to September 30, 1981, a total of 273 child abuse cases opened. A card index file within the general agency filing system, designed to keep track of those cases, only records 252 cases over the period January 1, 1978 to December 31, 1981. This study examined 244 of these 252 cases.

There is no obvious explanation for the differences between the service plan figure of 273 and the card index file figure of 252 cases. It is possible that there may be a different method of counting these cases. It may also be that the service plan may have counted some children's files (files established for children admitted to care) whereas the card index file counts only family files. There were also possibly some double counting of files due to name changes,

remarriages, separations and other family realignments. Of the 252 cases in the card index file, as previously mentioned, 244 were examined. The missing eight cases could not be tracked down, for reasons of misfiled information, files in the process of being recorded, filed, and/or transferred and some files which could not be found. 244 of 252 files represents a 96.825% sample.

The following chapter will examine the results from this study.

CHAPTER THREE
FINDINGS AND DISCUSSION

A. INTRODUCTION

The previous chapters have detailed the literature which examines the definitions, frequency and causes of child abuse; the environmental and societal factors affecting the involvement of Indian families with social agencies, especially child protection agencies; the setting for this particular study, and the methods used to gain the desired data.

This chapter will report on the results of the data gathering and will discuss the possible implications of the results. The data gathered has been subdivided into three main areas--the environment of the families; the characteristics of the families; and some data regarding the children in these families.

B. FINDINGS

1. The Environment of the Referred Families

This section will discuss firstly the cultural background of the families, the year the referral was made, whether the families live in a rural or urban area, whether or not they live on an Indian reserve, and who made the referral to the agency.

(a) Cultural Background. This variable addressed the question of whether a family had an Indian or non-Indian heritage. As previously explained in Chapter Two, the definition of Indian included not only

status Indian families but Metis and non-status Indian families as well. This definition makes comparisons quite difficult as there are varied and sometimes misleading statistics dealing with the number of Metis and non-status Indian people in the community.

To attempt to explain the problems of enumerating Metis and non-status Indian, a publication by the Ministry of Culture and Recreation, Ontario (1979): Metis and Non-Status Indian of Ontario: Community Profile and Demographic Study, states the following:

The literature on Metis and Non-Status Indians is very limited. Specifically, there are few studies of their demographic and socio-economic characteristics. While several federal government reports and working documents offer a general description of the socio-economic characteristics of this population group, little accurate statistical data is available for comparative purposes. (p. 13)

However, the study goes on to give some examples of the figures which have been given by other studies:

Estimates of the total Metis and Non-Status Indian population in Ontario range from 50,000 to 185,000. While the Ontario Metis and Non-Status Indian Association claims to represent 185,000 individuals, federal government estimates have resulted in lower numbers.

In 1976, the Department of Regional Economic Expansion... estimated a population of 50,000 to 70,000. The Department of the Secretary of State (in 1978)...produced a population figure of 90,000. In the same year, the Employment and Immigration Commission produced an estimated population of 50,000.

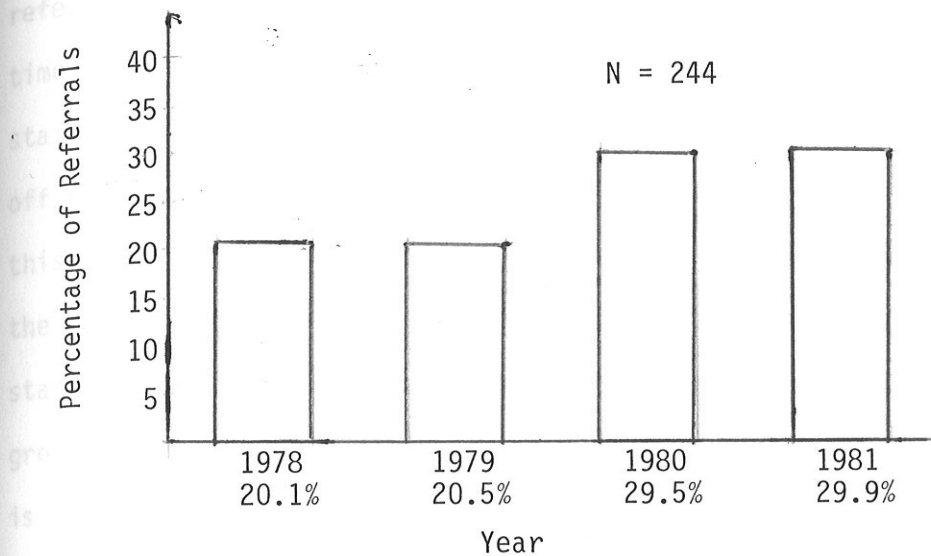
Since the above population figures are simply estimates, and none of the existing demographic studies have attempted to determine the total size of the Native ancestry population, there is still no basis for determining the actual number of MNSI (Metis and Non-Status Indians) in Ontario. It would appear, however, based upon the above estimates, that the MNSI population represents between .6 and 2.2 percent of Ontario's population. (p. 13)

A number of local groups contacted about this problem--Ontario Native Women's Association, Thunder Bay Indian Friendship Centre, Ontario Metis and Non-Status Association, Native Community Branch and Secretary of State--have no firm demographic information. Unofficial estimates and "personal educated guesses" by these groups put the status, Metis and non-status population at about thirteen to fourteen percent of the total population of the District of Thunder Bay, including the rural and urban areas.

The frequency findings of this study showed that families of Indian cultural background comprised 14.3% of the total number of families referred. The findings of the study are consistent and proportionate with the population estimates. In other words, comparing the population estimates and the findings of this study, it may be stated that Indian families are not disproportionately referred for reasons of abuse towards their children. Keeping in mind that families of Indian background are quite visible to child protection and other social agencies, this finding may be of some importance to social service planning and research, vis-a-vis the effect of native culture on child abuse.

(b) Year of Referral. Table 1 shows that 59.6% of the referrals came in the last two years of the time period studied. This information loses its importance when it is considered that the Child Welfare Act of Ontario was revised in 1978 and amended in 1980. The many standards and guidelines issued by the Provincial Ministry of Community and Social Services to interpret the legislation were not issued until 1979 and in some cases 1980. The year-by-year comparisons

TABLE 1 YEAR OF REFERRAL



show a similar number of cases referred in 1978 and 1979, a slight increase for 1980 and a levelling off in 1981. That 1979 to 1980 increase may be due to the legislative and administrative demands starting in 1978 and continuing through 1980. So the increase of referrals are not significant although a slight increase is evident. The comparisons between the year of referral and the other variables also show no significant relationship.

(c) Urban/Rural Residence. The frequency findings determining the urban or rural residence showed that 79.8% of the families referred were from the urban area. This finding is consistent with general population figures. The 1981 Service Plan of Family and Children's Services states that 73.6% of the population of the District of Thunder Bay reside in the urban areas. The data indicates that a rural or urban residence has no effect on the incidence of child abuse referrals.

(d) Residence on Reserve. This finding showed that 3.7% of the referred families were living on or normally lived on reserve at the time of referral. Indian Conditions (1980) states that about 80,000 status Indians, about one-third of the status Indian population, live off reserve. However, we are unable to say whether the findings in this study in regards to reserve living are at all corresponding to the Indian Affairs study, as there was a distinction made between status Indian, Metis and non-status Indian. Rather, these three groups were all put under the generic term - Indian. This finding is therefore inconclusive and not significant.

(e) Referral Source. This variable documents who made the original referral to the agency.

