CHARACTERISTICS OF THE ABUSED CHILD AND HIS FAMILY:
AN AGENCY STUDY

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INTRODUCTION

Within the last decade the social work profession has demonstrated a renewed interest in the problem of the abused child. This becomes apparent in reviewing the most recent bibliography compiled on the subject by the United States Children's Bureau.1 The increase in the number of reports and studies contributed by the profession since 1962 reflects the need for continuing re-evaluation if social workers are to deal with the problem appropriately.

Within this same period of time there have been significant contributions from other professional groups. The increasing number of articles found in medical journals indicates growing recognition that doctors have a major responsibility for management of the problem. The interest of the legal profession in setting forth opinions on the pros and cons of mandatory reporting legislation has been invaluable in clarifying some of the issues around the confidential nature of the doctor-patient relationship.

The stimulus to the present interest in child abuse was the presentation of a paper by Kempe at the annual meeting of the American Pediatric Society in 1961. Kempe's study revealed that out of a total of 749 abused children known to 71 hospitals and 77 District Attorney's offices in the space of a year 78 died and 114

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were permanently damaged as a result of abuse. He labelled this medical entity the "Battered Child Syndrome".1

Kempe was not the first of his profession to express concern about this phenomenon. For some years prior to his study other medical practitioners had been writing of the frequency with which they were observing unexplained fractures and lesions in young children. Recognition of the cause came slowly and was preceded by numerous attempts to explain the etiology on the basis of obscure bone pathology. Gradually it became apparent to some that trauma was responsible for the medical problems they were observing. Once trauma had been established as the causal factor doctors were able to develop categories wherein recurrent episodes and lack of satisfactory explanations convinced them that some of these children were not the victims of accidental trauma but of adult abuse.2

Pediatricians did not discover a new problem. It has existed since the earliest record of mankind. Ancient civilizations practised infanticide in ritualistic ceremonies; later societies used it as a method of disencumbering communities of weak and puny children whose continued existence meant a drain on economy; in still other cultures it provided parents with a way of disposing of unwanted children.3


Within the framework of modern history the relationship between child abuse and economy is clearly depicted. In the reign of Henry VIII child labour was instituted as a method of eliminating poverty. Children as young as five found begging or idle could be apprenticed without parental consent. The introduction of workhouses in the last decade of the seventeenth century was a prelude to the deaths of many children through overwork and harsh treatment. The Industrial Revolution in the latter half of the eighteenth century sponsored the exposure of children to new dangers. Machinery replaced old hand tools. The construction of factories took both mothers and children out of the home and placed them in employment where they provided cheap labour for the owners.

In 1842 children of four years of age were working twelve hours a day in Britain's coal mines drawing heavy coal sledges or standing ankle-deep in water while working the hand pumps; some spent days of solitude underground. Six year old chimney sweeps died at the hands of their masters or from the hazards of their occupation. If fortunate enough to survive the severe discipline and constant floggings meted out in the workhouses and factories, their bodies became deformed from abuse and protracted application to work.

Abuse was further reflected in the penal code of seventeenth and eighteenth century England. Children were subjected to

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the same penalty as adults for felonies which were punishable by the death sentence or banishment to a prison colony. In upholding the efficacy of capital punishment for children eight years and over, Blackstone, in the eighteenth century, quoted the case of an eight year old boy who was hanged for arson and of a ten year old boy who received the death penalty for murder.¹

Nor did the parental home of this or the following century offer the child any greater surety of freedom from abuse and death. The Industrial Revolution brought an influx of families into the cities. Employment of children was an incentive to produce large families but the exceedingly high birth rate coupled with overcrowding and appalling living conditions led to their disposal. Some parents sold their children for profit; others murdered them to obtain insurance monies. One of the simplest methods but the most difficult to prove as deliberate murder was suffocation by lying on them in bed.²

Initially the concern of the humanitarians over the plight of children found expression in the establishment of institutions which provided the basic necessities. As these institutions became inadequate to meet the needs of all the children there gradually evolved the concept of care in substitute homes. This movement culminated in legislation authorizing the setting up of agencies specifically charged with the task of protecting children from


²Housden, op. cit., pp. 74, 116.
neglect and abuse.

The first such agency was established in New York City as a direct result of a situation involving child abuse where intervention could only be carried out by recourse to the laws prohibiting cruelty to animals.¹ Toronto was the first Canadian city to launch its programme when it established a society in 1891.² Two years later, 1893, the Ontario legislature became the first provincial government in Canada to pass enabling legislation for the setting up of such societies.³ This act recognized Children's Aid Societies as constitutionally organized bodies and defined their function as providing supervision, training and/or placement of children who were in need of protection from parental abuse and/or neglect. Six months after the passage of the act Ottawa initiated its programme.⁴

These reforms did not immediately modify the pattern of neglect and abuse. Fontana reports that 100 dead children were found in the streets of New York in 1892, seventeen years after the establishment of its society.⁵ In Canada around the turn of the century the bones of many new-born infants were uncovered when a


²Phyllis Harrison, Never Enough - 75 Years with The Children's Aid Society of Ottawa (Ottawa: Children's Aid Society, 1968), p. 4.

³Ibid., p. 2.

⁴Ibid., p. 2.

pool on the campus of the University of Toronto was drained. As late as 1901 it was estimated that 1550 children were continuing to die annually through suffocation in England and Wales.

In spite of this the spirit of the new reforms was manifested each time the right of a parent to ill-use his child was challenged. The introduction of trained staff, and the formulation of new concepts and techniques brought about a more comprehensive service. The increasing number of parents who used the services of the protection agencies when they were unable to care adequately for their children seemed ample proof that the emancipation of children from neglect and abuse was almost a "fait accompli". Occasionally a flagrant case of abuse, sometimes ending in permanent disability or death, would come to light but these were generally regarded as isolated cases, and not typical of the average case load where chronic harsh treatment was seen as the most conspicuous characteristic of the abusing parent. It seems clear now that, as child rearing practices changed in response to society's demands, some parents were unable to meet these expectations and resorted to behaviour, the true nature of which remained concealed until the medical profession accurately evaluated the problem.

Examination of the impact of improved techniques in the area of child welfare has implications also for the abused child. With increasing emphasis on a more careful selection of foster-

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2Houaden, op. cit., p. 28.
homes to provide a stimulating environment for children, the institution as a method of caring for children declined in popularity. The enhancement of family life as opposed to institutional life and the impossibility of providing good substitute care for all children who were neglected was instrumental in helping the profession perceive that many disorganized and neglectful parents had potential for change. This, coupled with more sensitive appraisals of the effect of separation of families, led to a re-defining of parental rights and a firm commitment on the part of the profession to the preservation of family life. While no one would deny the appropriateness of this concept, unfortunately, dedication to it resulted frequently in the rights of the child being overlooked. Unrealistic expectations of parental capacity to respond to the new approach and too heavy a reliance on supportive therapy alone meant that children were left in environments hazardous to their emotional health and sometimes to their very existence.

The Child Welfare League of America in its statement of standards has this to say, "However, when a conflict between the rights of parents and those of children affects the welfare of the children, the rights of the children have precedence."¹

It was to protect these rights that social workers, lawyers, doctors, judges and many other professional bodies and representatives of communities in the United States responded to Kemp's expose by assembling together to propose legislation as an effective control of the problem. By 1966 laws to check child

abuse had been passed in forty-seven of the states, and the majority of these included immunity from litigation.\(^1\) In Ontario the revised Child Welfare Act of 1965 which became effective on January 1, 1966 legislated for compulsory reporting and against any legal action being taken to sue the reporting persons if the report was made without malicious intent.\(^2\)

Compulsory reporting is not sufficient to solve the problem. In June, 1967 the Vancouver Sun carried the story of a nineteen months old boy who was admitted to hospital with multiple skull fractures, multiple bruises and a five inch gash on his shoulder.\(^3\) Among the community members who had prior knowledge of the situation were three doctors, five social workers, and a psychiatrist as well as police, nurses and neighbours. This kind of situation is repeated in the case history of a three year old boy who was admitted to the care of the Ottawa Children's Aid Society for the third time in 1967. His first admission was from hospital where he had been taken from a situation of extreme neglect almost at the point of death. His second admission occurred when he was covered with multiple bruises. His third and final admission was at the request of mother who hysterically demanded his removal following another severe beating.

Morris, in reporting on a study of thirty-three abused children seen at Children's Hospital in Philadelphia, discusses

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\(^3\)The Vancouver Sun, June 13, 1967.
case management of the problem and concludes:

We must be sure to remove children from their parents soon enough, not only to preserve their lives but also to leave them something with which to live a fruitful life and to contribute to society.¹

In order to make these life-saving decisions social workers must face up to their conflict of parents' rights versus children's rights. Service to the abused child and his family must not be mere watchfulness but a planned intervention based on criteria which will permit them to assess more effectively the parents' motivation and capacity to change. It is of crucial importance to maintain families intact but it is equally important to undertake removal of the child when the parents are unable to alter their behaviour and to maintain that separation unless there is convincing proof of parental change.

A secondary gain may well be the prevention of further deterioration to the family where the continued presence of the child fosters neglect of the other children or at the worst leads to an irreversible tragedy. On the other hand we must be prepared to recognize and deal with the upset in equilibrium in families where removal of the child deprives them of their focus for ventilating destructive behaviour. What to do about the abused child, under what circumstances we should keep him in his home or remove him, how to help the family adjust to the child's presence or absence are all questions which can only be answered by learning to correlate diagnosis with treatment objectives and methods of

By far the greater volume of literature on the subject has emanated from the United States. The equivalent professions in Canada, with a few isolated exceptions, have remained uninvolved in the business of documenting concepts which would lead to improved service to the abused child and his family.

This author has a conviction that the problem remains, to a large extent, unrecognized in Canada. It is, therefore, essential that the profession begin to produce material which will stimulate interest in the problem and provide us with criteria necessary to a more productive service to the family. This writer has a particular interest in the child welfare field because of present association with the Ottawa Children's Aid Society and in this particular problem because of current identification with the Society's intake department where cases of child abuse are first received and assessed.

It is hoped that this paper will clarify some of the answers by comparing findings based on case studies with concepts postulated in literature.
In this study we propose to review forty-two families where there is a situation of child abuse. This represents the total number known to the Ottawa Children's Aid Society between January 1, 1966 and October 31, 1967.

The main objective of this study is to develop criteria descriptive of families where situations of abuse are found. A secondary aim is an evaluation of the adequacy of the action taken to protect the child and assist the family. In achieving these objectives, findings from other studies have been used as a guide in selecting data to be explored and as a basis for comparative analysis of results.

The term "child abuse" has many connotations and in its severest form implies violent assault, or "battering" which is generally regarded as involving broken bones, head injuries or massive bruising of children who are too young to make any attempt to escape or to speak up on their own behalf.

This author reviewed the 1966 statistics for the Province of Ontario from index cards maintained at the Provincial Child Welfare office. A few examples have been selected to illustrate what we mean by abuse and to point up the need to re-evaluate the concept of the "Battered Child" which has been generally regarded as encompassing only those children of pre-school age.
Children ranging in age from infancy to fifteen years sustained multiple bruises, scratches, black eyes; in some situations the younger children were fatally injured or required hospitalization for fractures of arms, legs and/or skull.

It would seem, then, that a broader focus is necessary if we are to recognize the reality of serious danger to older children. A less narrow interpretation also permits a broader exploration of causal factors. For example, we are beginning to realize that, in some instances, violence directed towards an older child may be merely a continuation of a situation which has existed over a period of time; in other instances children may have been cherished in infancy but become targets for abuse in later years when a particular developmental stage arouses anxiety in the parents and triggers off distorted reactions.

What constitutes abuse? The malnourished child, in a sense, is the recipient of physical abuse through the failure of the parents to provide care adequate to maintain health or life. Malnourishment may be due to ignorance of healthy child-rearing practices. It may also be a devious method of disposing of an unwanted child with less risk than that involved in killing a child violently.

Does the deliberateness of an attack make it more easily defined? Here again there may be indecision for the intent and the outcome may be different. A parent whose intention it was to spank a child may truthfully attribute bruises in other areas to the child's attempt to escape chastisement. It is not inconceivable for a child to sustain a broken bone without the parent having deliberately set out to cause such an extensive injury.
In an assessment of child abuse there will always be grey areas at both ends of the spectrum and clarification of these areas will continue to be dependent upon the significance of the incident to the individual interpreting the situation. Some researchers include only those cases where a medical diagnosis or a court opinion establishes the existence of abuse. It is not always possible to have such clear-cut decisions and such a procedure disqualifies many dangerous situations.

In this study the judgment of the Ottawa Children's Aid Society was considered valid in substantiating the existence of abuse in those situations where medical diagnosis or legal verdict was lacking. The author believes that the ingredient of deliberate intent to injure is constant in all the cases under study. Situations where abuse was suspected but no proof existed were eliminated. The sexually mistreated and the malnourished children were excluded.

Some of the children in this study were abused by substitute parents. For the purpose of this report, then, the word "parent" is defined as any person assuming either temporary or regular responsibility for the care of a child within the confines of a home.

A child is defined as being under sixteen years of age which is in accordance with the Child Welfare Act of Ontario.\(^1\)

In this study, then, the abused child is any person under sixteen years of age upon whom physical ill-treatment is deliberately inflicted by the parent or substitute parent in whose

household he is living and who, as a result, sustains bodily harm which may or may not be of immediate danger to health and/or life.

We cannot plan on studying all aspects of child abuse. As is any problem involving human behaviour, it is a complex one reaching back into past generations where parental brutality or inadequacies may have set the pattern of pathology for the present generation.

The schedule, Appendix A, was devised to obtain basic data on families involved in situations of abuse and to determine what characteristics seem prevalent in families with this problem; to assess the extent of community involvement as evidenced through some of the principal programmes in the area; and to evaluate the role of the Ottawa Children's Aid Society in management of the problem. In the four areas selected for study - the child, the parents, the community and the local Children's Aid Society, the scope was limited to the following specific questions:

The Child

1. What is the age and sex distribution of these abused children?

2. Is abuse more generally directed towards the oldest child in these families?

3. Is he primarily the child in the family who was illegitimately born, premaritally or extramaritally conceived?

4. Is abuse being directed towards one child only?

5. Is the abused child the recipient of isolated, repetitive or chronic abuse?

6. What is the incidence of severe abuse in these families?

7. What method of abuse seems to be most prevalent?
8. To what extent is the child and/or siblings neglected?
9. To what extent do the children in these families appear to have problems in emotional, physical and/or mental development?

The Parents

1. What is the age and sex distribution of the parents?
2. How frequently is the natural parent the abuser?
3. What is the marital status of these parents?
4. What is the general age group of these parents and is there evidence of chronological immaturity at the time of marriage?
5. What is the pattern in the families in terms of economic stability, household standards and mobility?
6. Is there a high incidence of emotional, physical and/or intellectual problems among these parents?
7. What are the social problems affecting the functioning of the families?
8. How do these parents explain incidents of abuse and what steps do they take to help or protect the child?
9. Can the abusing parent be classified according to defined categories and does the role of the non-abuser vary in relation to these categories?

The Community

1. Who was the referring source in these cases?
2. What is the nature and extent of involvement with community agencies?
3. How frequently did these community agencies fail to report abuse to the Children's Aid Society?

