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What Is Driving Increasing Child Welfare Caseloads in Ontario? Analysis of the 1993 and 1998 Ontario Incidence Studies

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Rates of substantiated maltreatment documented by the 1993 and 1998 Ontario Incidence Studies of Reported Child Abuse and Neglect doubled between 1993 and 1998. Although increasing public awareness and changes in investigation procedures appear to account for part of this change, the increase also reflects a significant shift in the types of maltreatment agencies are investigating and substantiating. Exposure to spousal violence has increased eightfold, and the proportion of neglect cases has more than doubled, whereas cases of sexual abuse are decreasing. The field requires a differentiated response to address the maltreatment-specific challenges underlying child welfare caseload increases in Canada.

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ates of reported child abuse and neglect have been increasing across Canada. Between 1998 and 2002 in Ontario, Canada's largest province, the number of substantiated investigations increased 37% and the number of children in care increased 32% (Ontario Association of Children's Aid Societies, 2002). Between 1994 and 1999, the number of investigations in Alberta increased by 19%, and the number of children in care increased by 67% (J. McDermott, personal communication, December 13, 2001). During the same period in British Columbia, the in-care population increased by 50% (R. Minshall, personal communication, November 28, 2001). Researchers have noted similar increases in the past, most notably in the mid-1970s as a result of the introduction of reporting laws and in the mid-1980s as a result of growing awareness of child sexual abuse (Levitt & Wharf, 1985). The current increase comes after a period of relative stability in Canadian child welfare caseloads (Trocmé, 1991). In contrast, child welfare services in the United States experienced a period of dramatic increases in the 1990s, with rates stabilizing and in some cases decreasing since 1998 (L. Jones & Finkelhor, 2001; Wang & Harding, 1999).

Three types of hypotheses can potentially explain changes in rates of reported and substantiated maltreatment: (1) changes in the actual rates of maltreatment in the population, (2) changes in reporting practices, and (3) changes in child welfare agencies' responses to reports (A. M. Jones, Finkelhor, & Kopiec, 2001). The first hypothesis is difficult to explore without access to trend data tracking rates of maltreatment reported through direct surveys, such as the Family Violence Surveys Straus and Gelles (1986) conducted

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in the United States. One can support arguments for the real change hypothesis by pointing to changes in risk factors (Steinberg, Catalano, & Dooley, 1981) or the effect of prevention programs (A. M. Jones et al., 2001; Peters et al., 2000). The potential effect of changes in economic conditions for families is a particularly compelling argument given the evidence that rates of reported maltreatment are strongly correlated to poverty rates (Drake & Pandey, 1996; Garbarino, 1992). Although the period from 1995 to 1998 was marked by economic expansion in many areas in Canada, the depth of poverty—as measured by the gap between poor and middle-class families—has increased (National Council of Welfare, 2000; Yalnizyan, 1998). Changes in risk factors are at best, however, only an indirect means of supporting the change in the actual-incidence-of-maltreatment hypothesis, a hypothesis that researchers can only fully test using general population surveys.

Changes in reporting practices, the second hypothesis, are the most commonly accepted explanation for the overall increase in rates of maltreatment over the past four decades. The three National Incidence Studies (NISs; Sedlak & Broadhurst, 1996) track the rate of cases identified by professional working with children that are not investigated by child protective services (CPS) in the United States, although the studies do not indicate whether failure to investigate is due to cases not being reporting or to CPS screening them out. Across Canada, increased public attention driven by a series of inquiries and inquests into the tragic deaths of abused and neglected children lend weight to the increased reporting hypothesis (Creaghan, Chipperfield, deVink, Garneau, & Squires, 1998; Gove, 1995; Office of the Chief Coroner, 1998). Although the NIS surveys provide some measure of shifting reporting practices, no comparable surveys in Canada examine unreported maltreatment. Furthermore, even NIS is unable to fully address these questions because it cannot differentiate between unreported versus screened-out cases (Sedlak & Broadhurst, 1996, pp. 7-15).

