

Northwest Territories Incidence Study of Reported Child Abuse and Neglect-2003 (NWTIS-2003)

Major Findings

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■ ACKNOWLEDGEMENTS

The 2003 Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003) reflects a truly territorial effort by a group of 52 child welfare service providers, researchers and policy makers committed to improving services for abused and neglected children through research. Core funding for the study was provided by the Public Health Agency of Canada, while funding for universal sampling was provided by the Northwest Territories Government.

The NWTIS-2003 was conducted by a small team of researchers who demonstrated an exceptional ability to keep focused on the objectives of this collective effort while bringing to bear their own expertise. Special recognition is given to Sheila Nelson of the NWT Department of Health and Social Services who took on the role of Study Coordinator for the NWTIS-2003. Her effort and commitment contributed greatly to the success of this study.

The child welfare workers and managers who participated in the study deserve special recognition for finding the time and the interest to participate in the study while juggling their ever-increasing child protection responsibilities. Although for reasons of confidentiality we cannot list their names, on behalf of the NWTIS-2003 Research Team we thank the child welfare professionals who participated in the NWTIS-2003.

Bruce MacLaurin
NWTIS-2003 Principal Investigator

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CIS-2003 Principal Investigator

■ DEDICATION

This report is dedicated to the children and families who are served by Northwest Territories child welfare workers. It is our sincere hope that the study contributes to improving their well-being.

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■ EXECUTIVE SUMMARY

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003) is the first territory-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by the Northwest Territories health and social services authority. The NWTIS-2003 tracked 372 child maltreatment investigations conducted in all Health and Social Service Areas across the Northwest Territories in the fall of 2003. Weighted territorial annual estimates were derived based on these investigations. The following considerations should be noted when interpreting NWTIS statistics:

- the study is limited to reports investigated by health and social services and do not include reports that were screened out,¹ cases that were only investigated by the police and cases that were never reported;
- the study is based on the assessments provided by the investigating child welfare workers and were not independently verified;
- all estimates are weighted annual estimates for 2003 presented either as a count of child maltreatment investigations (e.g. 1, 200 child maltreatment investigations) or as the annual incidence rate (e.g. 3.1 per 1,000 children).

Investigated and Substantiated Maltreatment

An estimated 1,516 child investigations were conducted in the Northwest Territories in 2003. Forty-seven percent of these investigations were substantiated, involving an estimated 706 child investigations, an incidence rate of 65.89 substantiated investigations per 1,000 children. In a further 21% of investigations there was insufficient evidence to substantiate maltreatment, however, maltreatment remained suspected by the investigating worker. Thirty-two percent of investigations were unsubstantiated.²

1 Child welfare workers in the Northwest Territories are legislated under the CFSA (Section 9(1)) to investigate the child's need for protection. Therefore very few cases are determined to be screened out.

2 This rate of unsubstantiated cases is similar to or lower than rates reported in most jurisdictions and reflects laws that require the public and professionals to report all cases where they suspect maltreatment may have occurred. Most unsubstantiated cases are indeed reports made in good faith, only 4% of reports tracked by NWTIS 2003 were considered to have been made with malicious intent (see Table 8-2 in NWTIS 2003 Major Findings Report).

Figure 1
Child Maltreatment Investigations by Level of Substantiation in The Northwest Territories, in 2003
 NWTIS estimates based on a sample of 372 investigations

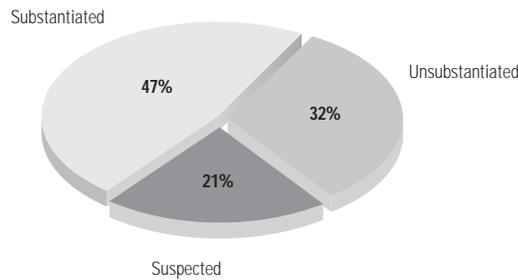


Table 1
Child Maltreatment Investigations by Level of Substantiation in the Northwest Territories, in 2003*

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Maltreatment Investigations in the Northwest Territories				
Child Investigations*	706	327	483	1,516
Incidence per 1,000 Children	65.89	30.52	45.08	141.48
Row Percentage	47%	21%	32%	100%

* Based on a sample of 372 child maltreatment investigations.

Categories of Maltreatment

Table 2 presents the primary categories of substantiated maltreatment in the Northwest Territories in 2003.

- Neglect was the most common form of substantiated maltreatment in the Northwest Territories. Just over half (51%) of all substantiated investigations involved neglect as the primary category of maltreatment, an estimated 358 neglect investigations, a rate of 33.41 substantiated investigations per 1,000 children.
- Exposure to domestic violence was the second most frequently substantiated category of maltreatment (an estimated 188 substantiated investigations, a rate of 17.55 per 1,000 children).
- Physical abuse was the third most frequently substantiated category of maltreatment (an estimated 82 substantiated investigations, a rate of 7.65 per 1,000 children).

- Emotional maltreatment was the primary category of substantiated maltreatment in 6% of cases (an estimated 44 substantiated investigations, a rate of 4.11 per 1,000 children).
- Sexual abuse cases represented 5% of all substantiated investigations (an estimated 34 substantiated investigations, a rate of 3.17 per 1,000 children).

Figure 2
Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003
NWTIS estimates based on a sample of 178 substantiated investigations

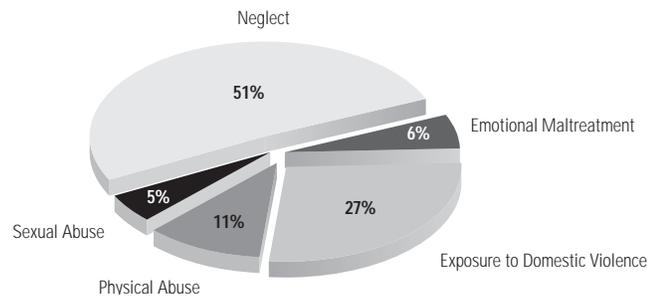


Table 2
Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003*

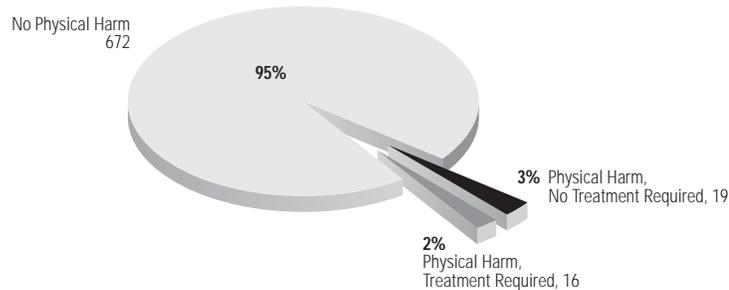
	Primary Category of Substantiated Maltreatment					Total
	Physical Abuse	Sexual Abuse	Neglect	Emotional Maltreatment	Exposure to Domestic Violence	
Substantiated Child Investigations*	82	34	358	44	188	706
Incidence per 1,000 Children	7.65	3.17	33.41	4.11	17.55	65.89
Row Percentage	11%	5%	51%	6%	27%	100%

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003
 * Based on a sample of 178 substantiated child maltreatment investigations.

Physical and Emotional Harm

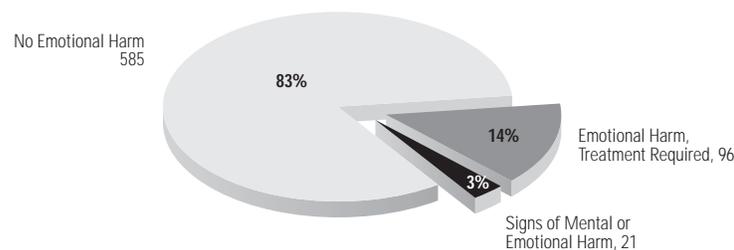
Physical harm was identified in a total of 5% of cases of substantiated maltreatment (Figure 3). In three percent of cases (an estimated 19 substantiated investigations) harm was noted but no treatment was considered to be required while in the remaining two percent of cases (an estimated 16 child investigations), harm was sufficiently severe to require treatment.

Figure 3
Physical Harm in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003
NWTIS-2003 estimates based on a sample of 178 substantiated investigations



Information on emotional harm was collected using a series of questions asking child welfare workers to describe emotional harm that had occurred after the maltreatment incidents. Workers were asked to include changes in the child's development, self-regulation, or emotions that they had observed or that had been described to them. In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child. Emotional harm was noted in 17% of all substantiated maltreatment investigations, involving an estimated 117 substantiated investigations. In 14% of substantiated cases symptoms were determined to require treatment (Figure 4).

Figure 4
Investigations in the Northwest Territories, in 2003
NWTIS estimates based on a sample of 178 substantiated investigations



Service Dispositions

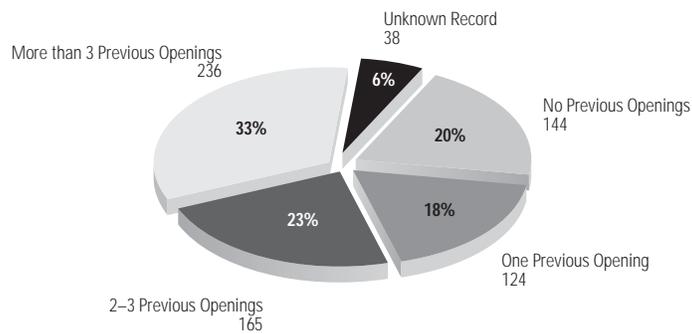
Service dispositions documented by the NWTIS-2003 include: (1) previous child welfare contact, (2) provision of ongoing child welfare services, and (3) placement of children in out-of-home care. NWTIS service disposition statistics should be interpreted with care however, because they track only case events that occurred during the initial child welfare investigation. Additional referrals for services and admissions to out-of-home care are likely to occur for cases kept open after the initial investigation.

Previous Case Openings

Almost three quarters of substantiated investigations (an estimated 525 children) had at least one previous case opening. Thirty-three percent had more than three previous case openings (Figure 5).

Figure 5
Previous Case Openings in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations

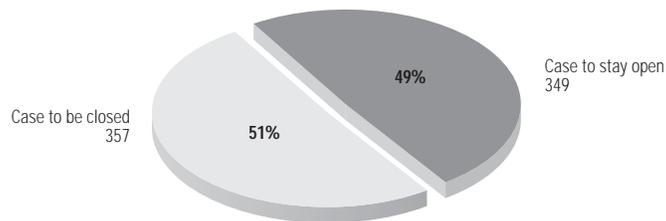


Ongoing Child Welfare Services

An estimated 349 (49%) substantiated child maltreatment investigations were identified as remaining open for ongoing services while an estimated 357 (51%) substantiated investigations were to be closed at the end of the initial investigation period.

Figure 6
Ongoing Child Welfare Services in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations

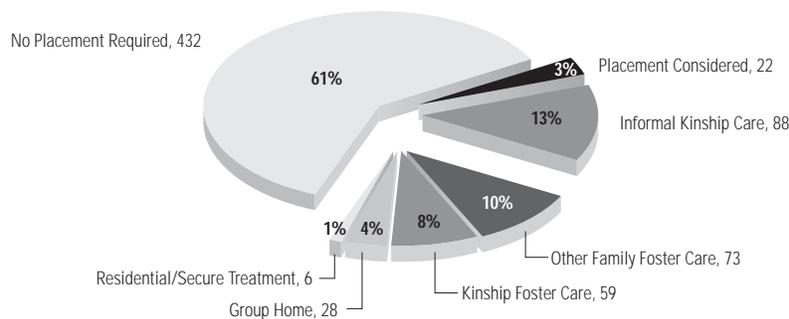


Placement in Out-of-Home Care

Placement in out-of-home care at any time during the investigation was tracked. Twenty-three percent of all substantiated child investigations (an estimated 166) led to a child being placed in formal child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment)³ during the initial investigation. An additional 13% percent of substantiated maltreatment investigations resulted in children being placed in informal kinship care,⁴ while placement was considered in a further three percent of substantiated child maltreatment investigations. In total, 36% percent of children experienced a change of residence during or at the conclusion of the initial substantiated maltreatment investigation, 23% in the form of a placement in a child welfare setting (Figure 7).

Figure 7
Out-of-Home Placements in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations



Child Characteristics

Child Sex and Age

Figure 8a and 8b present the sex and age of children by the primary category of substantiated maltreatment. Overall 60% of victims were girls, and girls were also a larger proportion of the investigated children in substantiated cases of sexual abuse (57%), neglect (65%) and exposure to domestic violence (64%), whereas boys were more often victims in cases of physical abuse (57%) and emotional maltreatment (58%). Older children were more often identified as victims of sexual abuse and emotional maltreatment where 100% of sexual abuse child investigations (an estimated 35 cases)

³ The Maltreatment Assessment Form identifies “Residential/Secure Treatment” as a category, however secure treatment is not utilized in the Northwest Territories as stated in Section 62 (2) of the NWT CFSA

⁴ For the purposes of NWTIS-2003 study, informal kinship care has been defined as: an informal placement that has been arranged within the family support network (kinship care, extended family, traditional care) with no temporary custody by DHSS. The NWT Department of Health and Social Services uses the term provisional/extended foster family homes to define this type of care.

and 70% of emotional maltreatment child investigations (an estimated 30 cases) were between the ages of 8 and 15, whereas younger children were more often identified in cases of exposure to domestic violence (59% were 7 or under, an estimated 110 child investigations).

Figure 8a
Sex of Investigated Children by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations

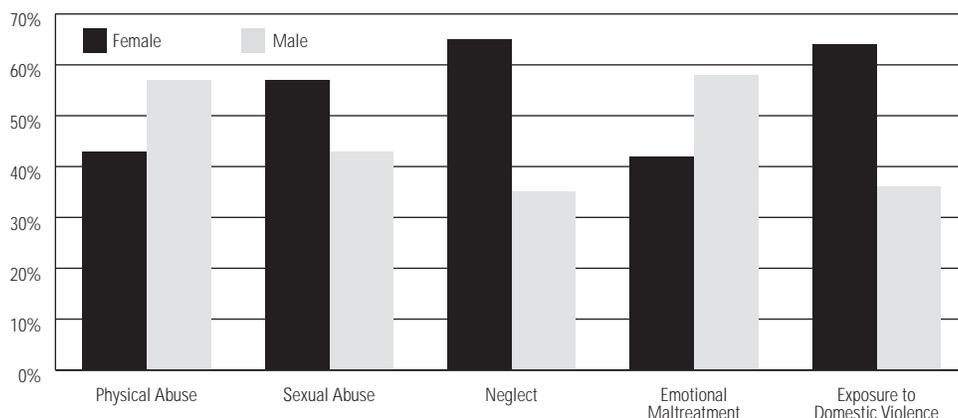
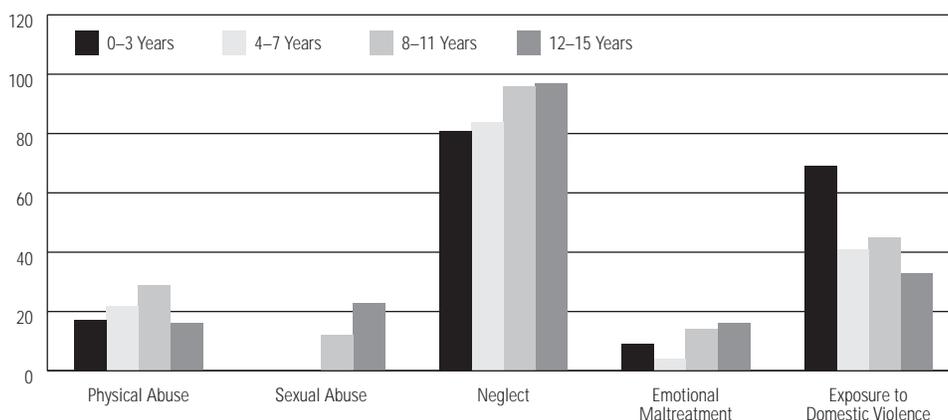


Figure 8b
Age of Investigated Children by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations

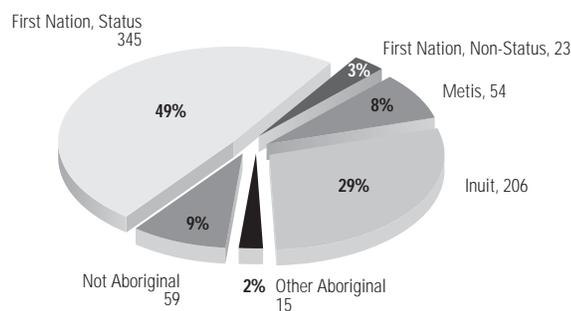


Aboriginal Heritage

Aboriginal heritage was documented by the NWTIS-2003 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system.⁵ Aboriginal children were identified as a key group to examine because of concerns about over-representation of children from these communities in the foster care system. Ninety percent of substantiated cases, or 628 substantiated maltreatment investigations, involved children of Aboriginal heritage (Figure 9). Forty-nine percent of substantiated maltreatment investigations involved children with First Nations status, eight percent involved Métis children, 29% involved Inuit children, and three percent involved First Nation Non-Status children.

Figure 9
Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003*

NWTIS estimates based on a sample of 178 substantiated investigations

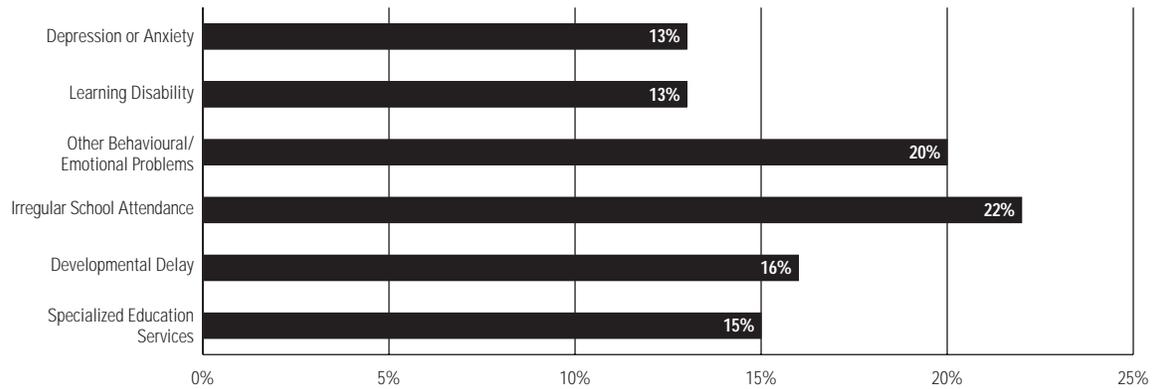


Child Functioning Issues

A number of child functioning issues were tracked by the NWTIS-2003 by having participating child welfare workers complete a simple checklist of functioning issues that they had noted during the investigation. These issues were divided into two categories: Physical, Emotional and Cognitive; and Behavioural. The three most frequently noted functioning concerns for children were “other behavioural or emotional problems” (e.g. significant behavioural or emotional problems that did not fall under the other categories of classification) (22%), irregular school attendance (20%), and learning disability (16%) (Figure 10).

⁵ Aboriginal children are overrepresented in child welfare investigations, however, Aboriginals are also the majority ethnic group identified in the NWT population. According to the 2001 Canadian Census Report, the total identified Aboriginal population of children aged 0–14 years in the Northwest Territories was 59.5% (6,370 people).

Figure 10
Child Functioning in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003
 NWTIS estimates based on a sample of 178 substantiated investigations

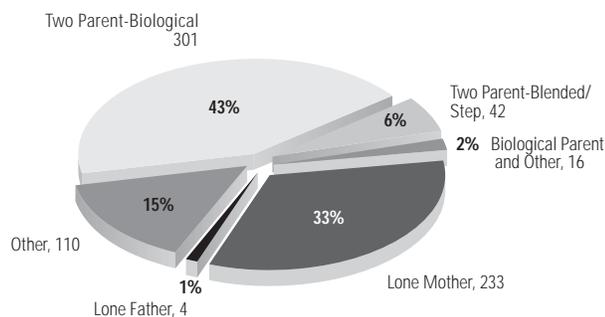


Household Characteristics

Caregiver's Description

Forty-three percent of substantiated investigations involved children who lived with their two biological parents, and six percent lived in a two-parent blended family in which one of the caregivers was a step-parent, a common-law partner, or an adoptive parent who was not the biological parent of at least one of the children in the family. Two percent of substantiated child investigations involved a biological parent living with another adult who also acted as a caregiver to the child (i.e. grandparent, aunt/uncle). Thirty-four percent involved children who lived in a family led by a lone parent: 33% by a female parent and one percent by a male parent.

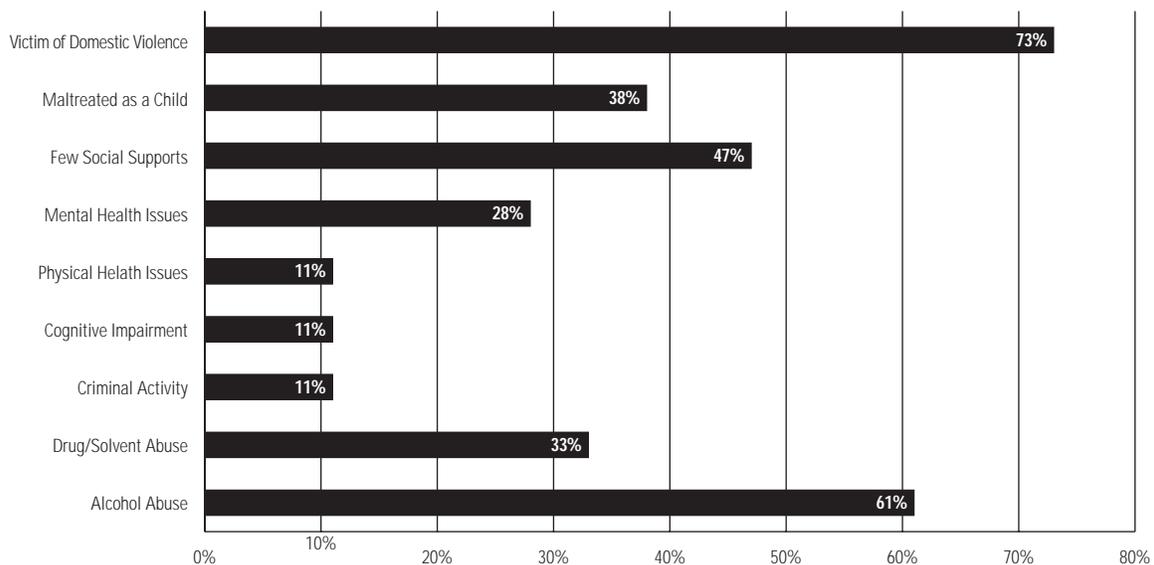
Figure 11
Caregivers of Children in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003
 NWTIS estimates are based on a sample of 178 substantiated investigations



Maternal Risk Factors

A number of potential family stressors were tracked by the NWTIS-2003 by having participating child welfare workers complete a simple checklist of stressors that they had noted during the investigation. The four most frequently noted problems for mothers and other female caregivers were victim of domestic violence (73%), alcohol abuse (61%), few social supports (47%) and history of being maltreated as a child (38%) (Figure 12a).

Figure 12a
Maternal Risk Factors in Substantiated Child Maltreatment Investigations in the Northwest Territories, in 2003
NWTIS estimates based on a sample of 178 substantiated investigations

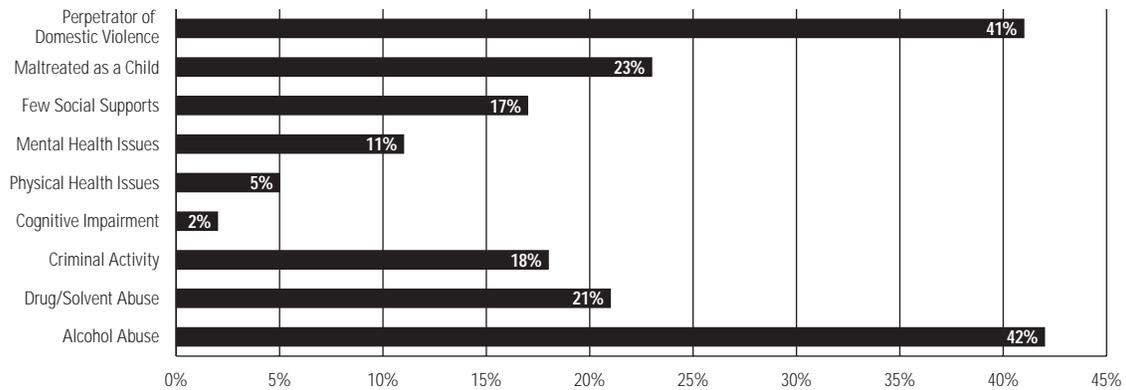


Paternal Risk Factors

For fathers and other male caregivers the most frequently noted problems were alcohol abuse (42%), perpetrator of domestic violence (41%), maltreated as a child (23%), and drug/solvent abuse (21%) (Figure 12b).

Figure 12b
Paternal Risk Factors in Substantiated Child Maltreatment Investigations
in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations

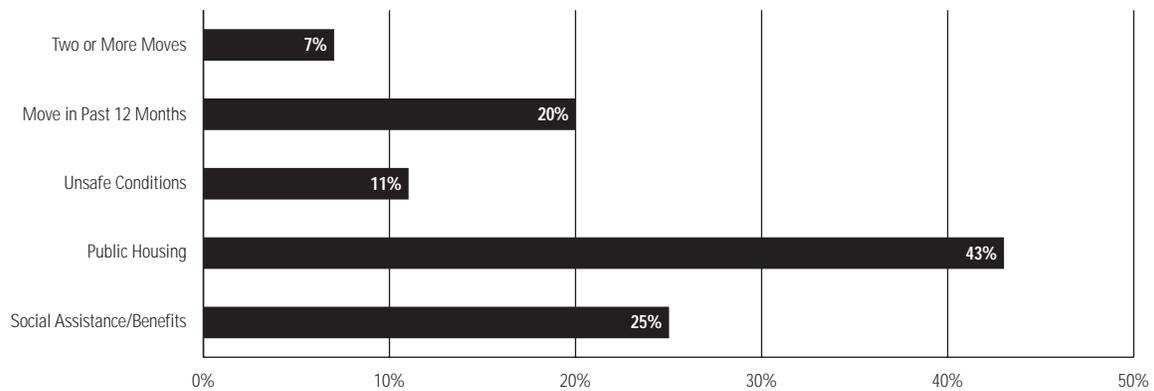


Household Risk Factors

Household risk factors tracked by the NWTIS-2003 included housing and source of income.⁶ Twenty-five percent of households depended on social assistance or other benefits as their major source of income. Forty-three percent lived in public housing, 11% were considered to be living in unsafe conditions, 20% had moved at least once in the past 12 months, and seven percent had moved two or more times (Figure 13).

Figure 13
Household Risk Factors in Substantiated Child Maltreatment Investigations
in the Northwest Territories, in 2003

NWTIS estimates based on a sample of 178 substantiated investigations



⁶ A direct measure of poverty could not be tracked because approximately 45% of substantiated child maltreatment investigations the child welfare worker was unable to estimate family income.

Future Directions

The 2003 study provides the first opportunity to examine territory-wide data for the Northwest Territories. The NWTIS-2003 dataset will provide researchers with the opportunity to examine in more detail the factors underlying reported and substantiated maltreatment in the Northwest Territories. Given the types of maltreatment being reported, it will be particularly important to examine each category of maltreatment, as well as factors occurring at the level of specific sub-forms of maltreatment. It will also be important to conduct analyses of trends specific to different age groups as well as to specific populations, such as children from Aboriginal backgrounds.

Over the last decade, the Northwest Territories Department of Health and Social Services has shifted the focus of service delivery by developing a legislation that incorporates the roles played by the individual, family and community in matters concerning the health and safety of children. In the Northwest Territories, the *Child and Family Services Act* was introduced on October 30, 1998. In this legislation, supporting and promoting the well being of families is listed as being of paramount importance. Support services are provided whether they are for the family, the child, or to address whatever needs the child or family has. This entitlement to support services is what distinguishes this legislation from previous ones and from other legislations across Canada that require that a child be determined to be in need of protection prior to the provision of services. As discussed in an article by Heide (2003), the use of the term “entitlement” is unique to the Northwest Territories approach to health and social services and emphasizes the precedence that the NWT society places on children and the family.⁷

The *Child and Family Services Act* lists that any measures taken for the protection and well being of children should, as far as possible, promote family and community integrity and continuity. Communities in the Northwest Territories display an interest in playing an active role in the care of children, therefore the NWT legislation has created an opportunity for community involvement in making decisions to support families. This Act also refers to the role that communities have to play in supporting and promoting the best interest of the children and the well being of families. This focus on the role of the community in child welfare issues has a significant impact on the way that child protection services are delivered in the Northwest Territories.

In addition to providing a periodic territorial data collection system, the NWTIS also supports territorial efforts to better integrate their administrative information systems. With better-integrated information systems, jurisdictions across the territory will be in a better position to learn from a diversity of policies and programs that have been developed. The continued surveillance of the incidence of child maltreatment and the opportunities to examine trends that emerge over time will assist policy makers, practitioners and researchers in preventing future child maltreatment. Future cycles of the Northwest Territories incidence report will make these opportunities possible.

7 Heide, D. (2003). Supporting children through supporting families. *EPI North*, 15 (2), 6-7.

■ 1. INTRODUCTION

The following report presents the major descriptive findings from the 2003 Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003). The NWTIS-2003 is the first territory-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare services in the Northwest Territories. The estimates presented in this report are primarily based on information collected from child welfare investigators on a representative sample of over 370 child welfare investigations conducted across the Northwest Territories.

This introduction presents the rationale and objectives of the study, provides an overview of the child welfare system in the Northwest Territories, describes the definitional framework used for the study, and outlines the organization of the report.

Background to the Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003)

In Canada, most child abuse and neglect statistics are kept on a provincial or territorial basis. Due to differences both in definitions of maltreatment and methods for counting cases, it is not possible to aggregate provincial and territorial statistics. The lack of comparability of territorial and provincial data has hampered the ability of governments and social service providers to develop national and regional policies and programs that effectively address the needs of maltreated children. National data are also needed to provide a meaningful context for interpreting findings from Canadian and international child maltreatment research.

The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect, was the first study in Canada to estimate the incidence of child abuse and neglect reported to, and investigated by, the Canadian child welfare system. The CIS-1998 was based on a study design developed by Nico Trocmé for the 1993 Ontario Incidence Study⁸ which in turn had been partially based on the design of the U.S. National Incidence Studies.⁹

The CIS-1998 found that an estimated 135,573 child maltreatment investigations were conducted in Canada in 1998, an incidence rate of 21.52 investigations per 1,000 children. Almost half (45%) of

8 Trocmé N., McPhee D., et al. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto: Institute for the Prevention of Child Abuse.

9 Sedlack A.J. & Broadhurst D.D (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

these reports were substantiated, 225 of investigations could not be substantiated but remained suspected, and in 335 of investigations the worker¹⁰ determined that child maltreatment did not occur. In four percent of the unfounded investigations the allegation was considered to be intentionally false.

Neglect was the most common reason for investigation, an estimated 53,922 child investigations (40%) involved allegations of neglect as the primary reason for investigation. Of these, 21,568 child investigations (43%) were substantiated. Thirty-one percent of investigations involved physical abuse allegations as the primary reason for referral, of these, 14,127 child maltreatment investigations were substantiated. Emotional maltreatment was the primary reason for investigation in 19% of cases, 13,875 were substantiated. Finally, sexual abuse was the primary reason for investigation in 10% of investigations, 5,474 investigations were substantiated.

The largest proportion of physical abuse cases were single incidents involving older children. Physical abuse cases were also more likely to involve injuries than other forms of maltreatment. While sexual abuse cases predominantly involved female victims, the study also drew attention to the large proportion of pre-adolescent male victims of sexual abuse who were being reported to child welfare authorities. Neglect and emotional maltreatment typically involved more complex situations, where children had more emotional and behavioural difficulties than were noted for other categories of maltreatment and families were struggling with more housing problems, lower employment rates, isolation, substance abuse, and domestic violence.

Aboriginal children stood out in the study as being a distinct high-risk group, over-represented at every stage of intervention. While five percent of children in Canada were Aboriginal, 17 percent of children reported to the child welfare system were Aboriginal. Twenty-two percent of substantiated cases of child maltreatment involved Aboriginal children, and 25% of children admitted to care were Aboriginal.

International comparisons indicated that rates of investigated and substantiated child maltreatment were considerably lower in Canada compared to the United States, but higher than the rates reported in Australia.

Findings from the CIS-1998 have provided much needed information to service providers, policy makers and researchers seeking to better understand the children and families coming into contact with the child welfare system. The study drew attention to the large number of neglect and emotional maltreatment cases that had not been previously identified as service priorities. A number

¹⁰ The word “worker” is used to describe all the individuals who conduct child protection investigations. These people may be social workers, social service workers or other persons with training in child protection. In some jurisdictions the use of the terms social worker and social service worker indicate that the individual has met licensing requirements within their respective profession, however, not all individuals conducting child maltreatment investigations will fall into these two categories.

of jurisdictions have used findings from the study to assist them in better adapting child welfare policies to address the array of difficulties faced by victims of maltreatment and their families.

Building on the critical success of the CIS-1998, the Northwest Territories committed resources and funding to support the development of the Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003). This territorial study occurred at the same time as the 2003 cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect. This work provides essential baseline information that allows policy and research analysts to better understand those children and families who utilized child welfare services in the Northwest Territories in 2003, and to examine changes in the profile of these families through subsequent cycles of this study.

Funding

The NWTIS-2003 is funded in part by the Public Health Agency of Canada and the Northwest Territories. Funding from the Public Health Agency of Canada was provided to gather information from a nationally representative sample of 63 child welfare service areas (CWSAs) including 1 from the Northwest Territories. The Northwest Territories provided additional funding for a universal sample of all CWSAs to provide a sufficient sample to generate territorial estimates of reported child abuse and neglect. A child welfare service area is a geographic or administrative area served by a distinct child welfare office. In the Northwest Territories, a CWSA refers to one of the regional Health and Social Service authorities.

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003) applied the CIS-2003 survey instrument, case selection procedures and methodology to collect data at all participating sites in the territory and occurred during the study timelines established by the Canadian Incidence Study (CIS-2003).

In addition to direct funds received from federal and territorial sources, all participating Northwest Territories sites contributed significant in-kind support, which included not only the time required for child welfare workers to attend training sessions, complete forms, and respond to additional information requests, but also coordinating support from team administrative staff, supervisors, managers and data specialists.

Objectives and Scope of the NWTIS-2003

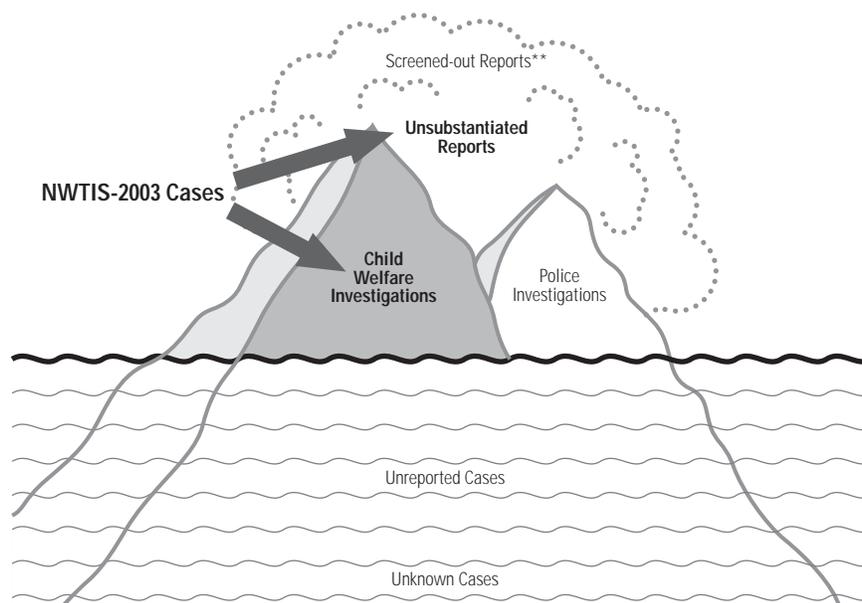
The primary objective of the NWTIS-2003 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services across the Northwest Territories in 2003. Cases tracked by the NWTIS-2003 study include substantiated, suspected and

unsubstantiated investigations of reported child abuse and neglect, but do not include cases that are investigated only by the police (Figure 1-1). The NWTIS-2003 is not designed to document unreported cases (see Definitional Framework and Table 1-2 for a detailed presentation of the scope of the study).