The Ottawa Children's Aid Society

1. What action was taken by the Society in regard to the child?
2. What was the response of the parents to intervention?

3. If the child was left in the home what were the reasons?

4. Did the Society take any action against the parents?

5. What kind of service did the Agency provide?

6. How frequently were children, who had been admitted to care, returned home and was the discharge of the child based on adequate proof of improvement in the home?

7. What are some of the factors which led to closing of the case?

8. What is the prognosis for recurrent abuse for children who have remained in the home or were returned to the home?

9. How many families had been known to the Society previously and how frequently had the case been closed previously when abuse or suspected abuse had been a factor?

Description of the Agency

The Children's Aid Society is a non-sectarian, non-racial agency serving the county of Carleton which has a population of 404,634.1 From the beginning the Agency has operated on the premise that children have the right to be protected from neglect and abuse.

The Society was established on December 8, 1893 when a group of Ottawa citizens held a public meeting to which all persons concerned about the welfare of children were invited. Lord Aberdeen, then the Governor-General of Canada, and Lady Aberdeen were the Society's first patrons.2

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1Ontario, Department of Municipal Affairs, 1967 Municipal Directory (The Municipal Finance Board), p. 23.
2Harrison, op. cit., p. 2.
The first efforts of the Society were directed towards "rounding up" children found begging in the streets, loitering in public places or generally being in a state of vagrancy. In its first year of operation the services of a constable were engaged on a part time basis to locate these children.\(^1\) Placements were arranged by Board members in homes located mostly by "word of mouth". Farm foster-homes were in the majority as country living was regarded as the panacea for all social illnesses of childhood. The foster-parents received no allowances and in return for free board and room the children were expected to help with the chores. There was no prior assessment of a home although supervision of the placements was initiated in 1913 when one worker was employed for this purpose.\(^2\)

A new phase of the Society's work began in 1906 when the Board successfully launched the first probationary service in Canada and hired two probation officers who were assigned to work with the children brought before the court for delinquency.\(^3\) With the passage of the Unmarried Parents' and Adoption Acts in 1921 the work of the Society increased.\(^4\) It soon became apparent that the Agency could not carry all these functions and it withdrew from the field of juvenile delinquency leaving this responsibility to the Juvenile Court.

\(^1\)Harrison, \textit{op. cit.}, p. 10.
\(^2\)Harrison, \textit{op. cit.}, p. 16.
\(^3\)Harrison, \textit{op. cit.}, p. 18.
\(^4\)Harrison, \textit{op. cit.}, pp. 27-28.
The annual report for 1928-1929 was the first to specify the actual duties of the workers. They found homes, admitted children to care, processed adoption applications, investigated referrals of child neglect and managed all telephone calls which were "too numerous to be listed". The scope of their work had not been documented earlier so it can only be assumed that the duties mentioned in this report are indicative of a broader perspective when references are made to taking children to clinics, arranging holidays for exhausted mothers or visiting homes where "gambling, drinking or unemployment" were problems. Case loads were in the hundreds; there was no organized transportation and ill-equipped as they were in methods of treatment the workers could only handle the massive problems by verbal scoldings or recourse to the courts.

With the appointment of a Director in 1930 and the employment of additional staff came reorganization within the Agency and the beginning of departmentalization. Accompanying these changes was clear recognition of the Agency's responsibility to provide homes which were geared to meet the specific needs of a child and to structure its programme for both protective and preventative service.

Since that time the Agency has not been devoid of a sense of responsibility to families where preventative services are indicated. It has not been possible to achieve this ambition except in a limited way for while thirty-seven years has seen a

1Minutes of the Annual Meeting, October 10, 1929, Ottawa Children's Aid Society, Ottawa, Ontario (in the files of the Society).

remarkable reduction in case loads, it has also witnessed an articulation of principles which has redefined service. The revised Child Welfare Act which specifically mandates for preventative services also legislates for increased financial support from provincial funds.

The social work staff of the Society as of October 31, 1967 was comprised of 109 workers of whom 43 are trained. In addition the Agency employs 10 nurses whose job it is to find and supervise infant foster-homes. The establishment also includes 2 full-time psychologists and makes possible the purchase of community psychiatric and psychological services on a fee basis. The programme for medical supervision of children is under the direction of a pediatrician in a clinic setting within the building but flexible use is made of community resources, both public and private, when the need is indicated.

The three departments concerned with direct service are Adoption, Child Care and Family Services. The Child Care Department is concerned with planning for all children who are Crown Wards of the Province (children permanently in the care of the Society) and with locating and assessing foster-homes through its homefinding unit. The Receiving Centre, which opened in 1965, is part of the homefinding programme and children are admitted there when further assessment of behaviour and personality is felt to be necessary before placement in another setting. While the majority of children are in foster-homes, there are two group homes for

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1Ontario, Child Welfare Act, op. cit., section 6, subsection 2 (c), p. 43.

2Ibid., section 12, subsection 1 (a) and 1 (b), p. 47.
teen-agers in operation and there are some children in treatment institutions with assigned workers responsible for liaison with the institutions through regular visiting and correspondence.

The Family Service Department has a two-fold function. It provides services to unmarried mothers and to families where children are in need of protection. The latter function is carried out by the workers under the supervision of three trained supervisors who, in turn, are responsible to a department head, also a qualified social worker. In addition to working with families in the community the social workers are responsible for all Society Wards, children who are temporarily placed and whose guardianship rests with the Society as opposed to the Crown.

As of October 31, 1967 the Society had 1457 children in care. The protection staff was giving service to 1621 children from 539 families in the community and to 198 Society Wards. The number of cases carried by each worker varied between 40 and 50. Approximately 45 percent of these workers had completed one or two years of post-graduate study at a recognized school of social work.

In spite of a general desire to be flexible in offering a wide range of services there have been times in the history of its operation when the restrictive policies of the Society evoked criticism from the community. That the Society's community image is gaining or regaining stature is confirmed in the study undertaken by the Child Welfare League of America prior to granting provisional membership in its organization:

The Society maintains an effective programme of public interpretation of services and needs. There was consensus
that the agency image in the community has risen markedly within the last few years.¹

Data Gathering Procedure

Most of the items in Schedule A are self-explanatory. The following items need further clarification:

Item 21, Family Mobility.--Families who have changed their residence a minimum of three times during a three year period are considered to have a high degree of mobility.

Item 26, Classification of Abusing Parents.--As Zalba's typology is being used his definitions of classifications will apply.² The psychotic parent has a definitive concept and needs no elaboration except to note that Zalba comments on the ritualistic nature of abuse which has idiosyncratic meaning related to the fantasies of the abuser. The pervasively angry and abusive parent is the parent whose childhood-determined personality and character motivates impulsive and unfettered expression of general rage and hostility. The depressive, passive-aggressive parent expresses, through abuse, resentment and anger at having to meet the needs of others and at inability to meet the role expectation of a nurturing parent. The cold, compulsive disciplinarian parent reacts by abusing children in response to the children's need for closeness and affection. They are unable to feel love and protectiveness toward their children being mainly concerned with their own


pleasures. The impulsive, but generally adequate parent reflects marital dissatisfaction through abuse. The parent with identity/role crisis displaces anger onto the child as a result of loss of capability for role performance such as following bodily damage.

Item 30 (L), Source of Referral in Incident of Abuse.--This item refers to cases where the worker became aware of the incident of abuse through his contact with the family and no referral came from any member of the community.

The records of the Ottawa Children's Aid Society was the primary source for data gathering. We also submitted the names of the forty-two families to the Catholic Family Service, the Family Service Centre, the Alcoholic Research Foundation, the Department of Public Welfare and to the Family and Juvenile Court. The last agency was also asked to identify in each family all children seven years of age and over who had been before the Juvenile Court. Without exception these community agencies responded promptly and positively to the author's request for access to their files. From these records further information was gained on the functioning of the families within the community.

Limitations of the Study

The most obvious limitation of this study is the fact that the analysis is based on recorded information. The circumstances under which service is given to families where abuse exists is a deterrent to research based on interviews. This is not felt to be an insurmountable barrier but the preparation to this approach, if present service is not to be jeopardized, would be time consuming and, therefore, not feasible for this project.
Unequal levels of training among staff members and variations in quantity and quality of recorded material posed additional problems. With the heavy case loads carried by the workers it is not always possible to obtain, at any given moment, up-to-date material in the records. This difficulty was obviated, to some degree, through discussion with the workers who were always most co-operative in extending help. On the whole the records, supplemented by discussion with the workers, permitted classification of parents. In only two cases was this impossible.

Social workers are not geared to recording for research purposes. In many instances statistical data were missing. Fortunately it was possible to supplement some of this information from the files of the Department of Public Welfare where excellent records are maintained in this respect.

Part of the original plan in this study was to present material on the frequency with which abusing parents are involved in legal difficulties. The Ottawa Board of Commissioners of Police did not feel that this information could be released. Our discussion of this aspect is, therefore, based on recorded material found in agency files. It is quite possible that the incidence we have obtained is an underestimated version of the problem.

Another aim in the original design was to present first-hand information from the community hospitals. From this data it was hoped that we would be able to report also on the pattern of abusing parents in their use of medical facilities in the community. They are described in literature as parents who shop
around from hospital to hospital.\footnote{Vincent J. Fontana, *The Maltreated Child: The Maltreatment Syndrome in Children* (Springfield, Ill.: Charles C. Thomas, 1964), p. 17.} It is regretted that this information was not available in time to permit its inclusion in this study.
CHAPTER II

CHARACTERISTICS OF THE ABUSED CHILD

The focus in this chapter is on the characteristics of the abused child. The following are the general areas in which our findings on this aspect of the study will be discussed: (1) the age and sex of the abused child, (2) his legal status, his position in the family, his mental and physical development with this information being related to data on siblings where applicable, (3) the severity and method of abuse as well as the chronicity of harsh or abusive treatment of the child and/or siblings.

Age and Sex of Abused Children

Kempe stressed the very young age of the parentally assaulted child when he reported that on a single day in November 1961 four infants were hospitalized in the Colorado General Hospital because of adult abuse.¹

There have been a number of hospital studies since that time identifying the abused child as being primarily in the lower

¹Kempe et al., op. cit., p. 17.
age groups.\textsuperscript{1,2} National studies of abuse cases as reported in the United States newspapers also found the age distribution to be weighted in the direction of very young children.\textsuperscript{3,4} These findings can only be used to underscore that these are generally the children who sustain serious injuries.

A study, which can be regarded as more truly representative of the total population, is one which was undertaken in New York city and which involved all cases of abused children reported over a year's period. More than two-thirds of the total cohort implicated were under five years of age.\textsuperscript{5}

Canadian statistics relative to the ages of abused children are not available. The only comprehensive source known to the author is the index maintained at the Child Welfare office in Ontario. This provides the opportunity for some interpretative analysis of the picture in Ontario although it must be borne in mind that the accuracy of the information may be affected by the

\textsuperscript{1}Thomas McHenry, Bertram R. Girdany, and Elizabeth Elmer, "Unsuspected Trauma with Multiple Skeletal Injuries During Infancy and Childhood," \textit{Pediatrics}, Vol. 31, No. 6 (June 1963), p. 906.


\textsuperscript{3}Vincent De Francis, \textit{Child Abuse - Preview of a Nationwide Survey}, Children's Division, American Humane Association (Denver, 1963), p. 4.


reliability of each agency in adhering to the regulation around reporting to the province. In addition to this the author, in scanning these cards, had to make a rapid selection of situations based on personal interpretation of what constitutes abuse.

With these shortcomings acknowledged it can be said that 242 incidents of physical abuse were reported in Ontario during the year 1966. Of this number the ages of 238 children were stated. Children six years of age or under totalled 156 or approximately 61% percent which reflects the general trend evidenced in the studies.

Turning now to discussion of the sex of abused children both the New York study and a recent one involving 411 children in the State of Illinois indicate a preponderance of males among abused children under the age of ten years. However, in both reports females exceed males in the upper age brackets.1,2

Once again we will use the statistics for the Province of Ontario as a basis for comparison. Out of the 242 incidents of abuse there were twenty instances where the ages and/or sex were unknown or not correlated. Out of a total of 232 where sex was stated, 132 boys were abused in contrast to 100 girls. In 222 instances 30 more males than females were abused in the age group under ten years. The sex distribution here seems to conform with that reported in other studies.


Table 1, which shows the categories in which the children studied here are found, also makes it apparent that almost half of them fall into the very young age group with a smaller total forming the second largest group in the ten to twelve age bracket. Because of the small number of cases used in this study no great significance can be attached to the equivalent ratio of male abused children to female abused children as shown in Table 1.

It can be pointed out, however, that in the age group under ten years there were more males than females abused with a marked disparity in children under four years of age. Feinstein suggests that depressed mothers who lack female identification focus hostility on the male child.*

In the age group of ten and over the trend reflected in other studies seems borne out by the fact that less than half of the abused children in this category were males. This may possibly be related to maternal anxiety, originating in mother's own childhood experiences, being aroused through identification at the onset of the child's puberty. For instance, in one case known to the Ottawa Children's Aid Society but not included in this study, a mother became abusive towards her eleven year old daughter in direct response to the girl's association with the opposite sex. Because of her own feelings of guilt she interpreted this as sexual interest.

The sex of the abused child as it relates to these two age groups is an area which merits further study.

TABLE 1
ABUSED CHILDREN BY AGE AND SEX DISTRIBUTION

<table>
<thead>
<tr>
<th>Sex</th>
<th>Ages</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-3</td>
<td>4-6</td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>5</td>
</tr>
</tbody>
</table>

^aTotal is forty-six as two abused children were found in each of four families.

Size of Families

TenHave writes of planned parenthood as a preventative measure in the problem of child abuse. He refers to an unpublished report from Detroit in which it was revealed that 40 percent of the socially advantaged couples' last baby was unplanned and 60 to 70 percent of the socially disadvantaged couples' last baby was unplanned. He infers that parents are propelled into abuse through economic circumstances and the frustrations experienced in providing for a large number of children.

Studies do not suggest that abuse and unplanned parenthood with resulting economic distress are necessarily associated. In the reports from California, New York and Illinois approximately one-quarter of each sample studied were only children. In addition about 70 percent of these families had four children or

TABLE 2
NUMBER OF CHILDREN IN FAMILIES

<table>
<thead>
<tr>
<th>No. of Children in Families</th>
<th>No. of Families</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2.38</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>19.05</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>23.81</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>28.57</td>
</tr>
<tr>
<td>5 and over</td>
<td>11</td>
<td>26.19</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.00</td>
</tr>
</tbody>
</table>

As can be seen from Table 2, families with four children or less, including the abused child, constitutes 73.81 percent of the total in contrast to 26.19 percent of the families with five children or over. In only one family was the abused child the only child.

In none of these forty-two families was the size of the families considered to be the reason for abuse. In the two largest families, one consisting of eleven children and the other of nine, there was no economic hardship and abuse was instigated by completely unrelated factors.


2Simons et al., op. cit., p. 39.

3Illinois, op. cit., p. 16.
Position of Abused Children Among Siblings

As Table 3 shows, the majority of the children in this study occupy the position of the oldest or second oldest in the family composition. It should be stated that the position of the foster-children is taken in relation to foster-siblings in the homes. This accounts for one child in the classification of oldest child in the home and two children in the position of second oldest. Included in the oldest group also is the child with no siblings and one child whose only sibling, also abused, appears in the group of second oldest.