TABLE 2 SOURCES OF REFERRALS TO THE AGENCY

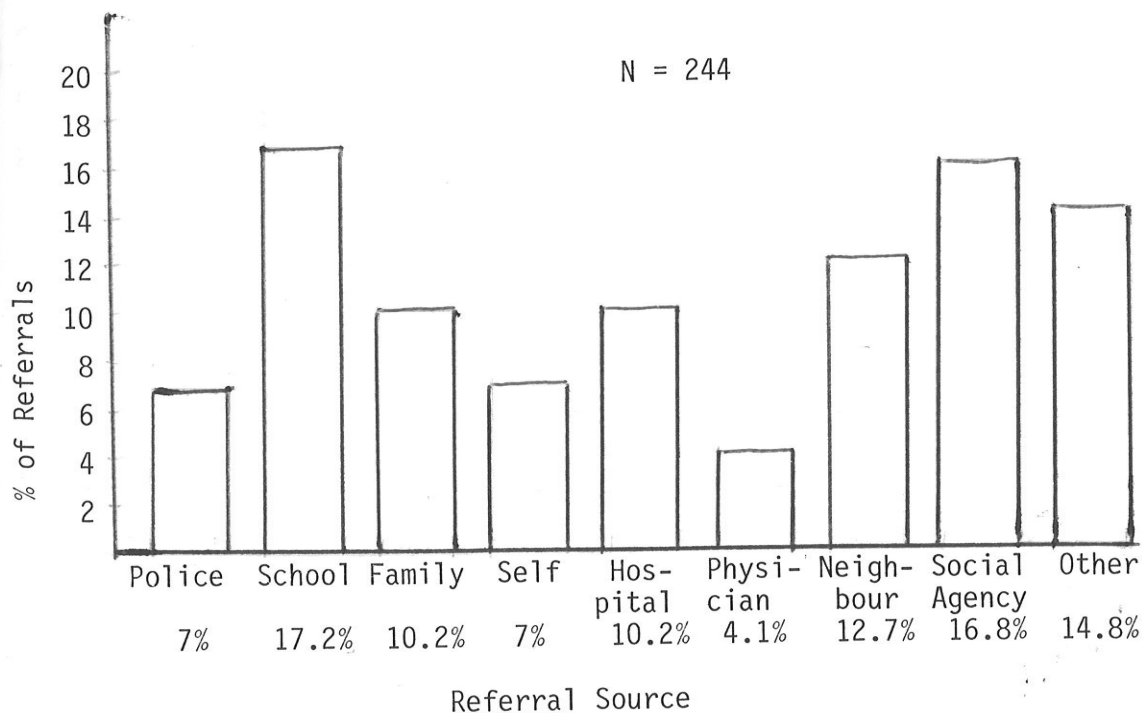


Table 2 shows that schools and other social agencies are the largest single groups of referral sources. This should not be surprising, given that children are most viable and more easily accessible while at school. The training programs in schools and social agencies identifies those factors which may indicate possible abuse and the procedures for referring those possibilities to a child protection agency.

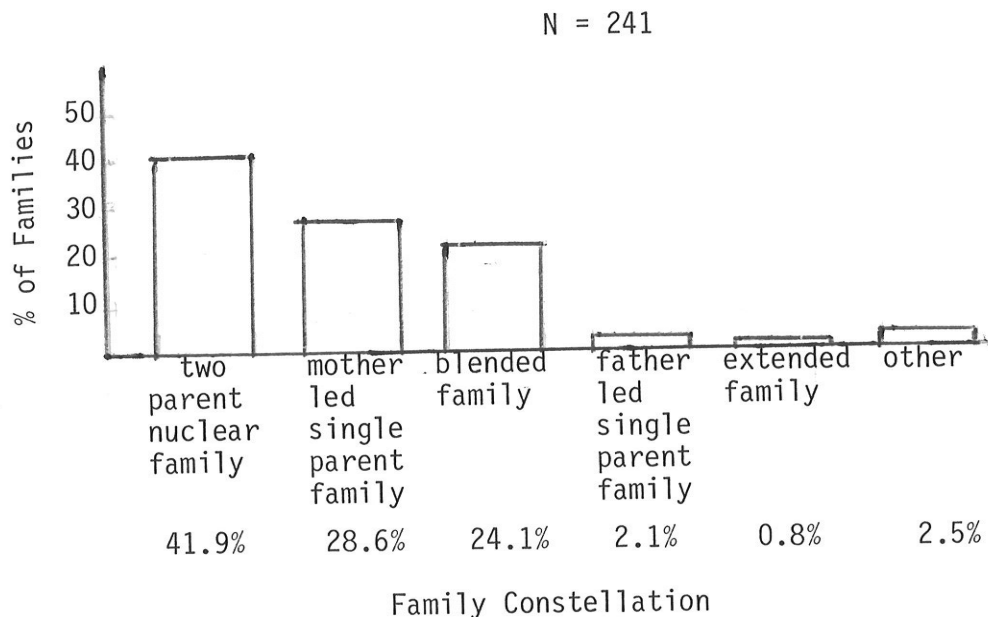
Of some interest is the relatively high number of referrals which come from the families and the victims and abusers themselves. It is not clear what this could mean, except perhaps that a child protection agency has become well known as a source of assistance or protection for children and families and these families need the help they perceive the agency might provide. This is speculation and may or may not be a valid speculation. Nevertheless, the motive for self-referrals in the area of child abuse is a possible target of further research.

2. The Families

The following discussion will focus on the findings in regards to the variables which describe the kinds of families which were referred. The variables examined here are: family constellation (or family type); parents' employment; marital status and education; the number of children in the family; the identity of the referred alleged abuser; the age of the alleged abuser; and the use or abuse of alcohol as a mitigating or contributing factor in the incident of child abuse.

(a) Family Constellation. The findings provide the following table.

TABLE 3 TYPES OF FAMILIES REFERRED

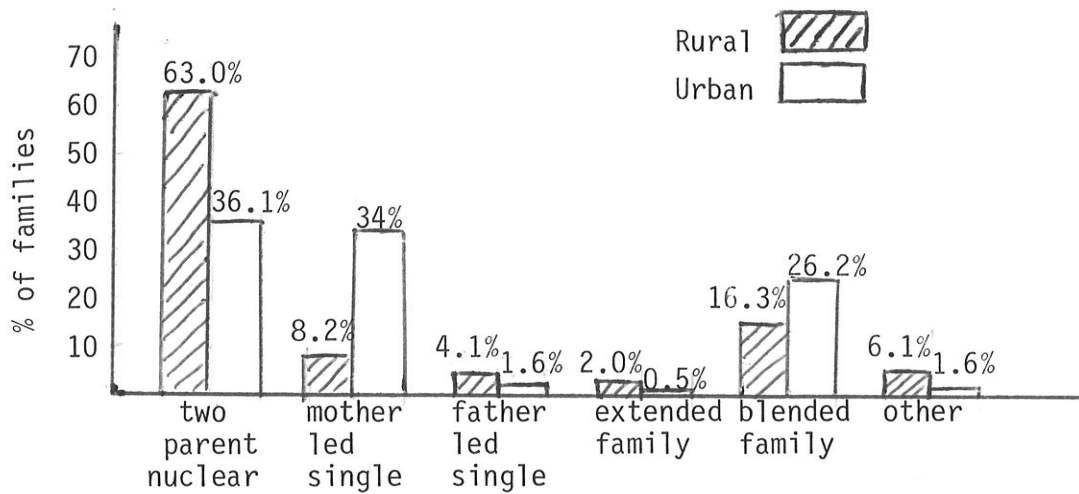


The figures indicate that roughly thirty percent of the referred families have only one parent figure (including both mother and father led single parent families). Preliminary figures from the 1981 census report that only eleven percent of all Canadian families have only one parent. This disproportion would reinforce the argument that single parents are a high risk, easily identifiable group.

The rather large group of families where one or both parents are step parents indicate that these families may experience difficulties in parenting which are unique and identify the problems of step parenting may contribute to a condition of abuse.

It appears that rural and urban areas produce referrals from different types of families. Table 4 illustrates these differences.

TABLE 4 TYPES OF FAMILIES REFERRED
BY URBAN/RURAL RESIDENCE



N = 240

$\chi^2 = 23.02$; $df = 5$; $p < 0.0003$

This table indicates that there are many more single parent and blended families referred from the urban area. In the rural areas, the traditional two parent nuclear family is more predominant.

(b) Parents' Education. The information regarding the education of the parents was not recorded consistently or even at all on the face sheet or in the file recording. There were 237 out of 244 cases where the father's education was not recorded and 228 of 244 cases where the mother's education was not recorded.

The fact that the education level of either parent was rarely recorded indicates that this variable was not seen as necessary or important information by the investigating social workers. The

problem may also be that the face sheet requests either education or employment status. It was our experience that education level was not indicated except in some of those situations where the parent was a full or part-time student at the time of referral.

Another factor to consider is that in most cases, the client was not voluntarily requesting assistance. As such, the client was not likely to volunteer that information in the same way that a voluntary client would.