Specifically, the NWTIS-2003 is designed to

1. determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence as well as multiple forms of maltreatment;
2. investigate the severity of maltreatment as measured by forms of maltreatment duration, and physical and emotional harm;
3. examine selected determinants of health for investigated children and their families;
4. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court, and criminal prosecution; and
5. provide a baseline for comparison with future cycles of the Northwest Territories Incidence Study to examine change over time.

Figure 1-1
Scope of NWTIS-2003*



* Adapted from Trocmé, N., McPhee, D. et al. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto, ON: Institute for the Prevention of Child Abuse. and, Sedlak, A., J., & Broadhurst, D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

** Child Welfare workers in NWT are legislated by the CFSA, Section 9(1), to investigate each referral to determine the child's need for protection. Therefore there are very few cases that would be defined as screened out.

Child Welfare Services in the Northwest Territories

Over the last decade, the Northwest Territories Department of Health and Social Services has shifted the focus of service delivery by developing a legislation that incorporates the roles played by the individual, family and community in matters concerning the health and safety of children. In the Northwest Territories, the *Child and Family Services Act* was introduced on October 30, 1998. In this legislation, supporting and promoting the well being of families is listed as being of paramount importance. Support services are provided to address the needs of individual children or their family. This entitlement to support services is what distinguishes this legislation from previous ones and from other legislation across Canada, that require that a child be determined to be in need of protection prior to the provision of services. As discussed in an article by Heide (2003), the use of the term “entitlement” is unique to the Northwest Territories approach to health and social services and emphasizes the importance that the NWT society places on children and the family.¹¹

The *Child and Family Services Act* lists that any measures taken for the protection and well being of children should, as far as possible, promote family and community integrity and continuity. Communities in the Northwest Territories display an interest in playing an active role in the care of children, therefore the NWT legislation has created an opportunity for community involvement in making decisions to support families. This Act also refers to the role that communities have to play in supporting and promoting the best interest of the children and the well being of families. This focus on the role of the community in child welfare issues has a significant impact on the way that child protection services are delivered in the Northwest Territories.

Table 1-1
Administrative Centres in Northwest Territories

Region 1 – Inuvik Regional HSS Authority	Region 5 – Yellowknife HSS Authority
Region 2 – Sahtu HSS Authority	Region 6 – Stanton Territorial Health Authority
Region 3 – Deh Cho HSS Authority	Region 7 – Hay River HSS Authority
Region 4 – Dogrib Community Services Board	Region 8 – Fort Smith HSS Authority

Definitional Framework for the NWTIS-2003

Statistics on child abuse and neglect are collected and reported in very different ways.¹² Confusion can easily arise because of variations in the way a particular statistic is calculated. The following discussion and framework are provided to assist readers in interpreting the statistics included in this report.

¹¹ Heide, D. (2003). Supporting children through supporting families. *EPI North*, 15 (2), 6–7.

¹² Trocmé, N., McPhee, D., et al., (1994), *Ontario incidence study of reported child abuse and neglect*, Toronto: Institute for the Prevention of Child Abuse

Child abuse and neglect statistics can be misinterpreted because of two types of problems: confusion about the definitions of child abuse and neglect used, and misunderstanding of the case selection and reporting methods used. Definitional differences can have considerable impact on reported rates. For example, in the U.S. *National Incidence Study-3 (1996)*, estimates of the number of physically neglected children were four times higher when the definition of physical neglect was expanded beyond the Evidence of Harm standard to include cases in which there was substantial risk of harm (Endangerment Standard).¹³ Similarly, estimates of the prevalence of child sexual abuse doubled when acts of exposure were included in the cross-Canada sexual abuse survey conducted for the federal Committee on Sexual Offences Against Children and Youths.¹⁴

Unfortunately, there is no consensus about definitions of child maltreatment. Definitions have been shown to vary on the basis of differences in legal mandates, professional practices, and social and cultural values. This lack of standards in defining child abuse and neglect has been repeatedly identified as a major obstacle in the development of child maltreatment research and practice.¹⁵ Several jurisdictions have taken steps toward setting more explicit criteria for defining abuse and neglect, although the establishment of completely standardized definitions is constrained by the fact that, in practice, judgments about child maltreatment are shaped by a complex array of changing professional standards and community values.

Beyond differences between research and legal definitions, child welfare agencies and practitioners develop their own standards that do not necessarily reflect governing legislation. Furthermore, even within organizations there is evidence that, in practice, standards are influenced by factors such as neighbourhood characteristics.¹⁶

A second source of variation in maltreatment rates arises from differences in the way statistics are collected and reported. Child maltreatment statistics can end up measuring very different things, depending on who collects them and how they are collected. Some rates refer to the number of reported incidents; others refer only to allegations that have been substantiated by a thorough investigation. Some rates are based on annual incidence counts, whereas others measure childhood prevalence. These differences limit direct comparison of maltreatment statistics derived from different data sources. However, unlike the more intractable definitional problems, these issues can be resolved by clearly specifying case selection methods. The following framework (Table 1-2) provides a basis for comparing child maltreatment statistics by considering how they are affected by different case selection methods.

13 Sedlak A.J. & Broadhurst D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

14 Government of Canada. (1984) *Sexual offences against children: Report of the committee on sexual offences against children and youths* (vols 1 & 2). Ottawa: Canadian Government Publishing Centre.

15 National Research Council. (1993) *Understanding child abuse and neglect*. Washington, DC: National Academy Press.

16 Shor, R. (2000). Child Maltreatment: Differences in perceptions between low income and middle income neighbourhoods. *British Journal of Social Work*; 30, 165–178.

Table 1-2
Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003: Definitional Framework

	Definitional Problem	Measures Taken by NWTIS 2003
Source of Data	Statistics are rarely presented with sufficient detail to allow one to consider all the data collection issues.	NWTIS-2003 data were collected from child protection workers upon completion of their initial investigation (time depends on provincial, regional, and site practices).
Forms of Maltreatment	Maltreatment statistics vary considerably with respect to the forms of maltreatment included.	The NWTIS-2003 includes 25 defined forms of maltreatment under five main categories: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence.
Multiple Forms of Maltreatment	Failure to document multiple forms of maltreatment can lead to underestimating some forms of maltreatment.	NWTIS-2003 documents up to three forms of maltreatment.
Level of Harm	Some statistics only include cases where children have been harmed; others include cases of harm and substantial risk of harm.	NWTIS-2003 includes cases where children are harmed as well as cases where children are at risk of harm. Physical and emotional harm are documented.
Timeframe	Research on child maltreatment can focus on the annual incidence, which is the number of cases in a single year; or, it can focus on childhood prevalence, which is the number of children maltreated during childhood.	The NWTIS-2003 measures the annual incidence of investigated maltreatment.
Reporting Year	Rates of reported maltreatment have been increasing steadily as public awareness of child abuse increases. Rates from two different years must be compared accordingly.	The reporting year for the NWTIS-2003 is 2003. Some data is compared with data from the CIS-1998.
Unit of Analysis	Child welfare investigations can use either a child-based or family-based method of tracking cases. For child-based, each investigated child is counted as a separate investigation, while for family-based investigations, the unit of analysis is the investigated family, regardless of the number of children investigated.	The NWTIS-2003 counts cases on the basis of child investigations
Duplication	Children investigated several times in a year are often counted as separate investigations. Approximately 20 per cent of investigations in a given year involve children investigated more than once.	The NWTIS-2003 estimates are not unduplicated. Children who are investigated twice during a year are counted as two separate child investigations.
Age Group	The age group of children investigated by child welfare services varies by province or territory.	NWTIS-2003 estimates are presented for children under 16 (Newborn to 15 inclusive).
Levels of Identification/Substantiation	The point at which cases are being identified significantly affects child maltreatment estimates, given that many identified cases are not reported, many reported cases are not investigated, and many investigated cases are not substantiated.	NWTIS-2003 reports on cases investigated by child welfare authorities. A three-tiered definition of substantiation is used: (1) substantiated, (2) suspected, and (3) unfounded. Screened out or uninvestigated reports are not included.

Categories and Forms of Maltreatment

A primary area of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect and emotional maltreatment, are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment.¹⁷ For instance, some child welfare authorities include only intra-familial sexual abuse, the justice system dealing with cases of extra-familial sexual abuse.

The **NWTIS-2003** definition of child maltreatment includes **25 forms of maltreatment** subsumed under **five categories** of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence.¹⁸ This classification reflects a fairly broad definition of child maltreatment and includes several forms of maltreatment that are not specifically stated in some provincial and territorial child welfare statutes (e.g. educational neglect and exposure to family violence).

Documentation of **multiple forms** of maltreatment is also problematic. Many child welfare information systems have the capacity to classify cases only in terms of a single form of maltreatment. Systems that count only one form of maltreatment tend to under-count neglect and emotional maltreatment because these often appear in conjunction with abuse, but are generally considered less severe.¹⁹ The NWTIS-2003 is able to track up to three categories of maltreatment.

Level of Harm

There is some debate in the child maltreatment literature about defining maltreatment in terms of caregiver maltreating behaviours versus **actual harm** done to children as a result of abuse or neglect.²⁰ Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died as a result of maltreatment. In practice, child welfare agencies investigate and intervene in many situations in which children have not yet been physically harmed, but are **at risk of harm**. Many of these children display cognitive and emotional difficulties that are associated with maltreatment, but not necessarily a specific injury that has led to the report. Provincial and territorial statutes cover both children who have suffered from a specific

17 Portwood, S. G. (1999). Coming to terms with a consensual definition of child maltreatment. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 4(1), 56–68.

18 Given the expansion of domestic violence investigations, the CIS-2003 no longer treats exposure to domestic violence as a form of emotional maltreatment.

19 Cicchetti, D. (2004). An odyssey of discovery: Lessons learned through three decades of research. *American Psychologist*, 59(8), 731–741.

20 Portwood, S. G. (1999). Coming to terms with a consensual definition of child maltreatment. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 4(1), 56–68.

harm due to abuse or neglect, and children at risk of harm. The level or risk of harm required before an act is considered abusive is based upon the severity of the act. In cases of sexual abuse, for instance, evidence of harm to the child is not considered to be relevant, whereas in cases of physical abuse, especially in cases involving corporal punishment, physical injury is more closely tied to the determination of abuse. The third U.S. *National Incidence Study (1996)* includes two standards in calculating estimates of maltreatment: a narrow standard based on evidence of harm to the child, and a broader standard that includes cases of children at risk of harm.²¹ The **NWTIS-2003** documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm.

Timeframe

Maltreatment statistics can also be misinterpreted because of confusion about the ***timeframe*** to which statistics refer. The most serious source of misunderstanding is the difference between annual incidence and childhood prevalence. For a given population, ***childhood prevalence*** refers to the number of people maltreated at any point during their childhood, whereas ***annual incidence*** refers to the number of child maltreatment investigations per 1,000 children in a given year. The relation between the two is complicated and is determined by the duration of maltreatment, the number of separate incidents, and the age at onset. Although this use of the term “incidence” is common in child welfare, it is different from the way in which the term is used by epidemiologists, where incidence refers to the number of new events (e.g. new cases of a disease or disorder in a given population and time period).²² The **NWTIS-2003** did not track new incidents of maltreatment on already open cases.

The ***reporting year*** can significantly affect documented rates of maltreatment, since reporting rates change over time. In Ontario, for example, there was a 44% increase in the number of cases of reported maltreatment between 1993 and 1998.²³ The reporting year can also lead to confusion because some jurisdictions use the calendar year, whereas others refer to the fiscal year. **NWTIS-2003** estimates were calculated for the calendar year from January 1 to December 31, 2003.

21 Sedlack, A. J., & Broadhurst, D. D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC. U.S. Department of Health and Human Services.

22 Last, J. M. (1995). *A dictionary of epidemiology*, third edition. New York: Oxford University Press.

23 Trocmé, N., Fallon, B., MacLaurin, B., & Copp, B. (2002). *The Changing Face of Child Welfare Investigations in Ontario: Ontario Incidence Study of Reported Child Abuse and Neglect (OIS 1993/1998)*, Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.

Unit of Analysis

The ***unit of analysis*** determines the denominator used in calculating maltreatment rates. Some statistics refer to the number of child investigations, but others refer to the number of family investigations. The relation between the two is unclear in some instances, because with ***family-based*** statistics it is difficult to determine how many children have been maltreated, particularly in cases of neglect. The **NWTIS-2003** uses ***child-based*** statistics to be consistent with the way most child service statistics are kept (e.g. health, corrections, education, and foster care).

Some jurisdictions provide child welfare services to families when there is no alleged maltreatment. This is particularly true in Quebec, where the mandate of child welfare services explicitly extends to non-maltreatment situations in which children's emotional or behavioural problems are considered to require intervention. These are referred to as ***non-maltreatment*** cases in the **NWTIS-2003** (e.g. services for prenatal counseling and child behaviour problems) and are tracked separately as non-maltreatment case openings. The **NWTIS-2003** reports only on child maltreatment investigations.

Consideration should also be given to the ***age group*** included in the child welfare statistics as the scope of child welfare investigations varies considerably across Canada because of the differing ages at which children are considered to need protection. The **NWTIS-2003** data are reported for children aged 0 to 15 years as defined by territorial legislation.

Case Duplication

Most annual child welfare statistics are reported on the basis of the number of investigations, as opposed to the number of investigated children. Some investigations involve children who were previously investigated in the same year. Therefore, statistics based on the number of investigations double count children who are investigated twice in one year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the **NWTIS-2003** uses the term "child investigations" rather than "investigated children," since the unit of analysis is the investigation of the child's suspected maltreatment.

Most frequently child welfare data systems report numbers of investigations as opposed to investigated children. For example the U.S. *National Child Abuse and Neglect Data System (2002)*²⁴ report states: "In the data presented in this report, a child is counted *every time* he or she is the subject of a substantiated or indicated report" (emphasis added). An estimate of how often maltreated children will be counted more than once, can be derived from those jurisdictions that

24 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2005). *Child Maltreatment 2003*. Washington, DC: U.S. Government Printing Office.

maintain separate investigation and child-based counts. Rates of occurrence during a 12-month follow-up range from 5.2 percent to 31 percent.²⁵ States reporting duplicated and unduplicated data for the U.S. *National Child Abuse and Neglect Data System (NCANDS)*,²⁶ report that for substantiated cases of child maltreatment, the recurrence rate is 8.4 percent within six months during 2003. In Quebec the recurrence was 8.8 percent of screened-in investigations over a 12-month period.²⁷

While all duplicate reports were removed from the NWTIS sample,²⁸ it was not possible to develop unduplicated child estimates for the whole year, because the annual investigation statistics used to derive the **NWTIS-2003** annualization weights were investigation-based counts that included children investigated more than once in the given year.

Level of Case Identification

A major source of variation in maltreatment statistics occurs with the ***level of identification and substantiation*** used. Figure 1-2 provides an illustration of four key stages in the case identification process: detection, reporting, investigation, and substantiation. There is considerable variation in child maltreatment statistics depending on the level of case identification.

25 For example: Baird, S. C. (1988). Development of risk assessment indices for the Alaska Department of Health and Social Services. In T. Tatara (ed.), *Validation research in CPS risk assessment: Three recent studies*, Occasional Monograph Series No. 2, pp. 84-142;

Coleman, H. D. J. (1995). *A longitudinal study of family preservation program*. Unpublished doctoral dissertation, University of Utah, School of Social Work.

Luttrell, J., Hull, S., & Wagner, D. (1995). *The Michigan Department of Social Services Structured Decision Making System: An evaluation of its impact on child protective services*. Paper presented at the Ninth National Roundtable on CPS Risk Assessment, San Francisco.

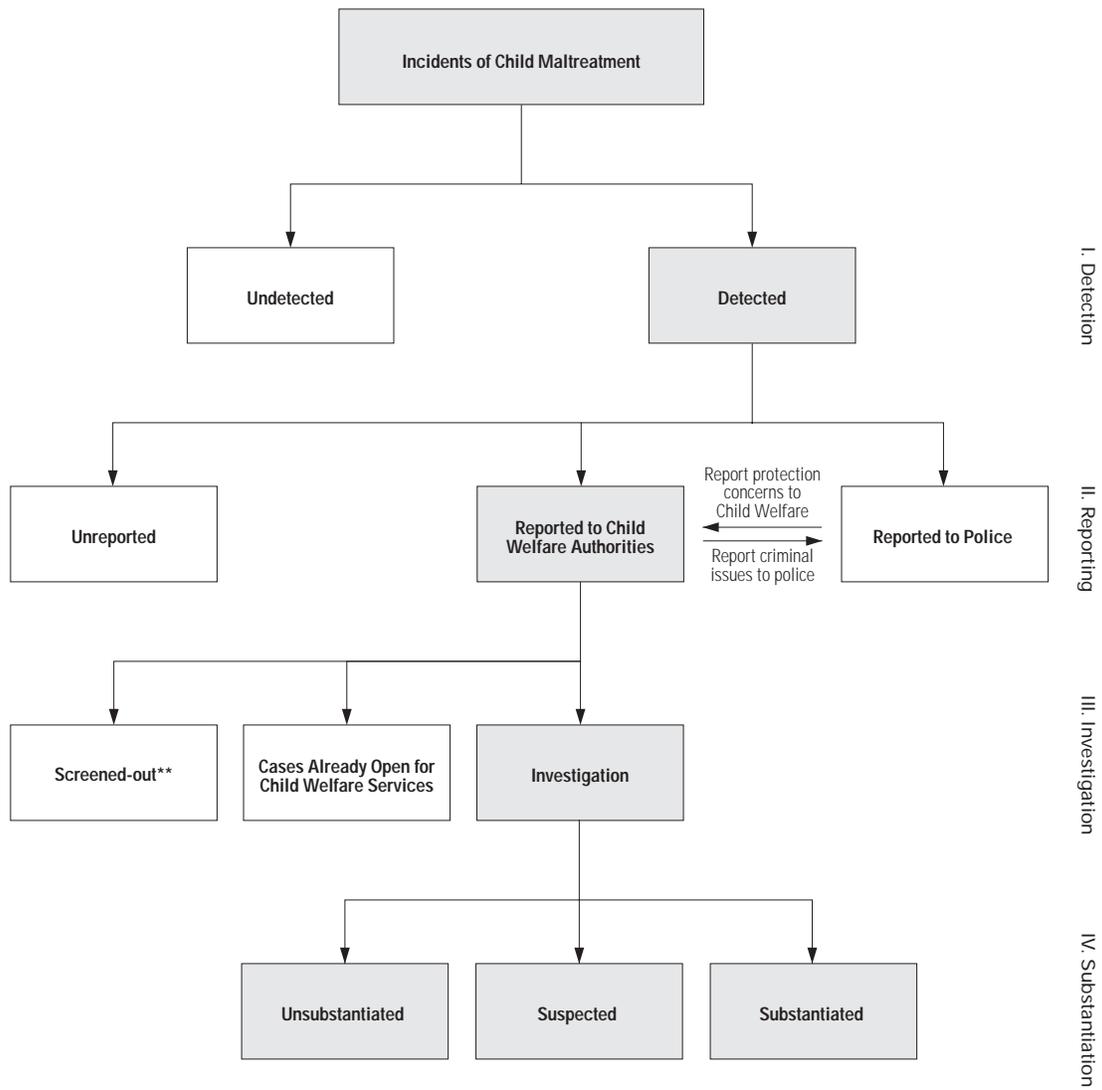
DePanfilis, D., & Zuravin, S. J. (1998). Rates, patterns, and frequency of child maltreatment recurrences among families known to CPS. *Child Maltreatment*, 3(1), 27-42.

26 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2005). *Child Maltreatment 2003*. Washington, DC: U.S. Government Printing Office.

27 Hélie, S. (2005). *Fréquence et déterminants de la récurrence du signalement en protection de la jeunesse: Analyse de survie d'une cohorte Montréalaise*. Unpublished doctoral dissertation, Université du Québec à Montréal, Département de Psychologie.

28 Duplicate cases were screened for and deleted on site on the basis of agency identification numbers, family initials, and date of referral.

Figure 1-2
Stages of Identification of Incidents of Child Maltreatment NWTIS-2003*



■ Cases tracked by the NWTIS-2003

* Child Welfare workers in NWT are legislated by the CFSA, Section 9(1), to investigate each referral to determine the child's need for protection. Therefore there are very few cases that would be defined as screened out

Detection is the first stage in the case identification process. Little is known about the relation between detected and undetected cases. Surveys of adult survivors indicate that some have never disclosed their childhood experiences of abuse.²⁹

Reporting suspected maltreatment is required by law in all provinces and territories in Canada, as well as in all states in the United States.³⁰ A number of studies of reporting practices have been conducted in the United States and show that as many as half of the cases of suspected maltreatment detected by professionals working with children are not reported to child welfare services.³¹ The **NWTIS-2003** does not document unreported cases.

It is also important to distinguish between cases reported to child welfare services and cases reported to the police. Although there is some overlap between these two groups, many cases involving alleged perpetrators outside the family (for example; a stranger exposing himself to a child) may involve only a police investigation and therefore may not be counted in child welfare investigation statistics. The **NWTIS-2003** documents cases investigated by solely child welfare, or cases jointly investigated by the police and child welfare services.

Investigation is a third stage in the case identification process and can lead to confusion when child maltreatment statistics are compared. As noted earlier, not necessarily all reports are investigated in Canada. Some may be screened out because there is not enough information about the whereabouts of a child to launch an investigation; others may be screened out because they are not considered to be within the defined mandate of the child welfare services. **Screening practices** in Canada can vary from an informal and undocumented process to a structured, formal telephone investigation. As discussed previously, child welfare workers in the Northwest Territories are expected to investigate all referrals.

In addition to reports being screened out, reports received about cases already open for child welfare services may be investigated by the ongoing worker and may not be tracked as new investigations. The **NWTIS-2003** did not track new incidents of maltreatment on already open cases.

29 For example: Finkelhor, D., Hotaling, G., et al. (1990). Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse and Neglect*, 14(1),19–28.

30 Although Yukon does not include mandatory reporting in the *Children's Act*, the *Education Act* and the *Child Care Act* require teachers and daycare providers to report suspicions that a child is in need of protection to the child welfare authority. As well there are protocols and/or policies within various government departments and several non-governmental organizations that require their staff to report abuse/neglect.

31 Zellman G. (1990). Report decision-making patterns among mandated child abuse reporters. *Child Abuse & Neglect*, 14(3):325–336.

Sedlak, A.J., & Broadhurst, D.D., (1996) Executive summary of the third national incidence study of child abuse and neglect, Washington, DC: US Department of Health and Human Services

Substantiation distinguishes cases in which maltreatment is confirmed, following an investigation, from cases in which it is not. Some jurisdictions use a two-tiered substantiation classification system that distinguishes between substantiated and unsubstantiated cases, or verified and not verified cases. The **NWTIS-2003** uses a three-tiered classification system, in which a “suspected” level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out.

Summary of NWTIS-2003 Definitional Framework

The **NWTIS-2003** provides an estimate of the number of cases (child-based, under age 16) of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence) reported to and investigated by child welfare services in The Northwest Territories during 2003. The estimates are broken down in Chapter 3, into three levels of substantiation: substantiated, suspected, and unsubstantiated. With the exception of two tables in Chapter 6, estimates are limited to substantiated cases only. Cases opened more than once during the year are counted as separate investigations (see Table 1-2).

Organization of Report

The **NWTIS-2003** Final Report presents the major descriptive findings from the **NWTIS-2003**. The main body of the NWTIS-2003 **Final Report** is divided into nine chapters and 7 appendices. Detailed descriptive findings are provided for all of the variables from the **NWTIS-2003** study. Chapter 2 describes the study’s methodology. Chapter 3 presents the estimates of the incidence of reported child maltreatment for each category of maltreatment by level of substantiation. Chapter 4 examines the characteristics of these different categories of substantiated maltreatment in terms of the nature, severity, and duration, and the identity of the alleged perpetrators. Investigation outcomes, provision of services, placement, police involvement, and applications to court are presented in Chapter 5. Chapter 6 describes child characteristics, including categories of maltreatment by age and sex, and by child functioning. Chapter 7 describes household characteristics, including age and sex of caregivers, income source, housing accommodations, and other selected determinants of health (e.g. caregiver functioning, risk factors, and coping practices). Referral and agency characteristics are described in Chapter 8. The final chapter provides a summary of the key findings of the NWTIS-2003 as well as outlining directions for further research.

The **Appendices** include:

- Appendix A: List of NWTIS-2003 Site Researchers
- Appendix B: Glossary of Terms

- Appendix C: CIS Maltreatment Assessment Form
- Appendix D: CIS Cycle II Guide Book
- Appendix E: Case Vignettes
- Appendix F: Worker Information Form
- Appendix G: Supporting Data for Additional Report Findings

■ 2. METHODOLOGY

The NWTIS-2003 is the first territorial study examining the incidence of reported child abuse and neglect in the Northwest Territories. The NWTIS-2003 captured information about children and their families as they came into contact with child welfare services over a three-month sampling period. Maltreated children who were not reported to child welfare services, or new allegations on cases currently open at the time of case selection were not included in the NWTIS-2003 (see Chapter 1 for definitions of reported and non-reported cases).

A multi-stage sampling design was used. The NWTIS-2003 used a universal sample of all seven, child welfare regions across the Northwest Territories, and then sampled cases within these offices. Information was collected directly from the investigating child welfare workers and is based on the worker's judgment at the time of investigation. The core NWTIS-2003 sample of 372 child investigations was used to derive territorial estimates of the annual rates and characteristics of investigated child maltreatment in the Northwest Territories.

As with any sample survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. This chapter presents the NWTIS-2003 methodology and discusses its strengths, limitations, and impact on interpreting the NWTIS-2003 estimates. This chapter describes the NWTIS-2003 research network; its survey instruments; reliability and validity testing, focus group testing, the sample selection and enlistment strategies; the case selection, entry, and data verification procedures; and the statistical methods used for calculating territorial estimates.

Study Organization

The NWTIS-2003 was conducted as part of the Canadian Incidence Study of Reported Child Abuse and Neglect, 2003 (CIS-2003), the second national maltreatment incidence study conducted in Canada (see Chapter 1). This study combines funds from the core study, funded by the Public Health Agency of Canada, with a research grant provided by the Northwest Territories Government.

Study Timeframe

The NWTIS-2003 was funded to begin in February 2003. The study was conducted in three phases over two and a half years. During the preparation phase (February 2003 to September 2003), the study instruments developed for the NWTIS-2003 were reviewed and tested, and the study sites were selected and enlisted. During the case selection phase (September 2003 to June 2004), participating child welfare workers were trained, and survey instruments were completed, collected,

and verified. The final phase of the study (June 2004 to October 2005) involved entering the survey information into the NWTIS-2003 database, checking for inconsistent and missing information, conducting descriptive analysis, calculating the weighted estimates, and preparing reports.

Project Management Structure

The NWTIS-2003 was directed by a team of researchers affiliated with the Faculty of Social Work, University of Calgary in collaboration with the management team associated with the Centres of Excellence for Child Welfare at the University of Toronto. This included Bruce MacLaurin, Principal Investigator for the NWTIS-2003, Nico Trocmé, Principal Investigator for the CIS-2003, and Barbara Fallon and Joanne Daciuk, Co-Managers of the CIS-2003. Data verification was completed in the Calgary and Toronto offices while data entry, cleaning and weighting were completed in Toronto. The NWTIS-2003 Major Findings Report was prepared at the University of Calgary.

Ethics Procedures

The NWTIS-2003 protocols and procedures were reviewed and approved by the University of Calgary's Ethics Committee and the Public Health Agency of Canada Research Ethics Board prior to the commencement of data collection. Written permission for participating in the data collection process was obtained from the Territorial Director of Child Welfare.

The study utilized a case file review methodology. The case files are the property of the Northwest Territories, therefore the permission of the Director of Child Welfare was required in order to access the case files. Confidentiality of case information and participants including workers was maintained throughout the process. No directly identifying information was collected on the data collection instrument. The *Intake Face Sheet* collects near-identifying information about the children's first name and their age. The tear-off portion of the *Intake Face Sheet* has a space for the service case number assigned by the child welfare office and the research case number assigned by the NWTIS-2003 study researchers. This tear-off portion also provided space for the first two letters of the family surname. Workers provided the address of the family or postal code for the primary residence. This information was used for verification purposes only. The near-identifying information was stored on-site.

The data collection instruments (that contain no directly identifying information) were scanned into an electronic database. This electronic data was stored on a locked, password protected hard drive in a locked office and on a CD stored in a locked cabinet off-site. Only those University of Calgary or University of Toronto research personnel with security clearance from the Government of Canada had access to this information through password-protected files. All paper data collection instruments are archived in a secure filing cabinets, approved by the RCMP.

The final report contains only territorial estimates of child abuse and neglect and does not identify any participating office.

Instruments

The CIS-2003 survey instruments were designed to capture standardized information from child welfare workers conducting investigations. Because investigation procedures vary considerably across Canada (see Chapter 1), a key challenge in designing the CIS-2003 survey instruments was to identify the common elements across jurisdictions that could provide data in a standardized manner. Given the time constraints faced by child welfare workers, the instruments also had to be kept as short and simple as possible.

The CIS-2003 instruments were based on the *Ontario Incidence Study* (1994) and the U.S. *National Incidence Study* (1996)³² in order to maximize the potential for comparing NWTIS-2003 findings with findings from these studies. Comparability with previous studies remained a key priority. The data collection instrument was modified from the CIS-1998 form after consultations with the National Steering Committee and focus and pilot testing. Modifications to the data collection instrument were made on a variable-by-variable basis.

Maltreatment Assessment Form

The main data collection instrument used for the study was the Maltreatment Assessment Form, which was completed by the primary investigating child welfare worker upon completion of each child welfare investigation (see Appendix C). The Maltreatment Assessment Form consisted of an Intake Face Sheet, a Household Information Sheet, and a Child Information Sheet.

Workers completed the Intake Face Sheet for all cases opened during the study period, whether or not a specific allegation of maltreatment had been made. This initial review of all child welfare case openings provided a consistent mechanism for differentiating between cases investigated for suspected maltreatment and those referred for other types of child welfare services (e.g. preventive services).

Basic information about the report or referral as well as identifying information about the child(ren) involved was collected on the Intake Face Sheet. The form requested information on the date of referral, referral source, number of children in the home, age and sex of children, whether maltreatment was suspected or alleged, whether the case was screened out, the family's postal code,

32 Trocmé, N., McPhee, D. et al. (1994) *Ontario incidence study of reported child abuse and neglect*. Toronto: Institute for the Prevention of Child Abuse.

Sedlak, A.J. & Broadhurst D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

and the reason for the referral or screening out. The section of the form containing near-identifying information was left at the office (the case number, first two letters of the family's surname and postal code). The remainder of the form was completed if abuse or neglect was suspected, either by the person(s) making the report or by the investigating worker at any point during the investigation.³³

The Household Information Sheet was completed only when at least one child in the family was investigated for suspected maltreatment. The household was defined as all the adults living at the address of the investigation. The Household Information Sheet collected detailed information on up to two caregivers. Descriptive information was requested about the contact with the caregiver, caregiver's own history of abuse, other adults in the home, housing, caregiver functioning, case status, and referral(s) to other services. (A copy of the Household Information Sheet can be found in Appendix C)

The third page of the instrument, the Child Information Sheet, was completed for each child who was investigated for maltreatment.³⁴ The Child Information Sheet documented up to three different forms of maltreatment, and included levels of substantiation, alleged perpetrator(s), and duration of maltreatment. In addition, it collected information on child functioning, physical and emotional harm to the child attributable to the alleged maltreatment, child welfare court activity, out-of-home placement, police involvement, and the caregiver's use of spanking as a form of discipline.

The Maltreatment Assessment Form also included an open comment section for situations in which the categories provided did not adequately describe a case, or when additional detail was of benefit.

A significant challenge for the study was to overcome the variations in the definitions of maltreatment used in different jurisdictions. Rather than anchor the definitions in specific legal or administrative definitions, a single set of definitions corresponding to standard research classification schemes was used. All items on the case selection forms were defined in the CIS-2003 Guide Book (see Appendix D).

Worker Information Form

A Worker Information Form was used to collect information about the worker(s) completing the investigation. Workers in all NWTIS-2003 child welfare service areas were asked to complete the forms. Responses were received from 48 workers, 92% of NWTIS-2003 workers who had

33 The CIS Cycle II Guide Book and training sessions emphasized that workers should base their responses to these questions on their clinical expertise rather than simply transposing information collected on the basis of territorial or local investigation standards. The CIS-2003 Cycle II Guide Book, (Appendix D) specifies the following: "Indicate which children were investigated because of suspected child maltreatment.... Only include those cases where in your clinical opinion maltreatment was suspected at some point." (p.6)

34 One Child Information Sheet was attached to the Maltreatment Assessment Form, and additional Child Information Sheets were available in every office.

participated in the study. The one-page form included information about the worker's role and position, training, education, and experience (see Appendix F).

Focus and Pilot Testing

In keeping with the goals of comparability and ease of use, the CIS-2003 data collection instrument was reviewed by a group of experts in October 2002. Several changes to the data collection instrument were suggested. These included the response options for the caregiver and child functioning items, caregiver age and case status. As a result of this meeting two versions of the form were developed for focus testing.

The CIS-2003 National Steering Committee completed a focus test of the two forms in March 2003. The same two versions of the forms were focus tested with child welfare workers from one rural and one urban agency in Ontario and Alberta. Focus testing ensured that modifications to the form would be consistent with standard practices, be easy to read and understand and would maintain comparability with the earlier cycle of the study.

The two versions of the forms were further modified to reflect the focus test results and were then pilot tested with child welfare workers. Pilot testing was conducted with a volunteer sample of workers in two locations. The purpose of the pilot test was threefold: (1) to gain feedback on the instrument, in particular the level of clarity of the items, completion rates, and the relevance of the information requested; (2) to examine case selection procedures, and (3) to assess the reliability of the data collection instrument.

The vast majority of items on the CIS-2003 Maltreatment Assessment Form showed good to excellent test re-test reliability ($Kappa = 0.66$ to 1.00). Among the most reliable groups of variables were referral source, form of maltreatment, maltreatment history, child age and gender, case disposition items and indices related to emotional harm. The majority of items related to household and caregiver characteristics also showed substantial to excellent agreement.

A number of items fell slightly below the criterion adopted for acceptable reliability. The presence of unsafe and overcrowded housing, criminal activity of the primary caregiver, any child referral, perpetrator identity (Caregiver A) and several child functioning concerns had Kappa values that fell within a moderate range of agreement (0.40 to 0.60).³⁵ For further information about reliability testing, see CIS-2003 Major Findings Report.

Several modifications to the form were made as a result of the focus and pilot testing process. Some items on the form were re-organized, others were collapsed and some items were added. For

35 Landis, J.R. & Koch, G.G. (1977). The measurement of observer agreement for categorical data. *Biometrics* 33, 159–174.