TABLE 3

POSITION OF ABUSED CHILDREN AMONG SIBLINGS

<table>
<thead>
<tr>
<th>Position of Child</th>
<th>Abused Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Children</td>
</tr>
<tr>
<td>First</td>
<td>15</td>
</tr>
<tr>
<td>Second</td>
<td>15</td>
</tr>
<tr>
<td>Third</td>
<td>8</td>
</tr>
<tr>
<td>Fourth</td>
<td>2</td>
</tr>
<tr>
<td>Fifth and Over</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
</tbody>
</table>

As approximately 65.22 percent of the abused children fall within the designation of oldest or second oldest, it becomes important to discuss what percentage of these children belong to the lower age groups. Over half of these children are six years of age or under and slightly less than half are three years or younger.
The high incidence of abuse occurring among the two youngest age groups may suggest inadequate preparation for or lack of acceptance of the parental role especially in view of the fact that the families, by virtue of the children's position among siblings, could not be regarded as being over-burdened by responsibility for many children. This relationship seemed obvious among the foster-parents. Further research into this question would be pertinent and have particular significance in selection of foster-homes.

**Legal Status of Children and Siblings**

The various studies focus on different illegitimacy rates among abusing families. Gil found that approximately 75 percent of the abused children studied were born within the marriage while Simons found a slightly higher incidence of illegitimacy among the New York cases.\(^1\)\(^2\) Bryan relates that premarital conception had occurred in slightly less than 50 percent of the families in his study.\(^3\)

In this study, including the adopting family where there had been no natural births, we find that 61 percent of the abused children are legitimate; 9 percent were conceived premaritally and 7 percent were born extramaritally. Our findings, then, while not completely consistent with other studies, indicate also that the majority of abused children are conceived and born within the marriage.

\(^1\)Gil, Nationwide Epidemiologic Study of Child Abuse, op. cit., p. A.3.

\(^2\)Simons et al., op. cit., p. 53.

However when we examine sibling births we get a completely different picture. Only in sixteen cases were all siblings conceived and born in marriage and only in eight families was there no history of illegitimacy, premarital conception or extramarital births. To put it in percentages, only 22 percent of the thirty-seven families, where birth history of all children is known, have produced all their children within the legal union. It can only be concluded, then, that illegitimacy, using the term in its broadest sense, is not as significant a factor in selecting a child for abuse as is commonly supposed.

Sibling Deaths

A recurrent theme in medical literature is the necessity of maintaining a "high index of suspicion" if doctors are to be effective in preventing repetitive and/or fatal incidents of abuse among children. Fontana raises the possibility of unsuspected trauma among so-called accidental deaths. The Kansas State Health Board reviewed infant death certificates and reported situations suggestive of murder. Boardman relates the story of an eleven months old baby whose murder and burial were only revealed when the mother sought protection for herself and surviving infant against the abuse of her partner. Adelson reviewed childhood homicides in one


Ohio county and concluded: "It is relatively simple to destroy the life of a child in almost absolute secrecy without the necessity of any elaborate precautions to ensure that secrecy."

The primary objective of a social worker engaged in the field of child protective services is to reduce the hazards to which children are exposed through neglect and/or abuse. This cannot be done without an assessment of the parents' ability to function adequately. In all areas of life judgments are made on the basis of past performance. The social work profession is no exception to the general practice of obtaining references focussed on demonstrated ability. It is equally, if not more, important to have convictions about the need for reliable histories through which we can determine how effectively parents have demonstrated their qualifications for the job of parenting. Young, in speaking of families of the severely abusing group, states that: "the form and requirement of that protection is dependent upon accurate diagnosis and the clearest guide is still past and present behaviour."  

If we subscribe to the idea that doctors must be alert to suspicious circumstances then we must place some responsibility on social workers for more thorough exploration of events which appear blindly in records and remain obscure because the worker failed to take proper cognizance of them.


For this reason we are taking a closer look at situations where sibling deaths have been reported. Sibling deaths occurred in five families but in one there seemed no doubt that the death had been accidental. In the sixth family no death has been established but a passing reference to an unborn child receives no further mention during a lengthy contact with the family. In other words the child is "missing" in a family where the history of child neglect is so severe that some suspicion is justified.

A brief description of the five cases will illustrate the reasons for concern and demonstrate that lack of perceptiveness is not confined to any one agency or group in the community.

Case No. 1: Mrs. A. is said by other members of the family to have been responsible for the recent death of her small son when she set fire to the home during an alcoholic stupor. The record of a community agency mentions that her present problems originated with the death of another child four years ago.

Case No. 2: Mrs. B. was referred to the Society following the death of an infant, although the child had been seen previously at the same hospital for a fracture thought to be parentally inflicted. It was also learned that another child had died earlier of aspiration and pneumonia, thought possibly due to neglect.

Case No. 3: Mrs. C., previous to the present incident of abuse, had been responsible for the death of an infant when she dropped the child fracturing its skull.

Case No. 4: The D. family, who are chronically harsh with their children, had an extensive contact with the Society prior to their marriage around the poor care given to their illegitimate children. Two of these children became Crown Wards. At the time of the present referral for abuse the fact that one of the children in the home had died escaped the worker's notice until after the contact had been terminated. No record of death could be located here although the Registrar of Deaths identified the local hospital where death had been attributed to pneumonia.

Case No. 5: Mr. and Mrs. E., after three years of marriage, produced eight children in as many years. In the record
of a community agency it is stated that Mr. C. described the marriage as a forced one. The Society's record is one of severe malnutrition of two infants. Even without the knowledge of premarital conception the lack of children in the early years of marriage, during which time the parents were together, is incompatible with the history of the family. Yet this fact aroused no interest in the worker.

These situations are presented mainly to demonstrate how we may fail to protect the living by not recognizing the significance of past events.

Frequency of Abuse

Studies indicate that the problem of recurring abuse is of sufficient magnitude to cause grave concern. Boardman reports that out of twelve hospitalized children only one, who suffered third-degree burns to almost her entire body, had no known history of previous abuse.\(^1\) Jones and Davis established that one-half of the forty-two cases they studied had more than one episode of abuse.\(^2\) Both Gil and Simons note that a previous history of abuse existed in over one-quarter of the children in their reports.\(^3,4\)

In this study a single incident of abuse brought thirty-five children to the attention of the Agency but the medical diagnosis or the nature of the obvious injuries such as fresh and fading bruises indicated that the incident had not been an isolated one for twenty-three of these children. The remaining eleven

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\(^3\) Simons et al., op. cit., p. 57.

children were involved in more than one incident of abuse and information substantiated that, in addition to the distinct episodes, there was a consistent pattern of abusive or harsh treatment. Thus in only twelve instances does abuse seem to have been an isolated occurrence. Table 4 describes this distribution of repetitive abuse as it is found among the different age groups.

**TABLE 4**

**CHRONICITY OF ABUSE BY AGE GROUPS**

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Single Incident of Abuse</th>
<th>Chronic Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>( - 3)</td>
<td>4</td>
<td>8.70</td>
</tr>
<tr>
<td>(2-6)</td>
<td>3</td>
<td>6.52</td>
</tr>
<tr>
<td>(7-9)</td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>(10-12)</td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>(13-15)</td>
<td>3</td>
<td>6.52</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>26.08</td>
</tr>
</tbody>
</table>

It must be emphasized that the child who has been involved in an episode of abuse and who has been and continues to be the recipient of repetitive abuse is, indeed, in a hazardous situation. Table 4 indicates that out of the total number of abused children chronic abuse involves over 50 percent of them under the age of ten while the largest single percentage is found among children three years of age or less.

Literature documents many cases where a child's life was forfeited because those in responsible positions did not take
effective measures to prevent further incidents.1,2

The Abused Child as the "Scape-goat"

Literature refers to the selection of one child for abuse as "scape-goating" in the sense of the child being used as a victim through which frustrations, arising from parental pathology, are acted out. The child becomes identified in the abuser's mind as the person responsible for all his difficulties - a "scape-goat" onto which hostility, originating from faulty relationships within the immediate or past family, can be displaced. Mintz suggests that the abused child finds some sort of satisfaction in the attention he derives from his position and that siblings find "some sort of economy", in being provided, through parental sanction, with someone upon whom they can project blame for everything.3 While this study was not designed to explore this theme it is interesting to observe some impression of it in this study. In two families the abused children seemed to derive some sort of gratification in having the attention of the community or of the other parent focussed on them and in one case the child who ran away from the home asked to be returned. In another situation it was obvious that the siblings simulated their parents' attitude by treating the abused child as an outcast. This topic presents a worthwhile hypothesis for further study.


Young and Bryant both found that generally one child is selected to be abused.\(^1\)\(^2\) Reinhart postulates that while sibling abuse does not appear to be a typical pattern it is a more common occurrence than generally assumed.\(^3\)

In three families in this study two children were selected to be abused with no apparent violence directed towards the siblings. In another family consisting of two children both were abused. In six of twelve additional situations where all children were treated harshly it seemed merely accidental that a particular child was the target of abuse. Excluding these six children and the two-child family where both children were abused, there remains thirty-eight children who were singled out as victims of parental assault. In other words abuse of one child occurred in 76 percent of the families while abuse of two children, who seemed to be chosen as "scape-goats" from among the siblings, occurred in 7 percent of the families. This finding seems to concur with the results obtained in other studies.

**Extent and Severity of Abuse**

The high incidence of death and permanent disability as a result of abuse in the study undertaken by Kempe has already been related.\(^4\) In the two studies on the national level using the newspaper media as the information sources, the death rate was

\(^1\)Young, *op. cit.*, p. 51.

\(^2\)Bryant et al., *op. cit.*, p. 129.


\(^4\)Supra, p. 2.
found to be even higher. Later studies report lower death and hospitalization rates. Although the decrease is very closely related to reporting sources it may also indicate earlier intervention and more effective measures of control.

Statistics relevant to the numbers of children who have suffered permanent crippling effects as a result of abuse are not certain. It is frequently difficult for doctors to assess the degree of mental retardation which may have existed prior to the injury. It is not possible to estimate the number of mentally deficient children in case loads or in institutions who have been brain damaged through assault. Brown refers to injuries of growing limbs resulting in deformity, shortening and over-growth.

Table 5 provides us with a picture of the extent of the injuries sustained by the children in this study. Total injuries appear as more than 100 percent as different types of injuries occurred simultaneously and/or repetitively.

Multiplicity of injuries account for the figure of approximately 17 percent found in the more seriously injured group. Only 11 percent of the total cohort was involved. One child sustained a fractured skull along with multiple bone fractures, both old and new. One of these children died as a result of his injuries. The

1Gill, Incidence of Child Abuse and Demographic Characteristics of Persons Involved, op. cit., p. 15.

2DeFrancis, op. cit., p. 4.

3Simons et al., op. cit., p. 50.


child who is shown as having suffered permanent damage will require extensive surgery as a result of third-degree burns to the lower half of his body. Time alone will permit an accurate assessment of the physical and emotional scarring resulting from immersion in near boiling water by an irate mother. Multiple bruising, which testifies to the violence of the attack, occurred among 41 percent of the children either as the result of isolated or repetitive assaults or in conjunction with more serious abuse.

**TABLE 5**

**EXTENT OF INJURIES OF ABUSED CHILDREN**

<table>
<thead>
<tr>
<th>Extent of Injuries</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal</td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>Fractured Skull</td>
<td>3</td>
<td>6.52</td>
</tr>
<tr>
<td>Multiple Fractures</td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>Permanent Damage</td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>Single Fracture</td>
<td>2</td>
<td>4.35</td>
</tr>
<tr>
<td>Multiple Bruises</td>
<td>19</td>
<td>41.30</td>
</tr>
<tr>
<td>Bruises</td>
<td>25</td>
<td>52.18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52</td>
<td><strong>113.03</strong></td>
</tr>
</tbody>
</table>

**Medical Treatment Required**

As Table 6 shows, the majority of children did not require medical treatment. Many of these would have been medically examined, however, as it is the general practice to encourage mothers to take abused children to hospital or to apprehend the child for this purpose if the parents are unco-operative and this step seems
necessary. The children who were admitted to care following the incident of abuse would have been routinely examined. Exclusive of the one fatality, where the child was pronounced dead on arrival at hospital, approximately 20 percent of the children required medical treatment with 15 percent having to be hospitalized.

TABLE 6
EXTENT OF TREATMENT REQUIRED

<table>
<thead>
<tr>
<th>Medical Treatment Required</th>
<th>Children</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Fatality</td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>7</td>
<td>15.22</td>
</tr>
<tr>
<td>Medical Treatment</td>
<td>2</td>
<td>4.35</td>
</tr>
<tr>
<td>No Treatment</td>
<td>36</td>
<td>78.26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

These findings seem to be consonant with the conclusions reached in the more recent studies. Also emphasized in these reports is the young age of most of the children who die or receive serious injuries and our conclusions in this respect are in agreement. In our study the child who died was in the youngest age group. All of the children who suffered serious injuries were less than seven years of age and of these all but one were three years of age or under. Of the group sustaining multiple injuries only four had attained the age of ten.

1Simons et al., op. cit., p. 51.
2Illinois, op. cit., p. 20.
Methods of Abuse

A review of literature on the abused child gives us a grim and incredible recital of the ways in which adults maim or dispose of their children.1,2,3,4,5,6

Children in this study were found to be abused through more than one method either concurrently or repetitively. Beating seemed to be the most frequent method of inflicting abuse. Of the 85 percent of the children involved in beatings only 7 percent were abused with the open hand. Parents seemed almost equally disposed to using instruments or fists. Injuries inflicted through pushing or throwing involved 20 percent of the children and this method of abuse resulted in death for one child and fractures for three other children. This can, then, be only regarded as a lethal method of abuse where young children are involved. Other types of abuse included pinching, biting or scratching, choking, kicking, burning. Although only one child was severely burned, two others bore scars indicative of cigarette burns.

1DeFrancis, op. cit., pp. 5-6.
2Adelson, op. cit., p. 1348.
6Boardman, "A Project to Rescue Children from Inflicted Injuries," op. cit., p. 44.
Neglect of Child and Siblings

Young found that some parents who abused their children also neglected them.\(^1\) Greengard described gross neglect in half of the cases he studied while other studies report associated neglect in 15 to 20 percent of the abused children.\(^2,3,4\)

The child who is physically neglected is much more easily diagnosed than the child who suffers emotional neglect. To determine the existence of emotional neglect is a difficult task. In this respect this study cannot be regarded as yielding reliable data. Judgments were made in many of the situations and therefore our findings must be acknowledged as rudimentary.

In only 37 percent of the families was evidence lacking of physical and/or emotional neglect of any of the children, and included in this figure are two families where no judgment could be made. Physical neglect was associated with abuse of the child in 33 percent of the incidents while in 24 percent siblings were also physically neglected. Emotional neglect appeared to accompany physical neglect or to exist alone in 63 percent of the total number of abused children; siblings were emotionally neglected in 24 percent of the cases studied.

The percentage of physically and/or emotionally neglected children in this study is high. This may be due to the fact that many multi-problem families appear in the Agency's case-loads but may also indicate a lack of reporting of those situations where the

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\(^1\) Young, op. cit., p. 65.
\(^2\) Greengard, loc. cit., p. 84.
\(^3\) Simons et al., p. 65.
\(^4\) Illinois, loc. cit.
经济和社会地位是家庭被视为不可阻挡的因素。

**Identified Problems of Abused Child and Siblings**

Young refers to the "immersion in the act of punishing without regard for its cause or its purpose." Bryant states that the majority of the children in the study in which he engaged were not unusual in terms of mental deficiency, physical disability or psychosis."\(^1\)

It was these statements which led to the writer's interest in exploring the problem in terms of Bryant's statement and in determining whether similar difficulties existed among the non-abused siblings.