The third possible hypothesis is that changes in investigation practices drive changes in caseloads. Changes in eligibility criteria

may change the proportion of reports that workers investigate, as well as the proportion of investigations they substantiate. This third explanation interacts with the second: Changes in investigation and substantiation practices may in turn affect reporting practices. Recent legislative changes across Canada, as well as the introduction of a new risk assessment model, have signalled a shift to more-intrusive intervention standards (Bala, 1999; Gold, Benbenishty, & Osmo, 2001). Detailed analyses of changes in the types of cases being reported in conjunction with documentation of changes in laws, regulations, and practices should provide a reasonable basis for testing this third hypothesis, but such changes do not rule out the first two hypotheses.

Shifts in the volume and characteristics of child welfare caseloads are most likely due to a combination of all three hypotheses. Analysis of these changes, however, has been hampered by the paucity of Canadian provincial and territorial child welfare statistics. Beyond basic caseload volume statistics, most jurisdictions do not collect detailed-enough data to allow for an analysis of the changing profile of cases child welfare service providers investigate. Data from the 1993 (Trocmé, McPhee, & Tam, 1995) and 1998 (Trocmé, Fallon, MacLaurin, & Billingsley, 2001) Ontario Incidence Studies of Reported Child Maltreatment (OISs) provide a first opportunity to document changes in the profile of victims of child maltreatment in Canada. Using comparative data from these two studies, this article examines caseload increases in terms of the types and severity of investigated maltreatment as well as the age and sex of investigated children, sources of reports, and outcomes of investigation.

Method

Participants

The two OISs collected data directly from child welfare workers on the characteristics of provincially representative samples of children investigated because of suspected child abuse or neglect. Whereas OIS 93 was a stand-alone study, researchers conducted OIS 98 in conjunction with the national Canadian Incidence Study of Reported Child Abuse and Neglect (CIS; Trocmé et al., 2001a). Both studies are based on the CPS portion of NISs from the United States (Sedlak & Broadhurst, 1996).

OIS 93 researchers collected data on a sample of 2,447 child maltreatment investigations reported between March and June 1993 to a stratified random sample of 13 child welfare service areas (Trocmé et al., 1995). Using a similar sampling design, OIS 98 tracked child maltreatment investigations conducted between October 1st and December 31st, 1998, in a stratified random sample of 13 child welfare service areas across the province, yielding a sample of 3,053 investigations involving children who were ages 15 or younger (Ontario's Child and Family Services Act of 1999 limits child welfare investigations to cases involving children younger than 16). Both studies excluded:

- incidents that were not reported to Ontario child welfare authorities,
- reported cases that child welfare services screened out before a full investigation,
- new reports on cases that were already open by child welfare services, and
- cases that were investigated only by the police.

Procedure

The researchers calculated provincial estimates by applying annualization weights (total number of cases investigated during the year in each participating agency/number of cases sampled) and regionalization weights (total child population in the region from which each sampled agency was drawn/child population in sampled region). (See Trocme et al., 2001b, for a more extensive discussion of the weighting procedures and the design effect of the sampling procedures used.) Estimates for rates of maltreatment are presented both as annual incidence rates per 1,000 children in Ontario in 1993 or 1998 respectively, and as estimated

counts of investigated children. To control for changes in the child population, all 1993–1998 comparisons are based on incidence rates. The researchers calculated statistical significance (*t* tests for independent samples) using Wes Var PC, a statistical analysis software package for complex surveys. They calculated standard error and variance estimates that take the stratified cluster sampling design into consideration using the replicate weights method with the JKn jackknife procedure (Lehtonen & Pahkinen, 1995).

OIS 93 classified investigations in terms of 17 possible forms of maltreatment, subsumed under four major categories of maltreatment: physical abuse, sexual abuse, neglect, and emotional maltreatment. The maltreatment definitions use a harm and substantial risk of harm standard that include situations in which children have been harmed in addition to situations in which children have not yet been harmed but are considered to be at substantial risk of harm. OIS 98 used a similar maltreatment classification system, with six new forms of maltreatment added to account for the national scope of the larger national CIS. Both studies allowed for the documentation of up to three forms of maltreatment for each child investigation, with the primary form being the form of maltreatment that was the central concern of the investigation.

