child ABUSE

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Advisory Committee on Battered Children

Buck, Margo, M.S.W.
Crosland, M. Ruth, Ed D.
Hlynka, Roman L., L.L.D. (Vienna), M.S.W.
McRae, Kenneth N., M.D.
Wilson Mary E., R.N., B.Sc., M.A.

MANITOBA DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

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What is child abuse?

Any injury **inflicted** on a child by an adult (usually parent), whether as the result of too harsh discipline or direct attack, should be regarded as child abuse. The injuries sustained by the child by these **non accidental** means, may vary in their severity and range from minor bruising, burns, welt marks to major fractures of the long bones and skull.

No inflicted injury however minor, should be disregarded; the parent or guardian is indicating by this act, his frustrations with the child and should be listened to and helped, even if the physical damage to the child appears to be slight.

What is a battered child?

The battered child is a child usually under the age of three years who on x-ray examination reveals the evidence of old repeated fractures to various parts of the head and body. Rarely has this child received medical attention for any of the former injuries and, therefore, the abuse is not detected until there have been repeated traumas.

The battered child should be regarded as being at the extreme end of the abuse continuum and the most vulnerable, due to the early age at which the injuries occur and the severity of the attack.

Who are child abusers?

Abusers may be male or female, and have no socio-economic characteristics which distinguish them from the rest of the population. They may be well educated or have limited educational capacity, they may belong to any ethnic, cultural or class grouping which exists in our society. This makes it difficult to determine persons who abuse their children from those who don't. However, evidence of a particular type of malfunctioning in the child/parent relationship helps to identify the abusing parent. The majority of parents who abuse their children have unrealistic expectations of the child, they look to the child to

satisfy the needs of the parent and when the child does not perform this function, they attack the child out of a sense of frustration. In most instances the parents are repeating their own childhood experiences when they were either abused themselves or constantly criticized for failing to live up to unrealistic expectations. (See further for additional description.)

Can the physical abuse be easily recognized?

Not as easy as it would seem. To the inexperienced the line separating "real abuse" from the "accidental" is a very thin one. The abusers usually have a plausible explanation for the injury to the child's body. Often parental abuse goes unrecognized even at the hospital setting when parental words are taken at face value due to the inherent repugnance of the idea that parents could be cruel to their own offspring. Frequently, the social factors play a decisive role in arousing suspicion and in contributing to a proper diagnosis.

Morris, Gould and Matthews have identified some of the typical reactions and attitudes of children and parents which are paraphrased under the headings of the next four questions:

What are some typical reactions and attitudes of protective parents to children's injuries?

- Parents are voluble and spontaneous in reporting details of a child's illness or injury.
- Show genuine concern about the degree of the damage.
- Show concern about the treatment.
- Show concern about the possibility of residual damage.

- Exhibit a sense of guilt. The younger the child, the more guilt the parents feel for not protecting him. Guilt and remorse are felt even when the parents have had no part in the child's injury.
- Ask many questions regarding the prognosis of the child's condition.
- Have difficulty in detaching themselves from the child on admission to the hospital.
- Visit their children in hospital frequently and stay long with them; always bring toys and gifts; want to be informed of the child's progress, discharge date, follow-up care.
- Identify with the child's feelings, both physical and emotional, when he is injured.
- Show warmth and relate positively to the child.

What are some typical reactions and attitudes of abusing parents ?

- Do not volunteer information about the child's illness or injury.
- Are evasive or contradict themselves regarding the circumstances under which the child's condition occurred.
- Show irritation at being asked about the development of the child's symptoms.
- Critical of the child and angry with him for being injured.
- Give no indication of feeling guilt or remorse regarding the child's condition.
- Show no concern about the injury, treatment or prognosis.
- Often disappear from the hospital during examination or shortly after the child is admitted.