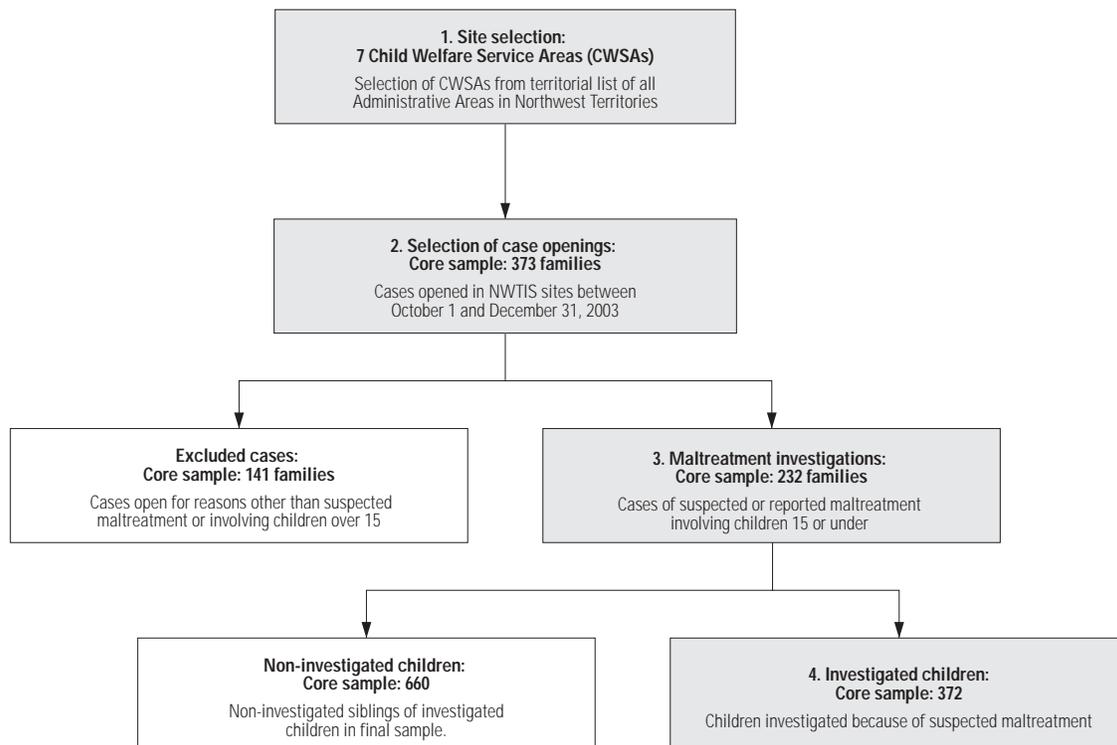
example, the variables ‘maltreated as a child’ and ‘caregiver in a violent relationship’ were moved into the caregiver risk factor section. The household income levels were collapsed from eight to five categories. The housing categories were collapsed from eight categories to six categories. Modifications to maltreatment codes were also made as a result of the focus and pilot testing process. Physical abuse categories were anchored to caregiver behaviours. Sexual abuse categories were also updated, with several items made less ambiguous and the category of sex talk was added to include sexual communications including internet contact and exposure to pornography.

Sampling

A stratified cluster design was used to select maltreatment investigations for the NWTIS-2003. A four-stage sampling process was required to select a territorially representative sample of children investigated because of suspected maltreatment (see Figure 2-1).

Figure 2-1

Northwest Territories Incidence Study of Reported Child Abuse and Neglect – 2003: Sampling Stages



In the first stage of the sampling process, child welfare jurisdictions were selected. The Northwest Territories decided to conduct a universal sample to produce sufficient cases on which to generate

territorial estimates. The primary sampling unit for the study was defined as a Child Welfare Service Area (CWSA). The CWSAs were distinct geographic areas served by a designated child welfare authority and based upon the territorial divisions at the time of the study. All sites were sampled with certainty.

Table 2-1
Sites and Sample Sizes by Region in Northwest Territories, NWTIS-2003

Administrative Centres	Number of NWTIS CWSAs	Number of Branch Offices	Child Population (0–15)*	Annual CWSA Case Openings	Case Openings Sampled for CIS
Inuvik Regional HSS Authority	1	6	–	331	98
Sahtu HSS Authority	1	2	–	65	15
Deh Cho HSS Authority	1	3	–	168	34
Dogrib Community Services Board	1	1	–	140	46
Yellowknife HSS Authority	1	2	–	554	143
Hay River HSS Authority	1	1	–	107	19
Fort Smith HSS Authority	1	1	–	104	22
Northwest Territories	7	16	10,715	1,469	377

* Source: Canada. Statistics Canada. *Census of Canada, 2001: Age and Sex for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census – 100% Data* [computer file]. Ottawa: Ont.: Statistics Canada [producer and distributor], October 22, 2002 (95F0300XCBO1006). Census data quality can be found at <http://www.statcan.ca/english/census96/dqindex.html> and <http://www12.statcan.ca/english/census01/Products/Reference/dict/appendices/app002.pdf>

The second sampling stage involved selecting cases opened in each site over a three-month period. Cases were selected by having investigating workers determine case eligibility using the Intake Face Sheet of the Maltreatment Assessment Form.

Cases open between October 1, 2003 and December 31, 2003 in the study sites were selected for inclusion in the study. Three months was considered to be the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December is considered to be typical of the whole year. However, follow-up studies are needed to systematically explore the extent to which seasonal variation in the types of cases referred to child welfare services may affect estimates that are based on a three-month sampling period.³⁶

³⁶ Seasonal variations would not affect the overall estimates of the number of maltreatment investigations because such variants are adjusted for in the weighting, but they could affect the proportion of cases referred from some sources, such as schools.

The third sampling stage involved screening opened cases to identify those cases that met NWTIS-2003 definitions of investigated maltreatment (see Figure 2-1, Stage 3). Although investigating suspected maltreatment is the core mandate for most child welfare services, situations that are considered to involve children at risk of maltreatment are also given service. These can include children with difficult behaviour problems, pregnant women seeking supportive counseling, or other service requests that do not involve a specific allegation of maltreatment. In order to maximize uniformity in case selection, the Intake Face Sheet of the Maltreatment Assessment Form was completed on all open cases in the core sample. Investigating workers then evaluated each case to determine whether maltreatment was alleged by the referral source or suspected at any point in the investigation process. Workers were asked to use the CIS-2003 definitions of maltreatment, which were generally more inclusive than definitions in many jurisdictions. For the purposes of the Major Findings Report these cases were further screened to include only children 15 and under.

The final case selection stage involved identification of the specific children who had been investigated. Workers were asked to provide additional Child Information Sheets on those children where maltreatment was suspected. The final sample included 372 investigated children.

Case Selection and Processing

Site Researchers were assigned to coordinate site training and case selection at each NWTIS-2003 office. (see Appendix A for a list of all NWTIS-2003 Site Researchers). The case selection phase began with a training session, conducted with the principal investigator or the Northwest Territories Study Coordinator to introduce participating child welfare workers to the CIS-2003 instruments and case selection procedures. After a review of the forms and procedures, trainees completed the Maltreatment Assessment Form for selected case vignettes (see Appendix E for the case vignettes). The completed forms were then discussed and discrepancies in responses reviewed to ensure that items were being properly interpreted. Each worker was given a CIS Cycle II Guide Book, which included definitions for all the items and study procedures (see Appendix D).

Completion of the Maltreatment Assessment Form was recommended to coincide with the written assessments that workers record upon the completion of their investigation. Given that some investigations can take many months to be completed, workers were asked to complete the Maltreatment Assessment Form at the same time as their first assessment report, regardless of whether the entire investigation was yet completed.

The Northwest Territories Study Coordinator had regular contact with each of the participating NWTIS-2003 sites to review forms, respond to questions, and monitor study progress. The Northwest Territories Study Coordinator had all completed Maltreatment Assessment Forms sent to her at the Yellowknife office and reviewed them for completeness and consistency. The Principal Investigator

made three trips to the Northwest Territories and reviewed all Maltreatment Assessment Forms to ensure accuracy and completeness. Every effort was made to contact workers if there was incomplete information on key variables (e.g. child age or category of maltreatment) or inconsistencies. The NWTIS-2003 team also ensured that the investigation was part of the sample. Identifying information (located on the bottom section of the Intake Face Sheet, see Appendix C) was stored on site, and non-identifying information was sent to the central data verification locations in Calgary.

Data Verification and Data Entry

Maltreatment Assessment Forms were verified three times for completeness and inconsistent responses: first on site by the NWTIS-2003 study team as described above, a second time at the University of Calgary office, and finally at the University of Toronto location prior to data entry. Consistency in form completion was examined by comparing the selected maltreatment codes to the brief case narratives provided by the investigating workers.

Data from Maltreatment Assessment Forms were sent to the CIS-2003 office in Toronto for data entry by scanner using TELEform Elite scanning software, V.8.1. Face Sheet information was entered manually using Microsoft Access 2000. The data were then combined into an SPSS Version 12.0 database. Inconsistent responses, missing responses, and miscodes were systematically identified. Duplicate cases were screened for at the child welfare site and deleted on the basis of agency identification numbers, family initials, and date of referral.

Data entry error rates were examined by re-entering a random sample of forms. Five hundred Maltreatment Assessment Forms were re-scanned by TELEform, and 100 Face Sheets were re-entered manually to determine entry error. Error rates were 2% for TELEform entry and 2% for manual data entry. The TELEform error rate was due to scanning errors in data fields that required a written number rather than a check box. Written fields in all forms were subsequently verified to correct for the scanning errors.

Participation and Item Completion Rates

The Maltreatment Assessment Form was kept as short and simple as possible to minimize the response burden and ensure a high completion rate. Workers estimated that the form took approximately 10 minutes to complete with some variation by worker. Item completion rates were over 99% on all items.³⁷

³⁷ The high item completion rate can be attributed both to the design of the case selection instrument and to the verification procedures. In designing the form, careful attention was given to maintaining a logical and efficient ordering to questions. The use of check boxes minimized completion time. An “unknown” category was included for many questions to help distinguish between missed responses and unknown responses.

The participation rate was estimated by comparing actual cases opened during the case selection period (October 1 to December 31, 2003) with the number of cases for which Maltreatment Assessment Forms were completed.³⁸ Unfortunately, in some sites differences in the way cases were tracked made it impossible to arrive at a count of case openings from October to December 2003 that corresponded to the cases tracked by the NWTIS-2003. The overall participation rate in sites where a participation rate could be estimated was 90%, ranging from a low of 75% to a high of 100%. Participation rates below 95% were discussed with the NWTIS-2003 liaisons for each agency to examine the possibility of skewed sampling. In all cases low participation could be attributed to external events (e.g. staff holidays, staff turnover), and no evidence of systematic bias was found.

Weighting

The data collected for the NWTIS-2003 were weighted in order to derive territorial annual incidence estimates. First, results were annualized to estimate the annual volume of cases investigated by each study site. The annualization weights were derived by dividing the total number of cases opened by each site in 2003 by the number of cases sampled for the NWTIS-2003. For example, if 225 cases were sampled over 3 months in a site that opened 1,000 cases over the year, a weight of 4.44 ($1,000/225$) was applied to all cases in the site. The average annualization weight was 4.48³⁹ reflecting the fact that cases had been collected over three months out of 12. While this annualization method provides an accurate estimate of overall volume, it cannot account for qualitative differences in the types of cases referred at different times of the year (see Chapter 1).

In the CIS-2003, regional weights were applied to reflect the relative sizes of the selected sites and thus account for the non-proportional sampling design. Each study site was assigned a weight reflecting the proportion of the child population of the site relative to the child population in the stratum or region that the site represented. For instance if a site with a child population of 25,000 was randomly sampled to represent a region or province/territory with a child population of 500,000, a regionalization weight of 20 ($500,000/25,000$) would be applied to cases sampled from that site. As a universal sample was used, the NWTIS-2003 regional weight was 1 indicating that the cases from that CWSA did not reflect a larger unsampled region. Regionalization and annualization weights were combined so that each case was multiplied first by an annualization weight and then by a regionalization weight.

38 Participation rate is the proportion of cases open between Oct. 1 and Dec. 31, 2003, for which the Maltreatment Assessment Form was completed.

39 This average excludes one large sites where case sampling during the 3 months was conducted, thus over-inflating the annualization weight.

Territorial incidence estimates were calculated by dividing the weighted estimates by the child population (less than one to 15 year olds). The child population figures for NWTIS-2003 sites in The Northwest Territories were based on 2001 Census data. In most cases, this involved aggregating Census subdivisions.

Duplication

The NWTIS-2003 estimates are reported on the basis of the number of child maltreatment investigations conducted during 2003, as opposed to the number of investigated children. Some investigations involve children who had been previously investigated in the same year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. The NWTIS-2003 estimates cannot be unduplicated because the annualization weights are based on duplicated service statistics provided by the study sites.

The NWTIS-2003 had no precise method for identifying children who were investigated more than once during 2003, unless they were investigated more than once during the October to December study period. An outside estimate of this number can be derived by examining instances in which children had been previously investigated; 445 of maltreatment investigations involved cases closed within 12 months of the current investigation. Because the NWTIS-2003 did not document when re-opened cases had been previously opened, it was not possible to determine how many of these cases had been opened for an investigation twice within the same calendar year. The 445 percent re-opening rate should therefore be treated as an outside estimate, with the true rate being under 44%.

Limitations of the NWTIS-2003

Every effort has been made to make the NWTIS-2003 a robust and reliable study of reported child maltreatment in The Northwest Territories. Several challenges that the research team faced have resulted in limitations to the study. These limitations have been outlined in the preceding two chapters, and are summarized below.

- the NWTIS-2003 is limited to reports investigated by child welfare services and do not include reports that were only investigated by the police and cases that were never reported;
- the study is not designed to conduct regional comparisons, variations in rates of investigated maltreatment across the Northwest Territories could not be examined;
- the study is based on the assessments provided by the investigating child welfare workers and could not be independently verified.

Data Presentation Format

Definitions of the **study variables** are described in the corresponding chapters. For forms of maltreatment and substantiation rates please read the introduction to Chapter 3. In reading the data tables in Chapters 3 to 8, the following points should be noted:

- Data tables in Chapter 3 present estimate counts and incidence rates by level of substantiation for **all forms** of investigated maltreatment.
- Tables in Chapters 4 through 8 primarily present estimate counts for the five **primary categories of substantiated maltreatment**
- Estimates are not presented when there were insufficient cases sampled to provide a reliable estimate. In such instances one dash (-) appears in the cell.
- All estimates are **weighted annual estimates for 2003** presented either as a **count** of child maltreatment investigations (e.g. 12,300 child maltreatment investigations) or as the annual **incidence rate** (e.g. 3.1 per 1,000 children);
- The overall sample used to derive data for each table is noted at the bottom of the table along with the number of missing cases. Because of **missing cases** the case count totals at the bottom of each table will vary from one table to the next. Chapter 3 tables provide the full count of estimated child maltreatment investigations.
- Column percentages total 100% for all tables, except when multiple responses were possible (e.g. referral source, child functioning)

■ 3. INCIDENCE OF ABUSE AND NEGLECT

This chapter presents estimates of the number of child maltreatment investigations conducted in the Northwest Territories during 2003. All data are presented in terms of the total number of estimated child investigations, as well as the annual incidence rate of estimated investigations per 1,000 children aged less than one to 15.⁴⁰ These figures refer to child investigations and not to the number of investigated families. Thus, if several children in a family had each been reported as abused or neglected, each investigated child counted as a separate child investigation. For children investigated more than once in a year, each investigation is included in the estimates (see Chapter 1, Definitional Framework).⁴¹

The estimates presented in this chapter are weighted estimates derived from child maltreatment investigations conducted in 2003 in all Northwest Territories child welfare services. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare services, (2) new reports on cases already open by child welfare services, and (3) cases that were investigated only by the police.

Definition of Classifications of Maltreatment

The NWTIS-2003 definition of child maltreatment includes 25 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence (see Section 14, “Forms of Maltreatment,” in CIS Cycle II Guide Book in Appendix D). The 25 forms of maltreatment tracked by the NWTIS are defined in the detailed sections on each of the five categories of maltreatment in this chapter.

Each investigation had a minimum of one and a maximum of three identified forms of maltreatment. In cases involving more than three forms of maltreatment, investigating workers were asked to select the three forms that best described the reason for investigation. More than one form of maltreatment was identified for 11% of child investigations (see Table 3-4). The **primary form** of maltreatment was the

40 In the Northwest Territories, the cut-off age of 15 (children under the age of 16) was selected because the mandate to investigate varies among provinces and territories in Canada. This age cut-off matched the territorial mandate defined by legislation. All calculations were based on the child population estimates from the 2001 census provided by Custom Services Section, Advisory Services, Statistics Canada Ontario Regional Office.

41 Children investigated more than once during the case selection period (October to December 2003) were only counted as one investigation; however, children investigated more than once over the whole year (2003) were counted as separate cases because the child welfare service statistics used to annualize the NWTIS estimates did not remove duplicates (see Chapter 1, Definitional Framework).

form that best characterized the investigated maltreatment. In cases where one form of maltreatment was substantiated and one was not, the substantiated form was automatically selected as the primary form.⁴²

For the purpose of this report, most tables will only present the **primary classification of substantiated maltreatment** in order to allow summary comparisons of the five categories of maltreatment tracked by the NWTIS-2003 (physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence). In this Chapter, however, Tables 3-5, 3-6, 3-7, and 3-8 will present the **primary and secondary forms** of investigated maltreatment in order to provide an exact estimate of the occurrence of the five categories and the 25 individual forms of maltreatment.

Definition of Levels of Substantiation

The data in this chapter are all presented in terms of the three levels of substantiation specified by workers: substantiated, suspected, and unsubstantiated. The following definition of substantiation was used:

A case is considered **substantiated** if the balance of evidence indicates that abuse or neglect has occurred.

A case is **suspected** if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.

A case is **unsubstantiated** if the balance of evidence indicates that abuse or neglect has not occurred.

Unsubstantiated does not mean that a referral was inappropriate or malicious; it simply indicates that the investigating worker determined that the child had not been maltreated (see Malicious Referrals, Chapter 8).

Some jurisdictions only make a distinction between a case that was substantiated and a case that was unsubstantiated, or verified and not verified.⁴³ The addition of a “suspected” level provides an important clinical distinction between cases in which there is enough conclusive evidence that a case can be deemed substantiated or unsubstantiated and cases in which maltreatment remains suspected at the conclusion of

42 The CIS classification protocol was modified for the 2003 study to avoid confusion in cases where one form of maltreatment is substantiated and one is not. If the primary investigated form was not substantiated but a secondary form was, the substantiated form was recoded as the primary overall form (this involved 515 cases, 4% of the sample). For example, if physical abuse was unsubstantiated in a case initially classified primarily as physical abuse, but neglect was substantiated, the substantiated neglect was recoded as the primary form of maltreatment. The same protocol was used for the development of the NWTIS dataset.

43 In the Northwest Territories a two level substantiation classification system is used in child maltreatment investigations. However, for the purpose of NWTIS-2003, child welfare workers were asked to use three levels of substantiation for consistency with the remainder of the CIS-2003.

the investigation. It should be noted, however, that the use of the suspected category leads to fewer cases being classified as substantiated or unsubstantiated. Comparisons with other statistics that use only two levels of substantiation should therefore be made with caution (see Chapter 1).

Family-Level Substantiation: In Table 3-2, which presents family-level data, the substantiation level is determined by the highest level of substantiation among all investigated children within a family. For example, if the allegation of maltreatment for the first child was unsubstantiated and the allegations of maltreatment for the second child was substantiated, then the family investigation was deemed to be substantiated (a minimum of one substantiated form of maltreatment for the multiple children who were investigated).

Total Child Investigations and Overall Rates of Substantiation

Table 3-1 presents the estimated number of child investigations of reported maltreatment in the Northwest Territories. An estimated 1,516 child investigations (141.48 investigations per 1,000 children) were conducted in the Northwest Territories in 2003. Nearly half of the investigations (47%, an estimated 706 child investigations) were substantiated by the investigating worker (65.89 investigations per 1,000 children).⁴⁴ In a further 21% of investigations (an estimated 327 child investigations, 30.52 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment, however, maltreatment remained suspected by the investigating worker. Thirty-two percent of investigations (an estimated 483 child investigations, 45.08 investigations per 1,000 children) were unsubstantiated.

Table 3-1
Child Maltreatment Investigations by Level of Substantiation in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Maltreatment Investigations				
Child Investigations*	706	327	483	1,516
Incidence per 1,000 Children	65.89	30.52	45.08	141.48
Row Percentage	47%	21%	32%	100%
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 372 child maltreatment investigations				

⁴⁴ At least one form of maltreatment was substantiated, see “Calculation of Substantiation Rates, Chapter 3.”

Total Family Investigations and Overall Rates of Substantiation

Table 3-2 presents the estimated number of family investigations. Although the estimates presented in this report are child-based, the family-based data are presented in this table to provide a basis for comparing NWTIS-2003 data with the family-based child maltreatment statistics routinely gathered in many jurisdictions. An estimated 952 family maltreatment reports were investigated because of alleged maltreatment in the Northwest Territories. Of this number, 51% were substantiated, 20% remained suspected, and 29% were unsubstantiated.

Children living in an investigated family were not all considered to be suspected victims of maltreatment. Children were considered to have been investigated if they were reported for suspected maltreatment or if concerns about possible maltreatment of that child arose during the investigation.⁴⁵ In investigated families there was an average of 2.76 children up to the age of 19, and an average of 1.59 children were investigated for each family (see Appendix G, Table 1a & 1b).

Table 3-2
Families Involved in Child Maltreatment Investigations by Level of Substantiation in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Maltreatment Investigations				
Family Investigations*	483	189	281	952
Row Percentage	51%	20%	29%	100%
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 232 family maltreatment investigations.				

Categories of Child Maltreatment

Table 3-3 presents the primary categories of substantiated maltreatment in the Northwest Territories, in 2003. Neglect was the most common form of substantiated maltreatment in the Northwest Territories. Just over half (51%) of all substantiated investigations involved neglect as the primary category of maltreatment, an estimated 358 neglect investigations at a rate of 33.41 substantiated investigations per 1,000 children. Exposure to domestic violence was the second most frequently substantiated category of maltreatment (an estimated 188 substantiated investigations, a rate of 17.55 per 1,000 children), followed by physical abuse (an estimated 82 substantiated investigations, a rate of

⁴⁵ Although the Northwest Territories requires all children in a family to be interviewed as part of a maltreatment investigation, workers were asked to distinguish between children who were interviewed as part of an investigation protocol and children suspected of being maltreated.

7.65 per 1,000 children). Emotional maltreatment was the primary category of substantiated maltreatment in six percent of cases (an estimated 44 substantiated investigations, a rate of 4.11 per 1,000 children) while sexual abuse cases represented five percent of all substantiated investigations (an estimated 34 substantiated investigations, a rate of 3.17 per 1,000 children).

Table 3-3
Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003*

	Primary Category of Substantiated Child Maltreatment					Total
	Physical Abuse	Sexual Abuse	Neglect	Emotional Maltreatment	Exposure to Domestic Violence	
Maltreatment Investigations						
Substantiated Child Investigations*	82	34	358	44	188	706
Incidence per 1,000 Children	7.65	3.17	33.41	4.11	17.55	65.89
Row Percentage	11%	5%	51%	6%	27%	100%
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003						
* Based on a sample of 178 substantiated child maltreatment investigations.						

Single and Multiple Categories of Maltreatment

Table 3-4 presents the breakdown by category of maltreatment of substantiated cases involving single and multiple categories of maltreatment in The Northwest Territories. Because the Northwest Territories' case classification systems currently track multiple forms of maltreatment, it is likely that the investigating workers who completed NWTIS-2003 forms were accustomed to classifying cases under more than one form.

Single Categories of Maltreatment: Only one category of maltreatment was identified in almost 89% of substantiated maltreatment investigations, involving an estimated 627 child investigations. Physical abuse was identified as the single category of maltreatment in 11% of investigations; 5% of investigations involved only sexual abuse, 44% involved neglect only, four percent involved only emotional maltreatment and 25% involved allegations of exposure to domestic violence only.

Multiple Categories of Maltreatment: Eleven percent of substantiated maltreatment investigations involved more than one category of maltreatment, an estimated 78 child investigations.

Table 3-4
Single and Multiple Categories of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Substantiated Child Maltreatment		
	Count	Incidence per 1,000 children	% of Substantiated Maltreatment
Single Form of Substantiated Maltreatment			
Physical Abuse Only	78	7.28	11%
Sexual Abuse Only	34	3.17	5%
Neglect Only	308	28.75	44%
Emotional Maltreatment Only	31	2.89	4%
Exposure to Domestic Violence Only	176	16.43	25%
Subtotal: Only One Form of Substantiated	627	58.52	90%
Multiple Categories of Substantiated Maltreatment			
Physical and Sexual	—	—	—
Physical and Neglect	—	—	—
Physical and Emotional	—	—	—
Physical and Exposure to Domestic Violence	—	—	—
Sexual and Neglect	—	—	—
Sexual and Emotional	—	—	—
Sexual and Exposure to Domestic Violence	—	—	—
Neglect and Emotional	31	2.89	4%
Neglect and Exposure to Domestic Violence	12	1.12	2%
Emotional Maltreatment and Exposure to Domestic Violence	—	—	—
Physical, Sexual and Neglect	—	—	—
Physical, Sexual and Emotional	—	—	—
Physical, Sexual and Exposure to Domestic Violence	—	—	—
Physical, Neglect, Emotional	—	—	—
Physical, Neglect and Exposure to Domestic Violence	—	—	—
Physical, Emotional and Exposure to Domestic Violence	—	—	—
Sexual, Neglect and Emotional	—	—	—
Sexual, Neglect and Exposure to Domestic Violence	—	—	—
Sexual, Emotional and Exposure to Domestic Violence	—	—	—
Neglect, Emotional and Exposure to Domestic Violence	26	2.43	3%
Subtotal: Multiple Categories	69	6.44	10%
Total Child Investigations*	696	64.96	100%
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 178 substantiated child maltreatment investigations.</p>			

Physical Abuse

For the purposes of the NWTIS-2003, cases of investigated maltreatment were classified as physical abuse if the investigated child was suspected to have suffered or to be at substantial risk of suffering physical harm at the hands of his or her caregiver. The physical abuse category includes five forms of abuse:

Shake, Push, Grab or Throw: Includes pulling or dragging a child as well as shaking an infant.

Hit With Hand: Includes slapping and spanking but not punching.

Punch, Kick, or Bite: Includes any other hitting with other parts of the body (e.g.: elbow or head).

Hit With Object: Includes hitting with a stick, a belt or other object, throwing an object at a child, but does not include stabbing with a knife.

Other Physical Abuse: Any other form of physical abuse including choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints.

The incidence of reported physical abuse is presented in Table 3-5. An estimated 227 child investigations (21.19 investigations per 1,000 children) involved physical abuse as the primary or secondary (including both second and third) reason for investigation, and an estimated 212 child investigations involved physical abuse as the primary reason for investigation, with an incidence rate of 19.79 investigations per 1,000 children. Physical abuse was substantiated as the primary or secondary reason for maltreatment in 82 cases (36% of physical abuse investigations), as well as in 84 cases (7.84 cases per 1,000 children) where physical abuse was the primary form of child maltreatment.

An estimated 92 child investigations (8.59 investigations per 1,000 children) involved concerns about a child being hit with a hand. Thirty-four percent of these were substantiated. In an estimated 80 cases, the allegation was classified as other physical abuse, with only 28% of these cases being substantiated. (2.05 investigations per 1,000 children). An estimated 48 child investigations (4.48 investigations per 1,000 children) involved concerns about a child being shaken, pushed, grabbed, or thrown. Seventy-five percent of these were substantiated (3.36 investigations per 1,000 children). Being punched, kicked or bitten was investigated in 44 cases, 59% of which were substantiated, and 31 investigations involved an allegation of being hit with an object, 48% of which were substantiated.

Table 3-5
Primary or Secondary Forms of Physical Abuse by Level of Substantiation in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Primary or Secondary Forms of Physical Abuse				
Shake, Push Grab or Throw				
Number of Child Investigations	36	–	–	48
Row Percentage	75%	–	–	100%
Incidence per 1,000 children	3.36	–	–	4.48
Hit With Hand				
Number of Child Investigations	31	18	43	92
Row Percentage	34%	19%	47%	100%
Incidence per 1,000 children	2.89	1.68	4.02	8.59
Punch, Kick or Bite				
Number of Child Investigations	26	10	–	44
Row Percentage	59%	23%	–	100%
Incidence per 1,000 children	2.43	0.93	–	4.11
Hit With Object				
Number of Child Investigations	15	–	12	31
Row Percentage	48%	–	39%	100%
Incidence per 1,000 children	1.40	–	1.12	2.89
Other Physical Abuse				
Number of Child Investigations	22	13	45	80
Row Percentage	28%	16%	56%	100%
Incidence per 1,000 children	2.05	1.22	4.20	7.47
Total Investigations Involving Physical Abuse as Primary or Secondary Reason for Investigation**				
Number of Child Investigations*	82	41	103	227
Row Percentage	36%	18%	45%	100%
Incidence per 1,000 children	7.65	3.83	9.61	21.19
Total Investigations Involving Physical Abuse as Primary Reason for Investigation				
Number of Child Investigations*	82	32	95	209
Row Percentage	39%	15%	46%	100%
Incidence per 1,000 children	7.65	2.99	8.87	19.51
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 75 child maltreatment investigations with information about physical abuse.				
** The total number of investigations involving primary or secondary physical abuse is not equal to the sum of the specific forms of physical abuse because some cases involve multiple forms of physical abuse.				

Sexual Abuse

The NWTIS-2003 tracked eight forms of sexual abuse, ranging from penetration to sexual exploitation. If several forms of sexual activity were involved, investigating workers were instructed to identify the most intrusive form.⁴⁶ It should be noted that the NWTIS-2003 identified only cases reported to child welfare services; many cases of child sexual abuse that do not involve parents or relatives in the home are investigated only by the police, and child welfare services usually become involved in extra-familial sexual abuse cases only if there are concerns about the parents' ability to protect the child.

The NWTIS-2003 included eight forms of sexual abuse:

Penetration: Penile, digital or object penetration of vagina or anus.

Attempted Penetration: Attempted penile, digital or object penetration of vagina or anus.

Oral Sex: Oral contact with genitals by either perpetrator or by the child.

Fondling: Touching or fondling of genitals for sexual purpose.

Sex Talk: Verbal or written proposition, encouragement, or suggestion of a sexual nature (includes face to face, phone, written and internet contact, as well as exposing the child to pornographic material).

Voyeurism: Includes activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification.

Exhibitionism: Includes activities where the perpetrator is alleged to have exhibited himself/herself for his/her own sexual gratification.

Exploitation: Includes situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.

As shown in Table 3-6, an estimated 112 child maltreatment investigations (10.45 investigations per 1,000 children) involved allegations of sexual abuse as either the primary or secondary category of maltreatment. Of this number, 30% were substantiated (34 investigations), seven percent remained suspected, and 63% were unsubstantiated. An estimated 103 child investigations (9.61 investigations per 1,000 children) involved sexual abuse as the primary reason for investigation.

⁴⁶ Workers were asked to identify the most severe form of sexual abuse for the investigation rather than reporting multiple forms for the same incident. For instance, if a child had been a victim of fondling and attempted penetrations by the same perpetrator, this was counted as a single case of attempted penetration. When multiple forms were identified, NWTIS-2003 Site Researchers would consult with workers and would recode when appropriate. If this consultation was not possible, the original response was maintained.

An estimated 78 child investigations (7.28 investigations per 1,000 children) of touching or fondling of genitals were investigated, 40% of which were substantiated. An estimated 20 child investigations (1.87 investigations per 1,000 children) involved allegations of penetration; 20% of these investigations (4 investigations) were substantiated, none were suspected, and the remaining 80% were unsubstantiated. An estimated 19 child investigations involved allegations of oral sex, 79% of which were substantiated. An estimated 16 child investigations (1.49 investigations per 1,000 children) were for attempted penetration, 31% of which were substantiated. Sexual exploitation was investigated in 10 cases, and all cases were substantiated. Sexual talk was investigated in four cases, where all cases were substantiated.

Neglect

Child neglect includes situations in which children have suffered harm, or their safety or development has been endangered as a result of the caregiver's failure to provide for or to protect them. The Northwest Territories statutes include neglect as grounds for investigating maltreatment. The NWTIS-2003 examines eight forms of neglect:

Failure to Supervise – Physical Harm: The child suffered or was at substantial risk of suffering physical harm because of the caregiver's failure to supervise and protect the child adequately. Failure to supervise includes situations in which a child was harmed or endangered as a result of a caregiver's actions (e.g. drunk driving with a child, or engaging in dangerous criminal activities with a child).

Failure to Supervise – Sexual Abuse: The child has been or was at substantial risk of being sexually molested or sexually exploited, and the caregiver knew or should have known of the possibility of sexual molestation and failed to protect the child adequately.

Permitting Criminal Behaviour: A child has committed a criminal offence (e.g. theft, vandalism or assault) with the encouragement of the child's caregiver, or because of the caregiver's failure or inability to supervise the child adequately.

Physical Neglect: The child has suffered or was at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

Medical Neglect: The child required medical treatment to cure, prevent, or alleviate physical harm or suffering, and the child's caregiver did not provide, refused, or was

Table 3-6
Primary or Secondary Forms of Sexual Abuse by Level of Substantiation in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Primary or Secondary Forms of Sexual Abuse				
Penetration				
Number of Child Investigations	—	—	16	20
Row Percentage	—	—	80%	100%
Incidence per 1,000 children	—	—	1.50	1.87
Attempted Penetration				
Number of Child Investigations	—	—	11	16
Row Percentage	—	—	69%	100%
Incidence per 1,000 children	—	—	1.02	1.49
Oral Sex				
Number of Child Investigations	15	—	—	19
Row Percentage	79%	—	—	100%
Incidence per 1,000 children	1.40	—	—	1.77
Fondling				
Number of Child Investigations	31	—	43	78
Row Percentage	40%	—	55%	100%
Incidence per 1,000 children	2.89	—	4.02	7.28
Sexual Talk				
Number of Child Investigations	—	—	—	—
Row Percentage	—	—	—	—
Incidence per 1,000 children	—	—	—	—
Voyeurism				
Number of Child Investigations	—	—	—	—
Row Percentage	—	—	—	—
Incidence per 1,000 children	—	—	—	—
Exhibitionism				
Number of Child Investigations	—	—	—	—
Row Percentage	—	—	—	—
Incidence per 1,000 children	—	—	—	—
Exploitation				
Number of Child Investigations	10	—	—	10
Row Percentage	100%	—	—	100%
Incidence per 1,000 children	0.93	—	—	0.93
Total Investigations Involving Sexual Abuse as Primary or Secondary Reason for Investigation**				
Number of Child Investigations*	34	—	70	112
Row Percentage	30%	—	63%	100%
Incidence per 1,000 children	3.17	—	6.53	10.45
Total Investigations Involving Sexual Abuse as Primary Reason for Investigation				
Number of Child Investigations*	34	—	60	102
Row Percentage	34%	—	58%	100%
Incidence per 1,000 children	3.17	—	5.60	9.61
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 34 child maltreatment investigations with information about sexual abuse.				
** The total number of investigations involving primary or secondary sexual abuse is not equal to the sum of the specific forms of sexual abuse because some cases involve multiple forms of sexual abuse.				

unavailable or unable to consent to the treatment. This includes dental services where funding was available.