The researchers further classified all investigations in terms of four levels of substantiation. Maltreatment was *substantiated* if the balance of evidence indicated that abuse or neglect did occur. If not enough evidence to substantiate maltreatment existed, but a suspicion remained that maltreatment did occur, they classified the case as *suspected*. They classified the case as *unsubstantiated* if sufficient evidence existed to conclude that the child was not maltreated, but the allegation was made in good faith. The investigation was determined to be *intentionally false* if it was judged that the allegation was malicious in nature.

Some caution is required in interpreting the study findings. As with most administrative data, ratings provided by investigating workers could not be independently confirmed, specifically for types of maltreatment and level of maltreatment. These are not ob-

TABLE 1
Child Maltreatment Investigations by Level of Substantiation:
Ontario 1993 and 1998 Estimates

	1993	3	1998	3	
Substantiation Level ^a	Child Investigations	Rate/1,000 Children	Child Investigations	Rate/1,000 Children	Significance Level
Substantiated	12,300 (27%)	5.62	24,400 (38%)	10.33	p < .05
Suspected	13,700 (31%)	6.24	14,300 (22%)	6.06	ns
Unsubstantiated	17,800 (40%)	8.14	23,100 (35%)	9.78	ns
Unsubstantiated, intentionally false	1,000 (2%)	0.47	3,000 (5%)	1.29	p < .05
Total investigations	44,800 (100%)	20.48	64,800 (100%)	27.47	ns

^a Weighted estimates rounded to the nearest 100 are based on a sample of 2,447 child investigations in the Ontario Incidence Studies of Reported Child Abuse and Neglect 1993 and 3,053 child investigations in 1998. Percentages are column percentages of the total number of cases of substantiated maltreatment (weighted). The incidence rate is calculated on the Ontario child population for children 15 years of age and younger: 2,189,560 in 1993 and 2,357,254 in 1998.

servable events, but rather are judgments the worker made at the end of the investigation period. The CIS documents children investigated by child welfare, but excludes nonreported cases, cases only reported to the police, cases that workers screen out, and reported maltreatment for cases that are currently opened.

Results

The incidence of substantiated maltreatment has nearly doubled in Ontario from a rate of 5.6 investigations per thousand children in 1993 to a rate of 10.3 investigations per thousand children in 1998, an increase of 10,000 maltreated children (see Table 1). The overall rate of child maltreatment investigations has increased 34%, from a rate of 20.5 investigations per thousand children in 1993 to a rate of 27.5 per thousand investigations in 1998. The increase in investigations is primarily due to an increase in the

rate of substantiated cases, with no significant change in the rate of suspected cases or in the rate of unsubstantiated cases. Although relatively infrequent, the rate of unsubstantiated cases that is judged to be intentionally false has increased almost three-fold from 0.5 false reports per thousand children to 1.3.

As Table 2 shows, the increase in substantiated maltreatment varies considerably by form and category of maltreatment. Table 2 presents estimates of substantiated maltreatment broken down by the 22 forms of maltreatment used to classify cases in the OIS 98. It presents the estimated counts and rates for each form of maltreatment when substantiated as either the primary or secondary form (a case can be classified under one to three forms). Table 2 also presents estimates for the four major categories of maltreatment. Starting with these four major forms of maltreatment, Table 2 shows that the most dramatic increase has been with respect to emotional maltreatment cases, which have increased more than eightfold from a rate of 0.4 substantiated cases per thousand children to 3.7. As a portion of substantiated cases, emotional maltreatment cases have gone from representing 8% of substantiated cases to representing 36% of cases. It should be noted that this increase is driven in part by cases involving exposure to domestic violence, a category of maltreatment that was not specifically included in the 1993 study. As a result, exposure to domestic violence cases would have come under the "other maltreatment" category. Since 1993, six provinces, but not Ontario, have added exposure to domestic violence as a specific category of maltreatment requiring investigation, hence the addition of this category in CIS and the OIS 98. Rates of emotional abuse and emotional neglect have also increased dramatically from 0.38 to 1 per thousand children and from 0.07 to 0.47 per thousand children respectively.

In sharp contrast, the rate of substantiated sexual abuse has decreased by 50% from 1.6 substantiated investigations per thousand children to 0.8. Although the study found half as many cases involving fondling in 1998 compared with 1993, there was in fact a moderate, but not statistically significant, increase in the rate of

cases involving attempted or completed intercourse. The intercourse category in 1993 included both attempted and completed intercourse, whereas in 1998, the study separated these into two categories, a classification change that may have led to more cases being specifically identified as involving attempted intercourse.