- Maintain that the child had injured himself.
- Act as though the child's injuries are an assault on them.
- Show concern not about the child but about what will happen to themselves and others involved in the child's illness or injury.
- Tend not to visit the child in the hospital.
- Seldom touch the child or look at the child.
- Do not involve themselves in the child's care in the hospital.
- Do not inquire about the child's progress, discharge date or follow-up care.
- Respond to the child inappropriately, fail to show any warmth of feelings.
- Give no indication of having any perception of how a child could feel, physically or emotionally. Seem to be indifferent.
- Constantly criticize the child.
- Never mention any good quality in the child.
- Show no concept of the rights of others.
- Are preoccupied with themselves and the concrete things in life.
- Are often neglectful of their own physical health.
- Exhibit violent feelings and behaviour and in interviewing, reveal that this was a pattern in their original family.
- Reveal in the interviewing their concern about having been abandoned and punished by their own parents and are longing for a mother.
- Show overwhelming feelings that they and their children are worthless.

What are some typical forms of behaviour of well-nurtured children in a medical setting (doctor's office, hospital)?

- Cling to parents.
- Turn to parents for assurance.
- Turn to parents for comfort during and after examination and treatment.
- Constantly show by words and action that they want their parents and want to go home.
- Are reassured by their parents' visits.
- They find safety in their parents.

What are some typical forms of behaviour of abused children in a medical setting?

- Cry hopelessly under treatment and examination.
- Do not look to parents for assurance.
- Show no real expectation of being comforted.
- Are wary of physical contact initiated by parents or anyone else.
- Are apprehensive when other children cry and watch them with curiosity.
- Become apprehensive when adults approach some other crying child.
- Seem less afraid than other children when admitted to the wards and settle in quickly.
- Seem to seek safety in sizing up the situation rather than in their parents.

- Are constantly on the alert for danger.
- Are constantly asking in words and through their actions what will happen next.
- Are constantly in search for something: food, favours, things, services.
- Indicate having a feeling of being alone in a dangerous world with no real hope for safety (withdrawn).

How widespread and how serious is the problem?

No one knows for sure how widespread it is because the incidents of abuse usually occur in the privacy of a home without any witnesses and are committed on infants who can not talk or children who are too terrified to be able to talk. Cases of a serious nature are recorded and counted only when they come to the attention of doctors, hospitals, nurses, or social workers. It is estimated that there could be between thirty to fifty thousand of child abuse cases reported in the United States each year judging by reporting rates of the cities of Denver and New York. By the same token, Canada may have between 4,275 and 4,810 of such cases reported each year.

An offical of the Department of National Health and Welfare once estimated that approximately 2,000 children are killed or permanently harmed through abuse in Canada each year. It is said that the number of incidents is growing and with it the magnitude of the problem approaches significant proportions in terms of child mortality and permanent injury or brain damage inflicted on children.

Why treatment is preferred to intervention of criminal law?

- Treatment preserves and enhances the natural rearing milieu for the child.

- Treatment is the most constructive and humanitarian effort made equally on behalf of the innocent child as well as on behalf of the abuser caught in the web of tragic forces over which he or she may not have much control.

- In the sphere of irrational forces, the intervention of the criminal law process with its determination of guilt and subsequent imposition of punishment, no doubt, is of little value. Prosecution and jailing will not make better parents nor solve the basic problems which caused abuse. However, in hopeless cases, it becomes the last hope left and in cases resulting in the death of a child, the only possible intervention under the circumstances.

What prognosis of treatment?

The degree of success varies. Some cases lend themselves easily to guidance and counselling, and progress is quickly achieved. Others require long, protracted counselling combined with psychiatric therapy before any results could be evident. On the whole, it is reported that up to 75% of abusers can be treated successfully and children could be subsequently returned to them. Generally speaking, the success largely depends on the presence of many favourable factors such as these:

- Degree of emotional disturbance or psychological imbalance of abuser.

- His or her ability and willingness to engage in a counselling and/or therapy situation.

- Availability of psychiatric and social work services.

- Skill of professionals bringing help.

- Support of spouse or close relatives.

- Expectations as to the progress necessary in each individual case.

What is done about this problem in Manitoba?

In 1970, the reporting of child abuse incidents was made mandatory and at the same time the bona fide reporter was accorded legal protection from a civil court action.

In July 1971, the Registry for Physically Abused Children in Manitoba was established. Its purpose was to facilitate reporting and recording of child abuse and thus learn of the extent of the problem in our province as well as to protect victims of abuse through appropriate intervention.