(c) Parents' Employment. Regarding the employment of the fathers in this study, the information was not recorded in 106 of 244 cases. Some of the 106 cases were in single parent families where information regarding the father was unknown. However the known information shows:

TABLE 5 EMPLOYMENT STATUS OF FATHERS
OF REFERRED FAMILIES

<u>Employment Status</u>	<u>Percentage of Sample</u>
Yes	84.1
No	13.8
Student	1.4
Homemaker on Assistance	<u>0.7</u>
Total	100.0%

N = 138

If we disregard students and those on welfare, then the percentage of unemployed fathers is slightly higher - fourteen percent.

The information regarding employment did not indicate what type of employment--professional, skilled, semi-skilled or unskilled--or whether the employment was permanent, seasonal or temporary. So these

figures may be slightly misleading in that the numbers of unemployed fathers might in fact be higher.

The information on mothers is illustrated in the following table.

TABLE 6 EMPLOYMENT STATUS OF MOTHERS
OF REFERRED FAMILIES

<u>Employment Status</u>	<u>Percentage of Sample</u>
Yes	36.2
No	5.1
Student	2.6
Housewife	34.2
Homemaker on Assistance	<u>21.9</u>
Total	100.0%

N = 196

Over a third of the mothers are housewives, one-fifth are receiving social assistance benefits and well over a third are employed outside the home.

If we disregard the numbers of students, housewives and those receiving income assistance benefits, then we see that the unemployment rate of the mothers is substantially higher - 12.3 percent.

These figures regarding employment indicate that this sample group has a higher unemployment rate than the national average. As of October 1982, the unemployment rate was 12.7% (seasonally adjusted) [Statistics Canada October 1982].

However, the unemployment figures for the years 1978 through 1981 according to Statistics Canada, showed that there are some rather

large differences. For example, the following table demonstrates the rates cited by Statistics Canada. These figures are seasonally adjusted for the years noted.

TABLE 7 NATIONAL UNEMPLOYMENT FIGURES (1978-81)

<u>Year</u>	<u>Unemployment Rates (National)</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
1978	7.6%	9.6%	8.4%
1979	6.6%	8.8%	7.5%
1980	6.9%	8.4%	7.5%
1981	7.1%	8.3%	7.6%
Average	7.05%	8.77%	7.75%
This Study Sample	13.8%	5.1%	8.6%

These figures show that this sample group averaged over the four years showed a higher unemployment rate than the national average over the same four years. However, these figures are inconclusive and would require more research to make a definitive statement.

(d) Marital Status. The information regarding parents' marital status is illustrated in the following tables.

TABLE 8 MARITAL STATUS OF FATHERS OF REFERRED FAMILIES

<u>Marital Status</u>	<u>Percentage of Sample Group</u>
Single	1.6
Married	63.5
Separated	12.2
Divorced	1.1
Widowed	1.1
Common-law	20.6
Total	100.0%

N = 189

TABLE 9 MARITAL STATUS OF MOTHERS
OF REFERRED FAMILIES

<u>Marital Status</u>	<u>Percentage of Sample Group</u>
Single	10.7
Married	52.6
Separated	15.0
Divorced	3.4
Widowed	0.9
Common-law	<u>17.5</u>
	Total
	100.0%
N = 234	

(e) Number of Children. The following table shows the percentages of family who had one or more children.

TABLE 10 NUMBER OF CHILDREN UNDER SIXTEEN YEARS OF
AGE LIVING AT HOME OF THE REFERRED FAMILIES

<u>Number of Children</u>	<u>Percentage of Families in Sample Group</u>
One	35.7
Two	34.0
Three	18.0
Four	9.0
Five	1.6
Six	1.2
More than Eight	<u>0.4</u>
	Total
	100.0%
N = 244	

The average number of children in these families is 2.1. A comparison may be made to the 1976 and 1982 Canadian Census (1981 Canadian Census preliminary reports) which showed that the average number of children at home in private households in Canada was 1.56

in 1976 and 1.38 in 1981. In Ontario the figures were 1.48 children in 1976 and 1.33 children in 1981. (The Canadian census figures indicated children living at home who were never married. The definition for children in this study was children under sixteen years of age living in the parents' home.) The two definitions are similar although the Canadian census includes children sixteen years of age and over living at home. These figures seem to indicate that the sample group studied here may have more children than the national average. However, the definitions of children are different and it would not be appropriate at this stage to say that these families have more children than the national average.

There appears to be a relationship between cultural background and number of children.

TABLE 11 CULTURAL BACKGROUND OF REFERRED FAMILIES
BY THE NUMBER OF CHILDREN UNDER 16 YEARS
OF AGE LIVING AT HOME OF THE REFERRED FAMILIES

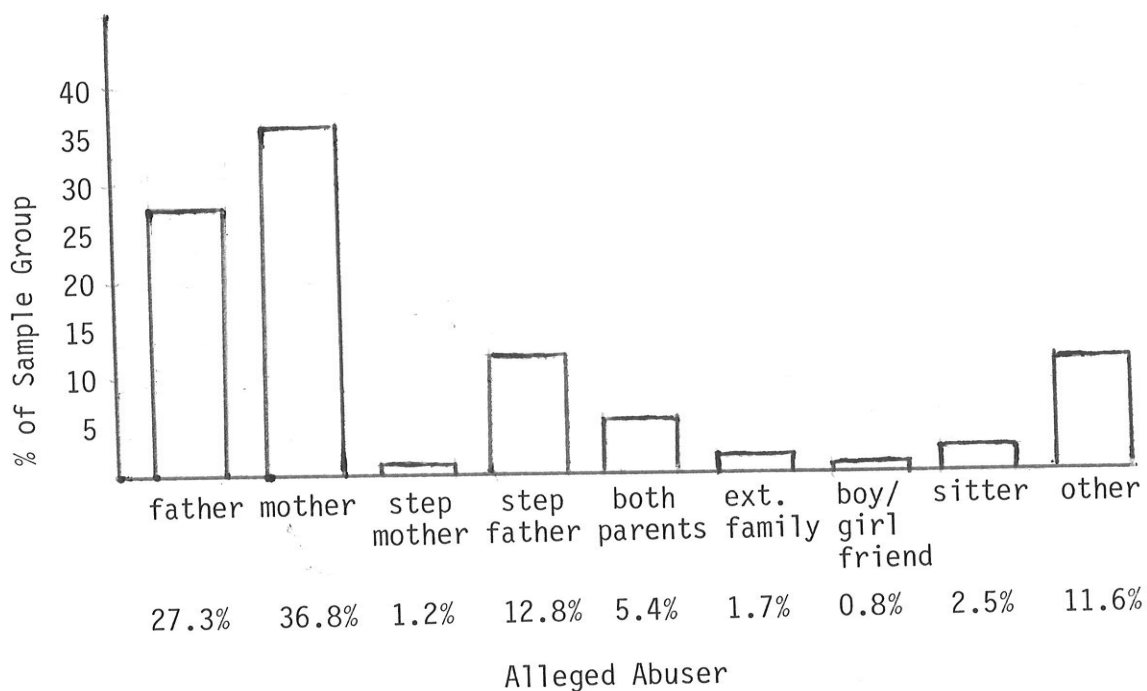
Number of Children	Cultural Background		
	Indian	Non-Indian	Total
One	28.6	36.8	35.7
Two	28.6	34.9	34.0
Three	17.1	18.2	18.0
Four	14.3	8.1	9.0
Five	8.6	0.5	1.6
Six	0.0	1.4	1.2
More than Eight	2.9	0.0	0.4
Totals	14.3%	85.7%	100.0%
	N = 35	N = 209	N = 244

$$\chi^2 = 20.65; df = 6; p < 0.0021$$

This table indicates that there are more Indian families with four and five children and more non-Indian families with one and two children. If we accept the argument that larger numbers of children creates greater stress, it appears that in regards to numbers of children that Indian families may be under more stress than non-Indian families. However, as mentioned above, the figures and conclusions here are debatable and this area demands further research.