Failure to Provide Psychological/Psychiatric Treatment: The child was at substantial risk of suffering from emotional harm as demonstrated by severe anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development. The child's caregiver did not provide, or refused, or was unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. Parents awaiting service were not included in this category.

Abandonment: The child's parent has died or was unable to exercise custodial rights and did not make adequate provisions for care and custody, or the child was in a placement and the caregiver refused or was unable to take custody.

Educational Neglect: Caregivers knowingly allowed chronic truancy (five or more days a month), or failed to enroll the child, or repeatedly kept the child at home. If the child had been experiencing mental, emotional, or developmental problems associated with school, and treatment had been offered but caregivers did not cooperate with treatment, the case was classified under failure to provide treatment as well.

Table 3-7 indicates that child neglect was the most frequently investigated category of maltreatment. An estimated 863 child maltreatment investigations (80.54 investigations per 1,000 children) involved neglect as either the primary or secondary reason for investigation. Forty-five percent of investigations were substantiated; in a further 21% of cases neglect remained suspected but could not be confirmed, and 34% of investigated neglect was unsubstantiated. Neglect was the primary category of investigation in an estimated 803 child maltreatment cases (74.94 investigations per 1,000 children).

Table 3-7 shows that the most common form of investigated neglect was physical neglect. An estimated 393 child investigations (36.68 investigations per 1,000 children) involved physical neglect. Of these cases 42% were substantiated, 20% were suspected, and 38% unsubstantiated. The second most frequently investigated form of neglect was abandonment. An estimated 225 child investigations (21.00 investigations per 1,000 children) involved abandonment, 56% of which were substantiated. Failure to supervise leading to physical harm was the third most frequently investigated form of neglect. An estimated 220 child investigations (20.53 investigations per 1,000 children) involved failure to supervise leading to physical harm, 29% of which were substantiated. An estimated 52 investigations of educational neglect were conducted (4.85 investigations per 1,000 children), 64% of which were substantiated. Permitting criminal behaviour as a form of neglect was investigated in 34 child investigations (3.17 investigations per 1,000 children), with 59% of these cases being substantiated.

Medical neglect was investigated in 16 cases (1.49 investigations per 1,000 children), with all cases being substantiated. Concerns about failure to protect children from sexual abuse were identified in an estimated 14 cases and failure to provide psychological treatment was investigated in 12 cases.

Emotional Maltreatment

Emotional maltreatment is a difficult category of maltreatment to document because often it does not involve a specific incident or visible injury. In addition, the effects of emotional maltreatment, although often severe, tend to become apparent over time (e.g., impaired cognitive, social, and emotional development). There is considerable variation in the extent to which emotional maltreatment is covered by the Northwest Territories child welfare statutes. Three forms of emotional maltreatment were designed to be tracked by the NWTIS-2003. A fourth form, exposure to non-intimate partner violence, was added after the start of the study to deal with the relatively large number of such investigations.

Emotional Abuse: The child has suffered or was at substantial risk of suffering from mental, emotional, or developmental problems caused by overtly hostile, punitive treatment, or habitual or extreme verbal abuse (threatening, belittling, etc.).⁴⁷

Non-Organic Failure to Thrive: A child under 3 has suffered a marked retardation or cessation of growth for which no organic reasons can be identified. Failure to thrive cases where inadequate nutrition was the identified cause were classified as physical neglect. Non-organic failure to thrive is generally considered to be a form of psychological maltreatment; it has been classified as a separate category because of its particular characteristics.

Emotional Neglect: The child has suffered or is at substantial risk of suffering from mental, emotional, or developmental problems caused by inadequate nurturance/affection. If treatment was offered but caregivers were not cooperative, cases were classified under failure to provide treatment as well.

Exposure to Non-Intimate Partner Violence: A child has been a witness to violence occurring between adults in the child's home environment (for example the child's father and an acquaintance), excluding exposure to domestic violence.

There were an estimated 303 child investigations (28.28 investigations per 1,000 children) in 2003 for alleged emotional maltreatment as the primary or secondary maltreatment classification (Table 3-8). Thirty percent of all investigations were substantiated, 49% were suspected, and 21% were

⁴⁷ Instances in which children were displaying severe emotional problems requiring treatment and parents refused or did not cooperate with offered treatment were classified as neglect cases under failure to provide treatment.

Table 3-7
Primary or Secondary Forms of Neglect by Level of Substantiation in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Primary or Secondary Forms of Neglect				
Failure to Supervise (Physical)				
Number of Child Investigations	64	84	72	220
Row Percentage	29%	38%	33%	100%
Incidence per 1,000 children	5.97	7.84	6.72	20.53
Failure to Supervise (Sexual)				
Number of Child Investigations	—	—	14	14
Row Percentage	—	—	100%	100%
Incidence per 1,000 children	—	—	1.31	1.31
Physical Neglect				
Number of Child Investigations	166	79	148	393
Row Percentage	42%	20%	38%	100%
Incidence per 1,000 children	15.49	3.38	13.81	36.68
Medical Neglect				
Number of Child Investigations	16	—	—	16
Row Percentage	100%	—	—	100%
Incidence per 1,000 children	1.49	—	—	1.49
Failure to Provide Treatment				
Number of Child Investigations	—	—	—	12
Row Percentage	—	—	—	100%
Incidence per 1,000 children	—	—	—	1.12
Permitting Criminal Behaviour				
Number of Child Investigations	20	—	14	34
Row Percentage	59%	—	41%	100%
Incidence per 1,000 children	1.87	—	1.31	3.17
Abandonment				
Number of Child Investigations	126	29	70	225
Row Percentage	56%	13%	31%	100%
Incidence per 1,000 children	11.76	2.71	6.53	21.00
Educational Neglect				
Number of Child Investigations	33	—	11	52
Row Percentage	64%	—	21%	100%
Incidence per 1,000 children	3.08	—	1.02	4.85
Total Investigations Involving Neglect as Primary or Secondary Reason for Investigation**				
Number of Child Investigations*	381	184	298	863
Row Percentage	45%	21%	34%	100%
Incidence per 1,000 children	35.56	17.17	27.81	80.54
Total Investigations Involving Neglect as Primary Reason for Investigation				
Number of Child Investigations*	358	164	281	803
Row Percentage	45%	20%	35%	100%
Incidence per 1,000 children	33.41	15.31	26.22	74.94
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 234 child maltreatment investigations with information about neglect.				
** The total number of investigations involving primary or secondary neglect is not equal to the sum of the specific forms of neglect because some cases involve multiple forms of neglect.				

unsubstantiated. Emotional maltreatment was the primary reason for investigation in an estimated 123 cases (11.48 investigations per 1,000 children).

Emotional neglect was the primary or secondary form of maltreatment in an estimated 181 child investigations (16.89 investigations per 1,000 children), 21% of which were substantiated. Emotional abuse was investigated in an estimated 116 cases (10.83 investigations per 1,000 children), 49% of which were substantiated. Exposure to non-intimate partner violence was investigated in 18 cases, none of which were substantiated, and no cases involving non-organic failure to thrive were investigated.

Table 3-8
Primary or Secondary Forms of Emotional Maltreatment by Level of Substantiation
in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Primary or Secondary Forms of Emotional Maltreatment				
Emotional Abuse				
Number of Child Investigations	57	38	21	116
Row Percentage	49%	33%	18%	100%
Incidence per 1,000 children	5.32	3.55	1.96	10.83
Non-Organic Failure to Thrive				
Number of Child Investigations	—	—	—	—
Row Percentage	—	—	—	—
Incidence per 1,000 children	—	—	—	—
Emotional Neglect				
Number of Child Investigations	37	100	44	181
Row Percentage	21%	55%	24%	100%
Incidence per 1,000 children	3.45	9.33	4.11	16.89
Exposure to Non-Intimate Partner Violence				
Number of Child Investigations	—	18	—	18
Row Percentage	—	100%	—	100%
Incidence per 1,000 children	—	1.68	—	1.68
Investigations Involving Emotional Maltreatment as Primary or Secondary Reason for Investigation**				
Number of Child Investigations*	94	144	65	303
Row Percentage	30%	49%	21%	100%
Incidence per 1,000 children	8.77	13.44	6.07	28.28
Investigations Involving Emotional Maltreatment as Primary Reason for Investigation				
Number of Child Investigations*	44	47	32	123
Row Percentage	36%	38%	26%	100%
Incidence per 1,000 children	4.11	4.39	2.99	11.48
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 74 child maltreatment investigations with information on emotional maltreatment.				
** The total number of investigations involving primary or secondary emotional maltreatment is not equal to the sum of the specific forms of emotional maltreatment because some cases involve multiple forms of emotional maltreatment.				

Exposure to Domestic Violence

Although exposure to domestic violence is often categorized as a form of emotional maltreatment as indicated in the Northwest Territories *Child and Family Services Act*, to facilitate the analysis of this rapidly expanding form of maltreatment it is described in this report as its own category.

Exposure to Domestic Violence: A child has been a witness to violence occurring between the caregivers (or a caregiver and his/her partner). This would include situations where the child indirectly witnessed the violence (e.g. saw the physical injuries on his/her caregiver the next day or overheard the violence).

As can be seen in Table 3-9, exposure to domestic violence was investigated as the primary or secondary form of maltreatment in 380 cases, a rate of 35.46 investigations per 1,000 children. Over half (58%) of these cases were substantiated, in another 24% of cases exposure remained suspected. Exposure to domestic violence was unsubstantiated in only 18% of cases. Exposure to domestic violence was the primary form of investigated maltreatment in 279 cases, 68% of these cases were substantiated.

Table 3-9
Primary or Secondary Exposure to Domestic Violence by Level of Substantiation in the Northwest Territories, in 2003

	Level of Substantiation			Total
	Substantiated	Suspected	Unsubstantiated	
Investigations Involving Exposure to Domestic Violence as Primary or Secondary Reason for Investigation				
Number of Child Investigations*	219	93	68	380
Row Percentage	58%	24%	18%	100%
Incidence per 1,000 children	20.44	8.68	6.34	35.46
Investigations Involving Exposure to Domestic Violence as Primary Reason for Investigation				
Number of Child Investigations*	188	76	15	279
Row Percentage	68%	27%	5%	100%
Incidence per 1,000 children	17.55	7.09	1.40	26.04
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003				
* Based on a sample of 93 child maltreatment investigations with information on exposure to domestic violence.				

■ 4. CHARACTERISTICS OF MALTREATMENT

Chapter 4 describes the characteristics of maltreatment in terms of the nature and severity of harm, the duration of the maltreatment, and the perpetrator's relationship to the victim. The findings are presented in terms of the five primary categories of substantiated child maltreatment tracked by the NWTIS-2003: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence.

The estimates presented in this chapter are weighted estimates derived from child maltreatment investigations conducted in 2003 in all Northwest Territories' child welfare services. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare services, (2) new reports on cases already open by child welfare services, and (3) cases that were investigated only by the police.

Physical Harm

The NWTIS-2003 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two scales, one describing severity of harm as measured by treatment need and one describing the nature of harm.

Physical harm was identified in five percent of cases of substantiated maltreatment (Table 4-1(a)). In three percent of cases (an estimated 19 substantiated investigations) harm was noted but no treatment was considered to be required. In a further two percent of cases (an estimated 16 child investigations), harm was sufficiently severe to require treatment.

Physical Abuse: Physical harm was indicated in 26% of investigations where physical abuse was the primary maltreatment, in 19% of cases a physical injury had been documented but was not severe enough to require treatment, in another seven percent of cases medical treatment was required, involving an estimated 6 victimized children. The fact that no physical harm was noted in 74% of physical abuse cases may seem surprising to some readers. It is important to understand that most jurisdictions consider that physical abuse includes caregiver behaviours that seriously endanger children, as well as those that lead to documented injuries.

Sexual Abuse: Physical harm was identified in none of the investigations where sexual abuse was the primary substantiated concern.

Neglect: Although physical harm was indicated in only four percent of investigations where neglect was the primary substantiated maltreatment, most of these cases involved injuries that were severe enough to require medical treatment (three percent of substantiated neglect cases). As a result, there were more victims of neglect requiring medical treatment (an estimated 10 victims of neglect) than for any other category of maltreatment.

Emotional Maltreatment: Physical harm was identified in none of the investigations where emotional maltreatment was the primary substantiated concern.

Exposure to Domestic Violence: Physical harm was identified in none of the cases of where exposure to domestic violence was the primary form of substantiated maltreatment.

Table 4-1(a)
Physical Harm by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Physical Harm	74%	61	100%	34	96%	345	100%	44	100%	188	95%	672
Physical Harm, No Treatment Required	19%	16	—	—	—	—	—	—	—	—	3%	19
Physical Harm, Treatment Required	—	—	—	—	3%	10	—	—	—	—	2%	16
Total Child Investigations*	100%	83	100%	34	100%	358	100%	44	100%	188	100%	707

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003
* Based on a sample of 178 substantiated child maltreatment investigations with information about physical harm.

Nature of Physical Harm

Investigating workers were asked to document the nature of physical harm that was suspected or known to have been caused by the investigated maltreatment. These ratings are based on the information routinely collected during the maltreatment investigation. While investigation protocols require careful examination of any physical injuries and may include a medical examination, it should be noted that investigated children are not necessarily examined by a medical practitioner. Seven types of injury or health conditions were documented:

No Harm: There was no apparent evidence of physical harm to the child as a result of maltreatment.

Bruises/Cuts/Scrapes: The child suffered various physical hurts visible for at least 48 hours.

Burns and Scalds: The child suffered burns and scalds visible for at least 48 hours.

Broken Bones: The child suffered fractured bones.

Head Trauma: The child was a victim of head trauma (note that in shaken infant cases the major trauma is to the head not to the neck).

Fatal: The child died, and maltreatment was suspected during the investigation as the cause of death. Cases where maltreatment was eventually unsubstantiated were included.

Other Health Conditions: The child suffered from other physical health conditions, such as complications from untreated asthma, failure to thrive or a sexually transmitted disease.

Table 4-1(b) presents seven types of physical harm reported in the NWTIS-2003. Physical harm was documented in five percent of cases of substantiated maltreatment involving an estimated 35 children. Physical harm primarily involved bruises, cuts, and scrapes (4%) and other health conditions (1% of substantiated maltreatment). None of the physical harm situations involved head trauma, burns and scalds, broken bones, or fatality.⁴⁸

Physical Abuse: Physical harm was most often noted in cases with substantiated physical abuse as the primary maltreatment. Twenty-six percent (an estimated 21 children), involved bruises, cuts and scrapes.

Sexual Abuse: No physical harm was reported for investigations where sexual abuse was the primary substantiated maltreatment.

Neglect: Cases with neglect as the primary substantiated maltreatment most frequently involved bruises, cuts and scrapes (2%), or involved other health conditions (2%).

Emotional Maltreatment: Physical harm was not reported in cases where emotional maltreatment was the primary substantiated reason for investigation.

Exposure to Domestic Violence: Physical harm was not reported in cases where exposure to domestic violence was the primary substantiated maltreatment.

⁴⁸ Thirty-three children (under age 12) were victims of homicide in Canada in 2003, which represents the lowest rate of child homicide victims in 25 years. Twenty-three of these children were killed by a parent. The average number of child homicides for the preceding 10 years is 49 child homicides per year. See Dauvergne, M. (2004). *Homicide in Canada, 2003* – Catalogue no. 85-002-XPE, Vol. 24, no. 8 Statistics Canada: Ottawa

Table 4-1(b)
Nature of Physical Harm by Primary Category of Substantiated Child Maltreatment
in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Physical Harm	70%	58	100%	34	96%	345	100%	44	100%	188	95%	669
Bruises, Cuts, and Scrapes	26%	21	–	–	–	–	–	–	–	–	4%	28
Burns and Scalds	–	–	–	–	–	–	–	–	–	–	–	–
Broken Bones	–	–	–	–	–	–	–	–	–	–	–	–
Head Trauma	–	–	–	–	–	–	–	–	–	–	–	–
Fatality	–	–	–	–	–	–	–	–	–	–	–	–
Other Health Conditions	–	–	–	–	–	–	–	–	–	–	–	–
At Least One Type												
of Physical Harm	26%	21	–	–	4%	14	–	–	–	–	5%	35
Total Child												
Investigations	100%	83	100%	34	100%	358	100%	44	100%	188	100%	707
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about physical harm.												

Medical Treatment for Physical Harm

To estimate the severity of physical harm, investigating workers were asked to indicate whether identified physical harm was severe enough to require medical treatment.

Medical Treatment Required for Injury: Indicates whether treatment was required as a result of the injury or harm for any of the investigated forms of maltreatment.

Table 4-1(c) presents medical treatment ratings for the five NWTIS-2003 measures of physical harm. Bruises cuts and scrapes were the most common injury, 57% of which did not require medical treatment. Fifty-seven percent of the cases involving other health conditions required medical treatment.

Table 4-1(c)
Medical Treatment Required in Substantiated Child Maltreatment Investigations by Nature of Physical Harm in the Northwest Territories, in 2003*

	Bruises, Cuts, and Scrapes		Burns and Scalds		Broken Bones		Head Trauma		Other Health Conditions	
Medical Treatment not Required	57%	16	–	–	–	–	–	–	–	–
Medical Treatment Required	43%	12	–	–	–	–	–	–	–	–
Total Child Investigations with Physical Harm Noted*	100%	28	–	–	–	–	–	–	–	–
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003 * Based on a sample of 9 substantiated child maltreatment investigations with information about the nature of physical harm and medical treatment										

Emotional Harm

Information on emotional harm was collected using a series of questions asking child welfare workers to describe emotional harm that had occurred after the maltreatment incidents. Workers were asked to include changes in the child’s development (regression, withdrawal), self-regulation (sleep patterns, elimination), or emotions (child crying, clinging, or anxious) that they had observed or that had been described to them. These maltreatment-specific descriptions of emotional harm are not to be confused with the general child functioning ratings that are presented in Chapter 7.

Table 4-2 presents emotional harm identified during the child maltreatment investigations. In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child. Emotional harm was noted in 17% of all substantiated maltreatment investigations, involving an estimated 117 substantiated investigations. In 14% of substantiated cases symptoms were severe enough to require treatment.

Physical Abuse: Emotional harm was noted in 29% of cases where physical abuse was the primary substantiated maltreatment; in 22% of cases symptoms were severe enough to require treatment.

Sexual Abuse: Emotional harm was noted in 41% of investigations where sexual abuse was the primary substantiated concern, and in all of these cases, harm was sufficiently severe enough to require treatment. Although a relatively large proportion of sexually abused children displayed symptoms of harm requiring treatment, these cases only account for an estimated 14 out of the 96 substantiated maltreatment cases where emotional harm was believed to require therapeutic intervention (15% of cases).

Neglect: Emotional harm was identified in 15% of investigations where neglect was the primary substantiated maltreatment; in 13% of these cases, harm was sufficiently severe to require treatment.

Emotional Maltreatment: Emotional harm was identified in 27% of investigations where substantiated emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in all of these cases. While it may appear surprising to some readers that no emotional harm had been documented for such a large proportion of emotionally maltreated, it is important to understand that the determination of emotional maltreatment is based on parental behaviour and/or the child's symptoms.

Exposure to Domestic Violence: Emotional harm was identified in eight percent of investigations where exposure to domestic violence was the primary substantiated maltreatment; in four percent of cases harm was sufficiently severe to require treatment.

Table 4-2

Emotional Harm by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003*

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Emotional Harm	71%	58	59%	20	85%	306	73%	32	92%	169	83%	585
Signs of Mental or Emotional Harm*	–	–	–	–	–	–	–	–	–	–	3%	21
Emotional Harm, Treatment Required**	22%	18	41%	14	13%	45	27%	12	–	–	14%	96
Total Child Investigations*	100%	82	100%	34	100%	358	100%	44	100%	184	100%	702
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 177 substantiated child maltreatment investigations with information about emotional harm.												
** Based on a sample of 29 substantiated child maltreatment investigations with information about emotional harm and treatment requirements												

Duration of Maltreatment

Duration of maltreatment was documented on a three-point scale:

- 1) Single incident
- 2) Multiple incidents for less than six months
- 3) Multiple incidents for more than six months

Given the length restrictions for the Maltreatment Assessment Form, it was not possible to gather additional information on the frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and long-term situations with frequent maltreatment. Workers could also note if the duration of the maltreatment was unknown.

Table 4-3 shows that 29% of substantiated investigations (an estimated 204 child investigations) involved situations that had been ongoing for more than six months, 19% involved multiple incidents that had occurred over a period of less than six months, and 23% of investigations involved single incidents. Duration of maltreatment could not be determined in 29% of cases.

Physical Abuse: Maltreatment was indicated as a single incident in 37% of cases where physical abuse was the primary substantiated concern, as multiple incidents over a period of less than six months in nine percent of abuse cases, and as multiple incidents over a period longer than six months in 23% of these cases. The duration of 31% percent of cases could not be determined where physical abuse was the primary category of substantiated maltreatment.

Sexual Abuse: Maltreatment was indicated as a single incident in 23% of cases where sexual abuse was the primary substantiated concern, as multiple incidents over a period of less than six months in 23% of sexual abuse cases, and as multiple incidents over a period longer than six months in 43% of these cases.

Neglect: Single incidents of neglect occurred in 30% of cases where neglect was the primary substantiated maltreatment. Neglect involved multiple incidents over a period of less than six months in 23% of these cases, and multiple incidents over more than six months in 31% of cases.

Emotional Maltreatment: As with neglect, sexual abuse and exposure to domestic violence, emotional maltreatment investigations involved more chronic than single incident cases. None of the cases involving emotional maltreatment as the primary category of substantiated maltreatment involved a single incident, 20% involved incidents over a period of less than six months, 55% of these cases occurred over a period of more than six months, and the duration was unknown for 25% of these cases.

Exposure to Domestic Violence: Only eight percent of cases where exposure to domestic violence was the primary substantiated maltreatment were single incident cases, 13% involved multiple incidents over less than six months, 20% over more than six months, and in over half of the cases (59%) the duration of maltreatment was unknown.

Table 4-3
Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment
in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Single Incident	37%	31	–	–	30%	109	–	–	8%	15	23%	163
Less Than Six Months	–	–	–	–	23%	83	–	–	13%	23	19%	130
More Than Six Months	23%	19	43%	15	31%	109	55%	24	20%	37	29%	204
Unknown	31%	26	–	–	16%	57	25%	11	59%	106	29%	204
Total Child Investigations*	100%	83	100%	35	100%	358	100%	44	100%	181	100%	701

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003
 * Based on a sample of 176 substantiated child maltreatment investigations with information about duration of maltreatment.

Perpetrator

The perpetrator refers to the person or persons who are considered to have abused or neglected the child. Perpetrator information was collected either through the caregiver questions on the Household Information Sheet or through an open ended question that was subsequently recoded into the following classifications:

Biological Mother/Biological Father: The biological parent of all children in the family.

Stepfather/Stepmother or Common Law Partner: Partner of the child(ren)'s biological parent, but is not the biological parent of at least one child in the family.

Adoptive Parents/Foster Family: Includes adoptive parents and foster family.

Other Relative: Any other relative, adult or child, who had contact with the investigated child (e.g. grandparent, aunt/uncle, sibling).

Family Friend: Friend of the caregiver(s) living with the child.

Parent's Boyfriend/Girlfriend: Parent's partner not in a caregiving role.

Child's Friend (Peer): Another child considered a friend or peer.

Babysitter: An individual of any age in a babysitting role to the child.

Teacher: Includes teachers but not other school personnel (e.g. caretakers).

Other Professional: Includes recreation, health, and social service professionals.

Other Acquaintance: An individual known to the child's family.

As shown in Table 4-4(a), most substantiated investigations involved allegations against parents: biological mothers (59%), biological fathers (39%), and foster family/adoptive parents (8%). It should be noted that in many instances, non-familial allegations of abuse are investigated by the police, not by child welfare services.⁴⁹ At least one parent was the identified perpetrator in 47% of maltreatment investigations (see Appendix G, Table 3). Other than parents, other relatives were the identified perpetrators in two percent of the investigated cases. Only five percent of all substantiated maltreatment investigations involved a non-family member as the alleged perpetrator.

Physical Abuse: Perpetrators in cases with physical abuse as the primary substantiated concern involved more mothers than fathers, with mothers being investigated in 41% of cases, and male parents in 28% of cases (21% biological fathers and seven percent stepfathers). This distribution is somewhat biased by the fact that 33% of physical abuse victims were living in lone female-parent families (see Table 7-1). Fifteen percent of cases where physical abuse was the primary substantiated concern involved other relatives as perpetrators.

Sexual Abuse: In contrast to physical abuse cases, non-parental figures were most often the perpetrators in cases where sexual abuse was the primary substantiated maltreatment. Non-parental relatives represented the largest group of perpetrators (15%), followed by step-fathers (12%). As reported in Table 4-4 (b), in 50% of substantiated investigations, the child's friend (peer) was identified as the alleged perpetrator, and in 24% of substantiated investigations a family friend was identified.

Neglect: Biological mothers were considered to be perpetrators in 79% and biological fathers in 28% of cases where neglect was the primary substantiated concern. The over-representation of biological mothers in this category should be interpreted with caution, given that 33% of substantiated neglect investigations involved lone female-parent families (see Table 7-1). Step-fathers were considered to be perpetrators in three percent of cases of substantiated neglect.

Emotional Maltreatment: Biological mothers were considered perpetrators in 75%, and biological fathers/stepfathers in 23% of investigations where substantiated emotional maltreatment was the primary concern.

Exposure to Domestic Violence: Biological fathers/stepfathers were considered to be responsible for exposure to domestic violence in 86% of child maltreatment investigations where exposure to domestic violence was the primary substantiated concern. Biological mothers were considered to have failed to protect their child(ren) from exposure to domestic violence in 36% of these cases. It should be noted that the concept of perpetrator in cases of exposure to domestic violence should be

⁴⁹ Trocmé, N. & Brison, R. (1998). Homicide and injuries due to assault and to abuse and neglect. In: Beaulne G. (ed.). *For the safety of Canadian children and youth: From data to preventive measures*. Ottawa: Public Health Agency of Canada, 1998.

interpreted with caution. Child welfare investigations focus primarily on the parent's ability to protect a child from exposure to the violence rather than identifying the perpetrator of the violence.⁵⁰

Table 4-4(a)
Identified Perpetrator (Relatives) by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Relatives												
Biological Mother	41%	34	–	–	79%	284	75%	33	36%	68	59%	419
Biological Father	21%	17	–	–	28%	101	–	–	80%	151	39%	275
Stepfather	–	–	–	–	3%	10	–	–	6%	12	5%	36
Stepmother	–	–	–	–	–	–	–	–	–	–	–	–
Foster Family/ Adoptive Parents	21%	17	–	–	5%	16	25%	11	7%	14	8%	58
Other Relative	15%	12	–	–	–	–	–	–	–	–	2%	17
Child Investigations with At Least One Relative Perpetrator	100%	82	–	–	99%	355	100%	44	100%	188	96%	678
Child Investigations with At Least One Non-Relative Perpetrator	–	–	74%	25	–	–	–	–	–	–	5%	32
Total Child Investigations*	100%	82	100%	34	100%	358	100%	44	100%	188	100%	706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about alleged perpetrators. Columns are not additive as maltreatment may have involved more than one perpetrator.												

⁵⁰ For the purposes of this report, caregivers who were identified in the Caregiver Functioning Checklist as victims of domestic violence were not coded as perpetrators of exposure.

Table 4-4(b)
Identified Perpetrator (Non-Relatives) by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse	Sexual Abuse	Emotional Neglect	Exposure to Domestic Maltreatment	Violence							
Non-Relatives												
Family Friend	-	-	-	-	-	-	-	-	-	-	-	-
Parent's Boyfriend/Girlfriend	-	-	-	-	-	-	-	-	-	-	-	-
-												
Child's Friend (Peer)	-	-	50%	17	-	-	-	-	-	-	2%	17
Babysitter/ Babysitter's Family	-	-	-	-	-	-	-	-	-	-	-	-
Day Care Provider	-	-	-	-	-	-	-	-	-	-	-	-
Teacher	-	-	-	-	-	-	-	-	-	-	-	-
Other Professional	-	-	-	-	-	-	-	-	-	-	-	-
Other Acquaintance	-	-	-	-	-	-	-	-	-	-	-	-
Stranger	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-	-	-	-
Child Investigations with At Least One Non-Relative Perpetrator												
	-	-	74%	25	-	-	-	-	-	-	5%	32
Child Investigations with At Least One Relative Perpetrator												
	100%	82	-	-	99%	355	100%	44	100%	188	96%	678
Total Child Investigations*												
	100%	82	100%	34	100%	358	100%	44	100%	188	101%	706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about alleged perpetrators. Columns are not additive as maltreatment may have involved more than one perpetrator.												

■ 5. SERVICE DISPOSITIONS

Six service dispositions were documented by the NWTIS-2003 Maltreatment Assessment Form: (1) previous child welfare contact; (2) provision of ongoing child welfare services; (3) referrals to other services; (4) placement of children in out-of-home care; (5) application to child welfare court; and (6) police involvement and criminal charges for child maltreatment and for domestic violence. The data presented in this chapter should be interpreted with care because tables present only case events that occurred during the initial child welfare investigation. Additional referrals for services, admissions to out-of-home care, court applications, and criminal charges are likely to occur for cases kept open after the initial investigation. It should also be noted that investigation intervention statistics presented in this chapter apply only to child welfare cases open because of alleged maltreatment. Children referred to child welfare services for reasons other than child maltreatment (e.g. behavioural or emotional problems, see Chapter 2) may have been admitted to care or been subject to child welfare court proceedings, but were not tracked by the NWTIS-2003.

The estimates presented in this chapter are weighted estimates derived from child maltreatment investigations conducted in 2003 in all Northwest Territories' child welfare services. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare services, (2) new reports on cases already open by child welfare services, and (3) cases that were investigated only by the police.

The tables in this chapter present information for each of the specific child welfare interventions in terms of the number of child investigations and the primary form of substantiated maltreatment.

Previous Case Openings and Time Since Case Was Last Closed

Previous Case Openings

Tables 5-1(a) and (b) show the following case information: the numbers of previous child welfare contacts and the amount of time since the most recent child welfare contact. The data are presented by primary category of substantiated maltreatment.

Seventy-four percent of investigations (an estimated 525 children) of substantiated maltreatment had previous case openings. Thirty-three percent had more than three previous case openings.

Physical Abuse: In 76% of cases where substantiated physical abuse was the primary maltreatment, the family had previous case openings (an estimated 63 child investigations).

Sexual Abuse: Cases where sexual abuse was the primary substantiated maltreatment had the lowest rate of previous case openings (62%, involving an estimated 21 children).

Neglect: Investigations where neglect was the primary substantiated maltreatment had the highest rate of previous case opening: 81% (an estimated 291 child investigations).

Emotional Maltreatment: In 58% of cases where substantiated emotional maltreatment was the primary maltreatment, the family had previous case openings (an estimated 25 children).

Exposure to Domestic Violence: Sixty-seven percent of children where exposure to domestic violence was the primary substantiated concern involved children whose family had at least one previous case opening (an estimated 125 investigations).

Table 5-1(a)
Previous Case Openings by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Previous Openings	24%	20	38%	13	13%	47	30%	13	27%	51	20%	144
One Previous Opening	19%	16	29%	10	13%	45	–	–	28%	53	18%	124
2–3 Previous Openings	16%	13	–	–	23%	83	–	–	35%	65	23%	165
More than 3 Previous Openings	41%	34	–	–	45%	163	58%	25	–	–	33%	236
Unknown Record	–	–	–	–	6%	22	–	–	6%	11	6%	38
Total Child Investigations*	100%	83	100%	34	100%	360	100%	43	100%	187	100%	707

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003
* Based on a sample of 132 substantiated child maltreatment investigations with information about previous case opening(s).

Time Since Case Was Last Closed

For cases with a previous child welfare service history, Table 5-1(b) illustrates the time passed since the family last had a case open. Although 20% of substantiated maltreatment investigations had no previous case history, 72% had previous histories that had been closed within 12 months of the NWTIS-2003 investigation, while another 28% had previous histories that had been closed for more than 12 months.

Physical Abuse: Forty-four percent of child maltreatment investigations where physical abuse was the primary substantiated concern had previous histories and had been closed within 12 months.

Sexual Abuse: Fifty-nine percent of child maltreatment investigations where sexual abuse was the primary substantiated maltreatment had been closed within 12 months of the current investigation.

Neglect: Eighty-eight percent of child maltreatment investigations where neglect was the primary substantiated concern had previous histories and had been closed within 12 months.

Emotional Maltreatment: All child maltreatment investigations where emotional maltreatment was the primary substantiated concern had been closed within the past 12 months.

Exposure to Domestic Violence: Forty-six percent of child maltreatment investigations where exposure to domestic violence was the primary substantiated concern had been closed within the past 12 months.

Table 5-1(b)
Time Since Case Was Last Closed by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Previous Contact	24%	20	38%	13	13%	47	30%	13	27%	51	20%	144
Time Since Most Recent Closing												
Less Than 3 Months	–	–	–	–	34%	97	–	–	10%	12	24%	125
3–6 Months	–	–	–	–	16%	45	–	–	18%	22	14%	71
7–12 Months	24%	13	59%	13	38%	110	64%	16	18%	23	34%	175
13–24 Months	30%	16	–	–	10%	28	–	–	36%	45	18%	93
More than 24 Months	26%	14	–	–	–	–	–	–	19%	24	10%	50
Total Child Investigations*	100%	74	100%	35	100%	334	100%	38	100%	177	100%	658
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 128 substantiated child maltreatment investigations with information about previous case opening(s).</p>												

Ongoing Child Welfare Services

Investigating workers were asked whether the investigated case would remain open for ongoing child welfare services after the initial investigation. Workers completed these questions on the basis of the information available at that time or upon completion of the intake investigation. An estimated 349 (49%) substantiated child maltreatment investigations were identified as remaining open for ongoing services while an estimated 357 (51%) of substantiated investigations were to be closed.

Physical Abuse: Fifty-six percent (an estimated 46 investigations) of all cases where physical abuse was the primary substantiated maltreatment remained open for ongoing child welfare services, while the remaining 44% (36 cases) were closed following the initial investigation.

Sexual Abuse: Forty-one percent of cases that indicated sexual abuse as the primary substantiated maltreatment (an estimated 14 investigations) remained open for ongoing services, while the remaining 59% (20 cases) were closed at the completion of the investigation.

Neglect: Fifty-one percent of cases where neglect was identified as the primary substantiated maltreatment (an estimated 183 investigations) remained open for ongoing child welfare services, while the remaining 49% (175 cases) were closed at the completion of the investigation.

Emotional Maltreatment: Sixty-six percent (an estimated 29 investigations) of all cases where emotional maltreatment was the primary substantiated maltreatment were indicated as remaining open for ongoing services – the highest percentage of the five primary categories of substantiated maltreatment.

Exposure to Domestic Violence: Forty-one percent of cases that identified exposure to domestic violence as the primary substantiated maltreatment (an estimated 77 investigations) remained open following the end of the initial investigation.

Table 5-2

Ongoing Child Welfare Services by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Case to Be Closed	44%	36	59%	20	49%	175	34%	15	59%	111	51%	357
Case to Stay Open	56%	46	41%	14	51%	183	66%	29	41%	77	49%	349
Total Child Investigations*	100%	82	100%	34	100%	358	100%	44	100%	188	100%	706

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 178 substantiated child maltreatment investigations with information about case status

Referrals to Support Services (Child and Family)

The NWTIS-2003 tracked referrals made to programs designed to offer services beyond the parameters of “ongoing child welfare services.” Workers were asked to indicate all applicable referral classifications identified for the family or child. This included referrals made internally to a specialized program provided by a child welfare office as well as referrals made externally to other agencies or services. A referral selection was meant to indicate that a formal referral had been made, not whether the child or family had actually started to receive services.