During its five and a half years of existence, the Registry recorded 520 incidents of abuse, eleven of which proved to be fatal [see Appendix "B"].

In August 1972, the Advisory Committee on Battered Children comprised of representatives from the medical, nursing, social work and teaching professions was established and an intensified assault on the child abuse problem began. The thrust went in two directions: remedial and preventative. The family-centered professional help was made available for those needing it everywhere in Manitoba through the Children's Aid Societies or Regional offices of the Department of Health and Social Development, and various measures were undertaken designed to interpret the problem and its consequences to the public at large.

The physical abuse of children has in recent years drawn attention from both federal and provincial governments across Canada. Although the welfare of children is a matter of Provincial jurisdiction, assault upon the person of a child is also a matter of federal jurisdiction under the Criminal Code.

Here in Manitoba, officials of the Department of the Attorney-General and the Department of Health and Social Development, in consultation with various agencies and disciplines, have been working for several years to develop joint service guidelines to bring about closer cooperation amongst the agencies and disciplines involved in child abuse matters across the Province. The guidelines were put into effect in September 1976 [see Appendix "C"].

The guidelines mark a new approach in trust and mutual cooperation among disciplines. Mutual sharing of all information is provided for on a strictly confidential basis.

Recognizing the complexity of factors involved in all the child abuse incidents, the guidelines call for close consultation between social workers, doctors, law enforcement and prosecution lawyers before any criminal action can be commenced.

The general approach adopted in our guidelines is consistent with the policy of our two Departments, as well as with the recommendations made in 1976 to the House of Commons by the Standing Committee on Health, Welfare and Social Affairs after 18 months of study of the question of child abuse and neglect in Canada. This Committee endorsed the approach Manitoba has taken on the issue of the intervention of criminal law in child abuse incidents as summarized in this booklet under "Why treatment is preferred to intervention of criminal law?".

While similar programs have been developed in certain communities in Canada, e.g. Edmonton, we understand that this is the first province-wide program to come into effect and we are proud of our ability to have found a common path to serve our community better.

What are the mechanics of reporting and intervention?

- Anybody who has the knowledge of a child abuse incident should report it to the nearest office of the Children's Aid Society or the Regional or District office of the Department of Health and Social Development [see Appendix "A"] or to the local police department.
- When the information comes from a doctor, he is immediately consulted as to the action most appropriate under the circumstances to protect the child and then action is taken.
- When the information comes from persons other than medical doctors, its credibility is first checked out in strict confidence and then appropriate action is instituted.

- The Children's Aid Society or the Regional Office reports each incident of child abuse to the Registry for Physically Abused Children where the incident is recorded and checked for any recurrence.

- Depending on each individual case and using the guidelines' procedures, a combination of the following steps may be taken:

  (1) apprehend the child,

  (2) leave the child with parents under voluntarily agreed upon conditions,

  (3) apply to court for temporary or permanent guardianship of the child,

  (4) engage parents in treating their personal difficulties so as to improve the child rearing conditions in the family,

  (5) alert the Attorney-General's Department as to the criminal aspects of the case where warranted.

Where to report?

The offices of the Children's Aid Societies or the Regional and District offices of the Department of Health and Social Development are located in all the larger cities and towns of Manitoba. Contact the office nearest you [see Appendix "A"].

APPENDIX "A"

Children's Aid Societies, and Regional offices of the Man. Dept. of Health and Social Development

providing child protection services.

Children's Aid Societies:

C.A.S. of Winnipeg	4 - 114 Garry Street, Winnipeg	942-0511
Jewish Child and Family Service	304 - 956 Main Street, Winnipeg	589-6343
C.A.S. of Eastern Manitoba	123-B Marion Street Winnipeg	233-8931
C.A.S. of Central Manitoba	25 - 3rd Street S.E., Portage la Prairie	857-8751
C.A.S. of Western Manitoba	340 - 9th Street, Brandon	728-7000

Regional and District Offices:

Parklands Region	15 - 1st Avenue S.W., Dauphin	638-7024
District Office	201 - 4th Avenue S., Swan River	734-3491
Norman Region	Box 2550 Government Office Building, The Pas	623-6411
District Office	211 - 35 Main Street, Flin Flon	687-3457
Thompson Region	871 Thompson Drive South Thompson	778-7371
District Office	Churchill Health Centre Churchill	675-8881
District Office	Box 99 L.G.D. Building, Gillam	652-2121
Eastman Region	Provincial Building 250 - 1st Street, Beausejour	268-1411
Interlake Region	337-A Main Street Selkirk	482-7922

District Office	Thorwill Building, Ashern	768-2585
Winnipeg Child Welfare	1981 Portage Avenue, Winnipeg	885-4480

APPENDIX "B"

REGISTRY OF PHYSICALLY ABUSED CHILDREN IN MANITOBA

Department of Health and Social Development Child and Family Services

Reports received: By Source, Age and Sex of Child, Description of Trauma and Alleged Abuser, Disposition of Children, and Action Taken Against Abuser. 1971-1976.

SOURCE:	*1971	1972	1973	1974	1975	1976
Children's Aid Societies:	39	63	61	54	87	91
Central	2	4	3	3	3	4
Eastern	–	2	1	3	2	4
Western	–	13	12	12	12	14
Winnipeg	37	44	45	36	70	77
Regional Offices:	10	18	9	28	16	32
Winnipeg	–	–	–	1	–	2
Central	–	–	–	–	–	–
Eastman	4	7	–	6	–	1
Interlake	3	3	2	6	11	6
Norman	3	5	3	10	4	3
Parklands	–	3	4	5	–	7
Thompson	–	–	–	–	1	17
TOTAL	49	81	70	82	103	135
AGE:						
Under 1 year	13	12	20	7	15	21
1 - 3 years	17	29	23	33	27	39
4 - 10 years	15	26	19	30	38	43
11 - 15 years	2	11	6	5	22	30
16 and over	2	3	2	7	1	2
TOTAL	49	81	70	82	103	135
SEX:						
Males	29	44	36	54	53	60
Females	20	37	34	28	50	75
TOTAL	49	81	70	82	103	135

*Last six months

TRAUMA:	*1971	1972	1973	1974	1975	1976
Death	2	1	0	4	2	2
Fracture (s)	11	14	16	11	16	19
Burns	1	5	5	7	5	6
Bruises and welts	26	37	41	56	60	78
Rape	0	1	0	—	—	—
Sexual Assault	0	1	0	—	6	15
Other	9	22	8	4	14	15
TOTAL	49	81	70	82	103	135
ALLEGED ABUSER						
Father	12	26	11	18	21	46
Mother	15	26	22	20	22	33
Both parents	13	15	9	8	10	6
Common-law spouse	1	0	6	4	16	17
Unknown	6	5	9	23	16	16
Other	2	9	13	9	18	17
TOTAL	49	81	70	82	103	135
DISPOSITION OF CHILDREN:						
1. Child left or returned home with agency supervision	18	46	41	32	51	57
2. Non-ward care	5	3	4	4	4	16
3. Temporary guardianship	12	15	10	14	32	20
4. Permanent guardianship	11	16	5	1	1	5
5. Deceased	2	1	0	4	2	2
6. Investigation only	1	0	2	20	12	30
7. Pending	0	0	8	7	1	5
TOTAL	49	81	70	82	103	135
ACTION(S) TAKEN AGAINST ALLEGED ABUSER:						
1. Home supervision	18	43	41	35	51	46
2. Child removed into non-ward care	5	3	4	4	4	16
3. Temporary loss of parental rights	12	15	10	12	29	20
4. Permanent loss of parental rights	11	16	5	1	1	5
5. Criminal Court proceedings	2	4	2	1	2	10
6. Investigation only	1	0	2	23	12	30
7. Pending (Family Court & Criminal Court)	0	0	9	6	4	8

EXPLANATIONS:

1 — "Source" designates the child caring agency which reported the abuse incident to the Registry as well as the area where the abuse occurred.

2 — "Other" under "Trauma" may mean
cruel disciplining
failure to thrive
severe beating
cut or torn lip
lacerated cheek
exposure to frost (frozen toes)

*Last six months

3 — "Other" under "Abuser" may mean
babysitter
putative father
mother's boyfriend
family's relative.