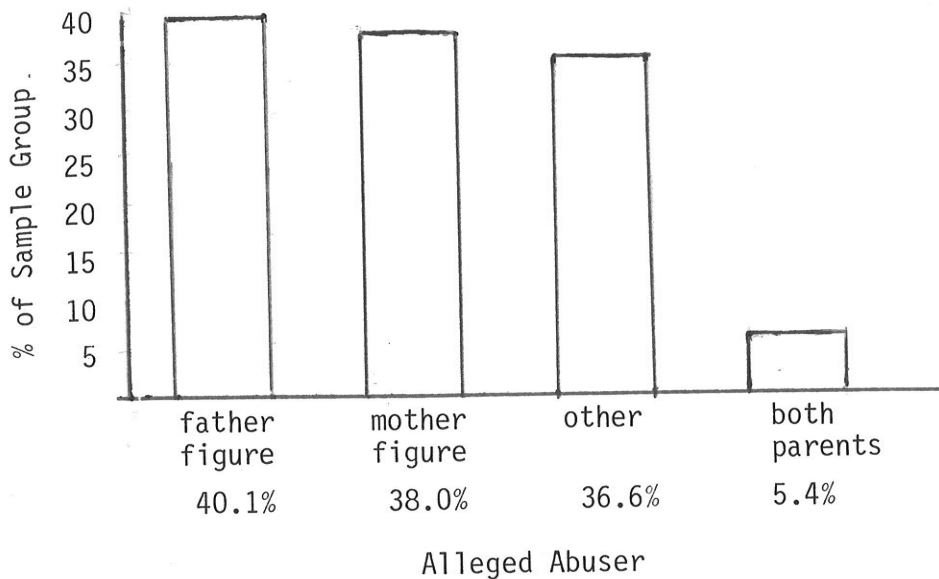
(f) Alleged Abuser. The following tables demonstrate the people identified as the alleged abuser.

TABLE 12 THE PERSONS ALLEGED TO BE THE ABUSER OF THE IDENTIFIED CHILD OF THE REFERRED FAMILIES



N = 242

TABLE 13 THE PERSONS ALLEGED TO BE THE ABUSER (REDEFINED) OF THE IDENTIFIED CHILD OF THE REFERRED FAMILIES



N = 242

Although Table 12 identifies the mother as the most frequent alleged abuser, when we combine father and stepfather into a term "Father Figure" we find that this group is the more frequently identified.

If we compare alleged abuser with different family types, we find that 57.3% of the alleged abusers identified as mother come from mother led single parent families. In two parent nuclear families, father is the alleged abuser in 49.5% of the families, mother only 23.5%.

This comparison could lead to the conclusion that in two parent families the most likely parent to abuse the child is the father figure.

(g) Age of the Alleged Abuser. This variable was only recorded in 83 of 244 cases. As a result, the findings were questionable.

TABLE 14 AGE CATEGORIES OF THE PERSONS ALLEGED TO BE THE ABUSER OF THE IDENTIFIED CHILD OF THE REFERRED FAMILIES

<u>Age</u>	<u>Frequency</u>
Under 20	25.3
20 to 29	42.4
30 to 39	18.1
Over 40	<u>14.5</u>
Total	100.0%

N = 83

In addition, the questionnaire dealt with ages in categories rather than actual ages. These two problems--the lack of reporting and the study design--render this variable of little use in this study.

(h) Alcohol Abuse. As regards this variable, the findings showed that in 82.2% of the referred families, alcohol abuse was not seen as a problem by the investigating social worker, or the social worker did not record the problem as existing. This finding was unexpected because we had anticipated that a much higher incidence in the use of alcohol would have been identified by the investigating social worker.

There are some problems in stating that alcohol abuse is seen or not seen as a contributing factor in the alleged abuse. There is no place in the recording or the face sheet which deals specifically with the question of alcohol abuse. Therefore, if the investigating social worker did not make a note that alcohol was a problem in the

family, then the data sheet collecting the information would reflect that alcohol was not seen as a problem. This area needs further research.

It is nonetheless interesting that alcohol was stated as a factor in so few cases.

There is a significant relationship however between alcohol abuse when reported and cultural background of the referred families.

TABLE 15 PERCENTAGE DISTRIBUTION OF ALCOHOL USE BY CULTURAL BACKGROUND

<u>Alcohol Use</u>	<u>Cultural Background</u>		<u>Total</u>
	<u>Indian</u>	<u>Non-Indian</u>	
Yes	32.4%	15.4%	14.0%
No	67.6%	84.6%	86.0%
Total	100.0%	100.0%	100.0%
N =	43	199	242

$$\chi^2 = 4.65; df = 1; p < 0.03$$

This figure shows that alcohol was identified as a problem much more frequently in Indian families than in non-Indian families. This finding is consistent with other studies (referred to in Chapter One of this paper) which show that Indian people have much higher rates of alcoholism and alcohol problems. However, due to the lack of substantive statements about alcohol abuse, even this finding is inconclusive.

3. The Children: Description and Action/Treatment

In the 244 cases surveyed, there were 87 families with one child; 83 with two children; 44 with three children; 22 with four children;

4 families with five children; three families had six children and one family had nine children. There were a total of 520 children. Statistics were gathered on 513 of these children. We found:

- (1) 239 boys and 272 girls.
- (2) (a) 100 of the children were under three years of age;
(b) 132 children were three to six years old;
(c) 160 were seven to twelve years old;
(d) 107 children were twelve to sixteen years of age.
- (3) seventeen of 503 children were indicated to have some form of disability.
- (4) of the 513 children in the sample, 303 were referred for some kind of abuse.

Of those 303 children, the investigating social worker was able to establish (a) 112 had suffered some minor level of abuse, (b) 18 had suffered a major abuse, (c) 4 had suffered emotional abuse, (d) 24 had a non-violent sexual abuse occurrence, (e) 11 had suffered a violent sexually abusive episode, (f) 11 had suffered from some other form of abuse - neglect for the most part, and (g) for 123 children, the investigating social worker was not able to substantiate that abuse had occurred.

- (5) Of the 303 children referred for abuse, (a) 129 cases of abuse were confirmed, (b) 113 were not seen as evident, and (c) 64 cases were suspected as having occurred but could not be proven.
- (6) Of the 513 children, (a) 28 came into care of the Children's Aid Society with parents' consent, (b) 23 came into care without parents' consent, (c) 16 were placed with relatives or friends,

and (d) 444 remained with their parents. (There were 2 missing cases.) In other words, of 511 children investigated, only 67 (13.11%) were removed from their parents' care.

- (7) Of the 129 cases that were confirmed abuse situations, 50 were referred to the Child Abuse Registry.

In terms of the differences between cultural background, it might be useful to examine some tables comparing cultural background and activity regarding the information gained about the first child.

- (8) If we compare cultural background and level of abuse to the first identified child, we find a significant relationship in some sub-categories.

TABLE 16 PERCENTAGE DISTRIBUTION OF ABUSE TO FIRST CHILD BY CULTURAL BACKGROUND

Level of Abuse	Cultural Background		Total
	Indian	Non-Indian	
Minor	40.0	36.8	37.3
Major	17.1	4.8	6.6
Emotional	0.0	0.5	0.4
Non Violent Sexual Abuse	2.9	8.6	7.8
Violent Sexual Abuse	2.9	3.8	3.7
No Abuse Found	28.6	44.0	41.8
Other	5.7	1.4	2.0
Not Referred	<u>2.9</u>	<u>0.0</u>	<u>0.4</u>
Total	100.0%	100.0%	100.0%
N =	35	209	244

$$\chi^2 = 18.94; df = 7; p < 0.008$$

This table shows that Indian families who were referred for abuse were found to have significantly higher levels of major abuse

than non-Indian families. In other words, the children of Indian families were found to suffer more serious injuries due to abuse than non-Indian families. Also, non-Indian families who were referred were more difficult for investigating social workers to confirm that abuse has occurred.

These observations are important for they point to more complicated problems. For example, why do Indian families have more serious injuries to their children? Are Indian parents more violent when they abuse their children? Or, are there other factors? What are those factors? Is the suggestion of prejudicial bias a factor in making these classifications? These questions are quite complicated and indicated a need for further research.

A significant relationship of major importance is seen when we examine children who come into care of the agency. As mentioned above, of the 513 children examined, 13.11% were removed from their parents. If we examine the statistics in regards to Indian families and their children, we see that Indian children constitute 16% of the total number of children. However, 34.2% of those Indian children came into care of the Children's Aid Society. By contrast, only 10.1% of the non-Indian children came into foster care.