Sixteen referral categories were tracked:

Parent Support Program: Any group program designed to offer support or education (e.g. Parents Anonymous, parenting instruction course, Parent Support Association).

In-Home Parenting Support: Home based support services designed to support families, reduce the risk of out-of-home placement, or reunify children in care with their family.

Other Family/Parent Counseling: Includes programs for family therapy/counseling or couple counseling (e.g. family service bureau, mental health centre).

Drug/Alcohol Counseling: Addiction programs (any substance) for caregiver(s) or children.

Welfare/Social Assistance: Referral for social assistance to address financial concerns of the household.

Food Bank: Referral to any food bank.

Shelter Services: Regarding family violence or homelessness.

Domestic Violence Services: Referral for services/counseling regarding domestic violence, abusive relationships, or the effects of witnessing violence.

Psychiatric/Psychological Services: Child or parent referral to psychological or psychiatric services (trauma, high-risk behaviour, or intervention).

Special Education Referral: Any specialized school program to meet a child's educational, emotional, or behavioural needs.

Recreational Program: Referral to a community recreational program (e.g. organized sports leagues, community recreation, Boys and Girls Clubs).

Victim Support Program: Referral to a victim support program (e.g. sexual abuse disclosure group).

Medical/Dental Services: Any specialized service to address the child's immediate medical or dental health needs.

Child/Day Care: Any paid child/day care services, including staff-run and in-home services.

Cultural Services: Services to help children or families strengthen their cultural heritage.

Other Child/Family Referral: Any other child or family-focused referral.

Table 5-3 details the breakdown of other service referrals and the primary form of substantiated maltreatment.

A minimum of one referral was made in 69% of substantiated maltreatment cases, an estimated 489 investigations.

The most common type of referral was for drug and alcohol counseling (40%), followed by other family/parent counseling (32%), domestic violence services (15%), other child/family referral (10%), parent support group (9%), and welfare/social assistance (8%). Child-focused referrals were made less frequently with psychiatric/psychological services (8%) being the child specific service that was most frequently referred to.

Physical Abuse: Seventy percent of all cases with physical abuse as the primary substantiated maltreatment had at least one referral (an estimated 57 cases).

The most frequent referrals for cases where physical abuse was the primary substantiated maltreatment included other family or parent counseling (33%), drug and alcohol counseling (26%), domestic violence services (17%), and in home parenting support (16%).

Sexual Abuse: A minimum of one referral was made in 63% of all cases with sexual abuse as the primary substantiated maltreatment (an estimated 22 cases). In cases of sexual abuse the referral pattern was different from other forms of maltreatment with psychiatric or psychological referrals (40%), other family or parent counseling (37%), and other child/family referrals (14%) being used the most often.

Neglect: At least one service referral was made in 62% of all cases with neglect as the primary substantiated maltreatment (an estimated 220 cases). The most commonly used referral categories in cases of neglect were drug and alcohol counseling (38%), other family or parent counseling (25%), parent support group (14%), welfare/social assistance (11%), psychiatric or psychological services (10%), and food banks (9%).

Emotional Maltreatment: A minimum of one service referral was made in 48% of all cases with emotional maltreatment as the primary substantiated maltreatment (an estimated 21 cases). The most common referral types were: drug and alcohol counseling (48%), other family or parent counseling (18%), in-home parenting support (11%), domestic violence services (11%), medical/dental services (9%), other child/family referral services (9%) and psychiatric/psychological services (9%).

Exposure to Domestic Violence: At least one referral was made in 90% of all cases with domestic violence as the primary substantiated maltreatment (an estimated 169 cases). The most common referrals were drug and alcohol counseling (47%), other family or parent counseling (47%), domestic violence services (41%), and other child/family referral services (13%).

Table 5-3
Referrals to Support Services by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003*

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
In Home Parenting Support	16%	13	–	–	8%	29	–	–	–	–	7%	47
Parent Support Group	13%	11	–	–	14%	50	–	–	–	–	9%	61
Other Family/ Parent Counseling	33%	27	37%	13	25%	91	–	–	47%	88	32%	227
Drug/Alcohol Counseling	26%	21	–	–	38%	153	48%	21	47%	89	40%	284
Welfare/Social Assistance	–	–	–	–	11%	40	–	–	6%	11	8%	58
Food Bank	–	–	–	–	9%	33	–	–	–	–	5%	36
Shelter Services	12%	10	–	–	–	–	–	–	7%	14	5%	32
Domestic Violence Services	17%	14	–	–	–	–	–	–	41%	78	15%	104
Psychiatric/Psychological Services	–	–	40%	14	10%	36	–	–	–	–	8%	54
Special Education Referral	–	–	–	–	–	–	–	–	–	–	–	–
Recreational Services	–	–	–	–	6%	21	–	–	–	–	3%	21
Victim Support Program	–	–	–	–	4%	13	–	–	6%	11	5%	33
Medical/Dental Services	–	–	–	–	8%	28	–	–	–	–	6%	39
Child/daycare	12%	10	–	–	3%	10	–	–	–	–	3%	24
Cultural Services	–	–	–	–	7%	24	–	–	–	–	4%	31
Other Child/ Family Referrals	13%	11	–	–	6%	22	–	–	13%	25	10%	67
At Least One Referral Noted	70%	57	63%	22	62%	220	48%	21	90%	169	69%	489
No Family or Child Referral	30%	25	37%	13	38%	138	52%	23	10%	19	31%	218
Total Child Investigations**	100%	82	100%	35	100%	358	100%	44	100%	188	100%	707
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 130 substantiated child maltreatment investigations with information about Referrals												
** Column totals for Tables 5-3 are more than the total number of children for whom at least one referral was made because several different referrals may be made for a child or his/her family.												

Out-of-Home Placement

Admissions to out-of-home care at any time during the investigation were tracked. If there were multiple placements, workers were asked to indicate the setting where the child had spent the most time. The following placement classifications were used:

No Placement Required: No placement was required following the investigation.

Placement is Being Considered: At this point of the investigation, an out-of-home placement is still being considered.

Informal Kinship Care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care), the child welfare authority does not have temporary custody.

Kinship Foster Care: A formal placement has been arranged within the family support network (kinship care, extended family, customary care), the child welfare authority has temporary or full custody and is paying for the placement.

Other Family Foster Care: Includes any family based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group Home Placement: An out-of-home placement required in a structured group living setting.

Residential/Secure Treatment: Placement required in a therapeutic residential treatment centre to address the needs of the child.

As shown in Table 5-4, 23% of all substantiated child investigations (an estimated 166) led to a child being placed in formal child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment) during the initial investigation. An additional 13% of substantiated maltreatment investigations resulted in children being placed in informal kinship care while placement was considered for a further three percent of substantiated child maltreatment investigations. In total, 36% percent of children experienced a change of residence during or at the conclusion of the initial substantiated maltreatment investigation.

Physical Abuse: Placement in child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment) occurred in 28% of investigations where physical abuse was the primary substantiated maltreatment. Of these, other family foster care and group home placement were both noted most frequently (10%). An additional eight percent of these substantiated investigations resulted in children being placed in informal kinship care.

Sexual Abuse: Zero percent of cases where sexual abuse was identified as the primary substantiated maltreatment led to a child being placed in child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment). No children in this category were placed in informal kinship care placements, or considered for placement.

Neglect: Placement in child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment) occurred for 32% of all investigations that indicated neglect as the

primary substantiated maltreatment, of these other foster family care was noted most frequently at 16%. A child placement in informal kinship care occurred for 13% of the substantiated neglect investigations, while placement was considered for an additional three percent of cases.

Emotional Maltreatment: Child victims of emotional maltreatment experienced the greatest rate of placement with an estimated 66% of children being moved to a placement outside of their home. Placement in child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment) occurred in 36% of cases that identified emotional maltreatment as the primary substantiated maltreatment. An additional 30% of these investigations led to children being placed in informal kinship care.

Exposure to Domestic Violence: Children exposed to domestic violence experienced the lowest rates of placement. Only six percent of investigations where exposure to domestic violence was the primary substantiated maltreatment resulted in child welfare placement (kinship foster care, other family foster care, group home or residential/secure treatment). Placements in informal care occurred for an additional 12% of these cases, while placement was considered for an additional six percent of cases.

Table 5-4
Out-of-Home Placement by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Placement Required	64%	53	100%	34	52%	187	34%	15	76%	143	61%	432
Placement Considered	–	–	–	–	3%	11	–	–	6%	11	3%	22
Informal Kinship Care	–	–	–	–	13%	45	30%	13	12%	23	13%	88
Child Welfare Placement:	28%	23	–	–	32%	116	36%	16	6%	11	23%	166
Kinship Foster Care	–	–	–	–	13%	48	–	–	–	–	8%	59
Other Family Foster Care	–	–	–	–	16%	57	–	–	–	–	10%	73
Group Home	–	–	–	–	–	–	27%	12	–	–	4%	28
Residential/Secure Treatment	–	–	–	–	–	–	–	–	–	–	–	–
Total Child Investigations*	100%	83	100%	34	100%	359	100%	44	100%	188	100%	708

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 178 substantiated child maltreatment investigations with information about placement.

Child Welfare Court Involvement and Mediation/Alternative Response

Application to child welfare court can be made for an order of supervision (child remaining in the home), temporary custody (for a set time period), or permanent custody. The NWTIS-2003 tracked the number of applications made or being considered during the initial investigation, but did not track the types of applications. Workers were also asked to report on whether or not they had made a referral to a mediation or alternative response. Because applications may have been made at a point following the NWTIS-2003 study period, the NWTIS-2003 child welfare court involvement figures should be treated as underestimates of the true rate of court involvement. Child welfare court status was tracked in terms of three possible worker responses:

Application Made: An application to child welfare court was submitted.

Application Considered: The child welfare worker considered whether or not to submit an application to child welfare court.

No Application Considered: Child welfare court involvement was not considered.

As shown in Table 5-5, 10% of all substantiated child investigations (an estimated 72) resulted in an application to child welfare court during or at the completion of the initial investigation. In an additional five percent of substantiated maltreatment investigations, an application to child welfare court was considered. A referral to mediation or an alternative response was made for 13% of all substantiated maltreatment investigations.

Physical Abuse: Applications to child welfare court were made in three percent of cases where physical abuse was the primary substantiated concern (an estimated three investigations) while applications were considered for an additional five percent. Referrals to mediation or alternative response were made in 26% of investigations where substantiated physical abuse was the primary form of maltreatment.

Sexual Abuse: Applications to child welfare court were made or considered in none of the investigations where sexual abuse was the primary substantiated concern.

Neglect: Applications to child welfare court were made in 13% of investigations where neglect was the primary substantiated maltreatment. Applications to child welfare court were considered in an additional nine percent of substantiated neglect investigations. Referrals to either mediation or other alternative responses were made for six percent of investigations with neglect as the primary substantiated maltreatment.

Emotional Maltreatment: Applications to child welfare court were most frequently made in investigations where emotional maltreatment was the primary substantiated maltreatment (27%), while no applications were considered.

Exposure to Domestic Violence: An application to child welfare court was made in seven percent of investigations where exposure to domestic violence was the primary substantiated maltreatment, while no applications were considered in any of these investigations. Referrals to mediation or alternative response were made in 27% of investigations where exposure to domestic violence was the primary substantiated maltreatment.

Table 5-5
Applications to Child Welfare Court and Mediation/Alternative Response
by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse	Sexual Abuse	Neglect	Emotional Maltreatment	Exposure to Domestic Violence							
No Court Considered	92%	76	100%	34	78%	279	73%	32	94%	176	85%	597
Application Considered	—	—	—	—	9%	33	—	—	—	—	5%	37
Application Made	—	—	—	—	13%	46	27%	12	7%	11	10%	72
Total Child Investigations	100%	83	100%	34	100%	358	100%	44	101%	187	100%	706
Mediation/Alternative Response**												
No Mediation/ Alternative Response	74%	61	100%	34	94%	339	100%	44	73%	135	87%	613
Referral to Mediation/ Alternative Response*	26%	21	—	—	6%	20	—	—	27%	50	13%	91
Total Child Investigations	100%	82	100%	34	100%	359	100%	44	100%	185	100%	704
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about Child Welfare Court.												
** Based on a sample of 177 substantiated child maltreatment investigations with information about Mediation/Alternative Response												

Police Involvement and Criminal Charges

In the Northwest Territories there are detailed protocols between child welfare and police services, resulting in rising levels of co-operation. This co-operation includes cases of physical and sexual abuse as well as cases of domestic violence. The Northwest Territories require police to report adult domestic violence cases to the child welfare authorities if children are living in the family. The NWTIS-2003 captured information about police involvement in adult domestic violence cases as well as in all other child maltreatment investigations.

As with the other interventions during investigations described in this chapter, the NWTIS-2003 tracked only events that occurred during the initial child welfare investigation; it is therefore possible that police decided to lay charges or became involved in some cases after the NWTIS-2003 Maltreatment Assessment Forms had been completed. It should be noted further that the police also investigate many non-familial child maltreatment cases that do not involve child welfare services.⁵¹

As illustrated in Table 5-6, 22% of substantiated child maltreatment investigations involved a police investigation related to the maltreatment in addition to a child welfare investigation (an estimated 153). Criminal charges were laid in four percent of substantiated child maltreatment investigations and were considered for an additional four percent.

Physical Abuse: A police investigation for child maltreatment occurred in 55% of cases where physical abuse was identified as the primary substantiated maltreatment (an estimated 46 investigations). Charges were laid for five percent and considered for an additional seven percent at the end of the initial child welfare investigation period. The police investigated but did not lay charges in 43% of cases that indicated physical abuse as the primary substantiated maltreatment.

Sexual Abuse: Eighty-eight percent of all cases that indicated sexual abuse as the primary substantiated maltreatment involved a police investigation for child maltreatment (an estimated 31). Charges were laid for 54% of cases where sexual abuse was the primary substantiated maltreatment category, while charges were considered for an additional 23%. The police investigated but did not lay charges for 11% of cases that indicated sexual abuse as the primary substantiated maltreatment.

Neglect: Fourteen percent of all cases with neglect as the primary substantiated maltreatment resulted in a police investigation for child maltreatment (an estimated 52 investigations). Charges were laid for one percent of cases where neglect was the primary substantiated maltreatment category. The police investigated but did not lay charges in 11% of cases that indicated neglect as the primary substantiated maltreatment.

Emotional Maltreatment: A police investigation for child maltreatment was conducted in nine percent of investigations where emotional maltreatment was identified as the primary substantiated concern (an estimated four). No charges were laid in any of these cases.

Exposure to Domestic Violence: Eleven percent of all cases that identified exposure to domestic violence as the primary concern resulted in a police investigation for maltreatment (an estimated 20). Charges were considered for three percent of cases and the police investigated but did not lay charges in eight percent of cases when substantiated exposure to domestic violence was the primary

⁵¹ See for example Trocmé, N. & Brison, R. (1998) Homicide and injuries due to assault and to abuse and neglect. In: Beaulne G (ed.) *For the safety of Canadian children and youth: from data to prevention measures*. Ottawa: Public Health Agency of Canada,

investigation concern. It is important to note that many cases of exposure to domestic violence included police investigations specific to the domestic violence, but not to the question of a child's exposure to the violence as a form of maltreatment.

Table 5-6
Police Involvement and Criminal Charges by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Police Investigation	45%	37	–	–	86%	306	91%	40	89%	168	78%	555
Police Investigation, No Charges Laid	43%	36	–	–	11%	40	–	–	8%	15	14%	99
Police Investigation, Charges Considered	–	–	–	–	–	–	–	–	–	–	4%	26
Police Investigation, Charges Laid	–	–	54%	19	–	–	–	–	–	–	4%	28
Total Child Investigations*	100%	83	100%	35	100%	358	100%	44	100%	188	100%	708
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about police investigations and police charges.												

■ 6. CHILD CHARACTERISTICS

This chapter provides a description of children investigated for reported maltreatment with respect to their age, sex, functioning, and Aboriginal heritage status in terms of the five primary categories of maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence).

The estimates presented in this chapter are weighted estimates derived from child maltreatment investigations conducted in 2003 in all Northwest Territories' child welfare services. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare services, (2) new reports on cases already open by child welfare services, and (3) cases that were investigated only by the police.

Age and Sex of Investigated Children

Table 6-1 presents the age and sex of substantiated investigations of children and the incidence of maltreatment by age and sex. The incidence of substantiated maltreatment varied from a low incidence for 12 year old boys (11.94 per 1,000 males) to a high incidence for 2 year old girls (149.15 per 1,000 females). As with substantiated maltreatment there was some variation by age and sex in incidence rates with incidence rates being highest for 12 to 15 year old females (88.21 substantiated cases per 1,000) and for female infants (86.81 substantiated cases per 1,000 female infants to three years of age). Rates of maltreatment were similar by sex for 5, 9, 13, and 15 year olds, while females were more often represented across most ages and especially in the 2, 6, 8, 12, and 14 year-old age categories. For age and sex information for substantiated child maltreatment in all of Canada in 2003, please see Appendix G: Table 6.

The incidence rate varied for females (80.45 substantiated cases per 1,000 children) and males (51.42 substantiated cases per 1,000 children). The sex distribution demonstrated higher incidence values for females in all age groups. The incidence rate among females aged 0–3 was 86.81 substantiated cases per 1,000 females aged 0–3 and among males was 62.98 per 1,000 males aged 0–3, the incidence rate for females aged 4–7 was 70.63 and for males was 39.30. Females aged 8–11 were also found to have a higher incidence rate of substantiated maltreatment than their male peers (77.40 for females versus 54.13 for males per 1,000 children). The incidence rate among females aged 12–15 was 88.21 per 1,000 children and among males was 51.13 per 1,000 children.⁵²

⁵² Incidence rates refer to population statistics specific to age groups and sex classification for children under 16 in the Northwest Territories.

Table 6-1
Child Age and Sex in Investigated and Substantiated Child Maltreatment in the Northwest Territories, in 2003

		Investigated Maltreatment*		Substantiated Maltreatment**	
		Number of Investigations	Incidence Per 1,000 Children	Number of Substantiated Cases	Incidence Per 1,000 Children
0-15	All Children	1516	141.48	706	65.89
	Females	872	164.68	426	80.45
	Males	644	118.27	280	51.42
0-3 Years	Females	210	178.72	102	86.81
	Males	156	132.77	74	62.98
< 1 Year	Females	58	200.00	19	65.52
	Males	32	104.92	25	81.97
1 Year	Females	30	96.77	23	74.19
	Males	27	88.52	15	49.18
2 Years	Females	70	237.29	44	149.15
	Males	55	192.98	21	73.68
3 Years	Females	52	185.71	16	57.14
	Males	42	150.00	13	46.43
4-7 Years	Females	213	158.36	95	70.63
	Males	153	107.37	56	39.30
4 Years	Females	41	126.15	27	83.08
	Males	42	125.37	21	62.69
5 Years	Females	49	136.11	12	33.33
	Males	33	92.96	12	33.80
6 Years	Females	68	215.87	29	92.06
	Males	29	78.38	7	18.92
7 Years	Females	55	159.42	27	78.26
	Males	49	134.25	16	43.84
8-11 Years	Females	230	157.53	113	77.40
	Males	182	120.13	82	54.13
8 Years	Females	80	216.22	46	124.32
	Males	55	142.86	18	46.75
9 Years	Females	51	139.73	24	65.75
	Males	49	136.11	20	55.56
10 Years	Females	35	93.33	16	42.67
	Males	36	93.51	22	57.14
11 years	Females	64	182.86	27	77.14
	Males	42	109.09	22	57.14
12-15 Years	Females	221	168.06	116	88.21
	Males	151	113.53	68	51.13
12 Years	Females	81	241.79	37	110.45
	Males	33	98.51	4	11.94
13 Years	Females	45	128.57	22	62.86
	Males	39	111.43	21	60.00
14 Years	Females	51	156.92	30	92.31
	Males	43	128.36	15	44.78
15 Years	Females	44	144.26	27	88.52
	Males	36	116.13	28	90.32
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003					
* Based on a sample of 372 child maltreatment investigations.					
** Based on a sample of 178 substantiated child maltreatment investigations					

Table 6-2 presents the age and sex of children by the primary substantiated categories of maltreatment. Sixty percent of substantiated child maltreatment investigations involved female children (an estimated 428), and males were the subjects of 40% of substantiated maltreatment (an estimated 280).

Physical Abuse: Fifty-seven percent of cases where physical abuse was the primary substantiated category (an estimated 48) involved males and 43% involved females (an estimated 36). The larger proportion of males is particularly noteworthy in the 8–11 year old group. An estimated 18 substantiated investigations involved males compared to an estimated 11 substantiated investigations involving females. By adolescence, the distribution has equalized as 50% of substantiated investigations involved both males and females aged 12–15.

Sexual Abuse: Fifty-seven percent of cases where sexual abuse was indicated as the primary substantiated maltreatment (an estimated 20) involved female children, while 43% (an estimated 15) involved males. The proportion of females to males in cases of substantiated sexual abuse was higher for the 8–11 age category (100%), while there were a higher percentage of males in the 12–15 age category. Sixty-five percent of child victims of the 12–15 year old group were males compared to 35% females.

Neglect: Sixty-five percent of cases with neglect as the primary substantiated maltreatment (an estimated 233) involved female children, while 35% (an estimated 125) involved males. The proportion of females was higher for all age categories: infant to three (56%), 4–7 (69%), 8–11 (62%), and 12–15 (73%).

Emotional Maltreatment: Fifty-eight percent of cases with emotional maltreatment identified as the primary substantiated maltreatment (an estimated 25) involved male children, while 42% involved females (an estimated 18). The proportion of males was higher for the 4–7 (100%) and the 12–15 (75%) age groups, while there were a higher percentage of females in the infant to three (56%), and the 8–11 (64%) age categories.

Exposure to Domestic Violence: Sixty-four percent of cases with exposure to domestic violence indicated as the primary substantiated maltreatment involved female children (an estimated 121), while 36% involved males (an estimated 67). The females represented a higher number of substantiated cases across all of the age categories infant to three (65%), 4–7 (66%), 8–11 (51%) and 12–15 (79%).

Child Functioning

Child functioning was documented on the basis of a checklist of problems that child welfare workers were likely to be aware of as a result of their investigation. The child functioning checklist (see

Table 6-2
Age and Sex of Investigated Children by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
0–3 Years	17	–	–	81	–	69	176					
Male	59%	10	–	–	44%	36	–	–	35%	24	42%	74
Female	–	–	–	–	56%	45	–	–	65%	45	58%	102
4–7 Years	22	–	84	–	41	151						
Male	54%	12	–	–	31%	26	–	–	34%	14	37%	56
Female	46%	10	–	–	69%	58	–	–	66%	27	63%	95
8–11 Years	29	12	96	14	45	196						
Male	62%	18	–	–	38%	37	–	–	49%	22	42%	82
Female	38%	11	100%	12	62%	59	–	–	51%	23	58%	114
12–15 Years	16	23	97	16	33	185						
Male	–	–	65%	15	27%	26	75%	12	–	–	37%	68
Female	–	–	–	–	73%	71	–	–	79%	26	63%	117
Total Child Investigations*	84	35	358	43	188	708						
Total Female	43%	36	57%	20	65%	233	42%	18	64%	121	60%	428
Total Male	57%	48	43%	15	35%	125	58%	25	36%	67	40%	280
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about Child Age and Gender.												

Appendix C, Maltreatment Assessment Form) was developed in consultation with child welfare workers and researchers to reflect the types of concerns that may be identified during an investigation. The checklist is not a validated measurement instrument for which population norms have been established.⁵³ The checklist documents only problems that child welfare workers became aware of during their investigation and therefore undercounts the occurrence of child functioning problems.⁵⁴ Nevertheless, it provides an important estimate of the types of concerns that are identified during child maltreatment investigations.

53 A number of child functioning measures with established norms exist; however, these are not consistently used in child welfare settings and could not be feasibly used in the context of the NWTIS.

54 Although child welfare workers assess the safety of children, they do not routinely conduct a detailed assessment of child functioning. Items on the checklist included only issues that workers happened to become aware of during their investigation. A more systematic assessment would therefore likely lead to the identification of more issues than noted by workers during the NWTIS.

Investigating workers were asked to indicate problems that had been confirmed by a formal diagnosis and/or directly observed, as well as issues that they suspected were problems but could not fully verify at the time of the investigation.⁵⁵ The 6-month period before the investigation was used as a reference point where applicable. Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented with a checklist that included the following categories:

Depression or Anxiety: Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder includes: distractibility; impulsivity; hyperactivity. These behaviours are very noticeable, occur over a long period of time in many situations, and are troublesome to others.

Negative Peer Involvement: Child has been involved in high-risk peer activities, such as gang activities, graffiti or vandalism.

Alcohol Abuse: Problematic consumption of alcohol (consider age, frequency and severity).

Drug/Solvent Abuse: Includes prescription drugs, illegal drugs and solvents.

Self-Harming Behaviour: Child has engaged in high-risk or life-threatening behaviour such as suicide attempts, physical mutilation or cutting.

Violence Towards Others: Child has displayed aggression and violence toward other children or adults.

Running (One Incident): Child has run away from home (or other residence) on one occasion, for at least one overnight period.

Running (Multiple Incidents): Child has run away from home (or other residence) on more than one occasion for at least one overnight period.

Inappropriate Sexual Behaviour: Child has been involved in inappropriate sexual behaviour.

Other Emotional or Behavioural Problem: The child has significant emotional or behavioural problems other than those described above.

Learning Disability: A child has identified learning deficits in one or more areas of mental functioning (e.g. language usage, numbers, speech, reading, work comprehension).

⁵⁵ This report refers to both confirmed and suspected problems as "indicated."

Specialized Education Services: Child has been involved in special education program for learning disability, special needs, or behaviour problems.

Irregular School Attendance: Child has shown irregular attendance and truancy (more than 5 days/month).

Developmental Delay: Child has delayed intellectual development. Typically it is diagnosed when a child does not reach his/her developmental milestones at expected times. It includes speech and language development, fine and gross motor skills and or personal and social skills.

Physical Disability: The child has a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness or a severe vision or hearing impairment that noticeably affects activities of daily living.

Substance Abuse Related Birth Defect: Child has a diagnosis or indication of birth defect(s) related to substance abuse by the biological parent (e.g. Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effect (FAE), cocaine addiction or solvent abuse).

Positive Toxicology at Birth: The child, at birth, tested positive for the presence of drugs or alcohol.

Other Health Condition: Child has ongoing physical health condition (e.g. chronic disease, and frequent hospitalization).

Psychiatric Disorder: Child has diagnosis of psychiatric disorder by a psychiatrist (e.g. conduct disorder, anxiety disorder).

Youth Criminal Justice Act Involvement: Child has been involved in charges, incarceration, or alternative measures with the youth justice system.

Other: Any other child or family focused referral.

Table 6-3(a) and 6-3(b) have been organized to reflect the types of problems associated with either physical, emotional and/or cognitive health, or behaviour specific concerns. In 48% of substantiated child maltreatment investigations (an estimated 340), at least one child functioning issue was indicated by the investigating worker.

Table 6-3(a) presents child functioning characteristics that affect the physical, emotional, and cognitive health of children by the primary category of substantiated maltreatment. In 32% of substantiated maltreatment (an estimated 225) at least one child functioning issue was reported regarding the physical, emotional, and/or cognitive health of the child. Learning disability was the most frequently reported category (16% of substantiated maltreatment), and depression or anxiety the second most

common (15% of substantiated maltreatment). Thirteen percent of substantiated maltreatment involved children being placed in a special education program, while another 13% indicated developmental delay. Substance abuse related birth defect (ten percent), other health conditions (nine percent), and self-harming behaviours (seven percent) were also reported most frequently.

The behavioural functioning classifications are presented in Table 6-3(b) by primary category of substantiated maltreatment. In 39% of the investigations (an estimated 272) at least one behavioural functioning issue was reported. The type of behavioural functioning concern noted most frequently was other behavioural or emotional problem (22% of substantiated maltreatment), followed by irregular school attendance (20%), negative peer involvement (12%) and violence toward others (11%). Drug and/or solvent abuse was noted in 10% of substantiated maltreatment. It is important to note that these ratings are based on the initial intake investigation and do not capture behaviors that may become concerns after that time.

Physical Abuse: The eight most often indicated child functioning issues in cases where physical abuse was identified as the primary substantiated maltreatment were other behavioural or emotional problems (37%), developmental delay (31%), violence toward others (26%), substance abuse related birth defects (25%), and depression or anxiety, learning disability, psychiatric disorder and self-harming behaviour which were all noted in 22% of the substantiated cases of physical abuse. Overall, a physical, emotional, or cognitive health issue was reported in 49% of these physical abuse investigations, involving an estimated 40 child investigations. A behavioural issue was indicated in 59% of investigations (an estimated 48 cases).

Sexual Abuse: The five most often reported child functioning issues indicated in cases where sexual abuse was the primary substantiated maltreatment were all noted in 29% of substantiated cases and were learning disability, specialized education services, negative peer involvement, drug and or solvent abuse, and irregular school attendance. Overall, a physical, emotional, or cognitive health issue was reported in 56% of these substantiated sexual abuse investigations, involving an estimated 19 child investigations, and a behavioural issue was indicated in 50% (an estimated 17).

Neglect: The four most often indicated child functioning issues in cases where neglect was identified as the primary substantiated maltreatment were irregular school attendance (27%), other behavioural or emotional problems (24%), learning disability (20%) and, developmental delay (16%). Overall, a physical, emotional, and/or cognitive health issue was reported in 34% of these cases, involving an estimated 123 investigations. A behavioural issue was indicated in 43% of investigations (an estimated 154).

Emotional Maltreatment: The ten most often indicated child functioning concerns in cases where emotional maltreatment was indicated as the primary substantiated maltreatment were other behavioural or emotional problems (27%), negative peer involvement (18%), and depression or

anxiety, developmental delay, irregular school attendance, learning disability, self-harming behaviour, specialized education services, violence toward others, and youth criminal justice act involvement which were each noted in nine percent of substantiated cases. Overall, a physical, emotional, or cognitive health issue was reported in nine percent of cases involving an estimated four child investigations. A behavioural issue was indicated in 27% (an estimated 12) of these investigations.

Exposure to Domestic Violence: The six most often indicated child functioning concerns in cases indicating exposure to domestic violence as the primary substantiated maltreatment were depression or anxiety (14%), other behavioural or emotional problem (12%), and other health condition, irregular school attendance, specialized education services, and violence toward others each were noted in six percent of cases. Overall, a physical, emotional, or cognitive health issue was reported in 21% of these emotional maltreatment investigations, involving an estimated 39 child investigations. A behavioural issue was indicated in 22% (an estimated 41) of these investigations.

Table 6-3(a)
Child Functioning (Physical, Emotional and Cognitive) by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect	Emotional Maltreatment		Exposure to Domestic Violence				
Physical, Emotional, and Cognitive Health												
Developmental Delay	31%	25	—	—	16%	56	—	—	—	—	13%	92
Learning Disability	22%	18	29%	10	20%	72	—	—	—	—	16%	111
Physical Disability	13%	11	—	—	—	—	—	—	—	—	2%	15
Substance Abuse Related												
Birth Defect	25%	21	—	—	12%	42	—	—	—	—	10%	68
Other Health Condition	18%	15	—	—	10%	34	—	—	6%	12	9%	66
Specialized Education												
Services	17%	14	29%	10	14%	50	—	—	6%	11	13%	89
Depression or Anxiety	22%	18	—	—	14%	50	—	—	14%	27	15%	108
Self-harming Behaviour	22%	18	—	—	7%	26	—	—	—	—	7%	48
Psychiatric Disorder	22%	18	—	—	5%	18	—	—	—	—	5%	36
Positive Toxicology at Birth	12%	10	—	—	—	—	—	—	—	—	2%	14
Any Physical, Emotional or Cognitive Health Issue	49%	40	56%	19	34%	123	—	—	21%	39	32%	225
Total Child Investigations*		82		34		359		44		188		707
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about Child Functioning. Total is less than the sum of Any Physical, Emotional or Cognitive Health Issues plus Any Behavioural Issue because of multiple responses for Child Functioning categories.												

Table 6-3(b)
Child Functioning (Behavioural) by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Behavioural Functioning												
Negative Peer Involvement	21%	17	29%	10	13%	45	–	–	–	–	12%	87
Alcohol Abuse	–	–	–	–	13%	45	–	–	–	–	9%	61
ADD/ADHD	21%	17	–	–	11%	38	–	–	–	–	8%	59
Drug/Solvent Abuse	–	–	29%	10	13%	46	–	–	–	–	10%	68
Violence Toward Others	26%	21	–	–	11%	41	–	–	6%	12	11%	78
Running	17%	14	–	–	14%	49	–	–	–	–	9%	63
Irregular School Attendance	18%	15	29%	10	27%	98	–	–	6%	12	20%	139
Inappropriate Sexual Behaviour	–	–	–	–	5%	19	–	–	–	–	5%	34
Youth Criminal Justice Act Involvement	13%	11	–	–	5%	16	–	–	–	–	4%	31
Other Behavioural/Emotional Problems	37%	31	–	–	24%	86	27%	12	12%	23	22%	156
Any Behavioural Issue	59%	48	50%	17	43%	154	27%	12	22%	41	39%	272
Any Child Functioning Issue	68%	56	65%	22	53%	188	27%	12	33%	62	48%	340
Total Child Investigations*	82	34	359	44	188	707						
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about Child Functioning. Total is less than the sum of Any Physical, Emotional or Cognitive Health Issues plus Any Behavioural Issue because of multiple responses for Child Functioning categories.												

Aboriginal Heritage of Investigated Children

Aboriginal heritage was documented by the NWTIS-2003 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system.⁵⁶

Aboriginal children were identified as a key group to examine because of concerns about overrepresentation of children from these communities in the foster care system.⁵⁷ The NWTIS-2003 tracked the Aboriginal status of each investigated child.

Ninety-one percent of substantiated maltreatment investigations involved children of Aboriginal heritage (Table 6-4). Forty-nine percent of substantiated maltreatment investigations involved children identified with First Nations Status, while 29% involved Inuit children, 8% Métis children, three percent as First Nations Non-Status children and two percent involved children with other Aboriginal status.

Physical Abuse: Seventy-seven percent of cases where physical abuse was the primary substantiated maltreatment involved children of Aboriginal heritage. Forty-two percent of these substantiated physical abuse cases involved children with First Nations Status, while 35% involved Inuit children.

Sexual Abuse: Seventy-seven percent of cases that indicated sexual abuse as the primary substantiated maltreatment involved children of Aboriginal heritage. Forty-one percent of these substantiated physical abuse cases involved children with First Nations Status, while 21% involved Inuit children and 15% involved Métis children.

Neglect: Ninety-six percent of cases where neglect was the primary substantiated maltreatment involved children of Aboriginal heritage. Forty-six percent of these cases involved children with First Nations Status, 33% involved Inuit children, 12% involved Métis children, and four percent involved First Nations Non Status children.

Emotional Maltreatment: Sixty-nine percent of cases that indicated emotional maltreatment as the primary substantiated concern involved children of Aboriginal heritage. Fifty-nine percent of these cases involved children with First Nations Status, and ten percent involved Inuit children.

Exposure to Domestic Violence: Ninety-six percent of cases where exposure to domestic violence was the primary substantiated maltreatment involved children of Aboriginal heritage. This included

56 The NWTIS-2003 collected information about eight other ethno-cultural groups, but the number of cases sampled for most groups was too low to allow for inclusion in this report.

57 See Armitage A. (1993). Family and child welfare in first nation communities. In: B. Wharf (ed.). *Rethinking child welfare in Canada*. Toronto: McClelland & Stewart, 1993: 131-170.