Rates of physical abuse and neglect have both increased significantly, from 1.9 to 3.4 per thousand and from 2 to 3.8 per thousand respectively. In the case of physical abuse, significant increases are noted both in cases involving inappropriate discipline and in cases involving other abuse. Shaken baby cases were not documented as a separate category in the 1993 study. The studies also noted increases for all forms of neglect, with the most important increases being in cases involving inadequate supervision, medical neglect, and permitting maladaptive or criminal behavior.

Table 3 shows that rates of substantiated maltreatment more than doubled for children younger than 12, whereas the increase was less pronounced for adolescents. Despite these changes, 12- to 15-year-olds remain the largest category of victims of maltreatment.

Table 4 documents changes in rates of harm, duration of maltreatment, and previous case openings. The incidence of maltreatment in which workers noted some type of physical harm increased from a rate of 1.37 harmed victims per thousand children to 2.17. Although most of these cases involve minor injuries, primarily bruises, cuts, or scrapes that did not require medical attention, workers documented severe injuries including broken bones and head trauma in up to 6% of substantiated cases.

Workers documented emotional harm in more than a quarter of substantiated cases both in 1993 and 1998. The incidence of maltreatment noting emotional harm increased from 1.44 harmed victims per thousand children in 1993 to 2.77 per thousand in 1998. The number of cases involving single and multiple incidents increased, with cases involving multiple incidents documented for a period of less than six months increasing the most. The incidence of substantiated maltreatment involving children who had been previously investigated has increased 150% from 1.83 cases per thou-

	1993	33	1998	8	
Form of Substantiated Maltreatment*	Number of Substantiated Cases	Rate per 1,000 Children	Number of Substantiated Cases	Rate per 1,000 Children	Significance Level
Physical Abuse					
Shaken baby syndrome	1	Ι	1	. 100 (1%)	0.05 —
Inappropriate punishment	3,300 (32%)	1.77	5,700 (23%)	2.41	SU
Other physical abuse	(%8) 006	0.16	2,300 (9%)	96.0	p < .05
Primary or secondary form ^b	4,200 (34%)	1.93	8,000 (33%)	3.38	p < .05
Sexual Abuse					
Sexual activity attempted					
or completed	(%2) 006	0.40	1,000 (4%)	0.42	SU
Sexual activity completed	1	1	T	500 (2%)	0.21 —
Sexual activity attempted	1	1	1	500 (2%)	0.21 —
Touching/fondling genitals	2,000 (17%)	0.94	1,100 (4%)	0.46	p < .05
Exposure of genitals	200 (1%)	0.07	300 (1%)	0.12	Su
Sexual abuse: Other sexual activities	400 (3%)	0.19	200 (1%)	0.08	p < .05
Exploitation: Pornography/prostitution	1	1	1	100 (0%)	0.05 —
Sexual harassment	1	1	1	100 (0%)	0.05
Voyeurism	1	1	1	Ι	1
Any sexual abuse:					
Primary or secondary formb	3,400 (28%)	1.57	1,900 (8%)	0.79	p < .05