Children, for the purpose of this exploration, are considered as having emotional problems when they react to the home environment with excessive restlessness, withdrawal, antisocial behaviour, hostility, etc. Again we must stipulate that our conclusions are based on the opinions of the social workers and of the writer in assessing the existence of the emotional problems.

Mental retardation appears in a very small number of these cases. Six of the children were diagnosed as retarded on being psychologically tested but either one or more of the siblings were also retarded in four of the families. Only one mother mentioned retardation as the reason for her dislike of the child but most of her children were equally deficient.

\(^1\)Young, *op. cit.*, pp. 44-45.

\(^2\)Bryant *et al.*, *op. cit.*, pp. 128-129.
One child had frequent hospitalizations for recurring chest conditions but so did his sibling and with both children illness seemed related to emotional deprivation.

The number of children exhibiting emotional reactions to their environment forms the largest group of children with specific difficulties. Approximately 41 percent of the children give evidence of impaired functioning within the family setting and in 28 percent of the families one or more of the siblings show similar difficulties. Whether their behaviour is a result of parental handling or whether abuse was stimulated by their behaviour is a subject for further research.

In this chapter we have found that the majority of abused children and those who are more seriously injured are found in the youngest age group with a preponderance of males in this group. While siblings are sometimes harshly treated, the abuse, frequently repetitive, is generally focused on one child. Size of families, illegitimacy, physical illness or mental retardation do not seem to be significant factors in selecting a child for abuse. Many of the abused children are emotionally neglected and show emotional disturbance while a smaller percentage show evidence of physical neglect. These same problems appear in relation to other children in some of the abusive families.
CHAPTER III

CHARACTERISTICS OF ABUSING PARENTS

The purpose of this chapter is to obtain information on the structural characteristics of families where abuse is found and to identify some of the personality characteristics of the abusers. The data will then be applied to Zalba's typology of abusing parents to determine where mutual or different patterns appear in this study. It is hoped that such a comparative analysis will provide us with a succinct interpretation of our own experience at Children's Aid Society from which we can begin to evolve more precise formulas for management and control of the problem.

In a prior analysis based on the case records, each case was assigned by the writer to one of the classifications described by Zalba. Following a general discussion of the data gathered and a review of other studies relating to each item a comparison with Zalba's classification will be undertaken on four levels:

(a) identification of the abuser in terms of the age of the abused child; the type and severity of the abuse inflicted; the chronicity of abuse and/or existence of neglect in relation to the abused child and siblings; and the frequency with which illegitimacy occurs, (b) identification of the parents by sex, their relationship

1Supra, p. 21.
to each other and to the abused child, (c) identification of families where problems relative to economy, physical standards, mobility, health and/or marital difficulties exist, (d) and identification of abusers and partners who assume some degree of responsibility for the child. Included in this part of the study also is an evaluation of the partner as a catalyst in the situation of abuse.

**Sex of Abuser and Relationship to Child**

Both the study in New York city and in Illinois found that more mothers committed abuse than did fathers. Bryant reported abuse committed equally by both parents.

In this report there is no significant difference between the number of abusing parents by sex. Table 7 shows an almost equal distribution.

As can be seen from Table 7, a very high percentage of natural parents are involved in incidents of abuse. It is a consistent finding in other studies that natural parents singly form the largest group of abusers, and that a small percentage of them are equally involved in acts of abuse. Although Table 7 does not indicate abuse being committed by both parents there are

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1Simons et al., op. cit., p. 44.
3Bryant et al., op. cit., p. 127.
4Ibid.
5DeFrancis, op. cit., p. 5.
6Simons, loc. cit.
7Illinois, loc. cit.
### Table 7
SEX OF ABUSER AND RELATIONSHIP TO ABUSED CHILD

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Male</th>
<th></th>
<th></th>
<th>Female</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Natural parent</td>
<td>19</td>
<td>41.30</td>
<td></td>
<td>17</td>
<td>36.96</td>
</tr>
<tr>
<td>Step-parent</td>
<td>4</td>
<td>8.70</td>
<td></td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td>Foster-parent</td>
<td>1</td>
<td>2.17</td>
<td></td>
<td>3</td>
<td>6.52</td>
</tr>
<tr>
<td>Adopting parent</td>
<td>-</td>
<td>-</td>
<td></td>
<td>1</td>
<td>2.17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24</td>
<td>52.17</td>
<td></td>
<td>22</td>
<td>47.83</td>
</tr>
</tbody>
</table>

six families in the study where the involvement of the marital partner is suspected and another where the spouse, although not actually inflicting the injuries, was implicated in restraining the child while father beat her.

DeFrancis is the only one of these researchers who links the seriousness of the abuse with the sex of the perpetrator. He found mothers to be responsible for almost 50 percent of the fatalities. While male and female caretakers were found in this study to be equally responsible in inflicting multiple bruising this was not the case in the more serious injuries. The one fatality in our report was caused by the mother. Moreover, mothers or mother substitutes were the abusers in four of the five situations involving fractured skulls, fractured bones and severe burning.

While our study includes only one adopting parent there have been other cases known to the Society. An interesting

1 DeFrancis, loc. cit.
observation made by one author to the effect that potentially abusive parents, through adoption, are provided with the opportunity of projecting blame on the natural parent for producing a child so impossible to live with opens up another possibility for further study.¹ This hypothesis could be applicable to foster-parents and as the combined group of these substitute parents from 9 percent of our cases, further research into this area might provide some valuable clues in the selection of adequate substitute parents.

Age of the Parents at the Time of Union

DeFrancis comments that his findings refute the popular notion that teenage parents are largely responsible for child abuse.² Difficulties, however, stemming from an early marriage may remain inoperative until an accumulation of stresses result in abuse. Early marriages may also be a factor in separations leaving the child with the abuser whose resentment of marital partner may spill out over the child.

In this analysis we prefer to present the ages at which union occurred and, therefore, Table 8 includes two common law unions which, in terms of time, appear to be stable. A single mother accounts for the remaining family.

Table 8 shows that the majority of females in this study established unions between the ages of eighteen and twenty-two. Males formed unions in the next higher bracket of twenty-two to twenty-six. This is not considered an unusual pattern in our

²DeFrancis, op. cit., p. 8.
### TABLE 8
**AGES OF PARENTS AT THE TIME OF UNION**

| Ages     | Male | | | Female | | |
|----------|------|---|---|--------|---|
|          | Number | Percentage | | Number | Percentage |
| (17)     | 1 | 2.44 | | 5 | 12.20 |
| (18 - 21)| 7 | 17.07 | | 16 | 39.02 |
| (22 - 25)| 15 | 36.59 | | 7 | 17.07 |
| (26 - 29)| 7 | 17.07 | | 3 | 7.32 |
| (30 +)   | 3 | 7.32 | | 2 | 4.88 |
| Unknown  | 8 | 19.51 | | 8 | 19.51 |
| Total    | 41 | 100.00 | | 41 | 100.00 |

Society and does support the inference in DeFrancis' statement that youthful marriages are not generally of major importance in the situations of abuse. However, it is also pointed out that 12 percent of the females in this report were seventeen years of age or under at the time of union, and all of these unions were marriages. This might appear to be a more common factor if the group under study was larger and, if so, it might relate to marriage laws and/or cultural factors peculiar to this province or country as a whole.

**Age of Abuser at Time of Incident**

This data relates to mothers only in the New York study and to heads of households in the Illinois one.\(^1\)\(^2\) Both Gil and

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\(^1\)Simons et al., op. cit., pp. 37,43.

\(^2\)Illinois, op. cit., p. 13.
DeFrancis in their reports, based on press surveys, found over half of the abusers to be within the age group of twenty to thirty.\textsuperscript{1,2} This could be interpreted as meaning that the most severe cases of abuse are committed by parents within this age group. This deduction seems to be supported by Gil's study of the California sample which locates the largest single group of abusers in the age group of thirty to forty, but this finding is influenced by the fact that the reporting age in California is up to eighteen years.\textsuperscript{3}

Table 9 illustrates our analysis of ages relating to the abusers in this study.

\textbf{TABLE 9}

\textbf{AGE OF ABUSER AT TIME OF INCIDENT BY SEX}

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>( - 17)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(18 - 21)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(22 - 25)</td>
<td>6</td>
<td>14.29</td>
</tr>
<tr>
<td>(26 - 29)</td>
<td>3</td>
<td>7.14</td>
</tr>
<tr>
<td>(30 + )</td>
<td>11</td>
<td>26.19</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>4.76</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>52.38</td>
</tr>
</tbody>
</table>

\textsuperscript{1}Gil, Incidence of Child Abuse and Demographic Characteristics of Persons Involved, op. cit., p. 28.

\textsuperscript{2}DeFrancis, loc. cit.

\textsuperscript{3}Gil, Nationwide Epidemiologic Study of Child Abuse, op. cit., p. A.8.
It is seen that the biggest single grouping occurs among parents who are more than thirty years of age. A wide scatter was obtained in this group and as we are looking at chronological immaturity it seems of little value to present this visually. However, it is worthwhile to mention that six of those older abusers, with even distribution between males and females, were forty-two years of age or over.

That it is deceptive to put undue stress on the chronological age as representative of maturity is an obvious truism. Nevertheless there is some expectation of a more controlled performance from older parents. For this reason one might conjecture that abuse by this group is an uncontrolled reaction to behaviour. This is a factor which should receive additional attention in studies focussing on abuse as it relates to the behaviour of children.

Occupation of Male Household Heads

For a full description of the wide variety of occupations, ranging from unskilled labour to professional employment, in which abusing parents are found, the reader is referred to DeFrancis.¹ The reports from Illinois and California indicate a general low rate of subsistence but incomes of a small percentage are recorded as over $10,000 in the former study and as over $15,000 in the latter.² ³ Although income must be equated with size of family and economic hardships, there remains the fact that abuse is not necessarily associated with only the lower socio-economic groups.

¹DeFrancis, loc. cit.
²Illinois, op. cit., p. 15.
Young states that: "Many of the children about whom doctors have become alarmed are from middle-class homes."¹

Case histories of abuse occurring in financially secure and upstanding families can be located in the literature. Allen, who includes a number of vignettes about such situations, makes reference to a very wealthy and prominent family whose child was subjected to severe abuse by relatives.² In another source a doctor relates the story of a much loved and respected pediatrician who subjected his adopted child to unmerciful beatings.³

The occupational status of thirty-nine household heads is shown in Table 10. The other three families are single parent homes consisting of mothers only.

TABLE 10
MALE OCCUPATIONAL INDEX

<table>
<thead>
<tr>
<th>Occupational Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>3</td>
<td>7.69</td>
</tr>
<tr>
<td>Semi-professional</td>
<td>6</td>
<td>15.38</td>
</tr>
<tr>
<td>Skilled labourer</td>
<td>11</td>
<td>28.21</td>
</tr>
<tr>
<td>Unskilled labourer</td>
<td>19</td>
<td>48.72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>39</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

¹Young, op. cit., p. 83.
³Bain et al., loc. cit.
Assigning arbitrarily low income to the unskilled labour group, our findings would indicate that almost 50 percent of the families have a low level of subsistence. To interpolate here that of the twelve families found to be frequently or chronically on relief all but one came from the group of unskilled labourers increases the validity of our assumption of economic instability in this group.

We have no basis on which to make a comparative analysis with other studies. Our only assumption can be that about half these families, on the basis of occupational index, have an income of above $6,000 per year. We can also say that the professions are represented here as they are in other studies.

**Physical Standards in the Homes**

Young perceives abuse as sub rosa in contrast to neglect which is more generally visible to the outside community. She found that middle-class families, in particular, did not physically neglect their homes or their children.\(^1\) Although this interesting theme does not appear to have been expanded upon in other reports, it motivated us to take a cursory look at physical standards found in the homes of our families. This information was obtained from case records and through discussions with the workers supervising the homes.

Of the total of forty-one families where it was possible to obtain a judgment, only 24 percent were classified as families with poor or very poor standards; 15 percent were considered to be maintaining adequate standards; and 61 percent were described as

\(^1\)Young, *op. cit.* , p. 65.
possessing more than adequate ability as homemakers. It was noted that 8 percent of the mothers were regarded as being compulsive in their attitude towards cleanliness.

Although this method of evaluating standards does not yield the precise kind of data which would be necessary for a more penetrating exploration of Young's conclusions, it does offer evidence that abuse of children is not confined to substandard homes. This is one of the items which could be included for further exploration in a study devoted only to abusing parents.

Family Mobility and Its Causes

Simons found an excessively high mobility among the families studied in New York city.1 Bryant, on the contrary, found that the majority of the families he studied had lived within their communities for years and had not moved about extensively within those communities.2 Delsordo, reporting on eighty cases studied in Pennsylvania, relates high mobility to families where abuse is indiscriminately directed towards any child and where the chief characteristics of the abusers are irresponsibility and low frustration tolerance.3

An evaluation of the mobility rate among the families studied here indicates that 56 percent move repeatedly. In one instance the parents made it quite clear that their moving was a desire to avoid further contact. A similar motive was suspected in

1 Simons et al., op. cit., p. 31.
2 Bryant et al., loc. cit.
two other cases. While it is only an impression it did appear to us that evictions played a minor role and their restlessness was part of the cultural and economic pattern. In some instances families moved out of the province only to return when they discovered that freedom from trouble was not attainable elsewhere. We cannot help but wonder if the bulk of the families on the move are seeking a magic answer to their problems. When a place becomes cluttered and disorganized, they move. Perhaps they are hoping to leave all the clutter and disorganization of their personal lives behind as well.

Physical and Mental Health of Parents

Simons reports that 17 percent of the families in New York city had been previously institutionalized.¹ DeFrancis states that in the national study many instances of premature return of mothers from mental hospitals were evident.² Bryant found a significant cluster of abusing fathers where some disability interrupted their role of breadwinner.³

Any conclusions regarding the existence of health problems in this study must be tempered by the knowledge that this information is not always available. It may be withheld as in one instance when an abusing father, included in this study, was arrested for violent behaviour in the community and subsequently committed to a mental hospital. Mother reported to us that he was being treated at a local hospital for a physical illness. Mental

¹Simons et al., op. cit., p. 44.
²DeFrancis, op. cit., p. 11.
³Bryant et al., op. cit., p. 128.
retardation is equally difficult to establish. In some instances the records indicate a border-line mentality but as this is such a subjective opinion we have only considered mental retardation as existing in those cases where psychological testing diagnosed this condition. While abuse cannot be attributed to mental retardation per se we feel its presence in either parent increases the hazard to the child.

Among our families we found three situations where abusers were admitted to mental hospitals following incidents of abuse but in two situations hospitalization occurred as a result of other violent behaviour in the community. Another five parents had contact with psychiatrists. Two of these were abusers for whom psychiatric assessments were requested following incidents of abuse but only one was considered for on-going treatment. Two were abusers who, prior to the incident of abuse, had been so evaluated and neither was accepted for further treatment although a long standing mental imbalance was recognized in one who was tentatively assessed as a border-line psychotic. The last parent of this group is a non-abuser who intermittently needs psychiatric assistance. In a sixth situation where the abuser's behaviour is regarded as indicative of underlying mental illness it has not been possible to obtain her consent to assessment until recently. In summary it seems that only 11 percent of the abusers have been assessed as having psychological difficulties and only 7 percent have been diagnosed as requiring hospitalization.