TABLE 17 PERCENTAGE DISTRIBUTION OF ADMISSION
TO FOSTER CARE OF FIRST IDENTIFIED
CHILD BY CULTURAL BACKGROUND

<u>Placement</u>	<u>Cultural Background</u>		<u>Total</u>
	<u>Indian</u>	<u>Non-Indian</u>	
Foster Care (with consent)	22.9	4.3	7.0
Foster Care (without consent)	11.4	5.8	6.6
With Parents	62.9	86.5	83.1
Relatives	2.9	3.4	3.3
Total	100.0%	100.0%	100.0%
N =	35	207	242

$$x^2 = 18.07; df = 3; p < 0.0004$$

C. SUMMARY AND DISCUSSION

1. The incidence of reported abuse to the Children's Aid Society has increased over the last two years of the study as compared to the first two years. The fact that the number of referrals was almost the same from 1978 and 1979 and increased in 1980 and remained at the same level for 1981 suggests that there was a factor introduced in 1979 and 1980 which may have affected the number of referrals. The increased public awareness due to the media involvement, the increased pressure on the community and professionals to report suspected cases of abuse and the development of standards and guidelines would be more logical factors in this increase than a factor of increased family violence alone.
2. The number of referrals concerning Indian families is 14.3% of the total referrals. Estimates by local Indian groups--status and Metis and non-status Indian groups--maintain that thirteen to fourteen percent of the population of the District of Thunder

Bay are people of Indian cultural background. These figures indicate that Indian families are not disproportionately represented in the referrals made for alleged child abuse. Another finding was that Indian families referred tended to have larger families, creating greater stress which perhaps may lead to potential child abuse. The study findings also pointed out that Indian children when they are abused, suffer more serious injuries than non-Indian children. It is also indicated that many more Indian children than non-Indian children are admitted to foster care in the Children's Aid Society after investigation. The higher admissions to care may be due to the more serious injuries suffered by Indian children, or there may be another factor such as the more difficult communication between Indian client and non-Indian social worker or there may be a bias by the worker or the agency introduced into the investigation which determines the decision to admit the Indian child to foster care. In any event, the admission of Indian children to foster care demands further research.

3. The study showed that an urban or rural residence had no effect on the level of abuse or the incidence of abuse. The only difference is that there are more single parents and step parents referred in the urban areas. However, in a proportional sense, the incidence of abuse was consistent with the proportions of population in each of these areas.
4. It is indicated by this study that abusing families do have more children than the Canadian national average. The number of

children in the family may therefore be seen as a possible contributing factor in the incidence of abuse for the purposes of this study.

5. The study showed that certain types of families appear to be more prone to potentially abusive situations. For example, single parents as a group were disproportionately represented in the families being referred. As well, blended or step parent families were indicated as a large group of referral families.
6. Mothers were indicated as being the single largest group of alleged abusers. However, father figures (fathers plus step fathers) made up a greater percentage of abusers. If we considered mothers who were not single parents, then it is obvious that fathers are identified as the alleged abuser in a great majority of cases.
7. The study showed that many fathers of the referred families were employed although the unemployment rate of the referred fathers was higher than present rates of unemployment. There was a high proportion, more than a fifth, of mothers receiving income assistance.
8. The study showed that schools were the most frequent sources of referrals. This fact is consistent with the contact that schools have with children and the sophisticated, detailed reporting and responsibilities outlined by the Department of Education and the Local School Boards. The study also showed that the family itself is largely represented as a referral source.

9. The study showed that in almost half the families referred, abuse could not be proven to exist. This is not to say that abuse did not exist in those families; however, it does underline the problem that social workers have in investigating alleged abuse where the injury may not be evident or the abuse is of a sexual nature, and both parents and child deny abuse exists. In a number of cases such as these, the social workers had indicated that he/she suspected abuse may have occurred but is not able to fully substantiate his/her claim.
10. The study also showed that of the children in the referred families, only 13% were removed from their parents' care. Of those removed, more were placed with parents' consent than without consent, and a quarter were placed with relatives or friends.
11. Of the children whose abuse was confirmed by the investigating social worker, slightly less than half were reported to the Child Abuse Registry. This proportion is affected by the standards and guidelines of the Registry which set two conditions, one of which must exist before reporting is indicated. The abuse must result in a serious injury or there must be a pattern of abuse existing in the family. In addition, the local agency makes the decision about reporting to the Registry. These requirements allow for great flexibility in reporting to the Registry.
12. The study also showed gaps and errors or misjudgements in two areas:
 - (a) The first area was in the files themselves. A number of

files were inconsistently recorded. In many cases, parental education was not indicated. Parental employment was also not consistently recorded. In a majority of the cases, the age of the alleged abuser was not indicated. The marital status of the parents was not consistently recorded. In many cases, names, sex and ages of the children in the family was not recorded. There was a variation in the number of actual cases reported to the agency. In speaking with other social workers in the agency, it was also indicated that there may be case files already opened in which abuse was alleged or had occurred. These particular incidents were not referred to the child abuse unit nor are they reflected in the abuse statistics. These irregularities may lead to some inaccuracies in counts of case files. It is unknown how many files there are in this category.

By and large, the information requested for this study was generally available in the files, however, due to the lack of consistency in how the information was recorded on the face sheet or in the case recording itself, the researchers were then forced to spend a great deal of time searching through the file for information which could have been placed on the face sheet.

- (b) The second area in which gaps or problems occurred was in the study design itself. A major problem occurred in recording the information regarding the children in the family. In most families, only one child was abused, however, there

were a large number where more than one child was abused.

A mechanism for recording up to five children was established in each family. This created a problem in extracting information about the abused child. The study design became very clumsy, unwieldy and difficult to work within this area. Another problem was an arbitrary decision to collapse the ages of the children and of the alleged abuser. This decision was clearly a mistake and allowed no clear information in regards to these two important variables.

Other variables such as the level of abuse, the referral source and family type should probably have been more open ended and then collapsed in categories.

An error was also made in determining the level of abuse towards the children. The study recorded the level of abuse that was determined after the investigation was completed. There was no variable to indicate the alleged abuse, prior to investigation. It may have been important to discover the difference between the alleged and the determined abuse.

A further problem occurred due to some probable human nature. There were four people documenting the information. Although there were two pretests and a number of meetings to discuss the correct coding and interpretations, there were probably some variations between different recorders. In spite of these problems, it is felt by this writer that the information gleaned from the files within the demands of the study design is generally valid and accurate.

Chapter Four will attempt to draw conclusions from the findings and indicate some possible directions for further research and also put forth some recommendations.

CHAPTER FOURCONCLUSIONS AND RECOMMENDATIONSA. CONCLUSIONS

The purpose of this paper--that is, to conduct a descriptive analysis of child abuse intake in the Family and Children Services in Thunder Bay--has been achieved. A survey of 244 closed and current cases opened over the four years 1978 to 1981 was conducted and a variety of information was collected regarding a number of characteristics of these particular families.

The study has shown that in this group of referrals, Indian families are not over-represented in the total group. While there were some difficulties in population counts and case file counts, this finding was nonetheless very interesting. In view of the stresses that Indian people are subjected to, as discussed in Chapter One, by virtue of poverty, poor housing, racial bias, poor education, poor health and a multitude of other social problems, it was anticipated that the proportion of Indian families in this study should be much higher.

However, this study also demonstrated that although Indian families are not disproportionately represented, it is obvious that the agency response is not the same for Indian as opposed to non-Indian clients. A disproportionately large number of Indian children were admitted to agency care due to reasons of child abuse. As a further

comparison, the Agency Service Plan (1981) shows that from 1977 to 1980, forty-six percent of the total children in care, from all departments, were Indian. The percentage of children admitted to agency care due to abuse is less than for other reasons, however, the two figures are both quite disproportionate. These figures suggest that intervention with Indian families, in abuse or neglect, are dealt with differently than non-Indian families.

There were other patterns which this study indicated. The referred families may have had more children living at home than the average Canadian family. This would substantiate the position that the number of children in the family may have an affect on the stress which may lead to an abusive incident.

Single parents were over-represented in the group of referral families. This finding seems to indicate that single parents have many needs not being met by the community, the family or themselves which may lead themselves to potential abuse.