Neglect					
Failure to supervise/					
protect (physical) Failure to supervise/	1,700 (14%)	0.79	4,700 (19%)	1.98	p < .05
protect (sexual)	200 (1%)	0.08	500 (2%)	0.20	SU
Physical neglect	1,500 (12%)	0.69	1,800 (7%)	0.77	ns
Medical neglect	200 (1%)	0.08	900 (4%)	0.39	p < .05
Failure to provide treatment	200 (1%)	0.07	200 (1%)	0.00	NS
Permitting maladaptive/					
criminal behavior	100 (1%)	0.03	900 (4%)	0.37	p < .05
Abandonment	(%)	0.28	900 (4%)	0.38	ns
Educational neglect	200 (2%)	0.09	400 (2%)	0.18	NS
Any neglect:					
Primary or secondary formb	4,400 (36%)	2.02	8,900 (37%)	3.79	p < .05
Emotional Maltreatment					
Emotional abuse	800 (7%)	0.38	2,400 (10%)	1.00	SU
Nonorganic failure to thrive	30 (0%)	0.01	(%0) 0	0.00	ns
Emotional neglect	100 (1%)	0.07	1,100 (5%)	0.47	p < .05
Exposed to domestic violence	I	ı	5,900 (24%)	2.50	ı
Any emotional maltreatment:					
Primary or secondary form ^b	1,000 (8%)	0.44	8,700 (36%)	3.70	p < .05
Any substantiated maltreatment ^b	12,300 (100%)	5.62	24,400 (100%)	10.33	p < .05
Weighted estimates are based on a sample of 2,447 child investigations in the Ontario Incidence Studies of Reported Child Abuse and Neglect 1993 and 3,053 child investigations in 1998 and the estimated 44,800 investigations in 1998 and the estimated 44,800 investigations in 1993. The incidence rate is calculated on the Ontario child population for children 15 years of age and younger: 2,189,560 in 1993 and	ample of 2,447 child investigation percentages are a perce ate is calculated on the Onta	ations in the Ontario I intage of the estimate rio child population fo	ncidence Studies of Reported (d 64,800 investigations in 1998 or children 15 years of age and	Child Abuse and Nec 3 and the estimated vyounger: 2,189,560	glect 1993 and 44,800 in 1993 and
2,357,254 in 1998.					
^b Rows add up to more than the totals because cases can involve more than one form of maltreatment	because cases can involve m	ore than one form of	maltreatment.		

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TABLE 3
Child Characteristics for Substantiated Maltreatment:
Ontario 1993 and 1998 Estimates

	1993		199		
Child Age Group ^a	Child Investigations	Rate/1,000 Children	Child Investigations	Rate/1,000 Children	Significance Level
Birth to 1 year	1,000 (8%)	3.26	2,200 (9%)	7.54	p < .05
2-3 years	1,300 (10%)	4.56	2,600 (11%)	8.79	p < .05
4-7 years	2,600 (21%)	4.64	5,700 (24%)	9.43	p < .10
8-11 years	2,800 (23%)	5.22	6,800 (28%)	11.46	p < .05
12–15 years Total substantiated	4,700 (38%)	8.89	7,000 (29%)	12.22	ns
maltreatment ^b	12,400 (100%)	5.62	24,300 (100%)	10.33	<i>p</i> < .05

^a Weighted estimates rounded to the nearest 100 are based on a sample of 2,447 child investigations in the Ontario Incidence Studies of Reported Child Abuse and Neglect 1993 and 3,053 child investigations in 1998. Percentages are column percentages of the total number of cases of substantiated maltreatment (weighted). The incidence rate is calculated on the Ontario child population for children 15 years of age and younger: 2,189,560 in 1993 and 2,357,254 in 1998.

sand children to 4.67 per thousand. Children had been previously investigated in nearly half (45%) of all substantiated cases in 1998.

Table 5 describes some of the interventions that took place during the investigations. The number of children receiving ongoing services beyond the initial investigation nearly doubled, climbing from 2.38 children to 4.62 children per thousand. In contrast, the number of children brought before child welfare courts and the number of children placed in care did not change significantly, and consequently, the proportion of cases involving the courts or out-of-home care decreased from 19% to 8% and from 15% to 9% respectively. The number of child investigations leading to criminal charge rates nearly doubled between 1993 and 1998, resulting in criminal charges being made in almost 5,000 cases of substantiated maltreatment, primarily physical and sexual abuse.

^b Although the number of substantiated cases and percentages are additive and equal the total number of substantiated cases, incidence rates are not because they are calculated on the basis of age-specific population data.