Mental retardation was found to exist in 14 percent of the abusers and in 7 percent of the non-abusers. Included in this group is the mother whose abuse of the child culminated in his
Physical ill health was noted in 14 percent of the abusers including one mother with a residual disability. Among the non-abusers, 10 percent had problems relating to physical health.

In this study these factors can only be noted as additional stresses which could be elucidated more fully in future studies where reasons for abuse is the sole focus.

**Admission and Explanation of Abuse**

Experiences in hospital settings point to the infrequency with which parents admit abuse. They are said to blame siblings or give inadequate explanations in the face of medical evidence to the contrary; they claim bruising tendencies; they profess no knowledge of how the injuries occurred; and they frequently contradict their initial statements.¹ Duncan, in his study of six convicted murderers, found a remarkable perpetuation of these characteristics in abusing parents.²

Kempe feels that while denial may be a very conscious attempt at self-protection it can also be based on psychological repression.³ Kaufman associates denial and projection with a schizoid type of personality where the person has considerable capacity to pull himself together after a violent outburst and

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¹Boardman, "A Project to Rescue Children from Inflicted Injuries," *op. cit.*, p. 45.


⁴Kempe *et al.*, *op. cit.*, p. 19.
present a smooth facade to the outer world.\(^1\)

Evaluation of the cases in this study reveal that admission of abuse was obtained in 72 percent of the cases. However, in 30 percent of the situations, admissions had been preceded by denials and in a few instances only a measure of culpability was acknowledged.

The responses to allegations of abuse are too varied to be mentioned here but one interesting pattern should be documented. Males tended to deny less than females. They were more prone to defend their right to discipline their children. No male presented a contradictory version of how the injuries had occurred. Only two males offered inadequate explanations in contrast to nine females whose statements were incompatible with the facts. In 10 percent of the incidents adults disclaimed any knowledge of how the injuries had occurred; 20 percent were ascribed to accidents; and 22 percent were blamed on siblings, friends, animals, etc. One child, with multiple bruises on his face, was said by mother to have incurred these when she slapped him on the back to prevent him from choking on food. Propensity to bruise was sometimes the explanation.

Young found a consistent lack of association between behaviour and punishment. She reported the most common reason for punishment was soiling and wetting but beatings were often related to the children being perceived as "freaks" or "evil". The reasons were often bizarre such as beating a child for stepping over a

chalk mark on the floor.¹

In this study discipline was the most consistent reason given for the injuries but of the 54 percent of the incidents attributed to discipline, 42 percent involved children three years of age or under. Incessant crying and toilet training were also among the reasons given. Both parents in one family described their twin girls as "freaks". One mother coldly and dispassionately commented that her children got beatings two or three times a week not because their behaviour merited such treatment but simply because she and her husband felt "this was good for them".

In this area of admission and response to abuse there is another general impression of a difference in reaction between males and females. Males more frequently expressed contrition with such phrases as "I lost my temper" or "I didn't mean to do it" whereas females were more apt to express open rejection of the child or associate abuse with marital or past childhood difficulties.

It is evident that our study reveals many of the patterns discussed in literature. While we have obtained a greater number of adults who admit abuse this again might relate to multi-problem families where neglect and abuse go hand in hand and is not so easily hidden from the community. The fact that we have a small number of severely abused children in our study may be another reason. Adults who inflict serious injuries are more likely to evade the consequences by denial. Indeed, in the situations involving fractures this seemed to be the case among the families in this report.

¹Young, op. cit., pp. 62-64.
This whole area of verbal reaction to allegations of abuse, particularly as it relates to the sex of the abuser, offers material for further study.

**Behaviour of Parents at the Time of the Incident of Abuse**

Much of the literature on the behaviour of the parents at the time of abuse has emanated from hospital settings. Morris documents very thoroughly the interest of the non-abusing parents in the hospitalized child. They give information willingly, visit frequently, inquire as to the prognosis and possible date of discharge. Abusing parents, on the contrary, disappear quickly after the child’s admission and seldom visit during his stay there.¹

This kind of information is generally unavailable in agency records but it is interesting to note that in one instance when the hospital provided these details for us the behaviour of the abusing parent and his spouse was exactly as Morris describes.

Morris also outlines the reactions of the abused child in hospital as it contrasts with the non-abused child.² It is suggested that social workers read this as the tangible evidence of a child's fear is equally discernible in his home.

How frequently do non-abusing parents report their spouses? Merrill states that only a very few spouses make a complaint against their partners.³ Defrancis found that mothers represented

²Ibid.
the greatest single reporting source. Again the seriousness of the abuse in the latter report may explain the greater assumption of responsibility found by DeFrancis.

It is obvious from Table 11 that the majority of abusers and their partners were not motivated to seek help for themselves or their children. The failure of the non-abusing partner to intercede in these situations is, of course, based on multiple reasons - the desire to give the partner another chance, fear of what will happen to the partner or fear of reprisal from the partner. Those motivations were not determined in this study but in some instances the extreme passivity of the non-abuser was noted in such statements as "We have no phone and I thought it had to be reported right away." Motivations of spouses for reporting are diverse. Of the females who reported, there was a large component of revenge in four instances. One abuser who reported self was a separated female who wanted admission of her child and seemed almost routinely to punish and report. The only male who reported his wife left no doubt that he was doing so because she had reported him for drinking while on the prohibited list.

In all instances of severe abuse parents took children to hospital and usually went together. However, in some instances there was considerable delay between the abuse and the seeking of medical help. Abusers seemed to leave this decision up to their partners or to others.

It must be noted also that while three non-abusers placed their children privately as if offering a protective environment the children soon reappeared back in their own homes.

1DeFrancis, op. cit., p. 13.
TABLE 11

BEHAVIOURAL RESPONSE OF PARENTS TO INCIDENTS OF ABUSE

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Abusers</th>
<th></th>
<th>Non-abusers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Took child to hospital</td>
<td>8</td>
<td>17.39</td>
<td>10</td>
<td>21.74</td>
</tr>
<tr>
<td>Reported abuse</td>
<td>1a</td>
<td>2.17</td>
<td>10</td>
<td>21.74</td>
</tr>
<tr>
<td>Placed child privately</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>6.52</td>
</tr>
<tr>
<td>Did nothing</td>
<td>37</td>
<td>80.44</td>
<td>25</td>
<td>54.35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td><strong>100.00</strong></td>
<td><strong>48b</strong></td>
<td><strong>104.35</strong></td>
</tr>
</tbody>
</table>

*a*Reporting includes reporting to police, hospital, Family and Juvenile Court, or Ottawa Children's Aid Society.

*b*Total is more than incidents as in two instances non-abusers took children to hospital and reported abuse to police.

Considerable exploration about the behaviour of parents around incidents of abuse is needed. It is obviously one of great complexity and data on underlying motivations would have meaning for treatment goals.

**Problem Areas in the Marriage**

Merrill lists marital discord and financial difficulties as being the most prevalent of problems found in the families he studied.¹ We are interested in breaking this down into more specific categories in order to get a clearer picture of the interacting pathology of the parents. Included in this part of the

¹Merrill, loc. cit.
evaluation are two separated females as their marital difficulties were very closely associated with abuse. The term "marriage" is also being applied to common law unions.

Out of the forty-one families where marital partners were in the home prior to or at the time of the abuse only 26 percent had no evident problems; 7 percent of the families identified problems as existing only in the area of verbal communication and in the sexual relationship; the remainder, 66 percent, were families with multiple problems around physically assaultive behaviour, alcoholism, and/or infidelity. Other difficulties manifest in these families were in the following order of precedence - financial problems, 46 percent; verbal abuse by one partner or by both, 44 percent; sexual incompatibility, 15 percent; and desertions by one spouse, 15 percent.

If we look further at these multi-problem families we find that while 89 percent of the abusers had problems around drinking, extramarital relationships and/or assaultive treatment of spouse these same problems existed either singly or together in 66 percent of the non-abusers. There is, then, a high degree of interacting destructive behaviour among the majority of the families in this study.

Role of the Non-abuser

The response of the non-abusers to situations of abuse has been described by various writers.¹ ² Their passive acceptance of


²Young, op. cit., pp. 49-54.
the partner's behaviour towards the child is seen as condonation of the act of abuse or denial of their investment in the child. They may escape from the situation but refute their responsibility by leaving the child behind. They may subtly stimulate the partner or others to be the agent of abuse. Bain quotes an example—a sibling viciously attacked a baby when left alone to baby-sit; mother, prior to her departure had placed baby on a window ledge, drew the sibling's attention to the open window and cautioned her not to let anything happen to the infant. Sargent presents several situations where the non-abuser "unconsciously prompts the child so that he can vicariously enjoy the benefits of the act". The non-abusing parent may also instigate behaviour in the child which he knows will evoke the partner's wrath.

This study provides us with evidence of the implication of the abuser in the act of abuse. The manifestations of deviant behaviour are analogous to those narrated in literature.

On the base figure of thirty-five families we found male non-abusers more prone to defend their partner's right to beat the child, to deny that abuse had occurred or to protect the spouse. This pattern was observable in 17 percent of the males as against 6 percent of the females. More females actively stimulated the abuse in the ratio of 23 to 5 percent. Approximately the same ratio of females to males appeared in the group of non-abusers who passively accepted the situation. In three situations there was strong evidence that the non-abusers were being gradually drawn

1Bain et al., op. cit., p. 751.

into the role of accomplices.

These and many other questions around the conflicts of the abuser offer the promise of interesting and worthwhile information to be gained from further inquiry.

Classification of Abusing Parents

Zalba's definitions of classifications have been presented previously and need not be repeated here. The descriptive content will be discussed as we talk about each category, and particular reference will be made to the areas where our findings run parallel to or differ from the characteristic patterns as described by Zalba.

Before presentation of this material some comments are necessary. Complications arise when attempts are made to arrange families in "pigeonholes". Some situations are not clear-cut in that it becomes obvious individuals in one group may have some of the characteristics of abusers in another group. This finding is applicable to at least one family in each group. The decisive factor in selecting the appropriate group in these situations was the circumstance which seemed to be the most operative.

Zalba refers to "marital conflict displaced onto a child" in describing the impulsive but generally adequate parent. This has some implication of displacement of conflict being limited to this category and to marital problems. Epstein states:

Projection occurs as an attempt to work through unresolved conflicts or ungratified wishes in relation to the individuals whose images are projected. It is postulated

1Zalba, supra, p. 21.
2Zalba, op. cit., p. 76.
that the images projected have three main sources; image of self; image of sibling; image of parent or representative of any of those.¹

In the families in this study there are instances where there is obvious displacement of conflict as a result of poor relationships in the abuser's childhood. We believe that such displacement, resulting in projection of role images, may present a greater hazard to the child as the parent may be unaware of the association. We also suggest the possibility of this phenomenon occurring more frequently than is generally supposed; failure to establish it may be due to insufficient data. Where it appears as a concomitant factor in these cases it will be noted.

Our final comment concerns the basis for Zalba's classification which he acknowledges as representing a summary of findings from other studies.² In presenting our data we prefer to emulate these studies by providing fuller descriptive passages of the material as it appears among the different classifications and to make comparisons with Delsordo's detailed findings when this seems to be pertinent.³

Turning now to the classification of the families in this study, Table 12 is introduced to indicate the numbers we found in each category.

Of the two cases where sufficient information was not available to permit classification, one is an unmarried mother.

¹N.B. Epstein, J.J. Sigal, and V. Rakoff, "Family Categories Schema," Prepared by the Family Research Group of the Department of Psychiatry in collaboration with the McGill University Human Development Study (Jewish General Hospital, Montreal, n.d.), p. 8 (Mimeographed).

²Zalba, op. cit., pp. 75-78.

living alone with her child.

TABLE 12
CLASSIFICATION OF ABUSERS BY SEX

<table>
<thead>
<tr>
<th>Classification</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Psychotic</td>
<td>1</td>
<td>2.38</td>
</tr>
<tr>
<td>Pervasively angry and abusive</td>
<td>9</td>
<td>21.44</td>
</tr>
<tr>
<td>Depressive, passive-aggressive</td>
<td>1</td>
<td>2.38</td>
</tr>
<tr>
<td>Cold, compulsive disciplinarian</td>
<td>1</td>
<td>2.38</td>
</tr>
<tr>
<td>Impulsive but adequate</td>
<td>10</td>
<td>23.82</td>
</tr>
<tr>
<td>Unclassified</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22</td>
<td>52.40</td>
</tr>
</tbody>
</table>

The small percentage of psychotic abusers found in this study is consonant with Delsordo's findings. Abuse in these families was confined to one child, was chronic but not severe. Physical neglect of children was present in two situations. Only one child was in the younger age groups. Marital partners, present in all homes, took no action to protect the children. Abuse was not focused on any illegitimate child. Only one family was free of problems in their interpersonal relationships. One family had the additional burden of severe mental retardation in both spouses.

1 Ibid., p. 213.
Housekeeping standards were poor in all but one. Two abusers were forty-two years or over.

Abuse was based on a distortion of reality and may have sprung from the parents' own life experiences. One mother whose oldest son was autistic became a private foster-mother for retarded children and beat them because she believed they were too lazy to learn. The other mother who had had a bigamous marriage beat her teen-age daughter because of her obsession around sex and abuse might have been related also to her resentment of oldest sibling projected onto her oldest child.

In the group of pervasively angry and abusive parents we have almost twice the incidence obtained by Delsordo. Zalba who associates this category with Delsordo's data on "overflow abuse" states that abuse usually involves children over five years old who are in conflict with parental values but that infants in these homes are in grave danger. Abuse is directed towards all the children. There are mostly women in this category with father being generally absent from the home. Open conflict is present if father is living with the family and family problems are multiple.

In two respects our findings are not similar. We found the majority of abused children three years old or less. As Table 12 shows, there is a preponderance of males in this group. Marital partners were present in all homes but one.

In all other respects our data is consistent with Zalba's description. Standards are generally poor, families move constantly and have multiple problems. Diagnosed mental retardation and

1Ibid., p. 214.
2Zalba, loc. cit., p. 75.
psychopathic behaviour was highest in this group.

Abuse is chronic and neglect prevalent. In many of the homes neglect and chronic harsh treatment involves the siblings. As would be expected abuse was not, in the majority of instances, focussed on the illegitimate child although the illegitimacy rate in this group is high. Parents show lack of control in methods of abuse and abuse is severe. The one fatality occurred in this group while other children sustained fractured limbs.

In four of the families the non-abusers could be described as pervasively angry or abusive although the majority are characterized by extreme passivity. In five of the situations the non-abuser stimulated the abuse. Abusers admit violence and explain it on the basis of discipline.

In two situations mothers had an aversion for boys, seeming to project onto them hostile feelings arising from negative associations with male figures in the past. In two other situations males expressed through abuse of spouse and children their bitterness towards mothers who had abandoned them.

Zalba describes the depressive, passive-aggressive parent as being unsure of wanting marriage and children. This parent is unresponsive, reticent about expressing feelings, unhappy. The risk of serious injury to children is high. Usually one child is abused but sometimes all are.¹

In our families assigned to this category all but one are females. The problems in the home are related to ineffective communication between partners. Compulsive standards are noted in most homes.

¹Zalba, loc. cit., p. 76.
The majority of children are three years of age or under. Abuse is severe. Two children sustained fractured skulls and one child was severely burned. Physical neglect is almost non-existent but abuse is chronic and harsh treatment meted out to siblings. While premarital conception forced the majority of the marriages the incident of abuse did not involve the child in question.