The study also showed that an extremely large number of alleged abusive incidents could not be fully substantiated. Many of these cases indicated that abuse may have occurred, however, the allegiance of the children and the parents to the autonomy of the family unit made it difficult to definitely state that abuse had occurred. In a number of cases, the referring information was vague or dated and no concrete evidence was available. In some cases, the referral source was mistaken and an injury to a child was adequately explained and abuse did not occur. There were very few cases of this type.

There were a number of factors which seemed to have no affect on the incidence or frequency of abuse. Urban or rural families were not disproportionately represented. Cultural background had no affect. Referrals did not significantly change from year to year.

These factors indicated that child abuse is not particular to one group or another, except for single parents who appear to be some risk.

The fact that no factor appears to be significantly dominant in the characteristics of these referred families would tend to reinforce the philosophy of the multiple causality model as a means of examining the causes of child abuse. Although single parenthood and employment appeared to be factors, there were others which tended to illustrate that there are many factors which may lead to a condition of potential abuse.

This study illustrated some problems in the agency's record keeping and case counts. As previously mentioned, there were some discrepancies in the actual number of abuse referrals. In many files there was a lack of information in certain areas. Information regarding education of the parents, ages of the parents and in many cases, names, ages and sex of the children in the family was not indicated. Some of the files lacked clarity in the recording and a general lack of organization of the papers and documents.

They study also showed some problems in the study design itself. Although the design was descriptive analysis, some of the categories examined were defined narrowly at times. This was evident, especially in ages of the parents and children, the level of abuse, employment

and education, and the family type. Some of the categories were too widely defined, for example, the use of alcohol. The study should have defined a little more narrowly the definition and limits of this concept. Another concept was not dealt with at all--that is the referral abuse as compared to the substantiated abuse. This lack of information left an unfortunate gap in the knowledge available.

This study pointed out a need for further research in many areas. Firstly, a demographic or census study should be undertaken to determine the number of Indian people in the community. There are accurate figures for status Indian people, however the number of Metis and non-status Indians are largely unknown. Research is indicated in the general area of the demography of the clients of child protection services. There are very few studies in this area which if completed, could assist policy planning and service delivery. There needs to be more research into the admission of children into agency care. There needs to be a greater development of accurate record keeping within the agency.

There is also a need for research and policy decision-making in the issue of intervention in Indian families. A rationale or explanation must be discovered to explain any differences in intervention with Indian families. The issue of separate child welfare legislation and/or a separate child welfare administration and/or quota hiring of Indian social workers and/or recruitment of Indian people as board members or advisors and/or cultural sensitivity training for non-Indian social workers must be addressed. It is essential that these issues be dealt with in order to maintain and improve the integrity and

quality of service that most child welfare agencies presently have.

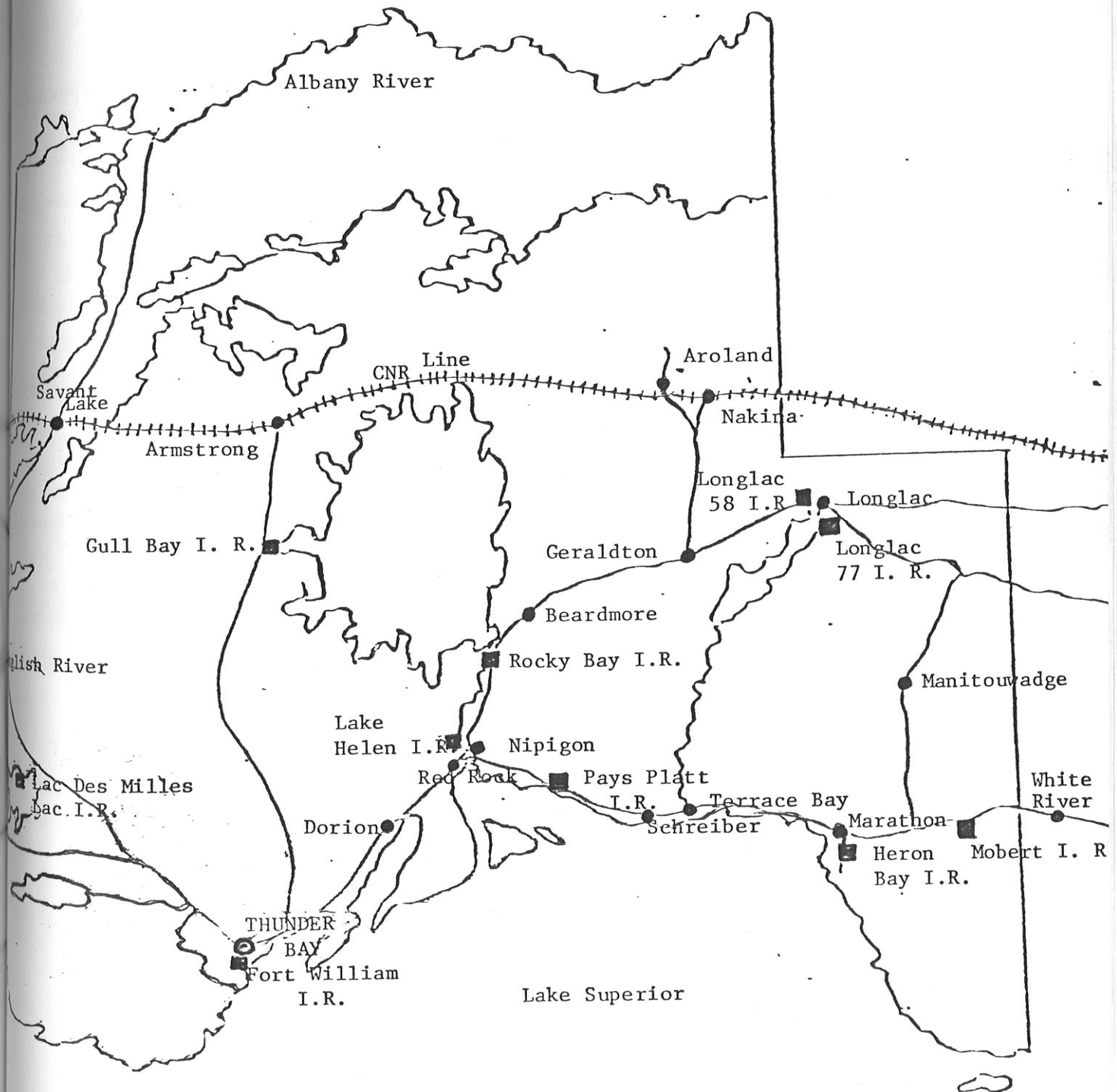
B. RECOMMENDATIONS

1. That the Family and Children's Services of Thunder Bay and other child protection agencies establish better information systems to document more thoroughly the characteristics and problems of their clientele and thus to be more able to make more firmly founded policy decisions.
2. That further research be conducted to address the numbers of Metis and non-status Indian people.
3. That an examination be launched into the disproportionate number of Indian children in care.
4. That an examination of the factors influencing a decision to admit children to care be addressed and embodied in a policy and procedures statement or manual.
5. That a study of cultural values clash between the Indian client and child welfare agencies and their staff be conducted to assess and deal with a possible prejudicial bias.

APPENDIX A

MAP - DISTRICT OF THUNDER BAY

[Faint, illegible text and markings on the left margin, possibly bleed-through from the reverse side of the page.]