TABLE 4
Case Characteristics for Substantiated Maltreatment:
Ontario 1993 and 1998 Estimates

	19	93	199	98	
Case Characteristics	Child Investigations	Rate/1,000 Children	Child Investigations	Rate/1,000 Children	Significance Level
Physical harm	3,000 (24%)	1.37	5,100 (21%)	2.17	p < .05
Emotional harm	3,100 (26%)	1.44	6,500 (27%)	2.77	p < .05
Duration of Maltrea	atment				
Single incident	4,600 (37%)	2.08	7,600 (31%)	3.22	ns
Multiple incidents					
in <6 months	2,100 (17%)	0.97	4,700 (19%)	2.01	p < .05
Multiple incidents					
in >6 months	4,600 (37%)	2.10	7,700 (32%)	3.29	ns
Previous Incidents					
Family opening	6,200 (50%)	2.81	14,200 (58%)	6.01	<i>p</i> < .05
Child investigation	4,000 (32%)	1.83	11,000 (45%)	4.67	p < .05
Total					
substantiated					
maltreatment ^b	12,300 (100%)	5.62	24,400 (100%)	10.33	p<.05

^a Weighted estimates rounded to the nearest 100 are based on a sample of 2,447 child investigations in the Ontario Incidence Studies of Reported Child Abuse and Neglect 1993 and 3,053 child investigations in 1998. Percentages are column percentages of the total number of cases of substantiated maltreatment (weighted). The incidence rate is calculated on the Ontario child population for children 15 years of age and younger: 2,189,560 in 1993 and 2,357,254 in 1998.

Table 6 examines changes in sources of referral by form of maltreatment. Although the overall number of victims referred by parents, victims, relatives, or family acquaintances has not increased significantly, the number of victims referred by professionals has more than doubled, and referrals from anonymous sources have tripled. The increase in reports from professionals is consistent across most forms of maltreatment, with professionals accounting for the increase in reports of physical abuse and neglect and accounting for nearly all reports of exposure to domestic violence. Decreases in referrals are noted for all sources of report in cases of sexual abuse, although the decrease is less pronounced in referrals from professionals.

^b Rows are not additive because they refer to different and overlapping variables. Percentages are calculated by using the total number of substantiated cases as the denominator.

TABLE 5
Investigation Outcomes in Cases of Substantiated Maltreatment: Ontario 1993 and 1998 Estimates

	199	03	19:	98	
Investigation Outcome ^a	Child Investigations	Rate/1,000 Children	Child Investigations	Rate/1,000 Children	Significance Level
CW court application	2,300 (19%)	1.06	2,000 (8%)	0.86	ns
CW placement	1,800 (15%)	0.84	2,200 (9%)	0.95	ns
Police investigation	5,000 (41%)	2.30	6,200 (25%)	2.62	ns
Charges laid Case to stay open	2,100 (17%)	0.97	4,000 (16%)	1.69	<i>p</i> < .05
for on-going services	5,221 (42%)	2.38	10,900 (45%)	4.62	<i>p</i> < .05
substantiated maltreatment ^b	12,300 (100%)	5.62	24,400 (100%)	10.33	p < .05

Note: CW = child welfare.

Discussion

OIS 93 and 98 provide an opportunity to analyze the increase in child welfare caseloads that many jurisdictions across Canada have noted. As stated, three hypotheses can explain such an increase: (1) an actual increase in maltreatment rates in the population, (2) increased reporting, and (3) changes in investigation practices. At first, it appears that Hypothesis 3 provides the best explanation for the caseload increase in Ontario. The dramatic increase in substantiated cases seems to be driven by an increase in substantiation rates, indicating that the intervention threshold may be lower than it had been. This change in intervention thresholds is consistent with policy changes in the province. Once de-

^a Weighted estimates rounded to the nearest 100 are based on a sample of 2,447 child investigations in the Ontario Incidence Studies of Reported Child Abuse and Neglect 1993 and 3,053 child investigations in 1998. Percentages are column percentages of the total number of cases of substantiated maltreatment (weighted). The incidence rate is calculated on the Ontario child population for children 15 years of age and younger: 2,189,560 in 1993 and 2,357,254 in 1998.

^b Rows are not additive because they refer to different and overlapping variables. Percentages are calculated using the total number of substantiated cases as the denominator.