Non-abusers tend to protect their spouses by remaining silent or mitigating the incidents. A high degree of defence mechanisms operate in this group and projection of role images is prevalent. One step-mother, for instance, relived her own past experiences with a younger step-brother when she perceived, perhaps erroneously, her step-son's negative reaction to the birth of her son.

Zalba's fourth classification is the cold, compulsive disciplinarian. The chief characteristic is lack of warmth. They defend their right to discipline and when they abuse avoid bodily contact by inflicting punishment with instruments. Abuse is coldly sadistic and they defend their right to discipline. Their homes are compulsively clean. Children are usually over seven years of age.1

Zalba quotes Delsordo as the source for this category and perusal of Delsordo's article will add to the reader's understanding of this classification. In our study the incidence is equivalent to that reported by Delsordo.2

In our study we find that half of the children are under the age of seven. Physical abuse does not involve the other

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1Ibid.
2Delsordo, loc. cit., p. 216.
children in most instances although in two families two children were selected to be abused. Instruments are the principal methods of dispensing punishment although one child received a cigarette burn and another child was forced to kneel, with arms outstretched, on corn meal. This kind of abuse supports the concept of the sadistic abuser.

Physical neglect of children is absent, all homes neat and clean with compulsive housekeeping noted in two. Only one family hinted at marital problems but then would attempt to deny or to minimize them.

Defences of denial and projection of blame were very noticeable in this group and when admission was obtained they claimed discipline and saw nothing wrong with what they were doing. Bed-wetting sometimes stimulated the abuse. Without exception husbands were the accomplices of the female abusers.

One mother disliked her girls and this was closely associated with her own experiences. She established for her daughters the same kind of regime which had driven her from her own home. Her plan for her oldest girl, towards whom she felt the strongest antipathy, was to send her to live with maternal grandmother, a mentally ill woman who lived alone behind locked doors and closed windows.

Zalba notes that about one-half of Delsordo's group is contained within the classification of impulsive, but generally adequate parent with marital conflict. Zalba identifies the father as the abuser in the majority of these families. Father usually expresses contrition about his behaviour. Premarital conception occurs frequently and abuse is limited to the particular child.
Children are usually over five years of age.\textsuperscript{1}

As can be seen from Table 12 our incidence is not as high as half of the families but is about equal to the incidence obtained in the pervasively angry and abusive group.

Children are found in all age categories although six of the children were upwards of ten years of age. Children were multiply bruised but no child needed medical attention. Chronic abuse of the child or of the siblings is lacking in the majority of the cases.

Marital partners are in all the homes but one. Over half the families have no discernible problems in the areas of alcoholism and assaultive interaction with spouses. Financial problems and high mobility are found in half the families. Housekeeping ranged from compulsive to poor.

The non-abusers in some situations seem to be pervasively angry and abusive and one gets the impression that in these situations the roles became reversed on impulse. The striking factor which emerges as characteristic of this group is the predilection of non-abusers to stimulate abuse. Almost all abusers admitted their behaviour. This group differs from the others in that the abusers tend to express remorse.

In almost all of these situations marital conflict seems to be the immediate cause of the abuse. However, in one situation there was an obvious displacement of hostility, stimulated by the non-abuser, from a premaritally born child to a favourite child. It is possible that, because these situations seem more simple to us, we tend not to look beyond the precipitating cause.

\textsuperscript{1}Zalba, loc. cit., p. 77.
Although we found physical illness to be a component of abuse in this last category we do not feel they can be legitimately assigned to Zalba's classification of parents with identity/role crisis. His description of angry, controlled disciplinarians with the women in this category frequently being alcoholics and/or vagrants does not seem to apply.¹ In two situations the loss of role seems a complicating factor but the stimulus for abuse radiated chiefly from the behaviour of spouses.

In general the prevailing characteristics of abusing parents are similar in this report to those outlined by Zalba. The hazards to the child in the pervasively angry and abusive and in the depressive, passive-aggressive groups are clearly substantiated. The same pattern, however, is missing in relation to the ages of the children falling within each group. This may be attributable to the fact of increased vigilance in the matter of abuse and the possibility of earlier referrals.

A further study of any one of these groups using a substantial sample would produce more reliable data. In particular the role of the non-abusing partner is an aspect which requires additional knowledge.

To summarize this chapter, our findings indicate that abuse is committed more frequently by natural parents with equal distribution between the sexes but females inflict the most serious injuries. Youthful marriages are minimal but multiple and severe problems are prevalent in the majority of the families. Families tend to be very mobile. Males are more prone to admit abuse and express regret than females. Non-abusing females are

¹Zalba, loc. cit., p. 78.
generally passive or instigate abuse. When they report spouses they are frequently motivated by the desire for revenge. Discipline is the most commonly related reason for the abuse.
CHAPTER IV

INVOLVEMENT OF FAMILIES WITH COMMUNITY AGENCIES

In this chapter we are concerned with the reporting pattern in the community as evidenced through the referral sources of the forty-six incidents of abuse, and the nature and extent of the involvement of the families with public and private agencies. We also propose to examine briefly those cases where no referral was made to the Society although the community agency had some knowledge of the incident or of harsh, abusive treatment prevailing in the home.

Reporting Sources

In five of the situations there was no referral from the community. The Agency worker learned of the incident of abuse during contact with the family. This does not imply that any member of the community failed to report. The fact is merely being stated to indicate that in the discussion of referral sources the base figure is forty-one.

The Public Health nurses, the school doctors, and Medical Officers of Health work very closely together. It was impossible to separate them out without leaving the impression that one group failed to report whereas in fact a referral from any one of these may be at the instigation of some other member of this group. Combined reports, then, from this group formed the largest source of
referrals. Together they accounted for 44 percent of the incidents. Hospitals reported 12 percent and neighbours were responsible for an equal number of referrals. The balance of referrals came from a variety of sources - relatives, private foster-mothers, etc. No particular group among this constellation formed any significant percentage of the total. Included, however, was one referral from the Coroner's office and one referral from a public agency which came too late to prevent serious damage to the child.

These findings do not agree with Merrill's report which locates the highest referring group among relatives.\textsuperscript{1} DeFrancis, as noted previously, found mothers to be the greatest single source of reporting.\textsuperscript{2}

Involvement of Families with Public Agencies

Of the 42 abusers in this study, 31 percent had been in trouble with the police and 21 percent of these persons were found to be in the pervasively angry and abusive group. Furthermore, frequency of difficulty in this respect was noted among this group in contrast to the remaining 10 percent where infrequent incidents was the pattern. Violations of the law ranged from drunkeness to theft and breaking and entering. One abusing father had a history of convictions for three criminal offenses and two petty offenses. Of the non-abusers, 12 percent had a history of legal difficulties with 7 percent of these found among the group where the abusing spouses were classified as pervasively angry and

\textsuperscript{1}Merrill, \textit{op. cit.}, p. 3.

\textsuperscript{2}DeFrancis, \textit{supra}, p. 72.
abusive parents.

Charges of failure to provide, desertion, contributing to juvenile delinquency, and/or physical assault brought one or both spouses before the Family Court in 29 percent of these families. As a charge of failure to provide is part of the procedure prior to obtaining financial assistance and may be associated with desertion we do not intend to present any figures on its frequency. Similarly contributing to juvenile delinquency may refer to drunkenness, the use of foul language, physical brawls, etc. in front of children or it may refer to much more serious behaviour. In this study we wish to pursue a little further only those cases in which Family Court appearances related to physical assault of spouse. Except for one instance the pervasively angry and abusive group accounted for the 15 percent of the families so involved. This is very minimal, of course, but it is surprising in view of the fact that physical abuse of spouse appeared as a domestic problem in 50 percent of the families. Perhaps it is a further indication of the inability of these families to take steps to effect any change in their lives.

The lack of contact with Juvenile Court was even more marked. Following incidents of abuse two families applied to the Court for help in managing two children who had been the recipients of abuse. One child, as a result of these applications, was sent to a Training School. No other abused child was before the Juvenile Court although siblings in two additional situations had frequent appearances. Gil found an equal lack of involvement of abused children in Juvenile Court proceedings.¹

As mentioned previously, twelve of the male-headed families or 31 percent were found to be chronically on relief.\(^1\) Of this number, 18 percent fell within the pervasively angry and abusive group. If we add an additional 8 percent of this group who needed financial assistance occasionally we find that only a very few of these families were apparently free of economic difficulties. There were no relief applicants among the cold, compulsive group. The balance of the families requiring chronic support was distributed through the remaining groups with an additional 5 percent requiring supplementation on occasion.

**Involvement of Families with Private Agencies**

Based on the total number of families, 29 percent had some contact with private agencies. Included in these, however, were two abusers whose requests were totally unrelated to service and one non-abuser who coldly denied her son, later abused, the opportunity of becoming a member of a special group being operated by one of the agencies.

The pervasively angry and abusive group made up 10 percent of the families. Contact was initiated through referral from outside agencies in three situations and although the implication of acceptance of service was present, it was obvious that none of them could make constructive use of help. Service of a family agency was terminated by one abuser and the help of the Alcoholic Research Foundation consistently denied by the behaviour of two non-abusers. In the fourth situation in this group the request for help by the non-abuser could not be granted because of the abuser's resistance

\(^1\) *Supra*, p. 55.
The impulsive but inadequate group accounted for 7 percent of the families who sought help from family agencies. Contact was initiated by two non-abusers and one abuser. In the latter situation a prolonged contact achieved only minimal improvement with a poor prognosis noted by the agency. In the two former situations one abuser refused contact although it was suspected his spouse manipulated the refusal and in the other situation the abuser was denied the opportunity for help by his wife's unwillingness to continue contact when she perceived that the agency would be non-punitive in its approach.

The last family came from the depressive-passive group. Following a serious incident of abuse there had been agreement between the Ottawa Children's Aid Society and a family agency that the latter provide service which was in accordance with the wishes of the parents. A prolonged and extensive involvement with this family, however, did not prevent an additional episode of abuse although the extent of the abuse was less serious than it had been in the first incident.

**Frequency of Abuse Unreported**

In this part of the discussion we are only referring to incidents of abuse which were not reported to the Ottawa Children's Aid Society.

In 20 percent of the incidents we are studying in this report the hospital, although aware of the occurrence through hospitalization or clinic attendance of the child, failed to make the Agency aware of the situation. It is quite possible that the examining doctor was unaware, at the time, of the circumstances
under which injuries had occurred. It is also possible that referrals would have come from the hospitals in some of these instances had the Agency not been alerted to the incident of abuse by another source and took the initiative in contacting the hospital. In one such case, however, the mother, subsequently admitting abuse, related that she had taken the child to the clinic several times telling the doctor that siblings were responsible for the multiple bruising. The same mother had taken another child to hospital for a fractured arm.

The Agency was informed of one of these hospitalized children by a school teacher who, in making the report, added that the child had been severely bruised on more than one occasion. The principal had advised her "to stay out of the situation" but this last episode resulting in a fractured skull was "too much for her".

In 7 percent of the situations the Ottawa Police on being advised of the occurrence of abuse had contacted the Family and Juvenile Court. None of these incidents were reported by either agency. It should be noted, however, that these incidents had occurred prior to the legislation requiring mandatory reporting. The author would also like to state that generally both the Police Department and the Family and Juvenile Court are not remiss in reporting neglect and abuse. These situations are mentioned here to emphasize that early referrals might prevent further episodes. In one of these cases, for instance, it would be natural to expect that there was no need for service in view of the fact that the abuser had received a two-year sentence. Two years later, however, the mother, panicking at the imminent release of her common-law
husband from jail, abandoned her children leaving them in the care of relatives who happen to be one of the abusing families under study here. The child coming into care was described as "battered". Whether mother or the relatives beat her could not be determined.

Among the private agencies only one incident of abuse was unreported. However three records contained references to chronic abuse and episodes of abuse with no referral to the Society. In two situations the worker had been advised that abuse had been reported to the Society but made no effort to determine the validity of these statements. This author contends that, if children are to be protected from abuse, each agency in the community must take measures to ensure that adequate steps have been taken to provide that protection.

Before leaving this subject we would like to bring to the reader's attention some of the opinions of other authors.

Merrill's study which disclosed that only 9 percent of the situations had been referred by doctors although they had been involved in over 30 percent of them provides the focus for the following discussion.¹

The importance of the role of the physician in diagnosing cases of abuse is well documented in literature and needs no

¹Merrill, loc. cit.
elaboration here.\textsuperscript{1,2,3} Boardman and Galdston, among others, emphasize the necessity and effectiveness of competent radiologists as members of the diagnostic team.\textsuperscript{4,5} Curphey points out that the physician is not required to identify the abuser nor to undertake any investigation in this respect but only to report to the proper source his suspicion, based on his experience and skill, that an episode of abuse has occurred.\textsuperscript{6}

Other writers present us with a profile of the principal reasons why doctors fail to report. These include identification with the abusing parent because of disbelief that a parent would deliberately injure a child; withdrawal from the situation as the thought of abuse is so repugnant they prefer to remain uninvolved; fear of legal involvement which may represent loss of time from a busy practice; anxiety about being sued by a parent which, in spite of a protecting law, may result in publicity adverse to his practice; ambivalence about the privileged communication between patient and doctor; a belief that the abuse will not be repeated;

\begin{itemize}
\item[2]\textsuperscript{2}Harold Jacobinzer, "Rescuing the Battered Child," American Journal of Nursing, Vol. 64 (June 1964), pp. 92-97.
\item[4]\textsuperscript{4}Boardman, "A Project to Rescue Children from Inflicted Injuries," op. cit., pp. 43-51.
\end{itemize}
and finally lack of knowledge of what to do about the situation.1,2,3

Both Elmer and Morris caution us that these conflicts are not exclusive to any one professional group; nurses, court personnel and social workers may deny the existence of abuse resulting in serious hazard to the child.4,5

In conclusion this chapter identifies the group composed of school and community health personnel as the main reporting source of the forty-six incidents studied. There is some indication, based on the Society's records, that a number of cases are not reported by hospital personnel although they have been involved. Community records reveal that only a handful of these families sought help and indications are that the majority were unable to use the service constructively. No abused child was before the Juvenile Court prior to the incident of abuse. Although a minimum of parents were involved with law enforcement agencies this difficulty appeared more frequently in families where the abusers have been classified as pervasively angry and abusive parents.


3Reinhart et al., op. cit., pp. 358-362.


5Morris and Gould, op. cit., p. 48.
CHAPTER V

THE ACTIVITY OF THE OTTAWA CHILDREN'S AID SOCIETY
WITH THE FAMILIES OF THE ABUSED CHILDREN

The discussion in this chapter will be focussed on the action taken by the Society on behalf of the child - whether or not the child was removed from the home and the reasons for subsequent discharge from care if this occurred; the reaction of the parents to intervention, the action taken against the parents, the quality and extent of service including the use of community services and what the family situation was at the time of closing; prognosis for recurrent abuse if the child is left in the home or returned home; and finally the past contact with particular reference to any previous admissions to care of the children.

Action Resulting from Intervention

Of the forty-six children, nine came into care following the episodes of abuse and seven children were subsequently admitted when it became apparent that the service being given was not effective in safeguarding the children. Five of these children became Crown Wards.

Another child was to be admitted to care but the father, the non-abuser, placed the child privately and refused to divulge her address. Two families disappeared following the initial contact. Five families because of the particular circumstances of the
problems were referred to other sources of help while in another six families, including the three foster-families, separation of the children from the abusers occurred.