4 — "Non-ward care" means that parents or guardian agreed voluntarily to place the child in care of the Director of Child Welfare or a Children's Aid Society for a specified time.

"Temporary Guardianship" means an order of the Family Court placing the child into care and custody of the Director or a Society for a specified limited time (temporary loss of parental rights).

"Permanent Guardianship" means an order of the Family Court placing the child into care and custody of the Director or a Society for an unlimited period of time (permanent loss of parental rights).

"Pending" means the case has not been concluded in the court of law as of December 31.

5 — "Investigation only" denotes instances where the child was left at home and no action was taken due to inconclusive evidence that abuse actually took place.

The criminal court proceedings instituted against the alleged abusers were taken in addition to the child protection proceedings.

APPENDIX "C"

GUIDELINES IN CASES OF CHILD ABUSE

The problem of battered babies and abuse of children generally has very far-reaching and serious consequences for society as a whole. In order to prevent the spreading of this "disease", the cooperation of all child caring agencies, law enforcement agencies, medical personnel and other concerned persons is necessary. Therefore, the Honourable Minister of the Department of Health and Social Development and the Honourable Attorney-General, having given fullest consideration to all the aspects of child abuse in our Province and to existing law in that respect in Manitoba, have agreed to the following procedural guidelines in order to bring about the required cooperation of all agencies under their respective jurisdictions.

For the purposes of these guidelines, "child abuse" means the non-accidental use of physical force by a parent or a person in charge of a child which results in injury or death to a child.

GUIDELINES

1. Any case of suspected child abuse must be reported to the local regional office of the Department of Health and Social Development, the Children's Aid Society having jurisdiction in the area, or to the local police department.

2. Where the report is received by a child caring agency (regional office of the Department of Health and Social Development or the Children's Aid Society), the agency will immediately consult with the local police department. Similarly, where the report is received by the local police department, the police will immediately consult with the appropriate child caring agency. Investigation into a complaint of child abuse will be conducted by the child caring agency and/or the local police department in the spirit of mutual cooperation towards protecting the child and the best interests of the community. Following due consultation, the involvement of the local police department in the investigation of any case of suspected child abuse will vary from case to case depending upon the circumstances of the particular case.

3. In order to ensure that the best course of action is adopted in every case, there shall be a mutual sharing of confidential information respecting all facts uncovered in any investigation of child abuse between the child caring agency and the local police department.

4. Responsibility for the protection of the child shall be with the child caring agency and the agency will undertake appropriate action to protect any abused child as is provided by The Child Welfare Act and, will report each incident of alleged child abuse to the Registry for Physically Abused Children attached to the office of the Director of Child Welfare.

5. No criminal prosecution will be commenced without consultation among the local police department, the child caring agency and medical personnel, and only following approval by a Crown Attorney.

6. Should a Crown Attorney instruct a criminal charge more serious than assault causing bodily harm, e.g. murder, rape, manslaughter, wounding with intent, an Information will be laid in the appropriate Provincial Judges Court. Prosecution will follow the normal course.

7. Where the circumstances are such that the abusing parent might be subject to a charge of assault causing bodily harm or some less serious offence, there shall be consultation among the local police department, the child caring agency and medical personnel and the office of the Crown Attorney to determine whether criminal charges should be laid or whether the matter can be appropriately dealt with by counselling of the alleged offender. Any prosecution would be initiated in the Family Court.

8. Where an alleged child abuse is brought to the attention of the authorities on a second occasion, and there is a sound basis for laying a criminal charge, unless special mitigating circumstances are present, a charge will be laid.

In the Winnipeg area cooperation in child abuse cases between the child welfare authorities, the Children's Hospital and the law enforcement agencies has been established for some time. Social workers, doctors and representatives of police together review cases of child abuse and in joint consultation work out appropriate plans of action. It is the expressed hope of the two departments that this multidisciplinary team approach be expanded to the benefit of children in all parts of the province.

DATED at Winnipeg, in Manitoba, this 15th day of September, A.D. 1976.

Minister of Health and Social Development.

Attorney-General

END