APPENDIX B
DATA COLLECTION SHEET

DATA SHEET

CASE NO. _____
 (3 digits)
 missing value = 0

COL.	VARIABLE	VALUES
16	YEAR	1978 <input type="checkbox"/> 1 1979 <input type="checkbox"/> 2 1980 <input type="checkbox"/> 3 1981 <input type="checkbox"/> 4
17	CULTURE	Indian <input type="checkbox"/> 1 Non Indian <input type="checkbox"/> 2
18	RESIDENCE	Urban <input type="checkbox"/> 1 Rural <input type="checkbox"/> 2
19	RESERVE	Reserve <input type="checkbox"/> 1 Non Reserve <input type="checkbox"/> 2
20	FAMILY CONSTELLATION	2 parentnuclear <input type="checkbox"/> 1 mo-ledsingle <input type="checkbox"/> 2 fa-ledsingle <input type="checkbox"/> 3 extended <input type="checkbox"/> 4 blended <input type="checkbox"/> 5 other <input type="checkbox"/> 6
21	NUMBER OF CHILDREN	_____
22	FATHER'S EDUCATION	none <input type="checkbox"/> 1 elementary <input type="checkbox"/> 2 secondary <input type="checkbox"/> 3 post-secondary <input type="checkbox"/> 4
23	FATHER'S EMPLOYMENT	yes <input type="checkbox"/> 1 no <input type="checkbox"/> 2 student <input type="checkbox"/> 3 housewife <input type="checkbox"/> 4 homemaker/assist. <input type="checkbox"/> 5
24	FATHER'S MARITAL STATUS	single <input type="checkbox"/> 1 married <input type="checkbox"/> 2 separated <input type="checkbox"/> 3 divorced <input type="checkbox"/> 4 widowed <input type="checkbox"/> 5 common law <input type="checkbox"/> 6
25	MOTHER'S EDUCATION	none <input type="checkbox"/> 1 elementary <input type="checkbox"/> 2 secondary <input type="checkbox"/> 3 post-secondary <input type="checkbox"/> 4

COL.	VARIABLE	VALUES
26	MOTHER'S EMPLOYMENT	yes <input type="checkbox"/> 1 no <input type="checkbox"/> 2 student <input type="checkbox"/> 3 housewife <input type="checkbox"/> 4 homemaker/assist. <input type="checkbox"/> 5
27	MOTHER'S MARITAL STATUS	single <input type="checkbox"/> 1 married <input type="checkbox"/> 2 separated <input type="checkbox"/> 3 divorced <input type="checkbox"/> 4 widowed <input type="checkbox"/> 5 common law <input type="checkbox"/> 6
28	ALLEGED ABUSER	father <input type="checkbox"/> 1 mother <input type="checkbox"/> 2 stepmother <input type="checkbox"/> 3 stepfather <input type="checkbox"/> 4 both parents <input type="checkbox"/> 5 extended family <input type="checkbox"/> 6 parent's boy/girlfriend <input type="checkbox"/> 7 babysitter <input type="checkbox"/> 8 other <input type="checkbox"/> 9
29	AGE OF ABUSER	actual under 16 <input type="checkbox"/> 1 16-20 <input type="checkbox"/> 2 21-25 <input type="checkbox"/> 3 26-30 <input type="checkbox"/> 4 31-40 <input type="checkbox"/> 5 41-50 <input type="checkbox"/> 6 51-60 <input type="checkbox"/> 7 60+ <input type="checkbox"/> 8
30	REFERRAL SOURCE	police <input type="checkbox"/> 1 school <input type="checkbox"/> 2 family <input type="checkbox"/> 3 self <input type="checkbox"/> 4 hospital <input type="checkbox"/> 5 physician <input type="checkbox"/> 6 neighbour <input type="checkbox"/> 7 social agency <input type="checkbox"/> 8 other <input type="checkbox"/> 9

APPENDIX C
RECORD OF INQUIRY

APPENDIX D
CASE NOTES OUTLINE

CASE NOTES

Time and reason for contact.

What happened? Note changes.

Action indicated.

Name/Family _____

File Number _____

Worker _____

Lined writing area for case notes.

APPENDIX E

QUARTERLY REVIEW SUMMARY

(also used as a closing and/or Transfer Summary)

QUARTERLY REVIEW SUMMARY

Contacts and Dates

(a) Goals not achieved -- why?

(b) Goals achieved

Current Situation

Reassessment

Plan or Disposition

(a) Closed and why?

(b) Referred to: name and why?

(c) Ongoing - long term and
specific objectives
- projected time required
- steps, methods for implementation

Date: _____

Period: _____

Child/Family: _____

Worker: _____

Social Worker
(back of page if required)

Supervisor

APPENDIX F
FORM 6 - REPORT TO CHILD ABUSE REGISTER

Please print clearly or type. See reverse side for detailed instructions.

Identification of Child

Name		Known as (if applicable)	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Birthdate	
		day	month year

Identification of Alleged Abuser(s)

Name		Known as (if applicable)	
Age			

Address

Name		Known as (if applicable)	
Age			

Address

Relationship to this child

Mother Sibling Other relative Unrelated
 Parent Step-parent Foster Parent Other (describe)

Types of Abuse

Burns/Scalding Malnutrition Sexual molestation Other (specify)
 Fractures Poisoning Incest
 Subdural Haematoma Drug/Alcohol abuse Mental ill health (describe)
 No visible injuries

Date of incident: day month year <input type="checkbox"/> Date not known <input type="checkbox"/> Previous Incident	Date Incident reported to C.A.S.: day month year	Number of children under 16 yrs. of age living at home at time of incident
--	--	--

<input type="checkbox"/> Other (specify)	Did Child die? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Reported abuse by this or any alleged abuser(s) Yes No If Yes, state jurisdiction number of reporting C.A.S.

Persons with whom Child living at time of incident

Name		Known as (if applicable)	
Maiden Name (if applicable)		Age	
Name		Known as (if applicable)	
Age			

Relationship to Child

C.L. parent Step-parent Foster parent Relative Other (describe)

C.A.S. involvement with Child/Family

C.A.S. been involved with Child/Family before? If yes, - is this an open protection case? - is this a closed protection case? - is this a Foster Child?

No Yes No Yes No Yes No

See reverse side

Reporting Society

Reporting Society	Jurisdiction No.	Date
-------------------	------------------	------

Name of Caseworker(s)

Authorized Signature

APPENDIX G
FREQUENCY FINDINGS

ment

er

Crown
Wardship

Outside
Ontario

at home at time of
the same household
reported here will be

by another Child
has filed a previous

if previous abuse co
of this Report,

an institutional and

placement by the CAS

ld in a substitute h

made to prosecute
and the matter is

who is responsible
to the Register.

ch CAS on the DA

APPENDIX G TABLES AND FIGURES

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
1. Year of Referral		
1978	49	20.1%
1979	50	20.5
1980	72	29.5
	73	29.9
Total	<u>244</u>	
2. Cultural Background		
Indian	35	14.3
Non-Indian	209	85.7
Total	<u>244</u>	
3. Residence		
Urban	194	79.8
Rural	49	20.2
Total	<u>243</u>	
	1 missing case	
4. Indian Reserve		
On Reserve	9	3.7
Off Reserve	234	100.0
Total	<u>243</u>	
	1 missing case	
5. Family Constellation		
Two Parent Nuclear	101	41.9
Mother led single parent	69	28.6
Father led single parent	5	2.1
Extended Family	2	0.8
Blended Family	58	24.1
Other	6	2.5
Total	<u>241</u>	
	3 missing cases	

APPENDIX G - continued

		<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
6.	Number of Children		
	One	87	35.7
	Two	83	34.0
	Three	44	18.0
	Four	22	9.0
	Five	4	1.6
	Six	3	1.2
	More than Eight	1	0.4
	Total	<u>244</u>	
	Mean	2.131	
	Median	1.922	
	Standard Deviation	1.196	
	Variance	1.431	
7.	Father's Education		
	Elementary	1	14.3
	Secondary	4	57.1
	Post Secondary	2	28.6
	Total	<u>7</u>	
	237 missing cases		97.1%
8.	Father's Employment		
	Yes	116	84.1
	No	19	13.8
	Student	2	1.4
	Homemaker on Assistance	1	0.7
	Total	<u>138</u>	
	106 missing cases		43.4%
9.	Father's Marital Status		
	Single	3	1.6
	Married	120	63.5
	Separated	23	12.2
	Divorced	2	1.1
	Widowed	2	1.1
	Common-law	39	20.6
	Total	<u>189</u>	
	55 missing cases		22.5%

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
10. Mother's Education		
Elementary	2	12.5
Secondary	7	43.8
Post Secondary	7	43.8
Total	<u>16</u>	
228 missing cases		93.4%
11. Mother's Employment		
Yes	71	36.2
No	10	5.1
Student	5	2.6
Housewife	67	34.2
Homemaker on Asistance	43	21.9
Total	<u>196</u>	
48 missing cases		19.7%
12. Mother's Marital Status		
Single	25	10.7
Married	123	52.6
Separated	35	15.0
Divorced	8	3.4
Widowed	2	0.9
Common-law	41	17.5
Total	<u>234</u>	
10 missing cases		4.1%
13. Alleged Abuser		
Father	66	27.3
Mother	89	36.8
Stepmother	3	1.2
Stepfather	31	12.8
Both parents	13	5.4
Extended Family	4	1.7
Parents' Boy/Girl Friend	2	0.8
Babysitter	6	2.5
Other	28	11.6
Total	<u>242</u>	
2 missing cases		0.8%

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
14. Age of Alleged Abuser		
Under 20	21	25.3
20 to 29	35	42.2
30 to 39	15	18.1
Over 40	12	14.5
Total	<u>83</u>	
161 missing cases		66.0%
15. Referral Source		
Police	17	7.0
School	42	17.2
Family	25	10.2
Self	17	7.0
Hospital	25	10.2
Physician	10	4.1
Neighbour	31	12.7
Social Agency	41	16.8
Other	36	14.8
Total	<u>244</u>	
16. Alcohol Abuse as a Factor		
Yes	43	17.8
No	199	82.2
Total	<u>242</u>	
2 missing cases		0.8%

The remainder of the variables will deal with the children of these referred families.