The environment was considered safe for the children in another nine families. One of these included a severely burned child who was returned home from hospital on the basis of psychiatric assessment of the mother. The Agency remains uneasy about this situation and is similarly concerned about five other children from four families where ability to control aggression is very nebulous.

All cases except the five referred elsewhere were assessed as needing continuing service from the Society.

Reaction of Parents to Intervention

The most striking fact which emerges from exploration of this aspect is the lack of expressed concern for the child. Only in two families did both spouses verbalize anxiety about the child and in one other family the non-abusing mother voiced her solicitude for her child. One of these families were Agency foster-parents who asked to have the child removed for the child's sake. In the remaining two foster-homes hostility and concern for self were the most apparent emotions.

In the remaining situations the principal reaction was hostility. Only seven of the abusers evinced any desire to be cooperative and an additional three requested placement. In many instances these people expressed guilt about their action but failed to make any comment about the effect on the child. Among the non-abusers almost half of them were hostile to intervention. A few of them were fearful of the spouse's reaction to Agency
contact or were concerned on his behalf.

Thoes were in main the initial reactions and further contact with the family frequently produced change. Some eventually agreed to admission, for instance. In one case where both parents had been extremely angry about the apprehension of the first child they requested the placement of the second child when father lost his temper and beat him.

A study around the change in the attitude of the parents would be a most interesting one. Do they react initially with hostility because of fear and guilt feelings and does change come about because they are relieved when the decision is taken out of their hands? One mother whose infant baby was apprehended recently for extreme neglect hysterically threatened to kill herself and was so overwrought that the worker was very fearful for her safety. After the court hearing, however, she expressed her relief and said she knew she would be in trouble if the baby remained with her for he would die.

**Action Taken Against the Parents**

Court charges were laid against twelve of the abusing parents, resulting in jail sentences for four and suspended sentences for seven. Psychiatric examination was ordered for the remaining abuser.

Action was instituted by the wives in the majority of the cases. In three situations the Society involved the police directly or helped the wife in carrying through on the laying of the charges.

Among those who received suspended sentences was the mother whose infant was dead. The jury took cognizance of her severe
Because of previous unreported injuries to the child the jury also recommended that failure to report abuse be made an offence. A further recommendation was the removal of other children from her care, and this was carried out.¹

This writer suggests that effective use can be made of the courts when the parent defeats a plan to protect a child by concealing that child. In one case mentioned previously the father returned the little girl to the home within a short time and then deserted. The child remains in the home and it is suspected that bruises which are again appearing are parentally inflicted despite mother's protestations to the contrary.²

Provision of Community Services

In the overall picture of the provision of community services it is difficult to determine which community agency took the responsibility for instituting the service. Frequently the need for psychiatric assessment or psychological testing is agreed upon between agencies and the plan set in motion by whichever agency is most directly involved with the client at the moment. For instance, an adult abuser may be more favorably disposed to cooperate in psychological testing if so ordered by the Court. In two cases in this study psychiatric assessments of the abusers were only accomplished through the court and in a third situation hospitalization was only obtained for the abusing mother when the worker made it clear to an indifferent father that he would be

¹This information is taken from the case record wherein is contained a copy of the proceedings relating to these two recommendations.

²Suora, p. 63.
charged with failure to protect his children unless he obtained psychiatric help for her.

Another critical problem which has to be overcome is the hostility of many of these parents. Unless the psychiatric or emotional problem is so severe that immediate attention is warranted a worker may have to wait until the relationship is sufficiently sound to suggest the need for this kind of treatment for a member of the family. In one of the families studied here, the abusing father, subsequently committed to mental hospital, adamantly refused any community service for himself or for his son who was obviously in need of assistance.

With these handicaps acknowledged it can be stated that psychiatric assessment or consultation, frequently combined with psychological assessment, was obtained for different members of eighteen families. This figure includes two children. Psychological testing alone involved an additional three persons, one adult and two children. One other father was sufficiently concerned about his behaviour to seek psychiatric consultation on his own.

Three persons were supported in their applications to Alcoholic Research Foundation for assistance and five mothers, as part of the treatment programme, were helped through Visiting Homemaker Association.

No attempt was made to list all the ways in which these families were helped to use community services. Generally it can be said that workers frequently provide transportation to and from clinics, procure baby-sitters when necessary, arrange camps for children and work very closely with the schools and the Public Health nurses. There was evidence in the files of this kind of
service having been extended to a number of these families.

Quality and Extent of Service

It has been noted in a previous chapter of this study that the Society is beginning to experiment with family therapy treatment.\(^1\) While family therapy study groups have excited interest and provoked discussions in staff meetings, the majority of workers have not as yet incorporated this method into their practice. This was evident in perusal of the files of the families under study and in discussion of the service to these clients each worker agreed that this was a valid conclusion.

Workers are most conscious of their responsibility to see the children as well as the parents. However, the contact with the children is usually on a more superficial level. This permits them to get to know the children and to observe them interacting with the parents but does not allow for any involvement of the children in discussion of family problems. That the children in some of the abusing families are too young to communicate verbally is a reality factor which must be recognized as a limitation in family therapy treatment.

Conjoint counselling was seen as a realistic treatment objective in 70 percent of the cases in which contact was continued but proved impossible to achieve in 30 percent of the families. At the present moment, 39 percent of the active cases are handled through joint interviewing. Supervision only is the service being given to another 26 percent of the families.

\(^1\) Supra, p. 20.
While we cannot undertake a detailed analysis of the reasons for limited service we wish to present the author's general impressions from reading case records. These may be valuable for consideration of additional research into the problem of abusing parents. The most salient factor impeding total involvement of the parents is the hostility of one or both partners while the pathology of the parents in a number of other situations confines the service to supervision only. Of importance also are the impressions relating to worker activity. Some workers tend to back away from or be dilatory in their approach to families where parents are hostile; others fail to be persistent in their approach or to schedule interviews regularly and with purpose; some have failed to make decisions about the ability of the parents to care adequately for their children and this has resulted in prolonged supervision of families where earlier admissions of children would have avoided the abuse and in some instances prevented the emotional disturbance which often results in unsuccessful foster-home placements. Recently the admission of the children in one such family came about as a result of the parents having been removed from the home by the police - the action came too late to prevent serious emotional disturbance in some of the children. Despite a lengthy contact during which it was obvious that the parental pathology could not be altered by the most skilled community services the treatment plan, just prior to admission, continued to be the marshalling of community resources on behalf of the family. It is hoped that these remarks will stimulate workers to fuller awareness of the need for purposeful planning.
Discharge of Children to Homes

Of the sixteen children who came into care, seven have been returned home. In all instances parents requested the return of the children. Two children were returned to one family when psychiatric assessment of the mother, the non-abuser, recommended this step. The abusing father, at the time of the return of the children, was serving a sentence for robbery, and had been diagnosed as a psychopath. As this is the mother who failed to report abuse because she "didn't have a phone" one wonders how reliable she will be in taking steps to prevent or to report abuse if it occurs again when father returns to the home.\textsuperscript{1} Three children were returned to two other families when mothers, the non-abusers, produced adequate plans which included what appears to be permanent separation from the abusing partners. In another situation the court allowed the return of a child on the basis of inconclusive evidence when the child retracted her written statement to the police of chronic abuse. In a similar situation in Toronto the judge refused to accept the child's retraction.\textsuperscript{2} The seventh child, who had been reported as abused by two sources, was returned home within a few days of admission despite multiple bruising and scratching of face and head. Mother's explanations, which varied in the details, could not possibly have accounted for the scratches and bruises behind the ears. Her persistent denials of abuse convinced the worker that mother was innocent. The care she lavished on the child during subsequent supervision led the worker to doubt

\textsuperscript{1}Suora, p. 63.

\textsuperscript{2}The Hamilton Spectator, August 24, 1967.
that abuse had occurred at all. This is one of the unclassified parents who, in spite of consistent contact, remains an enigma. Dalsordo speaks of parents who "graciously comply with the agency's expectations in order to get the caseworker out of their lives" and Merrill refers to the seriousness of situations where parents are "unable to admit their abusive attacks on children".

Assessment of Cases at Time of Closing

It has been noted that thirty-five of the cases were opened for continuing service. Three of the families which had been referred to other sources of help were subsequently accepted for service. Of this total of thirty-eight cases, seven have now been closed.

The decision to close in three situations was based on separation of the abuser from the family. Contact, however, was only discontinued when it appeared that the separations would be permanent. In one of these families psychiatric treatment for the child was not successful and he eventually went to training school.

The remaining four families resisted further involvement and there seemed no basis on which continuing contact could be justified. Included in this group are two foster-homes where the situations can only be regarded as unimproved in that the parents derived no benefit from counselling. One foster-mother continued to deny abuse although the medical findings and the severity of injuries belied her protestations. The only positive impression

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1Dalsordo, op. cit., p. 216.
2Merrill, op. cit., p. 13.
3Supra, p. 87.
one gains from this situation is that foster-father has been shocked into awareness of what was happening and may be more alert in protecting his own son should abuse be directed towards him. In the other homes there was some improvement in the environments. One parent obtained psychiatric help and her behaviour became more controlled. The child in this family is now sixteen and in a better position to protect herself. If necessary she will not fail to contact the Agency for help as she has done in the past. In the seventh situation the abuse had not been severe although concern is felt for all the children in this family because of the harsh, uncompromising attitude of the parents. Contact was maintained with the school and case was closed only when no apparent additional incidents had occurred during a period of several months.

The author is of the opinion that contact was terminated in all cases only after thoughtful consideration of all the factors. Every effort was made to ensure the safety of the children and to enlist the co-operation of the parents before reaching the decision to close a case.

Prognosis for Recurrent Abuse

In assessing the possibility of recurring abuse we are considering only those situations where the child is presently in the parental home. It must be added, however, that permanent placement of the four children temporarily in the care of the Society is seen as a necessity if further abuse is to be avoided.

Of the seven children who were returned home it is anticipated that six will be subjected to further abuse. In one of the families involving two children abuse will stem from mother's reaction to one child's behaviour or will be directed towards both
children with the common law husband being the agent of abuse. The past uncontrolled behaviour of the parents and the lack of change in the other situations offers little hope that these children will escape further abuse.

Eleven of the children who have been left in their homes remain in situations where abuse continues to be a hazard. Two of these families are unresponsive to further help and in at least two situations the possibility of severe injuries is high. Abuse in one situation may tend to be a prolonged, persistent kind of attack without the impulsive outburst of violence more manifest in the other situations. In another two families the author does not exclude the possibility of additional incidents if the abusers are given sufficient provocation.

Half of these children, including those who were discharged to their homes are three years of age or under. Only two have reached the age of ten years. All children but two are in homes where the abusers are also living. Of the seventeen abusers involved only two were classified as impulsive but adequate and in one of these situations the prognosis for repetitive abuse is less definite.

This, then, is not a very reassuring picture and in the writer's opinion re-emphasizes the need for more careful evaluation of parental capacity.

**Previous Admissions of Abused Children to Care**

These were in the minority. Only three had been in placement previously but two of these had a history of two prior admissions. All were made Crown Wards on admission following the present incidents of abuse.
A history of parental irresponsibility was evident in the case of one boy but each time the mother made an adequate plan and the child was returned to her. It is more difficult to justify the return of the second boy to his home. Reference has been made previously to the circumstances leading to this child's earlier admissions but further comments are needed about the worker's response to obvious recurring abuse. Even prior to the child's discharge the apathy of the parents, in spite of their request for his return home, towards impending reunion with their son was most marked. Nonetheless the child was discharged with the admonition that if found in the same appalling condition again the parents would be charged in court. On a number of occasions in later contacts the child was seen with many bruises; his isolation from the family and his extreme sadness were noted but not acted upon. Nor did the behaviour of the abusing mother receive the attention promised at the time of the child's discharge. Finally the distraught mother telephoned asking for the child's re-admission and was told "the situation would need to be investigated."

The third child was admitted to care when very young as a result of mother's extreme rejection. One child was already dead in the family as a result of mother's negligence. During the child's placement she was frequently taken to visit her parents. Mother who showed a stoic indifference to the child's presence and only held her at father's insistence, obviously aroused fear in the child. The child was eventually discharged because the worker felt she should be with her parents and because father doted on her. It is ironic that father eventually became the abuser whose attack on

\[\text{\textsuperscript{1}Supra, p. 8.}\]
her brought about the child's second placement some eight years removed from the first admission.

While these three cases represent only a minute percentage of the total of abused children under study the case histories illustrate most graphically how injudicious planning and misconceptions about children's rights can prolong the misery and unhappiness of a child. A number of the families under study here have had no previous contact with the Agency. It is hoped that ten years from now similar histories of admissions and discharges will not be part of the records. We must develop criteria which will guide the workers in denying or supporting the parents in their requests for the return of their children. The need for this criteria can only be demonstrated through research of the Agency's records and our past experience with frequent admissions for abuse and/or neglect can be documented as a first step. That abuse can be the sequence of physical neglect is illustrated in two of the situations described here. This, too, is a phenomenon which provides scope for a research project.

Previous Contacts of Families with the Society

The Society had no previous knowledge of eighteen of the families in this study. Eight of the families had received prior service around problems unrelated to neglect or abuse. The Agency had previous contact with another five families on single occasions only but in only two of these situations had abuse been alleged. Emphatic denial by both parents in one family where the child showed no physical evidence of abuse and the lack of co-operation of both the husband and the family physician in the second situation prevented further service at the time.
The files of the remaining eleven families have been opened and closed two to four times. Only five of these cases had been assessed by the intake workers as requiring extended service and the five cases were subsequently closed. Neglect and/or abuse seemed apparent in all eleven cases.

One case is chosen to illustrate how unproductive intervention can be without careful evaluation and observation. This situation involving twin girls had been referred initially four years previous to the present contact. The worker who saw the mother concluded that she had good knowledge of child care and recommended closing. There is no mention in the file of the children having been seen although they were reported as having welts and bruises on their legs and mother was quoted as admitting she had beaten them for disciplinary reasons. In a more recent referral the intake worker on investigating a further allegation of abuse not only saw the wrong child but diagnosed the abuse as minimal as only one small bruise was evident two days following the attack. What she failed to comprehend was that she was observing the child two days after the referral of the incident which had occurred nine days before.

This case is being used to underscore the need for workers, at all times, to be alert in situations of abuse. Nor can there be less emphasis on the need for painstaking evaluation of situations where any type of neglect is alleged or assessed. In these eleven cases the frequent openings testify to the deception inherent in such phrases as "the problem is one of relief", "no complaints for a month", "situation improved", or "can't be located". This writer suggests that our responsibility for protecting a child does not
and when parents move to "address unknown". Every effort must be made to locate the parents through relatives, other agencies or through advertisements if necessary.

Young describes the frequent opening and closing of cases, as "the most expensive operation imaginable" and an ineffectual method for the prevention of further deterioration.¹

In reviewing the functioning of the Ottawa Children's Aid Society we have tended to be critical in some areas particularly in relation to lack of planned treatment objectives for children and their families. On the other hand, it is also felt that the data suggest the Agency is assuming more responsibility for cases involving neglect and abuse. The high percentage of these cases which have remained active supports this conclusion. The Agency makes good use of community services and workers indicate persistency in maintaining contact with the families in the face of parental hostility, and in their attempts to obtain total parental involvement. Nor is there any indication of punitive attitudes towards the parents.

¹Young, op. cit., p. 146.
CHAPTER VI

CONCLUSIONS

The central theme of this report has been the portrayal of the characteristics of the abused child and his family as perceived through the case records of forty-two families known to the Ottawa Children's Aid Society from January 1, 1966 to October 31, 1967.