McKenzie, B., Seidl, E. et al. (1995). Child welfare standards in First Nations. In: B. Galaway and J. Hudson (eds.). *Child welfare in Canada: Research and policy implications*. Toronto: Thompson Educational Press, 1995: 54-65.

children with First Nations Status (57%), Inuit children (25%), children with other Aboriginal status (six percent), children with First Nations Non Status (five percent), and Métis children (three percent).

Table 6-4
Aboriginal Heritage of Investigated Children by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Not Aboriginal	23%	19	–	–	4%	12	31%	12	–	–	9%	59
First Nations Status	42%	35	41%	14	46%	165	59%	23	57%	108	49%	345
First Nations, Non-Status	–	–	–	–	4%	14	–	–	–	–	3%	23
Métis	–	–	–	–	12%	44	–	–	–	–	8%	54
Inuit	35%	29	–	–	33%	119	–	–	25%	47	29%	206
Other	–	–	–	–	–	–	–	–	6%	11	2%	15
Total Child Investigations*	100%	83	100%	34	100%	358	100%	39	100%	188	100%	702

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 177 substantiated child maltreatment investigations with information about Aboriginal Heritage of Parents

Service Dispositions for Aboriginal and Non-Aboriginal Children

Data comparing Aboriginal and non-Aboriginal children are presented in Table 6-5. Aboriginal children experience higher rates of ongoing service, child welfare court intervention and placement than non-Aboriginal children.

Ongoing Services: Fifty percent of substantiated child maltreatment investigations involving Aboriginal children received ongoing services (an estimated 321 investigations). In comparison 48% of substantiated investigations involving non-Aboriginal children remained open for services.

Child Welfare Court Application: Ten percent of substantiated child maltreatment investigations involving Aboriginal children (an estimated 61 investigations) resulted in a child welfare court application. In comparison, twenty percent of substantiated child maltreatment investigations involving non-Aboriginal children resulted in a child welfare court application. In all, 16% of substantiated investigations involving Aboriginal children were either considered for child welfare court or were the subject of a court application.

Placement: Thirteen percent of investigations involving Aboriginal children experienced an informal kinship care placement compared with seven percent of investigations involving non-Aboriginal

children. Twenty-seven percent of substantiated investigations involving non-Aboriginal children experienced child welfare placements while 23% of investigations involving Aboriginal children experienced child welfare placements.

Table 6-5
Service Dispositions for Aboriginal and Non-Aboriginal Children
in Substantiated Maltreatment Investigations in the Northwest Territories, in 2003

	Aboriginal		Non-Aboriginal		Total	
	%	Number of Child Investigations	%	Number of Child Investigations		
Case to Stay Open for Ongoing Services	50	321	48	28	50	349
Child Welfare Court						
Court Application Considered	6	37	–	–	5	37
Court Application Made	10	61	20	12	10	73
Placement						
No Placement	60	387	67	40	61	432
Placement Considered	3	21	–	–	3	21
Informal Kinship Care	13	83	–	–	12	87
Child Welfare Placement	23	150	27	16	24	166
Total Child Investigations*	100%	60	100%	641	100%	706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003						
* Based on a sample of 178 substantiated child maltreatment investigations with information about Aboriginal status of investigated child.						

■ 7. HOUSEHOLD CHARACTERISTICS

Chapter 7 provides an overview of the household characteristics of investigated children tracked by the NWTIS-2003. Household characteristics include: household composition, age of caregivers, sibling information, housing information, source of household income, and parental functioning and family stressors. For the purpose of the NWTIS-2003, a household was defined as the primary residence of the child when the investigation was initiated. The findings are presented by the primary substantiated category of maltreatment.

The estimates presented in this chapter are weighted estimates derived from child maltreatment investigations conducted in 2003 in all Northwest Territories' child welfare services. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare services, (2) new reports on cases already open by child welfare services, and (3) cases that were investigated only by the police.

Parents and Caregivers in the Home

The NWTIS-2003 gathered information on up to two of the child's caregivers.⁵⁸ For each listed caregiver, investigating workers were asked to choose the category that best described the relationship between the caregiver and the children in the home. If a caregiver was a biological parent to one child and a step-parent to another child in the family, workers were asked to use "step-parent" to describe that caregiver.⁵⁹ If recent household changes had occurred, investigating workers were asked to describe the situation at the time the referral was made.

Table 7-1 describes the parents and other caregivers looking after investigated children by primary category of substantiated maltreatment. Forty-three percent of substantiated investigations involved children who lived with their two biological parents, and six percent lived in a two-parent blended family in which one of the caregivers was a step-parent, a common-law partner, or an adoptive parent who was not the biological parent of at least one of the children in the family. Two percent of substantiated child investigations involved a biological parent living with another adult who also

58 The two-caregiver limit was required to accommodate the form length restrictions set for the Household Information Sheet. The caregiver information usually corresponded to the parents and/or step-parent living in the home; if there was only one caregiver living in the home and a second living outside the home, information was gathered on both of these, but is not reported here.

59 This compromise was needed because the Household Information Sheet served as a common information source for all the children in the family. A much more extensive set of questions would have been required had the NWTIS-2003 gathered child-specific caregiver information, leading to a significantly longer form. Child-specific information on the caregiver-child relationship is available for caregivers who were investigated as alleged perpetrators (see Chapter 4).

acted as a caregiver to the child (i.e. grandparent, aunt/uncle). Thirty-four percent involved children who lived in a family led by a lone parent: 33% by a female parent and one percent by a male parent. In comparison, the 2001 census showed that families led by female parents represented 18% of families with children under the age of 17, whereas 78% of the families were two-parents.⁶⁰ Fifteen percent of substantiated investigations involved households with a composition other than the households previously described.

Physical Abuse: Forty-four percent of investigations where physical abuse was the primary substantiated concern involved children who lived in two-parent households: 38% involved two biological parents and six percent involved a two-parent blended family. Twenty-six percent of investigations where physical abuse was the primary substantiated concern involved children in a female-parent household. Five percent involved a biological parent living with another adult.

Sexual Abuse: Eighty-eight percent of investigations where sexual abuse was the primary substantiated concern involved children who lived in two-parent households: 76% with two biological parents and 12% with a two-parent blended family. Twelve percent of substantiated investigations involved children in a female-parent household.

Neglect: Forty-eight percent of all substantiated neglect investigations involved lone-parent families⁶¹ – 47% female-parent households and one percent male-parent households – whereas only 29% of investigations where neglect was the primary substantiated maltreatment involved children from households with two biological parents, and five percent involved two-parent blended families. It should be noted, that lone parent families are also at risk of living in poverty and that poverty, as opposed to family structure, could be the factor placing these families at such high risk for alleged maltreatment.

Emotional Maltreatment: Twenty-three percent of substantiated emotional maltreatment involved children who lived in two-parent households: 14% with two biological parents and nine percent with

60 Canada. Statistics Canada. *Census of Canada, 2001: Age groups of children at home and family structure for census families in private households for Census Divisions and subdivisions* [computer file]. Ottawa: Ont.: Statistics Canada [producer and distributor], October 22, 2002 (95F0313XCB01064).

61 See Source of Income section in this chapter and the following:

Chamberland, C., Bouchard, C. et al. (1986). Conduites abusives envers les enfants: Réalités canadiennes et américaines. *Canadian Journal of Behavioural Science*, 8(4): 391–412.

Drake, B. & Pandey, S. (1996). Understanding the relationship between neighbourhood poverty and specific types of child maltreatment. *Child Abuse and Neglect*, 20(11): 1003–18.

Garbarino, J. & Sherman, D. (1980). High-risk neighbourhoods and high-risk families: The human ecology of child maltreatment. *Child Development*, 5(1):188–98.

Mayer M. (1995). *Contextes écologiques d'incidence de trois types de mauvais traitements à l'égard des enfants signalés dans la région de Montréal*. Montréal: Université de Montréal, Sciences humaines appliquées.

a two-parent blended family. Fifty-two percent of investigations where emotional maltreatment was the primary substantiated concern involved children in a female-parent household.

Exposure to Domestic Violence: Seventy-eight percent of investigations where exposure to domestic violence was the primary substantiated maltreatment involved children living in two parent households: 72% with two biological parents and six percent with two parent blended family. Only nine percent of investigations where exposure to domestic violence was the primary substantiated maltreatment involved children living in a female parent household.

Table 7-1
Household Structure by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Two Parent-Biological	38%	31	76%	26	29%	103	–	–	72%	135	43%	301
Two Parent-Blended/Step	–	–	–	–	5%	17	–	–	6%	12	6%	42
Biological Parent and Other	–	–	–	–	3%	12	–	–	–	–	2%	16
Lone Mother	26%	21	–	–	47%	169	52%	23	9%	16	33%	233
Lone Father	–	–	–	–	–	–	–	–	–	–	–	–
Other	25%	21	–	–	15%	53	25%	11	13%	25	15%	110
Total Child Investigations*	100%	82	100%	34	100%	358	100%	44	100%	188	100%	706

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 178 substantiated child maltreatment investigations with information about household structure

Age of Primary Caregiver(s)

Investigating workers were asked to indicate the age of up to two caregivers for each household. Ten age groups were captured on the Household Information sheet, enabling the workers to provide estimation of the caregiver's age (see Appendix C, Maltreatment Assessment Form). Table 7-2(a) shows the age distribution of "female caregivers" (estimated 650 substantiated child maltreatment investigations) and Table 7-2(b) the age distribution of "male caregivers" (estimated 404 substantiated child maltreatment investigations). The categories of mother and father include biological parents, common-law partners, step-parents, foster, and adoptive parents

Of the substantiated investigations involving children living with a female caregiver, almost three quarters (71%) lived with a female caregiver who was over 30 years old and slightly over one quarter

(29%) with a mother aged 30 and under. With regard to male caregivers, 85% of children lived with a father who was over 30 years old and 15% with a father aged 30 and under.

Physical Abuse: Eighty-eight percent of investigations where physical abuse was the primary substantiated maltreatment involved female caregivers over 30 years old, and in 12% of cases they were 30 and under. Ninety percent of investigations where physical abuse was the primary substantiated maltreatment involved children living with their male caregivers who were over 30 years old.

Sexual Abuse: Eighty-eight percent of investigations where sexual abuse was the primary substantiated maltreatment involved children living with their female caregivers, and the female caregivers were over 30 years old. In 86% of investigations where sexual abuse was the primary substantiated maltreatment and children lived with their male caregivers, the male caregivers were over 30 years old.

Neglect: Most of the investigations where neglect was the primary substantiated maltreatment involved children living with female caregivers over 30 years old (63%). Thirty-seven percent of investigations where neglect was the primary substantiated maltreatment involved children living with female caregivers aged 30 and under. With regard to male caregivers, in seven percent of investigations where neglect was the primary substantiated maltreatment the male caregivers were 30 and under, and in 93% of cases they were over 30 years old.

Emotional Maltreatment: Seventy-seven percent of investigations where emotional maltreatment was the primary substantiated concern involved children living with female caregivers over the age of 30 years. In 23% of cases they were 30 and under. For male caregivers, 71% of investigations where emotional maltreatment was the primary substantiated concern involved children living with fathers over 30 years old.

Exposure to Domestic Violence: In 75% of investigations where exposure to domestic violence was the primary substantiated maltreatment and children lived with their female caregivers, the female caregivers were over 30, and in 25% of cases they were 30 and under. For male caregivers, 78% of investigations where exposure to domestic violence was the primary substantiated maltreatment involved children living with male caregivers over 30, and 22% lived with male caregivers aged 30 and under.

Table 7-2(a)**Age of Female Caregivers*** by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003**

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Less than 19	–	–	–	–	–	–	–	–	–	–	–	–
19–21	–	–	–	–	–	–	–	–	8%	14	3%	18
22–25	–	–	–	–	16%	50	–	–	15%	27	14%	90
26–30	–	–	–	–	20%	63	–	–	–	–	12%	77
31–40	56%	44	65%	22	47%	149	27%	12	62%	110	52%	337
Over 40	32%	25	–	–	16%	51	50%	22	13%	22	19%	128
Total Child Investigations*	100%	78	100%	34	100%	317	100%	44	100%	177	100%	650
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 164 substantiated child maltreatment investigations with information about mother's age.												
*** Includes biological mothers, stepmothers, female common-law partners, adoptive mothers and foster mothers living with the child.												

Table 7-2(b)**Age of Male Caregivers*** by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003**

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Less than 19	–	–	–	–	–	–	–	–	–	–	–	–
19–21	–	–	–	–	–	–	–	–	–	–	–	–
22–25	–	–	–	–	–	–	–	–	–	–	3%	13
26–30	–	–	–	–	–	–	–	–	18%	30	12%	49
31–40	54%	27	43%	13	71%	96	–	–	57%	95	57%	231
Over 40	36%	18	43%	13	22%	30	71%	15	21%	35	28%	111
Total Child Investigations*	100%	50	100%	30	100%	136	100%	21	100%	167	100%	404
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 103 substantiated child maltreatment investigations with information about father's age.												
*** Includes biological fathers, stepfathers, male common-law partners, adoptive fathers and foster fathers living with the child.												

Number of Siblings in the Household

Investigating workers were asked to provide non-identifying information on all children 19 years of age and under who were living in the home at the time of the investigation. As shown in Table 7-3,

in 27% of substantiated child maltreatment investigations no siblings 19 years of age and under were noted to be living at home, 24% had one sibling, 27% had two siblings (i.e. three children in the family), and 22% had three or more siblings (i.e. four or more children in the family).

Physical Abuse: Forty-three percent of children in investigations where physical abuse was the primary substantiated concern had no siblings 19 years of age and under living with them at the time of the investigation. Five percent had one sibling, 27% had two siblings, and 25% had three or more siblings.

Sexual Abuse: In 12% of investigations where sexual abuse was the primary substantiated maltreatment the child had no siblings 19 years of age and under living in the home. Forty-one percent had one sibling, and 47% had two siblings.

Neglect: In 28% of investigations where neglect was the primary substantiated maltreatment the child had no siblings 19 years of age and under living in the home. Twenty-five percent had one sibling, 30% had two siblings, and 17% had three or more siblings.

Emotional Maltreatment: In 60% of investigations where emotional maltreatment was the primary substantiated concern the child had no siblings 19 years of age and under living in the home. Twelve percent had one sibling, and 28% had two siblings.

Exposure to Domestic Violence: In 14% of investigations where exposure to domestic violence was the primary substantiated maltreatment the child had no siblings 19 years of age and under living in the home. Twenty-nine percent had one sibling, 18% had two siblings, and 39% had three or more siblings.

Table 7-3
Siblings of Children in Child Maltreatment Investigations by Primary Category
of Substantiated Child Maltreatment in Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Sibling	43%	36	–	–	28%	100	60%	26	14%	25	27%	191
One Sibling	–	–	41%	14	25%	88	–	–	29%	55	24%	166
Two Siblings	27%	22	47%	16	30%	108	28%	12	18%	34	27%	192
Three Siblings	25%	21	–	–	5%	17	–	–	30%	57	13%	95
Four of More Siblings	–	–	–	–	12%	45	–	–	9%	17	9%	62
Total Child Investigations*	100%	83	100%	34	100%	358	100%	43	100%	188	100%	706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about number of siblings												

Number of Siblings Investigated

In addition to identifying all the children under the age of 19 in the household, investigating workers were asked to indicate all children who were also subject to investigation. Sixty-one percent of substantiated investigations involved children with at least one additional sibling who was also the subject of investigation, 12% had siblings who were not investigated, and 27% had no siblings (see Table 7-4).

Physical Abuse: In thirty-nine percent of investigations where physical abuse was the primary substantiated maltreatment the child had at least one additional sibling who was also the subject of investigation. Eighteen percent had siblings who were not investigated, and 43% had no siblings.

Sexual Abuse: Eighty-eight percent had siblings who were not investigated, and 12% had no siblings.

Neglect: Sixty-two percent of investigations where neglect was the primary substantiated maltreatment involved children with at least one additional sibling who was also the subject of investigation. Ten percent had siblings who were not investigated, and 28% had no siblings.

Emotional Maltreatment: In 40% of investigations where emotional maltreatment was the primary substantiated concern the child had at least one sibling who was also the subject of investigation, and 60% had no siblings.

Exposure to Domestic Violence: In 87% of investigations where exposure to domestic violence was the primary substantiated maltreatment the child had at least one sibling who was also the subject of investigation, and 13% had no siblings.

Table 7-4
Investigated Siblings of Children in Child Maltreatment Investigations
by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Sibling	43%	36	–	–	28%	100	60%	26	13%	25	27%	191
One Sibling, Not Investigated	–	–	41%	14	4%	16	–	–	–	–	5%	34
One Sibling, Investigated	–	–	–	–	20%	72	–	–	30%	55	19%	132
Two or More Siblings, None Investigated	13%	11	47%	16	6%	21	–	–	–	–	7%	48
Two or More Siblings, At Least One Other Investigated	39%	32	–	–	42%	149	28%	12	57%	107	42%	300
Total Child Investigations*	100%	83	100%	34	100%	358	100%	43	100%	187	100%	705
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 178 substantiated child maltreatment investigations with information about Investigated Siblings</p>												

Source of Income

Investigating workers were requested to choose the income source that best described the primary source of the household income. Income source was designated by investigating workers in terms of five possible classifications:

Full Time Employment: A caregiver is employed in a permanent, full-time position.

Part Time/Seasonal Employment/Multiple Jobs: Family income is derived primarily from part-time employment (less than 30 hours/week), full-time or part-time positions for temporary periods of the year, or several part-time temporary jobs. Neither caregiver is employed in a permanent, full-time position.

Employment Insurance (EI)/Social Assistance/Other Benefit: Family income is derived primarily from employment insurance, social assistance or other benefits (e.g. long-term disability, pension, or child support).

Unknown: Source of income was not known.

No Source: There is no reliable source of income for the family. Income may be earned through illicit activities. Caregiver(s) may work at temporary jobs, but these are not predictable and cannot be relied on for financial budgeting.

Table 7-5 shows the source of income for the households of children with substantiated maltreatment as tracked by the NWTIS-2003. Thirty-seven percent of investigations involved children in families that derived their primary income from full-time employment. Twenty-five percent involved children whose families received benefits/EI/social assistance as their primary source of income. In 21% of substantiated investigations the source of income was unknown by the workers, and in two percent of cases no reliable source of income was reported. Families relied on part-time/multiple jobs/seasonal employment in an additional 15% of cases.

Physical Abuse: Forty-six percent of investigations where physical abuse was the primary substantiated maltreatment involved children from families with full-time employment, and thirty-one percent of investigations where physical abuse was the primary substantiated maltreatment involved children from families with part-time/multiple jobs/seasonal employment as the primary source of income. The income source as unknown in 13% of investigations and ten percent involved families receiving benefits/EI or social assistance as the primary source of income.

Sexual Abuse: Full-time employment was reported as the primary source of income in 53% of investigations where sexual abuse was the primary substantiated concern, part-time/seasonal employment or multiple jobs in 35% of cases, and the income source was unknown in 12% of investigations where sexual abuse was the primary substantiated concern.

Neglect: In contrast to abuse cases, only 23% of investigations where neglect was the primary substantiated concern involved families that relied on full-time employment as their primary source of income. Thirteen percent involved families relying on part-time/seasonal employment or multiple jobs as their primary source of income and a further 39% percent involved families that were receiving some form of benefits/EI or social assistance.

Emotional Maltreatment: Full-time employment was reported as the primary source of income in 34% of investigations where emotional maltreatment was the primary substantiated concern, unknown in 27%, benefits/EI or social assistance in 18%, part-time/seasonal employment/multiple jobs in nine percent, and no source of income was at 12%.

Exposure to Domestic Violence: Full-time employment was reported as the primary source of income in 59% of investigations where exposure to domestic violence was the primary substantiated

maltreatment, unknown in 19%, benefits/EI or social assistance in 12%, and part-time/seasonal employment/multiple jobs in 10% of investigations.

Table 7-5
Household Source of Income by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Full-Time Employment	46%	38	53%	18	23%	81	34%	15	59%	110	37%	262
Part-time/Multiple Jobs/ Seasonal Employment	31%	25	35%	12	13%	48	–	–	10%	18	15%	107
Benefits/Unemployment/ Social Assistance	–	–	–	–	39%	139	–	–	12%	23	25%	178
Unknown	13%	11	–	–	23%	83	27%	12	19%	36	21%	146
No Source of Income	–	–	–	–	–	–	–	–	–	–	2%	12
Total Child Investigations*	100%	82	100%	34	100%	358	100%	44	100%	187	100%	705

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 178 substantiated child maltreatment investigations with information about household income

Housing

Investigating workers were asked to select the housing accommodation category that best described the investigated child’s household living situation. The types of housing included:

Own Home: A purchased house, condominium, or townhouse.

Rental Accommodation: A private rental house, townhouse or apartment.

Public Housing: A rental unit in a public housing complex (i.e. rent-subsidized, government-owned housing), a house, townhouse or apartment on a military base, or band housing.

Shelter/Hotel: A homeless or family shelter, SRO hotel (single room occupancy), or motel accommodation.

Unknown: Housing accommodation was unknown.

Other: Any other form of shelter.

In addition to housing type, investigating workers were asked to indicate whether the investigated child lived in unsafe housing conditions where children were at risk of injury or impairment from

their living situation (e.g. broken windows, insufficient heat, parents and children sharing single room). Workers also noted the number of family moves in the 12 months before the investigation.

At the time of the study, 65% of all substantiated investigations involved children living in rental accommodations (22% private rentals and 43% public housing), 24% involved children living in purchased homes, and 2% in other accommodations. In nine percent of substantiated investigations, workers did not have enough information to describe the housing type (Table 7-6). According to the 2001 census, 74% of families with never married children living at home, owned their home, 25% rented their home and one percent lived in Band Housing.

Housing conditions were described as safe in 78% of substantiated maltreatment investigations and unsafe in 11% (Table 7-7). In 11% of substantiated maltreatment investigations housing conditions were unknown.

Fifty-seven percent of investigations involved families that had not moved in the previous 12 months, whereas 20% had moved at least once (Table 7-8). In 23% of substantiated maltreatment investigations, whether the family has recently moved was unknown to the worker.

Physical Abuse: Twenty-one percent of investigations where physical abuse was the primary substantiated maltreatment involved children who were living in purchased homes, 23% were living in private market rentals, and 37% in public housing complexes.

Seventeen percent of substantiated physical abuse investigations involved children living in unsafe housing conditions (Table 7-7). Forty-nine percent of investigations where physical abuse was the primary substantiated maltreatment involved children who had not moved in the previous 12 months, and 27% involved children whose families had moved at least once in the past twelve months (Table 7-8).

Sexual Abuse: Forty-four percent of investigations where sexual abuse was the primary substantiated concern involved children who were living in purchased homes, 23% were living in private market rentals, and 21% in public housing complexes.

None of the investigations where sexual abuse was the primary substantiated concern involved children living in unsafe housing conditions. Sixty-six percent involved children who had not moved in the previous 12 months, and 22% involved children whose families had moved at least once (Table 7-8).

Neglect: Twenty-one percent of investigations where neglect was the primary substantiated concern involved children living in purchased homes. In 20% of investigations where neglect was the primary substantiated concern children were living in private market rentals, and in 44% in public housing complexes (Table 7-6).

Seven percent of investigations where neglect was the primary substantiated maltreatment involved children living in unsafe housing conditions (Table 7-7). Fifty-four percent involved children who had not moved in the previous 12 months, and 22% of investigated children had moved at least once (Table 7-8).

Emotional Maltreatment: In none of the investigations where emotional maltreatment was the primary substantiated concern were children living in purchased homes, 61% were living in private market rentals, and 18% in public housing complexes. Thirty-six percent of investigations where emotional maltreatment was the primary substantiated concern involved children living in unsafe housing conditions (Table 7-7). Forty-six percent involved children who had not moved in the previous 12 months, and 28% had moved at least once (Table 7-8).

Exposure to Domestic Violence: In 31% of investigations where exposure to domestic violence was the primary substantiated maltreatment children were living in purchased homes, 14% were living in private market rentals, and 55% in public housing complexes. Eleven percent of investigations where exposure to domestic violence was the primary substantiated maltreatment involved children living in unsafe housing conditions (Table 7-7). Sixty-six percent involved children who had not moved in the previous 12 months, and 13% had moved at least once (Table 7-8).

Table 7-6
Housing Type by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Own Home	21%	17	44%	15	21%	76	—	—	31%	58	24%	166
Rental Accommodation	23%	19	—	—	20%	73	61%	27	14%	27	22%	154
Public Housing	37%	31	—	—	44%	156	—	—	55%	102	43%	304
Shelter/Hotel	—	—	—	—	—	—	—	—	—	—	—	—
Other	14%	12	—	—	—	—	—	—	—	—	2%	16
Unknown	—	—	—	—	15%	52	—	—	—	—	9%	65
Total Child Investigations*	100%	83	100%	34	100%	357	100%	44	100%	187	100%	705
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about housing type												

Table 7-7
Housing Conditions by Primary Category of Substantiated Child Maltreatment
in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Safe Conditions	78%	65	100%	34	79%	284	50%	22	79%	149	78%	554
Unsafe Conditions	17%	14	–	–	7%	25	36%	16	11%	20	11%	75
Unknown	–	–	–	–	14%	49	–	–	10%	19	11%	78
Total Child Investigations*	100%	83	100%	34	100%	358	100%	44	100%	188	100%	707
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about housing conditions												

Table 7-8
Family Moves Within the Last Twelve Months by Primary Category
of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Moves in Last Twelve Months	49%	41	66%	23	54%	195	46%	20	66%	123	57%	402
One Move	21%	17	–	–	14%	49	–	–	9%	17	13%	92
Two or More Moves	–	–	–	–	8%	28	–	–	–	–	7%	51
Unknown	24%	20	–	–	24%	87	26%	11	21%	40	23%	162
Total Child Investigations*	100%	83	100%	35	100%	359	100%	43	100%	187	100%	707
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about family moves												

Caregiver Functioning and Family Stressors

Concerns related to caregiver functioning and family stressors were examined by investigating workers using a checklist of 10 items that were asked about each caregiver. Where applicable, the reference point for identifying concerns about caregiver functioning was the previous 6 months.⁶² The checklist included:

⁶² Most items were rated on a four-point scale differentiating “confirmed,” “suspected,” “no” and “unknown” caregiver functioning issues. A caregiver functioning or family stressor was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver. An issue was classified as suspected if investigating workers’ suspicions were sufficient to include the concern in their written assessment of the family or in transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be completed in subsequent analyses.

Alcohol Abuse: The use of alcohol poses a problem for the household.

Drug/Solvent Abuse: At least one caregiver abuses prescription drugs, illegal drugs or solvents.

Criminal Activity: At least one caregiver is absent due to incarceration, or is involved in criminal activity (drug dealing, theft or prostitution). This did not include a criminal history for domestic violence.

Cognitive Impairment: The cognitive ability of at least one caregiver is known to or suspected to have an impact on the quality of care giving provided in the household.

Mental Health Issues: At least one caregiver is known or suspected to have mental health problems.

Physical Health Issues: At least one caregiver is known or suspected to have a chronic illness, frequent hospitalizations, or a physical disability.

Few Social Supports: At least one caregiver is known or suspected to be socially isolated or lacking in social supports.

Maltreated as a Child: Either caregiver is known or suspected to have suffered maltreatment as a child.

Victim of Domestic Violence: During the past six months the caregiver was a victim of domestic violence including physical, sexual or verbal assault.

Perpetrator of Domestic Violence: During the past six months the caregiver was a perpetrator of domestic violence.

Other: Any other issue/concern describing caregiver functioning.

Table 7-9(a) presents caregiver functioning issues that were noted by investigating workers for female caregivers. Table 7-9(b) presents caregiver functioning issues that were noted by investigating workers for male caregivers.⁶³ At least one caregiver functioning issue for female caregivers was identified in 88% of substantiated maltreatment (an estimated 623) investigations. The most frequently noted concerns for female caregivers were victim of domestic violence (73%), alcohol abuse (61%), few social supports (47%), and maltreated as a child (38%). At least one functioning concern for male caregivers was noted in 52% of substantiated maltreatment investigations (368 investigations). The most frequently noted concerns male caregivers were, alcohol abuse (42%), perpetrator of domestic violence (41%), maltreated as a child (23%), drug or solvent abuse (21%), and victim of domestic violence (19%).

⁶³ Female caregiver functioning table and male caregiver functioning table includes only caregivers in the home where the child maltreatment investigation occurred.

Physical Abuse: At least one caregiver functioning issue was identified in 87% of investigations involving female caregivers and where physical abuse was the primary substantiated maltreatment. The most frequently noted functioning issues for female caregivers in physical abuse investigations were being a victim of domestic violence (72%) and alcohol abuse (62%). The next most common functioning issues were drug or solvent abuse (46%) and few social supports (35%).

At least one functioning issue for male caregivers was identified in 46% of investigations where physical abuse was the primary substantiated concern. Forty-six percent of cases noted both issues of alcohol abuse and perpetrator of domestic violence, while drug or solvent abuse (37%), criminal activity (21%) and few social supports (21%) were also reported.

Sexual Abuse: Seventy-seven percent of investigations where sexual abuse was the primary substantiated maltreatment involved at least one functioning issue for female caregivers. The three most frequently noted issues were: maltreated as a child (77%), victim of domestic violence (62%), and few social supports (32%).

In 77% of investigations where sexual abuse was the primary substantiated maltreatment at least one male caregiver functioning issue was noted: 77% of investigations noted maltreated as a child, 47% of cases noted perpetrator of domestic violence, and 38% of cases noted alcohol abuse as an issue.

Neglect: Eighty-four percent of investigations where neglect was the primary substantiated concern involved at least one functioning issue for the female caregiver: 64% noted the female caregiver was a victim of domestic violence, 63% noted alcohol abuse, 53% noted few social supports, and 35% noted a childhood history of maltreatment.

In 35% of investigations where neglect was the primary substantiated maltreatment at least one functioning issue for male caregivers was noted: alcohol abuse was noted for male caregivers in 29% of investigations, perpetrator of domestic violence was noted in 18% of cases, and drug or solvent abuse was noted in 13% of the cases.

Emotional Maltreatment: Eighty-six percent of female caregivers in investigations where emotional maltreatment was the primary substantiated concern experienced at least one functioning issue: in 86% of investigations, female caregivers were noted to be abusing alcohol, 71% showed a childhood history of maltreatment, 57% reported being a victim of or perpetrating domestic violence, and 55% indicated drug or solvent abuse.

In 34% of investigations where emotional maltreatment was the primary substantiated maltreatment at least one functioning issue for male caregivers was noted: alcohol abuse was noted for male

caregivers in 25% of investigations, maltreatment as a child, and victim of domestic violence and perpetrator of domestic violence were all noted in 12% of investigations.

Exposure to Domestic Violence: One-hundred percent of investigations where exposure to domestic violence was the primary substantiated concern involved at least one functioning issue for female caregivers: in 96% of investigations female caregivers were noted as a victim of domestic violence, 60% indicated alcohol abuse, and 50% indicated few social supports.

In 88% of investigations where exposure to domestic violence was the primary substantiated concern at least one functioning issue was noted for male caregivers. Eighty-eight percent of investigations

Table 7-9(a)
Female Caregiver Functioning by Primary Category of Substantiated Child Maltreatment in Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Alcohol Abuse	62%	51	–	–	63%	225	86%	38	60%	113	61%	432
Drug/Solvent Abuse	46%	38	–	–	30%	109	55%	24	31%	59	33%	235
Criminal Activity	–	–	–	–	6%	20	–	–	27%	51	11%	79
Cognitive Impairment	–	–	–	–	13%	48	–	–	10%	19	11%	75
Mental Health Issues	22%	18	–	–	27%	98	52%	23	28%	52	28%	196
Physical Health Issues	–	–	–	–	12%	41	36%	16	10%	18	11%	75
Few Social Supports	35%	29	32%	11	53%	188	27%	12	50%	93	47%	333
Maltreated as a Child	34%	28	77%	26	35%	124	71%	31	33%	62	38%	271
Victim of Domestic Violence	72%	60	62%	21	64%	229	57%	25	96%	181	73%	516
Perpetrator of Domestic Violence	13%	11	–	–	12%	42	57%	25	34%	64	20%	142
Other Concerns	–	–	–	–	6%	21	–	–	–	–	3%	21
Investigations Where at Least One Female Caregiver Functioning Issue was Noted	87%	71	77%	26	84%	300	86%	38	100%	188	88%	623
Total Child Investigations*		82		34		358		44		188		706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 177 substantiated child maltreatment investigations with information about female caregiver functioning. Column Totals for Table 7-9 are more than the total number of children for whom at least one parental or family stressor was noted because there can be several different stressors noted for a child's family.												

where exposure to domestic violence was the primary substantiated maltreatment involved male caregivers who had been perpetrators of domestic violence, and alcohol abuse by a male caregiver was noted in 69% of investigations. Criminal activity by a male caregiver was noted in 48% of investigations, and 43% reported being maltreated as a child.

Table 7-9(b)
Male Caregiver Functioning by Primary Category of Substantiated Child Maltreatment in Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Alcohol Abuse	46%	38	38%	13	29%	105	25%	11	69%	129	42%	296
Drug/Solvent Abuse	37%	31	—	—	13%	45	—	—	34%	63	21%	147
Criminal Activity	21%	17	—	—	5%	19	—	—	48%	91	18%	127
Cognitive Impairment	—	—	—	—	—	—	—	—	—	—	2%	11
Mental Health Issues	—	—	—	—	6%	20	—	—	26%	48	11%	75
Physical Health Issues	—	—	—	—	5%	16	—	—	9%	16	5%	37
Few Social Supports	21%	17	—	—	8%	29	—	—	34%	64	17%	118
Maltreated as a Child	17%	14	77%	26	10%	34	—	—	43%	80	23%	159
Victim of												
Domestic Violence	—	—	29%	10	10%	34	—	—	42%	79	19%	132
Perpetrator of												
Domestic Violence	46%	38	47%	16	18%	65	—	—	88%	165	41%	289
Other Concerns	—	—	—	—	—	—	—	—	—	—	—	—
Investigations Where at Least One Male Caregiver Functioning Issue was Noted	46%	38	77%	26	35%	124	34%	15	88%	165	52%	368
Total Child Investigations*		83		34		358		44		188		707

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 108 substantiated child maltreatment investigations with information about male caregiver functioning. Column Totals for Table 7-9 are more than the total number of children for whom at least one parental or family stressor was noted because there can be several different stressors noted for a child's family.

Custody/Access Dispute

Table 7-10 presents information on whether there was an ongoing child custody/access dispute at the time of the child maltreatment investigation. For a worker to indicate yes, there had to have been a court application made or pending. In 85% of substantiated investigations there was no custody or access dispute. Ten percent of substantiated investigations involved a custody or access dispute. In five percent of the substantiated investigations whether or not a custody or access dispute existed was unknown.

Physical Abuse: Ninety-five percent of investigations where physical abuse was the primary substantiated concern did not involve a custody/access dispute.

Sexual Abuse: Eighty-eight percent of investigations where sexual abuse was the primary substantiated maltreatment did not involve a custody/access dispute. Twelve percent did involve a custody/access dispute.

Neglect: Eighty-six percent of investigations where neglect was the primary substantiated concern did not involve a custody/access dispute. Six percent did involve a custody/access dispute.

Emotional Maltreatment: Ninety-one percent of investigations where emotional maltreatment was the primary substantiated concern did not involve a custody/access dispute. Nine percent did involve a custody/access dispute.

Exposure to Domestic Violence: Seventy-eight percent of investigations where exposure to domestic violence was the primary substantiated maltreatment did not involve a custody/access dispute. Twenty-two percent did involve a custody/access dispute.