TABLE 6
Source of Referral by Primary Category of Maltreatment:
Ontario 1993 and 1998 Estimates

	1993	See See	1998		
Form of Substantiated	Number of	Rate per	Number of	Rate per	Significance
Maltreatment ^a S	ubstantiated Cases	1,000 Children	Substantiated Cases	1,000 Children	Level
Physical Abuse					
Referral by FRA	1,600 (13%)	0.72	2,000 (8%)	0.85	ns
Referral by professional	3,000 (24%)	1.37	5,900 (24%)	2.51	p < .05
Referral by other or anor	1. 300 (2%)	0.13	600 (2%)	0.25	ns
Sexual Abuse					
Referral by FRA	2,000 (16%)	0.90	600 (3%)	0.28	p < .05
Referral by professional	2,000 (16%)	0.87	1,100 (4%)	0.46	p < .05
Referral by other or anor	n. 100 (1%)	0.06	200 (1%)	0.08	ns
Neglect					
Referral by FRA	1,900 (15%)	0.85	2,400 (10%)	1.01	ns
Referral by professional	2,000 (16%)	0.92	4,800 (20%)	2.04	p < .10
Referral by other or anor	n. 400 (3%)	0.18	900 (4%)	0.39	p < .05
Emotional Maltreatment					
Referral by FRA	400 (3%)	0.16	900 (4%)	0.38	ns
Referral by professional	200 (2%)	0.11	1,000 (4%)	0.42	ns
Referral by other or anor	n. —	1		300 (1%)	0.14
Other: Witnessing Family	Violence				
Referral by FRA	_	_	7 to - 123	400 (2%)	0.17
Referral by professional	_	_	_	3,500 (15%)	1.50
Referral by other or anor	ı. —	_		400 (1%)	0.15
Total Substantiated					
Maltreatment ^b	12,300 (100%)	5.62	24,400 (100%)	10.33	p < .05
Referral by FRA	5,800 (24%)	2.65	6,300 (26%)	2.68	ns
Referral by professional	7,300 (30%)	3.31	16,300 (67%)	6.93	p < .10
Referral by other or anor	n. 800 (3%)	0.37	2,400 (10%)	1.02	p < .05

Note: FRA = family/relative/acquaintance; anon. = anonymous source.

^a Weighted estimates rounded to the nearest 100 are based on a sample of 2,447 child investigations in the Ontario Incidence Studies of Reported Child Abuse and Neglect 1993 and 3,053 child investigations in 1998

^bRows add up to more than the total number of substantiated cases because cases can be referred by more than one source.

scribed as a "legalistic and non-interventionist model" in which the family preservation perspective shaped policy and practice (Armitage, 1993; Barnhorst, 1986), Ontario's child welfare system shifted in the late 1990s toward a more interventionist approach following a series of highly publicized child fatalities, inquests, and legislation reviews (Bala, 1999; Longlade, 1999; Trocmé, 1997).

In addition to public pressure to shift to a more interventionist approach, three policy changes initiated in early 1998 may also have affected substantiation rates: (1) amendments to the Child and Family Service Act of 1990 placing additional emphasis on child protection, particularly in cases of neglect; (2) the introduction of a provincewide risk assessment model designed to set standardized service eligibility standards in a safety and risk assessment framework (Trocmé, Mertins-Kirkwood, MacFadden, Alaggia, & Goodman, 1999); and (3) a new funding framework designed to introduce equity based on the new service eligibility criteria (Ministry of Community and Social Services, 1998).

Although one can make a case that child welfare practice standards have shifted toward a lower intervention threshold, a number of findings point to a more complex set of factors. If the increase in substantiated cases was only due to a lower intervention threshold, one would expect that the proportion of severe cases would have decreased as the number of less-severe cases increased. The proportion of cases involving physical harm and emotional harm, however, has remained the same, and the proportion of reopened cases has increased, suggesting that substantiation standards have not changed dramatically. The increase in charge rates is further evidence that the increase is not simply driven by lower intervention thresholds in the child welfare system. The increased charge rates underline the gravity of the situations child welfare authorities are investigating. Although these findings do not rule out changes in investigation standards, they indicate that the increase in caseloads is also driven by either more cases of maltreatment being reported (Hypothesis 2, the optimistic explanation) or by increased rates of maltreatment in the general population (Hypothesis 1, the pessimistic explanation).

Trends associated with specific forms of maltreatment suggest that part of the caseload increase can be explained by a shift in reporting practices, especially among professionals. The most noteworthy change has been the appearance of exposure to domestic violence on child welfare caseloads. Nearly 6,000 of the 12,000 additional cases of substantiated maltreatment OIS 98 documented are cases involving exposure to domestic violence. As with the recognition of sexual abuse in the 1980s, society has growing awareness of the harmful effects on children of exposure to domestic violence (Henning, Leitenberg, Coffey, Turner, & Bennett, 1996; Hughes & Luke, 1998; Silvern et al., 1995). Professionals working with children appear to be at the forefront of this change, with professionals making 90% of reports of exposure to domestic violence.