We found the characteristic age of the abused child to be less than seven years of age with a preponderance of children in the age group of three years or less. More male children are abused in the youngest age group while the reverse is true in the age group of ten years and over. Abuse is frequently repetitive and generally focussed on one child. The selection of a particular child for abuse seems generally unrelated to factors such as illegitimacy, physical illness, and/or mental retardation which differentiate him from his siblings. Physical and emotional neglect is involved in a high percentage of the cases. The size of the family does not appear to be an issue of significance.

Among the abusers natural parents, with females being responsible for the most severe injuries, were found to be in the majority. Youthful marriages were in the minority but a high percentage of the families have serious problems of relationships. Families also indicate difficulty in establishing roots within
Abuse is most frequently attributed by the parents to need for disciplinary action. Admissions of abuse and expressions of contrition are more generally obtained from males than females. Passivity and stimulation of abuse are more characteristic of the female non-abuser. A retaliatory satisfaction seems to be the motivating force behind reporting of abuse by female spouses.

Only a minimum of families made any attempt to seek counselling service in the community but were unable to make constructive use of the service. The principal reporting sources of incidents of abuse were identified as school and community health programmes. There was some indication of lack of reporting from the medical profession. A recent letter from the Ottawa Children's Aid Society to community hospitals is included in the Appendices to emphasize the Agency's concern about this problem. There has been a positive response to this.

The service being given by the Society in these situations of abuse is a persistent one and the approach is non-punitive. The high degree of parental hostility and the complex problems of familial relationships is frequently prohibitive in obtaining total family involvement. Heavy case loads create additional difficulties in extending effective help to the families. Failure to differentiate between those situations where the child may be left in the home and where he may have to be treated apart from his family is a problem to which the Agency needs to bring new insights.
Suggested Areas for Additional Study

The relationship between the sex of the abuser and the sex of the abused child presents a topic for further research. There are several possibilities which should be considered in a study focussed on this aspect: (1) the frequency with which the abuser chooses a child of the opposite sex as a target for displacement of marital conflict, (2) the frequency with which the abuser selects a child of the same sex because they perceive the child as an extension of that part of self which is "bad", (3) the frequency with which the abuser projects conflicts from the past onto a male or female child who serves as a symbol of a hated sibling or parent. Research into this area would furnish us with some guidelines for treatment approaches. Galdston advises, for instance, that in situations where parents perceive their children as distorted images from the past constant interpretation to them of their misconceptions enables them to focus on the past as the cause of their present difficulty.¹

Another closely related question is the frequency with which abuse is provoked by the behaviour of the child. Inability to satisfy the needs of an infant or the irritability of a child may be stress factors. Inability to control the older child may precipitate abuse. A study of this area would need to assess also the adequacy of the parenting and to distinguish between the response of the child as a prelude to abuse or as a consequence of it. Abuse of an older child may be a way of stimulating acting out behaviour which provides secondary gains for the parents.

¹Galdston, loc. cit., p. 442.
The question of whether or not the abused child obtains some sort of gratification from his position as "scape-goat" borders very closely on behaviour. Does the gratification stem from promoting dissension between his parents or from exposing his parents to community censure? To the child either result provides some measure of protection and gives him the "whip hand" although only momentarily. The danger is that eventually he finds this position too satisfying to relinquish. This theme would be a most valuable one to explore as this sort of response should be interrupted before it becomes too ingrained.

The extent of sibling involvement is a problem which requires attention. If they identify with the parents against the abused child they may be motivated to carry the same sort of destructive behaviour into the future and abuse their own children. This is equally applicable to the abused child. Studies of abusing parents should consider how frequently the pattern of abuse is perpetuated in the succeeding generation.

It is difficult to determine the extent to which emotional and physical disabilities are the after-effects of abuse. Studies of the emotional damage sustained by the abused child should be undertaken by protective agencies where evaluations can be obtained through observation of the children who come into care. The physical results of abuse might be more properly assessed in hospital and institutional settings.

The role of the non abusing parent is seen as a complex one which requires further clarification. The hostility of the non abuser which finds expression in stimulating the abuse is one which needs to be more fully resolved. The extreme passivity of
the non-abuser may be tacit approval of the act of abuse. What is the significance of the behaviour of the non-abusing spouse who allows himself to be used as the instrument of aggression or to become involved, almost as a minor partner, in the pathology of abuse?

It is hoped that some of these suggestions will stimulate social workers and allied professions to explore more diligently the problem of abusing families. Every member of the community has some measure of responsibility for protection of its children but the major accountability lies with the professions whose primary task is to strengthen family functioning.
APPENDICES AND BIBLIOGRAPHY
APPENDIX A

SCHEDULE USED TO IDENTIFY CHARACTERISTIC PATTERNS OF ABUSE KNOWN TO OTTAWA CHILDREN'S AID SOCIETY FROM JANUARY 1, 1966-OCTOBER 31, 1967

<table>
<thead>
<tr>
<th>CHILD</th>
<th>CASE NO.</th>
<th>OPENED</th>
<th>CLOSED</th>
</tr>
</thead>
</table>

1. **Sex**
   - A. Male
   - B. Female

2. **Age**
   - A(-3)
   - B(4-6)
   - C(7-9)
   - D(10-12)
   - E(13-15)

3. **Sibling constellation (natural homes or foster-homes)**
   - A(1)
   - B(2)
   - C(3)
   - D(4)
   - E(5)
   - F(6)
   - G(7)
   - H(8)
   - I(9)
   - J(10)
   - K(11)

4. **Legal status of child**
   - A. Legitimate
   - B. Illegitimate
   - C. Conceived premaritally
   - D. Born extramaritally
   - E. Other

5. **Legal status of siblings**
   - A. Legitimate
   - B. Conceived premaritally
   - C. Other

6. **Sibling deaths**
   - A. Number of siblings dead
   - B. Suspected abuse or neglect
   - C. Proven abuse or neglect

7. **Frequency of Abuse**
   - A. One incident
   - B. More than one incident
   - C. Chronic harsh treatment of child
   - D. Chronic harsh treatment of siblings

8. **Extent of Abuse**
   - A. Fatal
   - B. Permanent damage
   - C. Multiple bruises
   - D. Bruises
8. Extent of Abuse (cont'd.)
   E. Multiple fractures ___
   F. Fractured skull ___
   G. Single fracture ___
   H. Other ___

9. Kind of Abuse
   A. Beating with fists ___
   B. Beating with instrument ___
   C. Kicking ___
   D. Pushing, throwing ___
   E. Burning, scalding ___
   F. Biting, scratching ___
   G. Choking ___
   H. Other ___

10. Medical treatment required
    A. Hospitalized ___
    B. Medical treatment ___
    C. No treatment required ___

11. Neglect of children
    Child          Siblings
    A. _____ Physical ___
    B. _____ Emotional ___
    C. _____ Other ___

12. Identified problems with children
    Child          Siblings
    A. _____ Emotional ___
    B. _____ Mental retardation ___
    C. _____ Physical illness or handicap ___
    D. _____ Other ___

13. Sex of abuser
    A. Male _____
    B. Female _____

14. Abuser
    A. Natural parent ___
    B. Step-parent ___
    C. Foster-parent ___
    D. Other ___
15. Marital Status
   A. Single _____   E. Separated _____
   B. Married _____   F. Common law _____
   C. Widowed _____   G. Other _____
   D. Divorced _____

16. Age at time of marriage
   Male ______   Female ______ ______ ______ ______ ______ ______
   Male G(38-41) H(42+)
   Female ______

17. Age at time of abuse
   Male ______   Female ______ ______ ______ ______ ______ ______
   Male G(38-41) H(42+)
   Female ______

18. Relationship to child
   Male ______   Female ______
   A. _____ Natural parent _____
   B. _____ Step-parent _____
   C. _____ Foster-parent _____
   D. _____ Other _____

19. Male Occupational index
   A. Professional _____   D. Unskilled labourer _____
   B. Semi-professional _____   E. On relief _____
   C. Skilled labourer _____   F. Other _____

20. Housekeeping standards
   A. Very good _____   D. Poor _____
   B. Good _____   E. Very poor _____
   C. Adequate _____   F. Other _____

21. Family mobility
   A. Moves frequently _____
   B. Stable residence _____
22. Reasons for mobility

A. Cultural, economic pattern
B. Avoid intervention
C. Other

23. Physical and Mental Illness

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Mental illness</td>
</tr>
<tr>
<td>B.</td>
<td>Mental retardation</td>
</tr>
<tr>
<td>C.</td>
<td>Physical illness</td>
</tr>
<tr>
<td>D.</td>
<td>Physical handicap</td>
</tr>
<tr>
<td>E.</td>
<td>Other</td>
</tr>
</tbody>
</table>

24. Marital Problems

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Infidelity</td>
</tr>
<tr>
<td>B.</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>C.</td>
<td>Verbal abuse</td>
</tr>
<tr>
<td>D.</td>
<td>Alcoholism</td>
</tr>
<tr>
<td>E.</td>
<td>Finances</td>
</tr>
<tr>
<td>F.</td>
<td>Other</td>
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</tbody>
</table>

25. Verbal Response to Abuse

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Admitted</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Denied</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Refused explanation</td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Defended action</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Changed story</td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>Inadequate explanation</td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

26. Explanation of abuse

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Discipline</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Accident</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Blamed others</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>No knowledge</td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

27. Behaviour at time of abuse

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Took child to hospital</td>
</tr>
<tr>
<td>B.</td>
<td>Reported abuse</td>
</tr>
<tr>
<td>C.</td>
<td>Did nothing</td>
</tr>
<tr>
<td>D.</td>
<td>Other</td>
</tr>
</tbody>
</table>

28. Role of spouse in abuse situation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Stimulates child to provoke abuse</td>
</tr>
<tr>
<td>B.</td>
<td>Stimulates abuser</td>
</tr>
<tr>
<td>C.</td>
<td>Other</td>
</tr>
</tbody>
</table>
29. **Classification of abusing parent**

| A. | Psychotic parent |
| B. | Pervasively angry and abusive |
| C. | Depressive, passive-aggressive |
| D. | Cold, compulsive disciplinarian |
| E. | Parent with identity/role crisis |
| F. | Impulsive but generally adequate |
| G. | Other |

**THE COMMUNITY**

30. **Source of referral in incident of abuse**

| A. | Hospital |
| B. | Private doctor |
| C. | School |
| D. | Public health nurse |
| E. | Public Welfare Department |
| F. | Family and Juvenile Court |
| G. | Family agency |
| H. | Marital partner |
| I. | Abuser |
| J. | Relatives |
| K. | Neighbours |
| L. | Occurred during CAS contact |
| M. | Other |

31. **Family involvement with public agencies**

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Infrequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Public Welfare Department</td>
</tr>
<tr>
<td>B.</td>
<td>Juvenile Court re abused child</td>
</tr>
<tr>
<td>C.</td>
<td>Juvenile Court re siblings</td>
</tr>
<tr>
<td>D.</td>
<td>Family Court re physical abuse of spouse</td>
</tr>
<tr>
<td>E.</td>
<td>Family Court re other</td>
</tr>
<tr>
<td>F.</td>
<td>Police Department (male)</td>
</tr>
<tr>
<td>G.</td>
<td>Police Department (female)</td>
</tr>
</tbody>
</table>

32. **Involvement with private agencies**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Initiated by</td>
</tr>
<tr>
<td>B.</td>
<td>Service accepted</td>
</tr>
<tr>
<td>C.</td>
<td>Service not accepted</td>
</tr>
<tr>
<td>D.</td>
<td>Other</td>
</tr>
</tbody>
</table>

33. **Frequency of abuse unreported to Children’s Aid Society**

| A. | Family agency |
| B. | Alcoholic Research Foundation |
| C. | Family and Juvenile Court |
| D. | Public Welfare Department |
| E. | Hospitals |
| F. | Others |

---
INVOLVEMENT WITH CHILDREN'S AID SOCIETY

34. Response of parents to present intervention

A. _____ Hostility
B. _____ Wanting placement
C. _____ Refusing placement
D. _____ Concern about child
E. _____ Concern about self
F. _____ Concern about spouse
G. _____ Indifference
H. _____ Other

35. Action resulting from intervention

A. Child placed by CAS
B. Child not placed/CAS supervising
C. Child not placed/other agency active
D. Parents placed child privately
E. Other

35(a) If A give legal status of child
A. Crown Ward
B. Society Ward
C. Other

35(b) If B or C state reasons
A. Parents show potential for change
B. Safe environment with support
C. Abuser separated from family
D. Other

36. Action taken against parents

A. Charge laid by CAS
B. Charge laid by others
C. Court order to produce child
D. Other

37. Provision of community services

A. Psychiatric help
B. Psychological services
C. Homemaking service
D. Other

38. Quality and extent of service

A. Supervision only
B. Counselling / one parent
C. Counselling / both parents
D. Family therapy
E. Material help
F. Other
39. If child returned home, state situation
   A. Situation improved
   B. Situation unimproved
   39(a) If B state reasons
       A. At court's insistence
       B. At parents' insistence
       C. Other

40. If case closed, state situation
   A. Situation improved
   B. Situation unimproved
   40(a) If B give reasons
       A. Moved, address unknown
       B. No adequate reason
       C. Other

41. Prognosis for recurrent abuse
   Yes
   A. If child left in home
   B. If child returned home
   No

42. Record of child's past placement with CAS
   Reason for placement
   A. ___ First
   B. ___ Second
   Reason for discharge

43. Frequency of past contact with CAS
   43(a) If B or C give reason
       A. Neglect
       B. Abuse
       C. Other

44. Number of times case opened
   A. Intake only
   B. Continuing service
Re: Battered Child Syndrome

We would like to draw the attention of the medical profession to legislation which makes it mandatory to report physical ill treatment of children to a Crown Attorney or to the Children’s Aid Society. We are attaching a copy of the relevant Section of The Child Welfare Act for your information.

At the present time we are receiving a great many referrals of battered children from people in the community, such as nurses, teachers and the police, but virtually none from the medical profession. This is of some concern to us, and we are therefore requesting your assistance.

Our contact with doctors and hospitals subsequent to finding a case of a battered child, would seem to indicate that many doctors have a certain reluctance to refer such cases to us. Often the reluctance stems from the fact that "there is not sufficient evidence". He may not refer because he feels such an action would result in removal of the child from the home or in a charge against the parents.

We would like to impress upon you that we do not necessarily remove a battered child, or a suspected battered child, from his parents. Such a decision is not made lightly, and only if we assume that the child would be in serious danger if he remained with the parent. Your information and collaboration is vital in reaching this kind of decision.

We would appreciate if you referred cases to us where you have a suspicion of battering. If you find that the injury is not consistent with the explanation given by the child’s caretaker, the case should be referred to us so that we can then become involved. The legislation protects you, as the referring person, providing the information is given with reasonable and probable cause and not maliciously.

...2

A Member Agency of the United Appeal of Ottawa
Une agence-membre de la Fédération des Oeuvres d'Ottawa
We have had a number of deaths and permanent injuries in this area as a result of batterings. We are appealing to you to be on the alert when an injured child is brought to you for medical attention, and to refer to us any case where you feel that the child may have been ill treated.

During office hours you or your nurse can simply give us the identifying information by asking for "Protection Intake". After hours we have a worker on duty through a telephone answering service.

Your cooperation will be greatly appreciated.

Yours sincerely,

J.A. Messner
Executive Director
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