Table 7-10
Custody Disputes by Primary Category of Substantiated Child Maltreatment in Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
No Custody Dispute	95%	79	88%	30	86%	307	91%	40	78%	147	85%	603
Custody Dispute	–	–	–	–	6%	22	–	–	22%	41	10%	71
Unknown	–	–	–	–	8%	29	–	–	–	–	5%	33
Total Child Investigations*	100%	83	100%	34	100%	358	100%	44	100%	188	100%	707
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 178 substantiated child maltreatment investigations with information on custody disputes.</p>												

■ 8. REFERRAL AND CHILD WELFARE OFFICE CHARACTERISTICS

Chapter 8 describes referral and agency characteristics including: referral sources, malicious and unsubstantiated referrals, previous investigations, agency size and structure, and investigating workers' professional training and years of experience. As with the previous chapters, the tables are presented in terms of the estimated number of child maltreatment investigations in the Northwest Territories in 2003, by primary category of substantiated maltreatment.

The estimates presented in this chapter are weighted estimates derived from child maltreatment investigations conducted in 2003 in all Northwest Territories' child welfare services. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare services, (2) new reports on cases already open by child welfare services, and (3) cases that were investigated only by the police.

Source of Referral/Allegation

Table 8-1 presents the different categories of non-professionals and professionals who referred cases of substantiated maltreatment. Each independent contact with the child welfare office regarding a child/children or family was counted as a separate referral. The person who actually contacted the child welfare office was identified as the referral source. For example, if a child disclosed an incident of abuse to a schoolteacher, who made a report to child welfare services, the school was counted as a referral source. However, if both the schoolteacher and the child's parent called, both would be counted as referral sources.

The Maltreatment Assessment Form included 18 pre-coded referral source categories and an open other category. Referral sources were collapsed into 12 categories reflected in Table 8-1.

Non-Professional Referral Sources

Parent: This includes parents involved as a caregiver to the reported child, as well as non-custodial parents.

Child: A self-referral by any child listed on the Intake Face Sheet of the NWTIS-2003 Maltreatment Assessment Form.

Relative: Any relative of the child in question. Workers were asked to code "other" for situations in which a child was living with a foster parent and a relative of the foster parent reported maltreatment.

Neighbour/Friend: This category includes any neighbour or friend of the children or his/her family.

Anonymous: A caller who is not identified.

Other referral source: Any other source of referral.

Professional Referral Sources

Community Agencies: This includes social assistance worker (involved with the household), crisis service/shelter worker (includes any shelter or crisis services worker) for domestic violence or homelessness, community recreation centre staff (refers to any person from a recreation or community activity programs), day care centre staff (refers to a childcare or day care provider), and community agency staff.

Health Professional: This includes referrals that originate from a hospital made by a doctor, nurse or social worker rather than a family physician's office, public health nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), and physician (any family physician with a single or ongoing contact with the child and/or family).

School: Any school personnel (teacher, principal, teacher's aide etc.).

Mental Health Professional/Agency: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/child welfare/*Youth Justice Act* setting.

Other Child Welfare Services: Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

Police: Any member of a Police Force, including municipal, provincial/territorial or RCMP.

Forty-eight percent of all referrals of substantiated maltreatment (an estimated 336 investigations) were made by professionals through their contact with children. The largest source of referrals was school personnel, who referred an estimated 153 substantiated investigations to child welfare services, representing 22% of all substantiated investigations. Police referred 17% of substantiated investigations, and health professionals referred another three percent. Non-professional community sources referred 47% of substantiated investigations (an estimated 333 investigations).⁶⁴ An estimated 138 substantiated investigations (20%) were referred to child welfare services by relatives. Parents accounted for 13% of referrals for substantiated investigations, neighbours/family friends for 10%, and children and other referral sources each referred six percent.

Table 8-1
All Referral Sources (Non-Professional and Professional) by Primary Category
of Substantiated Child Maltreatment in Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Non-Professional Referral Sources												
Parent	17%	14	–	–	17%	60	–	–	6%	11	13%	90
Child	13%	11	–	–	3%	11	–	–	7%	14	6%	44
Relative	–	–	–	–	21%	75	41%	18	20%	37	20%	138
Neighbour/Friend	–	–	44%	15	8%	29	–	–	10%	18	10%	72
Other Referral Sources	–	–	–	–	11%	40	–	–	–	–	6%	44
Anonymous	–	–	–	–	–	–	–	–	–	–	–	–
Any Non-Professional Referral Source	45%	37	53%	18	48%	170	64%	28	43%	80	47%	333
Professional Referral Sources												
Police	13%	11	–	–	12%	42	–	–	32%	60	17%	122
School Personnel	29%	24	–	–	24%	86	27%	12	12%	23	22%	153
Health Professional	–	–	–	–	–	–	–	–	–	–	3%	20
Mental Health Professional	–	–	–	–	–	–	–	–	–	–	–	–
Other Child Welfare Service	–	–	–	–	–	–	–	–	6%	12	2%	16
Community Agency	–	–	–	–	5%	16	–	–	–	–	2%	16
Any Professional Referral Source	48%	39	47%	16	43%	152	50%	22	57%	107	48%	336
Total Child Investigations*		82		34		358		44		188		706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect												
* Based on a sample of 178 substantiated child maltreatment investigations with information about referral source												

Physical Abuse: School personnel referred 29% of all investigations where physical abuse was the primary substantiated concern, parents referred the second largest number (17%) followed by the child, and police, who each referred 13%.

Sexual Abuse: Neighbour/friend were the most common source of referral for all investigations where sexual abuse was the primary substantiated concern, being responsible for referring 44% (an estimated 15 investigations). School personnel and health professionals accounted for most of the remaining referrals of investigations where sexual abuse was the primary substantiated maltreatment (24% each).

Neglect: Unlike physical and sexual abuse investigations, no particular source of referral stands out in investigations where neglect was the primary substantiated maltreatment. School personnel referred 24% of these investigations, a relative referred 21%, and parents referred 17%.

Emotional Maltreatment: Relatives were the most common source of referral for investigations where emotional maltreatment was the primary substantiated concern, being responsible for referring 41% (an estimated 18 investigations). School personnel referred 27% of these investigations and police referred 21%.

Exposure to Domestic Violence: Police referrals accounted for 32% of investigations where exposure to domestic violence was the primary substantiated maltreatment. The role of the police in these cases can be accounted for by the fact that police are often the first to intervene in domestic violence cases. Referrals made by relatives and school personnel accounted for 20% and 12% respectively.

Unsubstantiated and Malicious Referrals

In the Northwest Territories, child welfare statutes require that professionals and members of the public report suspected maltreatment. To ensure that investigations are carried out by trained child welfare professionals in a thorough yet minimally intrusive manner, those reporting are not expected to attempt to verify their suspicions prior to reporting. After an investigation, 32% of cases tracked by the NWTIS-2003 were found to be unsubstantiated (Table 3-1). Although most of these referrals were made in good faith, in some instances the allegations appeared to have been made with malicious intent, by a person who knew the allegation was false. Investigating workers classified such referrals as “malicious.”

Table 8-2(a) illustrates unsubstantiated and malicious reports for investigated children by primary category of maltreatment and by level of substantiation, and Table 8-2(b) provides a breakdown of malicious referrals by source of referral and by level of substantiation. Most unsubstantiated reports were considered to have been made in good faith, but four percent of all allegations of maltreatment (an estimated 59 investigations) were judged to have been intentionally false. In another 10% of cases, the investigating worker was unable to determine whether or not an unsubstantiated report had been made in good faith.

Primary Categories of Maltreatment: All of the reports that were judged to be malicious involved allegations of neglect (7% of neglect cases).

Table 8-2(a)
Unsubstantiated and Malicious Reports of Maltreatment by Primary Category
of Child Maltreatment in Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Substantiated Reports	39%	82	34%	34	45%	358	37%	44	67%	188	47%	706
Suspected Reports	15%	32	—	—	20%	164	40%	47	27%	76	22%	327
Unsubstantiated												
Non-Malicious Reports	38%	80	39%	39	16%	129	—	—	5%	15	17%	267
Unsubstantiated												
Malicious Reports	—	—	—	—	7%	59	—	—	—	—	4%	59
Unsubstantiated Reports, Malicious Intent Unknown	7%	15	20%	20	12%	94	20%	23	—	—	10%	152
Total Child Investigations*	100%	209	100%	101	100%	804	100%	118	100%	279	100%	1,511
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 372 child maltreatment investigations</p>												

Source of Referral: Table 8-2(b) shows unsubstantiated and malicious referrals for investigated children by referral source. Parents and relatives were considered to be responsible for the vast majority of all malicious referrals; an estimated 54 children were subjected to unnecessary maltreatment investigations as a result of referrals from this source. Reports from other sources constituted the next largest group of malicious referrals, involving an estimated four child maltreatment investigations.

Table 8-2(b)
Unsubstantiated and Malicious Reports of Child Maltreatment by Referral Source Category
in the Northwest Territories, in 2003

	Referral Source Category													
	Parent		Child		Relative		Neighbour/ Friend		Professional or Service		Other		Anonymous	
Substantiated Reports	33%	90	69%	44	51%	138	67%	72	48%	336	40%	44	_	_
Suspected Reports	31%	83	31%	20	18%	49	_	_	22%	150	13%	14	_	_
Unsubstantiated Non-Malicious Reports	12%	31	_	_	6%	16	11%	12	24%	166	44%	49	_	_
Unsubstantiated Malicious Reports	8%	23	_	_	12%	31	_	_	_	_	_	_	_	_
Unsubstantiated Reports, Malicious Intent Unknown	16%	43	_	_	13%	36	18%	19	6%	44	_	_	68%	32
Total Child Investigations*	99%	270	100%	64	100%	270	99%	108	100%	696	99%	111	100%	47
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003														
* Based on a sample of 371 child maltreatment investigations with information about malicious intent and referral source														

Child Welfare Office Size

The NWTIS-2003 sampled investigations from all sites across the Northwest Territories. In the Northwest Territories, child welfare services are organized in terms of a limited number of regional offices, with smaller satellite offices throughout the region. The following two tables provide a description of the types of child maltreatment investigations by office size and level of urbanization.

Office size is categorized in terms of the 2003 annual case openings:

Small Agencies/Offices: Less than 350 case openings per year.

Medium Agencies/Offices: Between 350 and 950 annual case openings.

Large Agencies/Offices: Between 951 and 2000 annual case openings.

Very Large Agencies/Offices: More than 2000 case openings per year.

Table 8-3 presents child maltreatment investigations in terms of the size of the offices where the investigations were conducted. More than 705 substantiated investigations (74%) were conducted by small offices, 26% by medium offices.

Physical Abuse: Seventy-six percent of investigations where physical abuse was the primary substantiated maltreatment were conducted by small offices/sites. Twenty-four percent of investigations where physical abuse was the primary substantiated maltreatment were conducted by medium offices.

Sexual Abuse: Small offices conducted 77% of investigations where sexual abuse was the primary substantiated maltreatment. Twenty-three percent of these investigations were conducted by medium offices.

Neglect: Seventy-one percent of investigations where neglect was the primary substantiated concern were investigated by small offices and 29% by medium offices.

Emotional Maltreatment: Small offices conducted 55% of investigations where emotional maltreatment was the primary substantiated concern and 455 of investigations where emotional maltreatment was the primary substantiated concern were conducted by medium offices.

Exposure to Domestic Violence: Eighty-three percent of investigations where exposure to domestic violence was the primary substantiated maltreatment were investigated by small offices and 17% by medium offices.

Table 8-3
Relative Size of Child Welfare Office by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Small (< 350)	76%	62	77%	26	71%	253	55%	24	83%	155	74%	520
Medium (350–949)	24%	20	–	–	29%	105	45%	20	17%	32	26%	185
Large (950–2,000)	–	–	–	–	–	–	–	–	–	–	–	–
Very Large (>2,000)	–	–	–	–	–	–	–	–	–	–	–	–
Total Child Investigations*	100%	82	100%	34	100%	358	100%	44	100%	187	100%	705

The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003

* Based on a sample of 178 substantiated child maltreatment investigations with information about size of agency/office from which the investigation originated.

Urban and Rural Service Area

All the NWTIS-2003 child welfare service areas were sampled to provide a representative sample of both urban and rural areas across the Northwest Territories. The NWTIS-2003 sites were categorized into one of three service area classifications:

Large Metropolitan Service Area: Providing child welfare services to densely populated urban settings, including suburban sites within a metropolitan site.

Mixed Urban/Rural Service Area: Providing child welfare services to sites with a wide population density range.

Primarily Rural Service Area: Providing child welfare services primarily to sparsely populated areas.

Table 8-4 presents child investigations by child welfare services based on population density. Mixed urban rural areas conducted 54% of substantiated maltreatment cases (an estimated 379 investigations). Large metropolitan service areas investigated 32% of cases, and primarily rural child welfare services conducted 14%.

Physical Abuse: Mixed urban/rural service areas conducted 45% of investigations where physical abuse was the primary substantiated maltreatment, and large metropolitan service areas conducted 31% of investigations. Rural service areas conducted 24% of investigations where physical abuse was the primary substantiated maltreatment.

Sexual Abuse: Mixed urban/rural service areas conducted 77% of investigations where sexual abuse was the primary substantiated concern. Large metropolitan service areas conducted 23% of these investigations.

Neglect: Mixed urban/rural service areas conducted 53% of investigations where neglect was the primary substantiated concern. Large metropolitan service areas conducted 37% of these investigations, and rural service areas conducted 10% of investigations where neglect was the primary substantiated concern.

Emotional Maltreatment: Large metropolitan service areas conducted 59% of investigations where emotional maltreatment was the primary substantiated concern, and rural service areas conducted 25% of these maltreatment investigations. Mixed urban/rural service areas conducted 16% of investigations where emotional maltreatment was the primary investigated concern.

Exposure to Domestic Violence: Mixed urban/rural service areas conducted 65% of investigations where exposure to domestic violence was the primary substantiated maltreatment. Rural service areas

conducted 18% of these investigations, and large metropolitan service areas conducted 17% of investigations where exposure to domestic violence was the primary substantiated maltreatment.

Table 8-4
Urban/Rural Location of Child Welfare Office by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
Large Metropolitan Service Area	31%	26	–	–	37%	133	59%	26	17%	32	32%	225
Mixed Urban and Rural Service Area	45%	37	77%	26	53%	188	–	–	65%	121	54%	379
Primarily Rural Service Area	24%	20	–	–	10%	37	25%	11	18%	34	14%	102
Total Child Investigations*	100%	83	100%	34	100%	358	100%	44	100%	187	100%	706
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003												
* Based on a sample of 178 substantiated child maltreatment investigations with information about the location of the agency/office from which the investigation originated.												

Worker Position, Experience, and Education

Child maltreatment investigations tracked by the NWTIS involved 52 child welfare workers. Workers in all 7 NWTIS sites were asked to complete professional background information forms. Responses were received from 48 workers (92%). The collected information included workers' position at the child welfare office, educational experience, and number of years of experience as child welfare workers.

Table 8-5 shows the position of workers investigating reported maltreatment by primary category of substantiated maltreatment. Nineteen percent of substantiated investigations were conducted by intake workers with specialized investigation caseloads, and 71% were conducted by generalists with a mixed caseload of investigations, and cases for which they were providing ongoing services such as counseling, case management, and supervision. Workers in other positions, such as supervisors, conducted 10% percent of investigations.

Physical Abuse: Intake specialists investigated 38% of investigations where physical abuse was the primary substantiated maltreatment, generalists conducted 58%, and other workers conducted four percent.

Sexual Abuse: Twelve percent of investigations, where sexual abuse was the primary substantiated maltreatment, were conducted by intake workers. Generalists conducted 76%, and other workers conducted 12% of substantiated sexual abuse investigations.

Neglect: Intake workers investigated 19% of investigations where neglect was the primary substantiated concern; generalists conducted 64% of these investigations and other workers conducted 17%.

Emotional Maltreatment: Intake workers conducted 10% of investigations where emotional maltreatment was the primary substantiated concern while generalists conducted the majority (90%) of these investigations.

Exposure to Domestic Violence: Intake workers conducted 13% of investigations where exposure to domestic violence was the primary substantiated maltreatment while generalists conducted the majority of these investigations (87%).

Table 8-5
Job Position of Investigating Worker by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	
	Physical Abuse		Sexual Abuse		Neglect	Emotional Maltreatment		Exposure to Domestic Violence				
Intake and Investigation												
Specialists	38%	30	—	—	19%	65	—	—	13%	20	19%	123
Generalists with Mixed Intake and Ongoing Service Caseloads	58%	45	76%	26	64%	216	90%	34	87%	133	71%	454
Other	—	—	—	—	17%	55	—	—	—	—	10%	62
Total Child Investigations*	100%	78	100%	34	100%	336	100%	38	100%	153	100%	639
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 178 substantiated child maltreatment investigations with information about investigating worker's job position.</p>												

Years of Child Welfare Experience

Table 8-6 presents child maltreatment investigations in terms of the investigator's years of child welfare experience. Sixty-eight percent of substantiated investigations (or an estimated 327 investigations) were conducted by workers who had more than 4 years of child welfare experience, 38% having more than 6 years of experience. Workers with 1–4 years of child welfare experience conducted 32% percent of substantiated investigations.

Physical Abuse: Workers with more than 4 years' experience conducted 66% of investigations where physical abuse was the primary substantiated maltreatment and workers with 1–4 years of experience conducted 34% of these investigations.

Sexual Abuse: Workers with over 4 years' experience conducted 74% of investigations where sexual abuse was the primary substantiated concern. Workers with 1–4 years of child welfare experience conducted 26% of investigations where sexual abuse was the primary substantiated concern.

Neglect: In 71% of investigations where neglect was the primary substantiated maltreatment, workers with more than 4 years' experience were involved, and in 29% of cases workers with 1–4 years of child welfare experience were involved.

Emotional Maltreatment: Workers with more than 4 years of experience conducted 80% of investigations where emotional maltreatment was the primary substantiated maltreatment, while those with 1–4 years of experience conducted only 20% of these investigations.

Exposure to Domestic Violence: Workers with more than 4 years of experience conducted 59% of investigations where exposure to domestic violence was the primary substantiated concern while workers with 1–4 years of child welfare experience conducted 41% of these cases.

Table 8-6
Years of Child Welfare Experience for Investigating Worker by Primary Category
of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	Total	
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence				
<1 Year	–	–	–	–	–	–	–	–	–	–	–	–	–
1 to 2 Years	28%	18	–	–	28%	66	–	–	13%	16	23%	112	
3 to 4 years	–	–	–	–	–	–	–	–	28%	35	9%	42	
5 to 6 Years	22%	14	–	–	30%	70	41%	16	33%	42	30%	146	
More than 6 Years	44%	28	–	–	41%	98	39%	15	26%	33	38%	181	
Total Child Investigations*	100%	64	100%	15	100%	237	100%	39	100%	126	100%	481	
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 178 substantiated child maltreatment investigations with information about worker's years of child welfare experience.</p>													

Educational Background

Table 8-7 presents substantiated child maltreatment investigations in terms of the investigator's highest completed professional degree. Forty-five percent of substantiated cases were investigated by workers with a Bachelor of Social Work degree (BSW), 19% by workers with a Masters of Social Work (MSW), 19% by workers with a College diploma or certificate, and 17% by workers with a Bachelor of arts or science degree (BA or BSc).

Physical Abuse: Workers with a BSW conducted 37% of investigations where physical abuse was the primary substantiated maltreatment, workers with an MSW conducted 34%, and workers with a Bachelor's degree conducted 23% of these investigations.

Sexual Abuse: Workers with a College degree or certificate conducted 44% of investigations where sexual abuse was the primary substantiated maltreatment, workers with an MSW investigated 32%, and workers with a BA or BSc conducted 24% of investigations.

Neglect: Workers with a BSW or MSW conducted almost two thirds (62%) of investigations where neglect was the primary substantiated concern while workers with a BA/BSc or College degree or certificate each conducted 19% of these investigations.

Emotional Maltreatment: Workers with a BSW or MSW conducted 48% of investigations where emotional maltreatment was the primary substantiated concern followed by workers with a BSc or BA (42%) and workers with a College degree or certificate (ten percent).

Exposure to Domestic Violence: Workers with a BSW or MSW conducted just over three quarters (77%) of investigations where exposure to domestic violence was the primary substantiated maltreatment followed by workers with a College degree or certificate (21%) and workers with a BA or BSc (two percent).

Table 8-7
Highest Completed Educational Level for Investigating Worker by Primary Category of Substantiated Child Maltreatment in the Northwest Territories, in 2003

	Primary Category of Substantiated Child Maltreatment										Total	Total
	Physical Abuse		Sexual Abuse		Neglect		Emotional Maltreatment		Exposure to Domestic Violence			
MSW	34%	27	32%	11	11%	37	–	–	26%	40	19%	124
BSW	37%	29	–	–	51%	179	–	–	51%	79	45%	296
MSc	–	–	–	–	–	–	–	–	–	–	–	–
BA/BSc	23%	18	–	–	19%	67	42%	16	–	–	17%	113
College Diploma or Certificate	–	–	44%	15	19%	66	–	–	21%	32	19%	122
Total Child Investigations*	100%	79	100%	34	100%	349	100%	38	100%	155	100%	655
<p>The Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003</p> <p>* Based on a sample of 178 substantiated child maltreatment investigations with information about worker's highest educational level.</p>												

■ 9. CONCLUSIONS AND FUTURE DIRECTIONS

The Final Report for the Northwest Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003) presents the study's methodology, the incidence estimates for all forms of reported maltreatment, and descriptions of key case characteristics. This concluding chapter summarizes the report's major findings and examines future directions for research.

Summary of Major Findings

The results presented in this report are based on information collected directly from child welfare workers for 1,516 child maltreatment investigations that were conducted during the months of October to December 2003, in seven universally selected sites across the Northwest Territories. The findings are presented in six sections: (1) estimates of the incidence of reported child maltreatment by type of maltreatment and level of substantiation; (2) characteristics of the different forms of maltreatment in terms of the nature, severity and duration of injury, and the identity of the alleged perpetrators; (3) outcomes of investigations, provision of services, placement, police involvement and applications to court; (4) child characteristics, including forms of maltreatment by age and gender, and child functioning; (5) caregiver characteristics, including age and gender, income and income source, housing accommodations and other key determinants of health; and (6) child welfare referral and agency characteristics.

Incidence of Abuse and Neglect

- An estimated 1,516 child maltreatment investigations involving children 0–15 were conducted in the Northwest Territories in 2003, a rate of 141.48 investigations per 1,000 children.
- Forty-seven percent of child maltreatment investigations, or an estimated 706 investigations, were substantiated by the investigating worker (65.89 per 1,000 children). In a further 21% of investigations there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker. Thirty-two percent of investigations (483 investigations) were unsubstantiated.
- An estimated 82 child investigations (11% of all substantiated maltreatment) involved physical abuse as the primary concern. This is an incidence rate of 7.65 substantiated investigations per 1,000 children.
- An estimated 34 substantiated investigations (five percent) involved sexual abuse as the primary reason for investigation, or approximately 3.17 substantiated investigations per 1,000 children.

- Neglect was the most frequently investigated category of substantiated maltreatment. An estimated 358 substantiated investigations (51% of maltreatment) involved neglect as the primary reason for investigation. This represents more than 33.41 substantiated investigations per 1,000 children.
- Emotional maltreatment was the primary reason for investigation in an estimated 44 child investigations (6% or 4.11 substantiated maltreatment investigations per 1,000 children).
- Witnessing domestic violence the primary concern for investigation in 188 substantiated investigations (27% of cases). This equals 17.55 substantiated maltreatment investigations per 1,000 children.

Characteristics of Maltreatment

- Some form of physical harm was documented in 5% of substantiated child maltreatment investigations. In two percent of investigations (16 substantiated child investigations), harm was sufficiently severe to require treatment. In a further three percent of investigations (19 child investigations), harm was noted but no treatment was considered to be required.
- Physical harm primarily involved bruises, cuts, and scrapes (four percent of substantiated maltreatment) or other health conditions (one percent of maltreatment). Physical harm was noted more frequently in cases when physical abuse was the primary form of substantiated maltreatment.
- Emotional harm was indicated if workers noticed changes in the child's development, self-regulation or emotional state. Emotional harm was noted in 17% of all substantiated maltreatment (117 investigations), and in 14% of substantiated maltreatment investigations symptoms were determined to require some intervention.
- Twenty-nine percent of all substantiated maltreatment involved situations that had been ongoing for greater than six months, while 19% involved multiple events occurring for less than 6 months. Twenty-three percent of maltreatment cases were identified as a single event.
- Most investigations involved allegations against parents: mothers (59%), fathers (39%), or stepfathers/common-law partners (five percent). Other than parents, relatives were the most frequently identified perpetrators (two percent). Only five percent of all maltreatment investigations involved suspected non-familial members as the alleged perpetrator: two percent of investigations focused on a friend or peer of the investigated child, and one percent involved allegations against a family friend. It should be noted that in many instances, non-familial allegations of abuse are investigated by the police, not by a child welfare authority.

Outcomes of Investigations

- Almost three quarters of all substantiated child maltreatment investigations had a previous case opening with child welfare while 33% of substantiated investigations had a record of more than three previous case openings.
- An estimated 349 substantiated child maltreatment investigations (49%) were identified as remaining open for ongoing services, while 51% of investigations were to be closed. This rate of ongoing services was highest for substantiated emotional maltreatment (66%) and physical abuse (56%).
- At least one referral to a program designed to offer services beyond the parameters of ongoing child welfare services was made in 69% of substantiated investigations, involving an estimated 489 children. Forty percent of substantiated child investigations involved a referral to drug and alcohol counseling, and 32% involved a referral to some form of family or parent counseling. Referrals to domestic violence services were made in 15% and other child or family referrals accounted for 10% of all substantiated child investigations. Child-focused referrals were made less frequently with medical or dental referrals (6%) being the service that was most frequently utilized.
- An estimated 166 children (23% of substantiated child investigations) were placed in formal child welfare care (kinship foster care, other family foster care, group home or residential/secure treatment), during the initial intake investigation. An additional 13% of substantiated child investigations resulted in the child moving to informal kinship care, while placement was considered for an additional three percent of children. Almost two thirds of all substantiated emotional maltreatment investigations resulted in a child being placed outside of their home in either formal or informal care.
- Applications to child welfare court were made in an estimated 72 substantiated child investigations (10% of substantiated child investigations) and were being considered in an additional five percent of substantiated child investigations.
- Twenty-two percent of substantiated child investigations involved a police investigation related to the child maltreatment in addition to the child welfare investigation. Criminal charges were laid in four percent of substantiated child investigations and considered for another four percent.

Child Characteristics

- The overall incidence rate per thousand children was slightly higher for females (80.45 per 1,000 children) than for males (51.42 per 1,000 children), but the gender distribution varies by age group.
- Rates of investigation were generally lower for children between the ages of four and seven, as the incidence rate was 70.63 per 1,000 children for females and 39.30 for males. Incidence rates were highest for females two years of age (149.15 per 1,000 girls) and fifteen year old boys (90.32 per 1,000 boys).

- A minimum of one child functioning issue was indicated by the investigating worker in 48% of all substantiated child investigations (an estimated 340 child investigations).
- A child functioning issue related to the child's physical, emotional or cognitive health was identified in 32% of all substantiated maltreatment investigations and most frequently indicated learning disability (16%), depression or anxiety (15%), while developmental delay and placement in specialized educational services were noted in 13% of substantiated maltreatment investigations.
- At least one behavioural child functioning issue was reported in 39% of substantiated child investigations and these specific concerns included other behavioural or emotional issues (22%), irregular school attendance (20%), negative peer involvement (12%) and violence toward others (11%).
- Ninety-one percent of all substantiated child investigations involved children of Aboriginal heritage. This included children with First Nations Status (49%), Inuit children (29%), Métis children (8%) and children with First Nations Non-Status (3%).
- A comparison of service dispositions for Aboriginal and non-Aboriginal children found that Aboriginal children had higher rates of cases remaining open for ongoing services, cases that were considered for placement, and informal kinship care placements.

Household Characteristics

- Forty-three percent of substantiated child investigations involved children who lived with their two biological parents, and six percent lived in a two-parent blended family where one of the caregivers was a stepparent, a common-law partner, or an adoptive parent who was not the biological parent of at least one of the children in the family.
- Thirty-four percent of all substantiated child investigation occurred for children living in a family led by a lone-parent (33% by a female-parent and one percent by a male-parent). In comparison, 22% of families with at least one child under the age of 14 were led by a lone-parent according to 1996 Census information.
- Of those substantiated investigations involving children living with a mother, 71% lived with a mother who was over 30, and 29% of children lived with a mother under 30. Of substantiated investigations involving children living with a father, 85% lived with a father who was over 30, and 15% with a father under the age of 30.
- Just over a third of all substantiated child investigations (37%) involved children living in a family that derived their primary income from full-time employment. Twenty-five percent of substantiated child investigations involved families receiving benefits, Employment Insurance or social assistance as their primary source of income. In 21% of investigations source of income was unknown while 15% of families relied on part-time employment, multiple jobs, or seasonal employment.

- Sixty-five percent of substantiated child investigations involved children living in rental accommodations (22% private market rentals and 43% public housing), 24% involved children living in purchased homes, two percent in other accommodations. According to the 1996 census, 28% of families with never-married children living at home rented their home, while 72% owned their home.
- A parental/family stressor was identified in 88% of substantiated child investigations for female caregivers (an estimated 623 substantiated child maltreatment investigations). The most frequently noted concerns were: victim of domestic violence (73%), alcohol abuse (61%), few social supports (47%), and maltreated as a child (38%).
- A parental/family stressor was identified in 52% of substantiated child investigations for male caregivers (an estimated 368 substantiated child maltreatment investigations). The most frequently noted concerns were: alcohol abuse (42%) perpetrator of domestic violence (41%), maltreated as a child (23%) and drug or solvent abuse (21%).

Referral and Agency Characteristics

- Almost half of all referrals for substantiated maltreatment (48%) were made by professionals through their contact with children. The largest source of referrals was school personnel who referred an estimated 153 children to child welfare authorities, representing 22% of all substantiated child referrals. Police referred 17% of substantiated child investigations while health professionals referred another 3%
- Non-professional community sources referred 47% of all substantiated child investigations. This included referrals from relatives (20%), parents (13%), neighbours and friends (10%) and child self-referrals (6%).
- While most unsubstantiated reports were considered to have been made in good faith, four percent of all allegations of maltreatment involving an estimated 59 investigated children were judged to have been intentionally false. In another 10% of child investigations, the investigating worker was unable to determine whether or not an unsubstantiated report had been made in good faith.
- Mixed urban/rural offices conducted 54% of all substantiated child investigations in the Northwest Territories in 2003. Large metropolitan child welfare services conducted 32% of substantiated maltreatment investigations while small, primarily rural offices conducted 14%.
- Seventy-one percent of substantiated child investigations were conducted by generalist with mixed work load of investigations and ongoing cases. A further 19% were conducted by intake workers with a specialized investigation caseload. Workers in other positions (supervisors) conducted 10% of the substantiated maltreatment.

- Over two thirds (68%) of substantiated child investigations, involving 327 child investigations, were conducted by workers who had more than four years of child welfare experience, with 38% having more than six years of experience. Workers with between one and four years of experience conducted 32% of all substantiated child investigations.
- Almost two thirds of all substantiated child investigations were conducted by workers with a BSW (45%) or a MSW (19%). Nineteen percent of substantiated child investigations were conducted by workers with a college diploma or a certificate, while an additional 17% were completed by workers with a BA or BSc.

Further Research

The NWTIS-2003 is a dataset of 372 child maltreatment investigations, with information on child and family characteristics, forms and severity of maltreatment and outcomes of investigation that is available for research purposes. The dataset lends itself particularly well to three major lines of inquiry: (1) exploring the characteristics of different forms of reported maltreatment; (2) determining factors that influence outcomes of investigations (substantiation, child welfare court, criminal charges, placement in out-of-home care and provision of services); and (3) comparing the NWTIS-2003 to other independent datasets on child maltreatment.

The 2003 study provides the first opportunity to examine territory-wide data for the Northwest Territories. The NWTIS-2003 dataset will provide researchers with the opportunity to examine in more detail the factors underlying reported and substantiated maltreatment in the Northwest Territories. Given the types of maltreatment being reported, it will be particularly important to examine each category of maltreatment, as well as factors occurring at the level of specific sub-forms of maltreatment. It will also be important to conduct analyses of trends specific to different age groups as well as to specific populations, such as children from Aboriginal backgrounds.

Over the last decade, the Northwest Territories Department of Health and Social Services has initiated a shift in the delivery of services by developing a legislation that incorporates the roles played by the individual, family and community in matters concerning the health and safety of children. In the Northwest Territories, the *Child and Family Services Act* was introduced on October 30, 1998. In this legislation, supporting and promoting the well being of families is listed as being of paramount importance. Support services are provided whether they are for the family, the child, or to address whatever needs the child or family has. This entitlement to support services is what distinguishes this legislation from previous ones and from other legislations across Canada that require that a child be determined to be in need of protection prior to the provision of services. As discussed in an article by Heide (2003), the use of the term “entitlement” is unique to the Northwest Territories approach to health and social services and emphasizes the precedence that the NWT society places on children and the family.⁶⁴

⁶⁴ Heide, D. (2003). Supporting children through supporting families. *EPI North*, 15 (2), 6–7.

The *Child and Family Services Act* lists that any measures taken for the protection and well being of children should, as far as possible, promote family and community integrity and continuity. Communities in the Northwest Territories display an interest in playing an active role in the care of children, therefore the NWT legislation has created an opportunity for community involvement in making decisions to support families. This Act also refers to the role that communities have to play in supporting and promoting the best interest of the children and the well being of families. This focus on the role of the community in child welfare issues has a significant impact on the way that child protection services are delivered in the Northwest Territories.

In addition to providing a periodic territorial data collection system, the NWTIS-2003 also supports territorial efforts to better integrate their administrative information systems. With better-integrated information systems, jurisdictions across the territory will be in a better position to learn from diversity of policies and programs that have been developed. The continued surveillance of the incidence of child maltreatment and the opportunities to examine trends that emerge over time will assist policy makers, practitioners, and researchers in preventing future child maltreatment. Future cycles of the Northwest Territories incidence report will make these opportunities possible.

APPENDIX A

NWTIS-2003 Site Researchers

NWTIS-2003 Site Researchers provided training and data collection support at 7 NWTIS sites. The following is a list of Site Researchers who participated in the NWTIS-2003.

Bruce MacLaurin (AIS-2003 Principal Investigator)

Faculty of Social Work
University of Calgary

Sheila Nelson

Staff Development Coordinator
Integrated Community Services,
Northwest Territories Department of Health and Social Services

APPENDIX B

NWTIS-2003 Glossary of Terms

The following is an explanatory list of terms used throughout the Major Findings Report for the Northwest Territories Incidence Study of Reported Child Abuse and Neglect (NWTIS-2003).

Age group: The age range of children included in the NWTIS-2003 sample is between newborn and 15 years of age.

Annual Incidence: The number of child maltreatment investigations per 1000 children in a given year.

Case Duplication: Children who are subject of an investigation more than once in a calendar year are counted in most child welfare statistics as separate “cases” or “investigations.” As a count of children, these statistics are therefore duplicated.

Case Openings: Cases that appear on office statistics as openings. These may be counted on a family basis or a child basis. Openings do not include referrals that have been screened-out.

Categories of Maltreatment: The five key classifications categories under which the 25 forms of maltreatment were subsumed: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence.

Child Maltreatment Investigations: Case openings that meet the NWTIS-2003 criteria

for investigated maltreatment (see Figure 1-1, Chapter 1, NWTIS-2003 Major Findings Report)

Childhood Prevalence: The proportion of people maltreated at any point during their childhood.