Rates of neglect have also increased significantly. This increase may also be determined both by growing awareness, driven in part by a series of well-publicized inquests that focused in part on child neglect (Longlade, 1999), and by changes in investigation procedures, including more explicit reference to neglect in Ontario's child welfare legislation and the introduction of neglect-specific eligibility standards in the provincial risk assessment model. As with exposure to domestic violence, the increase in cases of substantiated neglect is driven primarily by new reports from professionals, which provides further indication that changes in reporting practices are a central reason for the growth in caseloads in Ontario.

The increase in neglect cases may also be attributed to the erosion of supports available to low-income families in Ontario. Although the number of children and families living in poverty did not change significantly during the 1993–1998 period covered by these two studies, the depth of poverty has increased (Canadian Council on Social Development, 2001; Statistics Canada, 2001). At the same time, supports for families living in

poverty have been critically cut: Fewer subsidized housing units are available, and the government has reduced social assistance benefits and cut many education and recreation programs.

In contrast to the increase in rates of substantiated emotional maltreatment and neglect, OIS documented a significant decrease in rates of sexual abuse. Researchers documented a similar decline in the United States, where rates of substantiated sexual abuse dropped by an average of 39% between 1992 and 1999 (A. M. Jones et al., 2001). As of yet, no conclusive evidence exists to determine whether this decrease can be attributed to a growing reluctance on the part of victims to disclose abuse, hesitancy on the part of parents to report, or to an actual decrease in abuse rates. Regardless of the cause specific to the decrease in rates of sexual abuse, the combination of increasing rates of neglect and emotional maltreatment and decreasing rates of sexual abuse clearly show that the overall caseload increase in Ontario cannot simply be attributed to greater public awareness.

Conclusion

The growth in child welfare caseloads across Canada is placing increasing stress on an under-resourced service sector. Analysis of the 1993 and 1998 OISs indicates that this increase cannot only be attributed to increasing public awareness or to a lower intervention threshold. Underlying the overall caseload increase is a significant shift in the types of maltreatment being investigated and substantiated. Exposure to domestic violence has increased eightfold, and the proportion of neglect cases has more than doubled, whereas cases of sexual abuse are decreasing.

These changes require a differentiated policy response. In response to the growing recognition and reporting of exposure to domestic violence, child welfare agencies need to develop services tailored to the complex needs of these families and intervention strategies that do not further victimize mothers caught

in violent relationships. Although the United States has long recognized neglect as a key service priority, Canadian child welfare service providers are only starting to come to terms with a form of maltreatment that had long been hidden by service statistics that focused primarily on documenting abuse. The decrease in sexual abuse rates needs to be examined carefully: Is this decrease the positive outcome of the unique prevention efforts made for this type of maltreatment, or is it the result of child welfare and criminal justice systems that have not been responsive enough to the needs of these children?

The development of effective practice and policy responses to these changes hinge on pursuing these questions further. Initiatives like the National Child Abuse and Neglect Data System (2000) and various State Automated Child Welfare Information Systems (2000) in the United States and the Ontario studies (Trocmé et al., 1995), Quebec studies (Tourigny et al., 2002), and CISs in Canada (Trocmé et al., 2001a) provide the opportunity to more specifically identify changes in reported cases. NISs (Sedlak & Broadhurst, 1996) in the United States provide additional information on changes in the types of cases identified by professionals outside the child welfare system. A full understanding, however, of changes in maltreatment rates will require a more comprehensive effort extending beyond reported or professionally identified cases. The most timely population-based approach would be to conduct periodic surveys of youths' and young adults' child maltreatment experiences. Likewise, studies like Straus and Gelles's (1986) Family Violence Surveys provide another important source of data on the use of violence by parents. A periodic health surveillance strategy, similar to the efforts made to track other major public health problems, is required to ensure that child welfare policies and practices adequately reflect the changing needs of the highest risk group of children and families in our society.◆

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