There were 244 families: eighty-seven (87) families had one (1) child; eighty-three (83) had two (2) children; forty-four (44) had three (3) children; twenty-two (22) had four (4) children; and eight (8) families had more than five (5) children. In terms of the children, there are two hundred forty-four (244) first children; one hundred fifty-seven (157) second children; seventy-four (74) third children;

APPENDIX G - continued

thirty (3) fourth children and twenty-two (22) fifth children. The first child is signified as being the child who is alleged to be abused, if there is only one child being abused.

FIRST CHILD (N = 244)

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
17. Sex of First Child		
Male	97	39.9
Female	146	60.1
Total	<u>243</u>	
1 missing case	0.4%	
18. Age of First Child		
0 to 2 years	49	20.3
3 to 6 years	66	27.4
7 to 12 years	61	25.3
over 12 years	65	27.0
Total	<u>241</u>	
3 missing cases	1.2%	
19. Disability of First Child		
Yes	12	4.9
No	231	95.1
Total	<u>243</u>	
1 missing case	0.4%	
20. Abuse to First Child		
Minor	91	37.3
Major	16	6.6
Emotional	1	0.4
Non Violent Sexual	19	7.8
Violent Sexual	9	3.7
No Abuse Found	102	41.8
Other	5	2.0
Not referred for abuse	1	0.4
Total	<u>244</u>	

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
21. Confirmed Abuse to First Child		
Confirmed	102	41.8
Not Evident	86	35.2
Suspected but not Confirmed	53	21.7
Not Referred	3	1.2
Total	<u>244</u>	
22. Placement of First Child		
Foster Care (Parents' Consent)	17	7.0
Foster Care (Without consent)	16	6.6
Remains with Parents	201	83.1
Placed with relatives or friends	8	3.3
Total	<u>242</u>	
2 missing cases		0.8%
23. Registry Report on First Child		
Yes	42	17.3
No	201	82.7
Total	<u>243</u>	
1 missing case		0.4%
<u>SECOND CHILD (N = 157)</u>		
24. Sex of Second Child		
Male	82	52.6
Female	74	47.4
Total	<u>156</u>	
1 missing case		
25. Age of Second Child		
0 to 2 years	31	20.4
3 to 6 years	41	27.0
7 to 12 years	47	30.9
Over 12 years	33	21.7
Total	<u>152</u>	
5 missing cases		
26. Disability of Second Child		
Yes	3	1.9
No	149	98.1
Total	<u>152</u>	
5 missing cases		

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
27. Abuse to Second Child		
Minor	12	7.6
Major	1	0.6
Emotional	1	0.6
Non Violent Sexual	3	1.9
Violent Sexual	1	0.6
No Abuse Found	17	10.8
Other	3	1.9
Not Referred for Abuse	<u>119</u>	75.8
Total	<u>157</u>	
28. Confirmed Abuse to Second Child		
Confirmed	13	8.3
Not Evident	17	10.8
Suspected but not Confirmed	8	5.1
Not Referred	<u>119</u>	75.8
Total	<u>157</u>	
29. Placement of Second Child		
Foster Care (consent)	4	2.5
Foster Care (no consent)	4	2.5
Remains with parents	145	92.4
Placed with relatives	<u>4</u>	2.5
Total	<u>157</u>	
30. Registry Report - Second Child		
Yes	4	2.6
No	<u>152</u>	97.4
Total	<u>156</u>	
	1 missing case	
<u>THIRD CHILD (N = 74)</u>		
31. Sex of Third Child		
Male	39	52.7
Female	<u>35</u>	47.3
Total	<u>74</u>	

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
32. Age of Third Child		
0 to 2 years	15	21.1
3 to 6 years	17	23.9
7 to 12 years	32	45.1
Over 12 years	7	9.9
Total	<u>71</u>	
3 missing cases		
33. Disability of Third Child		
No	71	100.0
Yes	0	0.0
Total	<u>71</u>	
3 missing cases		
34. Abuse to Third Child		
Minor	5	6.8
Major	1	1.4
Emotional	1	1.4
Non Violent Sexual	2	2.7
Violent Sexual	1	1.4
No Abuse found	3	4.1
Other	2	2.7
Not Referred	59	79.7
Total	<u>74</u>	
35. Confirmed Abuse to Third Child		
Confirmed	8	10.8
Not Evident	5	6.8
Suspected not Confirmed	3	4.1
Not Referred	58	78.4
Total	<u>74</u>	
36. Placement of Third Child		
Foster Care (consent)	3	4.1
Foster Care (no consent)	2	2.7
Remains with Parents	68	91.9
Placed with relatives	1	1.4
Total	<u>74</u>	

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
37. Registry Report - Third Child		
Yes	3	3.9
No	71	96.1
Total	<u>74</u>	
 <u>FOURTH CHILD (N = 30)</u>		
38. Sex of Fourth Child		
Male	15	50.0
Female	15	50.0
Total	<u>30</u>	
39. Age of Fourth Child		
0 to 2 years	5	17.9
3 to 6 years	7	25.0
6 to 12 years	14	50.0
Over 12 years	2	7.1
Total	<u>28</u>	
2 missing cases		
40. Disability of Fourth Child		
Yes	2	6.9
No	27	93.1
Total	<u>29</u>	
1 missing case		
41. Abuse to Fourth Child		
Minor	3	10.0
Major	0	0.0
Emotional	1	3.3
Non Violent Sexual	0	0.0
Violent Sexual	0	0.0
No abuse found	1	3.3
Other	1	3.3
Not referred	24	80.0
Total	<u>30</u>	

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
42. Confirmed Abuse Fourth Child		
Confirmed	5	16.7
Not Evident	1	3.3
Abuse not referred	24	80.0
Total	<u>30</u>	
43. Placement of Fourth Child		
Foster care (consent)	3	10.0
Foster care (no consent)	1	3.3
Remains with parents	24	80.0
Placed with relatives	2	6.7
Total	<u>30</u>	
44. Registry Report Fourth Child		
Yes	1	3.3
No	29	96.7
Total	<u>30</u>	
<u>FIFTH CHILD (N = 8)</u>		
45. Sex of Fifth Child		
Male	6	75.0
Female	2	25.0
Total	<u>8</u>	
46. Age of Fifth Child		
3 to 6 years	1	14.3
7 to 12 years	6	85.7
Total	<u>7</u>	
	1 missing case	
47. Disability of Fifth Child		
No	8	100.0
Total	<u>8</u>	
48. Abuse to Fifth Child		
Minor	1	12.5
Abuse not referred	7	87.5
Total	<u>8</u>	

APPENDIX G - continued

	<u>Absolute Frequency</u>	<u>Adjusted Frequency</u>
49. Confirmed Abuse - Fifth Child		
Confirmed	1	12.5
Not referred	7	87.5
Total	<u>8</u>	
50. Placement of Fifth Child		
Foster care (consent)	1	12.5
Remains with parents	6	75.0
Placed with relatives	1	12.5
Total	<u>8</u>	
51. Registry Report - Fifth Child		
No	8	100.0
Total	<u>8</u>	

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