CIS-2003: *Canadian Incidence Study of Reported Child Abuse and Neglect 2003.*

CWSA: A child welfare service area, which is a geographic area served by a distinct child welfare office. In Northwest Territories, a child welfare service area refers to a child welfare district or regional office. In some cases several offices serve the same geographic area and in these instances, all child welfare offices sharing the same geographic boundaries are counted as a single child welfare service area.

Definitional Framework: The NWTIS-2003 provides an estimate of the number of cases (child-based, age under 18) of alleged child maltreatment (physical abuse, sexual abuse, neglect, and emotional maltreatment) reported to and investigated by Northwest Territories child welfare services in 2003 (screened-out reports not included). The estimates are broken down by three levels of substantiation (substantiated, suspected, unsubstantiated). Cases opened more than once during the year are counted as separate investigations.

Forms of Maltreatment: Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or exposure to domestic violence) that are classified under the five NWTIS-2003 Categories of Maltreatment. The NWTIS-2003 captured 25 forms of maltreatment.

Level of Identification and Substantiation:

There are four key levels in the case identification process: detection, reporting, investigation, and substantiation (see Figure 1-1, Major Findings Report). *Detection* is the first stage in the case identification process. Little is known about the relationship between detected and undetected cases. *Reporting* suspected child maltreatment is required by law in all provinces and territories in Canada. The NWTIS-2003 does not document unreported cases. *Investigated* cases are subject to various screening practices, which may vary across sites. The NWTIS-2003 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases. *Substantiation* distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. The NWTIS-2003 uses a three-tiered classification system, in which a *suspected* level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker, but cannot be substantiated.

NIS: U.S. *National Incidence Study of Report Child Abuse and Neglect*.

Non-maltreatment cases: Cases open for child welfare services for reasons other than suspected maltreatment (e.g., prevention services, parent-child conflict, services for young pregnant women, etc.).

NWTIS-2003: *Northwest Territories Incidence Study of Reported Child Abuse and Neglect 2003*.

Reporting year: The year in which child maltreatment cases were opened. The reporting year for the NWTIS is 2003.

Screened-out: Referrals that are not opened for an investigation.

Two-parent Blended Family: A family in which one of the caregivers was identified as a step-parent, a common-law partner, or an adoptive parent who was not the biological parent of at least one of the children in the family.

Unit of Analysis: The denominator used in calculating maltreatment rates. In the case of the NWTIS-2003 the unit of analysis is the child investigation.

APPENDIX C

Maltreatment Assessment Form

The Maltreatment Assessment Form consists of three pages:

- Intake Face Sheet;
- Household Information Sheet; and
- Child Information Sheet

PROCEDURES

1. The **Intake Face Sheet** should be completed on every case that you assess/investigate, even if there is no suspected maltreatment.
2. The entire **CIS Maltreatment Assessment** form (*Intake Face Sheet, Household Information Sheet and the Child Information Sheet(s)*) should be completed for cases where maltreatment was alleged or suspected at any point during the assessment/investigation.

Note: Currently open/active cases with new allegations of child maltreatment are not included in the CIS.

COMPLETION INSTRUCTIONS

To ensure accuracy and minimize response time, the **CIS Maltreatment Assessment** should be completed when you complete the standard written assessment/investigation report for the child maltreatment investigation.

Unless otherwise specified, all information *must* be completed by the investigating worker.

Complete all items to the best of your knowledge. To increase accuracy of data scanning please avoid making marks beyond the fill in circles.

Thank you for your time and interest.

COMMENTS

Comments: **Intake information**

Comments: **Household information**

Comments: **Child information**

This information will remain totally confidential, and no identifying information will be used outside of your own agency.
This tear-off portion of the instrument will be destroyed at this location following the coded entry of this data by one of our researchers.
Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto 246 Bloor St. W., Toronto ON M5S 1A1 • tel: 416-978-2527 • fax: 416-978-7072

CIS Maltreatment Assessment: Household Information

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Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																					
Maltreated as a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																					
Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																					
Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																					
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																					
<p>10. Other adults in the home <small>(Fill in all that apply)</small></p> <p><input type="radio"/> None <input type="radio"/> Grandparent</p> <p><input type="radio"/> Children >19 <input type="radio"/> Other:</p>	<p>15. Unsafe housing conditions</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>19. Case will stay open for on-going child welfare services</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>																																																																																																																							
<p>11. Caregiver(s) outside the home <small>(Fill in all that apply)</small></p> <p><input type="radio"/> None <input type="radio"/> Father <input type="radio"/> Mother</p> <p><input type="radio"/> Grandparent <input type="radio"/> Other:</p>	<p>16. Home overcrowded</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>20. Referral(s) for any family member <small>(Fill in all that apply)</small></p> <p><input type="radio"/> No referral made</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Parent support group</td> <td><input type="radio"/> Psychiatric/psychological services</td> </tr> <tr> <td><input type="radio"/> In-home parenting support</td> <td><input type="radio"/> Special education placement</td> </tr> <tr> <td><input type="radio"/> Other family/parent counselling</td> <td><input type="radio"/> Recreational services</td> </tr> <tr> <td><input type="radio"/> Drug/alcohol counselling</td> <td><input type="radio"/> Victim support program</td> </tr> <tr> <td><input type="radio"/> Welfare/social assistance</td> <td><input type="radio"/> Medical/dental services</td> </tr> <tr> <td><input type="radio"/> Food bank</td> <td><input type="radio"/> Child/day care</td> </tr> <tr> <td><input type="radio"/> Shelter services</td> <td><input type="radio"/> Cultural services</td> </tr> <tr> <td><input type="radio"/> Domestic violence services</td> <td><input type="radio"/> Other:</td> </tr> </table>	<input type="radio"/> Parent support group	<input type="radio"/> Psychiatric/psychological services	<input type="radio"/> In-home parenting support	<input type="radio"/> Special education placement	<input type="radio"/> Other family/parent counselling	<input type="radio"/> Recreational services	<input type="radio"/> Drug/alcohol counselling	<input type="radio"/> Victim support program	<input type="radio"/> Welfare/social assistance	<input type="radio"/> Medical/dental services	<input type="radio"/> Food bank	<input type="radio"/> Child/day care	<input type="radio"/> Shelter services	<input type="radio"/> Cultural services	<input type="radio"/> Domestic violence services	<input type="radio"/> Other:																																																																																																							
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<input type="radio"/> Domestic violence services	<input type="radio"/> Other:																																																																																																																								
<p>12. Child custody dispute at this time</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>17. Approximate number of moves in past 12 months</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more</p> <p><input type="radio"/> Unknown</p>																																																																																																																								
<p>13. Household income estimated</p> <p><input type="radio"/> <\$15,000 <input type="radio"/> \$15-24,999 <input type="radio"/> \$25-40,000</p> <p><input type="radio"/> >\$40,000 <input type="radio"/> Unknown</p>	<p>18 a) Case previously opened</p> <p><input type="radio"/> Never <input type="radio"/> 1 time <input type="radio"/> 2-3 times</p> <p><input type="radio"/> >3 times <input type="radio"/> Unknown</p> <p>b) If yes, how long since previous opening</p> <p><input type="radio"/> <3 mo <input type="radio"/> 3-6 mo <input type="radio"/> 7-12 mo</p> <p><input type="radio"/> 13-24 mo <input type="radio"/> >24 mo</p>																																																																																																																								
<p>14. Housing</p> <p><input type="radio"/> Own home <input type="radio"/> Rental</p> <p><input type="radio"/> Public housing <input type="radio"/> Shelter/Hotel</p> <p><input type="radio"/> Unknown <input type="radio"/> Other:</p>																																																																																																																									

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CIS OFFICE USE ONLY

CIS Maltreatment Assessment: Child Information

First name: _____ **21. Sex** Male Female

22. Age
 <1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

23. Aboriginal status Not Aboriginal First Nation status First Nation non-status Métis Inuit Other:

24. Child functioning (Are you aware if any of the following apply to this child at this point in time?)
(Fill in each item)

	Confirmed	Suspected	No	Unknown
Depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative peer involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence toward others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (One incident)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (Multiple incidents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other behavior/emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special education services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular school attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse related birth defects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive toxicology at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Criminal Justice Act involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Maltreatment Codes

Physical abuse 1 - Shake, push, grab or throw 2 - Hit with hand 3 - Punch, kick or bite 4 - Hit with object 5 - Other physical abuse	Sexual abuse 6 - Penetration 7 - Attempted penetration 8 - Oral sex 9 - Fondling 10 - Sex talk 11 - Voyeurism 12 - Exhibitionism 13 - Exploitation	Neglect 14 - Failure to supervise: physical harm 15 - Failure to supervise: sexual abuse 16 - Permitting criminal behaviour 17 - Physical neglect 18 - Medical neglect 19 - Failure to provide psych. treatment 20 - Abandonment 21 - Educational neglect	Emotional maltreatment 22 - Emotional abuse 23 - Non-organic failure to thrive 24 - Emotional neglect 25 - Exposed to domestic violence
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CIS OFFICE USE ONLY

Insert Maltreatment Codes in the boxes below
(Enter primary form of maltreatment first)

1st 2nd 3rd <input type="text"/> <input type="text"/> <input type="text"/> 26. Alleged perpetrator <i>(Fill in all that apply)</i> <input type="radio"/> Caregiver A: <input type="radio"/> Caregiver B: <input type="radio"/> Other:	If Other perpetrator: CIS OFFICE USE ONLY a) Age <input type="radio"/> <13 <input type="radio"/> 13-15 <input type="radio"/> 16-20 <input type="radio"/> 21-30 <input type="radio"/> 31-40 <input type="radio"/> 41-50 <input type="radio"/> 51-60 <input type="radio"/> >60 b) Sex <input type="radio"/> Male <input type="radio"/> Female	27. Substantiation <i>(Fill in only one per column)</i> <input type="radio"/> Substantiated <input type="radio"/> Suspected <input type="radio"/> Unfounded
1st 2nd 3rd <input type="radio"/> <input type="radio"/> <input type="radio"/> 28. Was maltreatment a form of punishment? <input type="radio"/> Not applicable (unfounded) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	27a. If unfounded, was the report a malicious referral? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	34. Placement during investigation <input type="radio"/> No placement required <input type="radio"/> Placement considered <input type="radio"/> Informal kinship care <input type="radio"/> Kinship foster care <input type="radio"/> Other family foster care <input type="radio"/> Group home <input type="radio"/> Residential/secure treatment
1st 2nd 3rd <input type="radio"/> <input type="radio"/> <input type="radio"/> 29. Duration of maltreatment <i>(Fill in only one per column)</i> <input type="radio"/> Not applicable (unfounded) <input type="radio"/> Single incident <input type="radio"/> Less than six months <input type="radio"/> More than six months <input type="radio"/> Unknown	31. Physical harm a) Medical treatment required <input type="radio"/> Yes <input type="radio"/> No / N/A no harm b) Health or safety seriously endangered by suspected or substantiated maltreatment <input type="radio"/> Yes <input type="radio"/> No / N/A no harm c) History of undetected or misdiagnosed injuries <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	35. Child welfare court <input type="radio"/> No court considered <input type="radio"/> Application considered <input type="radio"/> Application made a) Referral to mediation/alternative response <input type="radio"/> Yes <input type="radio"/> No
1st 2nd 3rd <input type="radio"/> <input type="radio"/> <input type="radio"/> 30. Physical harm <i>(Fill in all that apply)</i> <input type="radio"/> No Harm <input type="radio"/> Bruises/Cuts/Scrapes <input type="radio"/> Burns and scalds <input type="radio"/> Broken bones <input type="radio"/> Head trauma <input type="radio"/> Fatal <input type="radio"/> Other health condition:	32. Mental or emotional harm a) No current signs, but mental or emotional harm is probable <input type="radio"/> Yes <input type="radio"/> No b) Child shows signs of mental or emotional harm <input type="radio"/> Yes <input type="radio"/> No c) Child requires therapeutic treatment <input type="radio"/> Yes <input type="radio"/> No	36. Previous reports a) Child previously reported to child welfare for suspected maltreatment <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown b) If yes, was the maltreatment substantiated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	33. Physician/nurse conducted a physical examination of the child as part of the investigation <input type="radio"/> Yes <input type="radio"/> No	37. Police involvement in child maltreatment investigation <input type="radio"/> None <input type="radio"/> Charges being considered <input type="radio"/> Investigation only <input type="radio"/> Charges laid
		38. Police involvement in adult domestic violence investigation <input type="radio"/> None <input type="radio"/> Charges laid <input type="radio"/> Investigation only <input type="radio"/> Unknown <input type="radio"/> Charges being considered <input type="radio"/> N/A
		39. Caregivers use spanking as a form of discipline <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

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APPENDIX D
NWTIS/CIS-2003 Guide Book

THE CANADIAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT CYCLE II GUIDEBOOK

BACKGROUND

The Canadian Incidence Study of Reported Child Abuse and Neglect-- *CIS-Cycle II* -- is the second national study of child abuse and neglect investigations in Canada. Results from *CIS-Cycle I* (conducted in 1998) and its precursor the 1993 Ontario Incidence Study have been widely disseminated in conferences, reports, books and journal articles (see Centre of Excellence <http://www.cccw-cepbc.ca/Pubs/PubsCIS.html> and Health Canada websites http://www.health.gc.ca/pphb-dgspsp/cm-vee/cis_e.html) and have had an impact on the development of child welfare services and policies across Canada.

CIS Cycle II is funded by Health Canada. Additional funding has been provided by Bell Canada, the First Nations Child and Family Caring Society, and the Provinces of Alberta, Ontario, Quebec and Prince Edward Island with significant in-kind support provided by every participating jurisdiction. The project is managed by a team of researchers at the Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto, the University of Calgary's Faculty of Social Work, and Laval University in Québec.

OBJECTIVES

The primary objective of the CIS-Cycle II is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Canada. Specifically, the study is designed to accomplish the following objectives:

- produce national estimates of the incidence of investigated abuse and neglect in Canada in 2003;
- examine changes between 1998 to 2003 investigations of abuse and neglect;
- enhance our understanding of the types and severity of reported child maltreatment;
- collect information to help develop programs and policies for at risk children and youths, and to assist in the targeting of resources for children at risk of abuse;
- explore the role of selected determinants of health (e.g. physical and social environments, social support, income, social status, healthy child development, and personal coping practices) on the incidence and characteristics of child abuse and neglect.

CANADIAN INCIDENCE STUDY-CIS II I

SAMPLE

Fifty-seven Child Welfare Service Areas (CWSA) across Canada were randomly¹ selected from the total number of child welfare offices and agencies. A minimum of one CWSA was chosen from each province and territory. Provinces were allocated additional CWSAs based on the provincial proportion of the Canadian child population and on oversampling funds provided in Alberta, Quebec, Ontario and Prince Edward Island.

Information will be collected on all child maltreatment investigations opened during the three-month period between October 1st and December 31st, 2003.

CIS MALTREATMENT ASSESSMENT

The *CIS Maltreatment Assessment* form was designed to collect information from child welfare investigators on the results of their investigations. It consists of three yellow legal sized pages with the "Canadian Incidence Study of Reported Child Abuse and Neglect: CIS Maltreatment Assessment: Cycle II" clearly marked on the front sheet.

The *CIS Maltreatment Assessment* is made up of: an *Intake Face Sheet*, a *Comment Sheet* (which is on the back of the Intake Face Sheet), a *Household Information* sheet and a *Child Information* sheet (please refer to *Frequently Asked Question # 2*). The form is designed to be completed in ten minutes.

The *CIS Maltreatment Assessment* examines a range of family, child, and case status variables. This includes household demographics, caregiver profile, source of referral, health determinants, outcomes of the investigation on a child-specific basis (including up to three forms of maltreatment), nature of harm, duration of maltreatment, identity of alleged perpetrator, placement in care, child welfare and criminal court involvement.

TRAINING

Training sessions will be held during September and early October 2003 for all workers involved in the study. Your Site Researcher will visit your agency/office prior to the data collection period and will continue to make regular visits during the data collection process. These on-site visits will allow the Site Researcher to collect forms, enter data, answer questions, and resolve any instrumental problems that may arise. If you have any questions about the study, please contact your Site Researcher (see contact information on the inside of the front cover of the *CIS Guide Book*).

CONFIDENTIALITY

Confidentiality will be maintained at all times during data collection and analysis.

To guarantee client confidentiality, all near identifying information (located at the bottom of the *Intake Face Sheet*) will be coded at your agency/office. Near identifying information is data, which could potentially identify a family (e.g. agency/office case file number; the first two letters of the family name; and the first names of the children in the family). This information is required to for purposes of data verification only. This tear-off portion of the *Intake Face Sheet* will be

¹ Because of differences in data collection methods, the eight CWSAs in Quebec were not randomly selected.

stored in a locked area at your agency/office until the study is completed, and then it will be destroyed.

The completed *CIS Maltreatment Assessments* (with all identifying information removed) will be sent to the University of Toronto site for data entry and will then be kept under double lock (a locked RCMP approved filing cabinet in a locked office at the University of Toronto). Access to the forms, for any additional verification purposes, will be restricted to select research team members authorized by Health Canada.

Published analyses will be conducted at the national level only and at the provincial level in Alberta, Ontario, Quebec and Prince Edward Island. If requested by a site, specific data will be made available for an internal summary report; however, this information will not be externally shared. Worker or team specific data will not be made available to anyone, under any circumstances.

COMPLETING THE CIS MALTREATMENT ASSESSMENT

The *CIS Maltreatment Assessment* should be completed by the investigating worker when she/he is writing the standard investigation report. In most jurisdictions this report is required within 4 to 12 weeks of the date the case was opened.

It is essential that all items on the *CIS Maltreatment Assessment* be completed. Use the "Unknown" response if you are unsure. Please be sure that all items are completed. If the categories provided do not adequately describe a case, indicate the specific nature of the case in the available space, or use the additional information section on the *Comment Sheet*. If you have any questions during the study you are encouraged to contact your Site Researcher. The number is listed on the inside cover of *CIS-Cycle II Guide Book*.

FREQUENTLY ASKED QUESTIONS

#1 What cases should I complete a CIS Maltreatment Assessment on?

You should complete a *CIS Maltreatment Assessment* for all cases opened during the case selection period (October 1st to December 31st, 2003). Generally, if your agency/office counts the case in its official opening statistics reported to a Ministry or government office, then the case is included in the sample and a *CIS Maltreatment Assessment* should be completed, unless your Site Researcher indicates otherwise.

#2 Should I complete a form on only those cases where abuse is suspected?

You should complete an *Intake Face Sheet* and the tear-off portion of the instrument for all cases opened during the data selection period at your agency office (e.g. pre-natal counseling, child/youth behaviour problems, request for services from another office or agency, and where applicable, screened out cases).

If maltreatment was suspected at any point during the investigation, and the case was opened for assessment investigation (not screened out) then you should complete the remainder of the *CIS Maltreatment Assessment* (both *Household Information* and *Child Information* sheets).

CANADIAN INCIDENCE STUDY-CIS II 3

Maltreatment may be alleged by the person(s) making the report, or by any other person(s), including yourself, during the investigation. For example, complete a *CIS Maltreatment Assessment* if a case was initially referred for parent/adolescent conflict, but later had suspicions regarding abuse and maltreatment during the investigation.

#3 Should I complete a CIS Maltreatment Assessment on screened out cases?

The procedures for screening cases vary considerably across Canada. While the CIS will not try to capture informally screened out cases, we will gather face sheet information on screened out cases that are formally counted as case openings by your agency/office. If in doubt, please contact your Site Researcher.

#4 When should I complete the CIS Maltreatment Assessment?

You should complete the *CIS Maltreatment Assessment* at the same time that you prepare the assessment/investigation report for your agency or office (usually within the first two months of a case being opened). For some child maltreatment investigations, you may find that this does not allow enough time to document the outcome of the full assessment, however, please complete the form to the best of your abilities.

#5 Who should complete the CIS Maltreatment Assessment if more than one person works on the investigation?

The *CIS Maltreatment Assessment* should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation report. The worker with primary responsibility for the case should complete the *CIS Maltreatment Assessment*, if several workers investigate a case.

#6 What should I do if more than one child is investigated?

The *CIS Maltreatment Assessment* primarily focuses on the household, however, the *Child Information* sheet is specific to the individual child being investigated. Complete one child sheet for each investigated child. In jurisdictions where all children are automatically investigated, only include those children for whom maltreatment was actually suspected. Additional pads of *Child Information* sheets are available in your training package.

#7 Will I receive training for the CIS Maltreatment Assessment?

All workers who complete investigations in your agency/office will receive training prior to the start of the data collection period. If a worker is unable to attend the training session or is hired after the start of the Canadian Incidence Study, he/she should contact the Site Researcher regarding any specific questions about the form. Your Site Researcher's name and contact number is on the inside cover of the *CIS Guide Book*.

#8 What should I do with the completed forms?

Give the completed *CIS Maltreatment Investigation Form* to your local Agency/Office Contact Person. All forms will be reviewed by the Site Researcher during a site visit, and should he/she have additional questions they will contact you during this visit. Your Agency/Office Contact Person is listed on the *CIS Guide Book* cover.

#9 Is this information confidential?

The information you provide is confidential, and no identifying information will leave your agency/office. Your Site Researcher will code and enter any near identifying information from the bottom portion of the tear-off portion of the **Intake Sheet** of the **CIS Maltreatment Assessment**, and then destroy that portion of the sheet when the CIS concludes. Please refer to the section the previous section on Confidentiality.

DEFINITIONS: INTAKE FACE SHEET

Sections that are shaded require the clinical judgment of the investigating worker. Other information (18a, 18b, 19, 36a) may be completed by an agency/office clerical staff or Site Researcher.

QUESTION 1: DATE THAT REFERRAL WAS RECEIVED

This date refers to the day that the referral source made initial contact with your agency or office.

QUESTION 2: DATE THE CASE WAS OPENED IF NOT AT TIME OF REFERRAL

The date the case was opened.

QUESTION 3. DATE CIS MALTREATMENT ASSESSMENT WAS COMPLETED

Please complete the date that the **CIS Child Maltreatment Assessment Form** was completed.

QUESTION 4: SOURCE OF ALLEGATION/REFERRAL

Please fill in all sources of referral that are applicable for each case. This refers to separate and independent contacts with the Child Welfare agency or office. When a young person tells a school principal of abuse and the school principal reports this to Child Welfare you would fill in the circle for this referral as "School". There was only one contact and referral in this case. If a second source (neighbour) contacted Child Welfare and also reported a form of maltreatment, then you would also fill in the circle for "Neighbour/friend". Please use this section to fill in all sources of referral.

Custodial parent: Includes parent identified in Section (1) of "Caregiver A or B".

Non-custodial parent: Contact from an estranged spouse (e.g. individual reporting the parenting practices of her/his spouse).

Child: A self-referral by any child listed on the **Intake Face Sheet** of the **CIS Maltreatment Assessment**.

Relative: Any relative of the child in question. If child lives with foster parents, and relative of the foster parents report maltreatment, please specify under "Other".

Neighbour/friend: Includes any neighbour or friend of the children or his/her family.

Social assistance worker: Refers to a Social Assistance Worker involved with the household.

Crisis service/shelter: Includes any shelter or crisis service for domestic violence or homelessness.

CANADIAN INCIDENCE STUDY-CIS II 5

Hospital: Referral originates from a hospital and is made by either a doctor, nurse or social worker rather than a family physician, or nurse.

Public health nurse: Includes nurses involved in services such as family support, family visitation programs and community medical outreach.

Physician: A report from any family physician with a single or ongoing contact with the child and/or family.

School: Any school personnel, (teacher, principal, teacher's aide, etc.).

Community/Recreation centre: Refers to any form of recreation and community activity programs (e.g. organized sports leagues or Boys and Girls Clubs).

Mental health professional/agency: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/Child Welfare/YJA setting.

Other child welfare services: Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

Day care centre: Refers to a child care or day care provider.

Police: Any member of Police Force, municipal, provincial/territorial or RCMP.

Community agency: Any other community agency or service.

Anonymous: A caller who is not identified.

Other: Please specify the source of referral in the section provided (e.g. foster parent, store clerk, etc.)

QUESTION 5: DESCRIBE REFERRAL AND INVESTIGATED MALTREATMENT

Provide a short description of the referral, including, as appropriate:

the investigated maltreatment and major investigation results (e.g. type of maltreatment, substantiation, injuries);

other reasons for referral, if not maltreatment (e.g. adoption home assessment, request for information);

QUESTION 6: LIST ALL CHILDREN IN THE HOME

Please include biological, step, adoptive and foster children.

A) List the first of the names of the children: List the first name of all children who are currently living in the home.

B) Age of all children in the home: Indicated the age of all the children in the home. Use 0 for children less than 1.

C) Sex of all children in the home: Indicate the sex of all the children in the home.

D) Subject of referral or investigation: Indicate which children were investigated because of suspected child maltreatment (abuse or neglect). In jurisdictions that require that all children be

routinely interviewed for an investigation, only include those cases where in your clinical opinion maltreatment was suspected at some point (e.g. include three siblings ages 5 to 12 in a situation of suspected chronic neglect, but do not include the 3 year old brother of a 12 year old girl who was sexually abused by someone who does not live with the family and has not had access to the younger sibling).

QUESTION 7: WAS CHILD MALTREATMENT ALLEGED BY THE REFERRAL OR SUSPECTED AT ANY OTHER POINT?

Indicate if child maltreatment was suspected at any point prior to the referral. If you or a co-investigating worker suspected child maltreatment at any point during the referral or the investigation, or child maltreatment was alleged by the referral please fill in "Yes".

QUESTION 8: WAS AN ASSESSMENT/INVESTIGATION COMPLETED

If yes, and the case was opened for assessment and investigation, complete the remainder of the CIS Maltreatment Assessment (Household and Child information sheets).

If no, please specify why (e.g. youth older than investigation mandate, no maltreatment alleged, insufficient information).

TEAR-OFF PORTION OF COMMENT SHEET

The potentially identifying information on the tear-off section will be kept securely at your agency/office, for purposes of verification. It will be destroyed at the conclusion of the study².

ASSESSMENT WORKER'S NAME

This refers to the person completing the form. When more than one individual is involved in the investigation, the individual with overall case responsibility should complete the *CIS Maltreatment Assessment*.

FIRST TWO LETTERS OF FAMILY SURNAME

Use the reference name used for your agency/office filing system. In most cases this will be the primary caregiver's last name. If another name is used in the agency/office, please include it under "Alternate Surname". For example, if a parent's surname is "Thompson", and the two children have the surname of "Smith", then put "TH" and "SM". Use the first two letters of the family name only. Never fill in the complete name.

CASE NUMBER

This refers to the case number used by your agency/office.

POSTAL CODE OR ADDRESS

Although the postal code may be difficult to find, this is useful information that may allow us to

² If a new protocol for keeping potentially identifying information is approved by your agency/office, some of this information may be used for follow-up research. At no time will any near-identifying information be available for other purposes.

examine critical community level characteristics. If it is not available, please provide the current address for the family. This information will not leave your office/agency.

DEFINITIONS: COMMENT SHEET

COMMENT SECTIONS

Should the *CIS Maltreatment Assessment* fail to capture any information about the child maltreatment investigation, please provide your additional comments under the three comment sections: **Intake Information, Household Information, and Child Information.**

DEFINITIONS: HOUSEHOLD INFORMATION SHEET

IDENTITY OF CAREGIVER (A) AND CAREGIVER (B)

The *Household Information* sheet will focus on the immediate household of the child(ren) who have been referred to child welfare. This household is made up of all adults and children living at the address of the investigation. Provide information for Caregiver (A) and Caregiver (B) for questions 1-12 if there are two adults/caregivers living in the household. Complete information on Caregiver (A) if there is only one caregiver in the household.

If you have a unique circumstance that does not seem to fit the categories provided, please write a note in the comment sections on the *Comment Sheet*.

QUESTION 1: CAREGIVER A/B IN THE HOME

Choose one category only. Identify the relationship between the caregiver and the children in the home. If a caregiver is both a biological and step-parent for different children in the household, please check "Step-parent" only.

In the event that there is only one caregiver residing in the household, and there is another significant caregiver residing outside of the home, then check "Other Adult (not in household)" and complete Caregiver (B) information on that individual.

QUESTION 2: SEX

Identify if caregiver is male or female.

QUESTION 3: AGE

Indicate the caregiver's age range. If you are not certain of an individual's age range, please provide your best estimate.

QUESTION 4: PRIMARY INCOME SOURCE

We are interested in estimating the primary source of the caregiver's income. Please choose the category that best describes the caregiver's source of income. Note that this is a caregiver specific question and does not include income from the second caregiver.

Full time: Individual is employed in a permanent, full-time position.

Part time (Less than 30 hours/week): Refers to a single part time position.

Multiple jobs: Caregiver has more than one part-time or temporary position.

Seasonal: This indicates that the caregiver works at either full or part time positions for temporary periods of the year.

Employment insurance: Caregiver is temporarily unemployed and receiving Employment Insurance Benefits.

Social assistance: Caregiver receives social assistance benefits at this point in time.

Other benefit: Refers to other forms of benefits or pensions (e.g., family benefits, long term disability insurance, child support payments).

Unknown: Check if you do not know the caregiver's source of income.

None: if drugs, prostitution, or other illegal activity please specify in comments section.

QUESTION 5: EDUCATIONAL LEVEL

Select the category that best describes the caregiver's education level. Use provincial or territorial definitions for elementary and secondary levels.

Elementary or less: Caregiver attended some or all of elementary school.

Some secondary: Please check this category if caregiver attended high school, but did not complete.

Completed secondary: Please check this category if caregiver completed high school.

College/University: Caregiver attended College or University or other post secondary technical school, and has partially or totally completed a degree or diploma.

Unknown: Check if you do not know the educational level of the caregiver.

QUESTION 6: ETHNO-RACIAL GROUP

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will not be published out of context. This section uses a checklist of ethno-racial categories used by Statistics Canada in the 1996 Census (Long Questionnaire).

Please check the ethno-racial category that best describes the caregiver and identify the primary language spoken at home by that individual. Select "Other" if you wish to identify two ethno-racial groups, and specify.

A) If Aboriginal: Is the caregiver residing "on" or "off" reserve.

B) Aboriginal caregiver status: If First Nations please indicate if the caregiver has formal Indian or treaty status (i.e. registered with the Department of Indian and Northern Affairs).

QUESTION 7: PRIMARY LANGUAGE

Please identify the primary language of the caregiver: English, French or Other and specify.

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QUESTION 8: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

Would you describe the caregiver as being overall cooperative or non-cooperative with the child welfare investigation? Please check "Not Contacted" in the case that you had no contact with the caregiver.

QUESTION 9: CAREGIVER RISK FACTORS

These questions pertain to Caregiver A and/or Caregiver B, and are to be rated as "Confirmed", "Suspected", "No" or "Unknown". Please fill in "Confirmed" if problem has been diagnosed, observed by you or another worker, or disclosed by the caregiver. Use the "Suspected" category if your suspicions are sufficient to include in a written assessment of the household or a transfer summary to a colleague. Fill in "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a caregiver functioning issues. Where applicable, use the past six months as a reference point.

Alcohol abuse: Use of alcohol poses a problem for household.

Drug/solvent abuse: Abuse of prescription drugs, illegal drugs, or solvents.

Criminal activity: Absent due to incarceration, involved in criminal activity (e.g. drug dealing, theft, prostitution, etc.).

Cognitive impairment: Cognitive ability of caregiver(s) has an impact on the quality of care giving provided in the household.

Mental health issues: Any mental health diagnosis or problem.

Physical health issues: Chronic illness, frequent hospitalizations, or physical disability.

Few social supports: Social isolation or lack of social supports.

Maltreated as a child: Indicate whether the caregiver suffered maltreatment as a child.

Victim of domestic violence: During the past six months the caregiver was a victim of domestic violence, include physical, sexual and verbal assault.

Perpetrator of domestic violence: During the past six months the caregiver was perpetrator of domestic violence.

Other: Identify other issues/concerns that describe caregiver functioning.

QUESTION 10: OTHER ADULTS IN THE HOME

Please fill in all categories that describe adults (excluding Caregiver A or B) who lived in the house at the time of the referral to child welfare. Note that children in the home have already been described on the **Intake Face Sheet**. If recent changes in household, describe the situation at the time of the referral. Please fill in all that apply.

QUESTION 11: CAREGIVER OUTSIDE THE HOME

Identify any other caregivers living outside of the home who provide care to any of the children in the household, including a separated parent who has some access to the child(ren). Please fill in all that apply.

QUESTION 12: CHILD CUSTODY DISPUTE AT THIS TIME

Specify if there is an ongoing child custody/access dispute at this time (court application has been made or is pending).

QUESTION 13: HOUSEHOLD INCOME ESTIMATED

Please provide an estimate of the family income. This is critical information to examine the effects of child poverty. Use the "Unknown" category only if you cannot provide any estimate of this figure.

QUESTION 14: HOUSING

These questions address the housing accommodations and conditions related to household (e.g. safety of housing and frequency of moves).

Type of Housing: Indicate the housing category that best describes the living situation of this household.

Own home: A purchased house, condominium, or townhouse.

Rental: A private rental house, townhouse or apartment.

Public housing: A unit in a public rental-housing complex (i.e. rent subsidized, government owned housing), a house, townhouse or apartment on a military base, or band housing.

Shelter/Hotel: A homeless or family shelter, SRO hotel (single room occupancy), or motel accommodations.

Unknown: Housing accommodation is unknown.

Other: Specify any other form of shelter.

QUESTION 15: UNSAFE HOUSING CONDITIONS

In your opinion, are children at risk for injury or impairment in this living situation (e.g. broken windows, insufficient heat, parents and children sharing single room)? Please check "Unknown" only if you have not been to the home or residence.

QUESTION 16: HOME OVERCROWDED

Indicate if household is made up of multiple families and/or overcrowded.

QUESTION 17: APPROXIMATE NUMBER OF MOVES WITHIN THE LAST 12 MONTHS

Indicate the number of family moves within the past twelve months.

QUESTION 18: CASE STATUS INFORMATION

Describe case status at the time that you are completing the form.

A) Case previously opened: Has this family previously had an open file with Child Welfare? Please respond if there is documentation, or if you are aware that there have been previous openings. Please estimate the number of previous openings. This would relate to case openings for any of the children identified as living in the home (listed on the **Intake Face Sheet**).

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B) If yes, how long since previous opening: How many months between the time the case was last closed and this current opening?

QUESTION 19. CASES WILL STAY OPEN FOR ONGOING CHILD WELFARE SERVICES

At the time you are completing the *CIS Maltreatment Investigation Form*, do you plan to keep the case open to allow ongoing child welfare services?

QUESTION 20: REFERRAL(S) FOR ANY FAMILY MEMBER

Indicate referrals that have been made to programs designed to offer services beyond the parameters of "ongoing child welfare services". Include referrals made internally to a special program provided by your agency/office as well as referrals made externally to other agencies/services. Note whether a referral was made and is part of the case plan, not whether the young person or family has actually started to receive services. Please fill in all that apply.

Parent support program: Any group program designed to offer support or education (e.g. Parent's Anonymous, Parenting Instruction Course, Parent Support Association).

In-home parenting support: Home based support services designed to support families, reduce risk of out-of-home placement, or reunify children in care with their family.

Other family/parent counseling: Include programs for family therapy/counseling or couple counseling (e.g. family service bureau, mental health centre).

Drug/Alcohol counseling: Addiction program (any substance) for caregiver(s) or children.

Welfare/Social assistance: Referral for social assistance to address financial concerns of the household.

Food bank: Referral to any food bank.

Shelter services: Regarding domestic violence or homelessness.

Domestic violence services: Referral for services/counseling regarding domestic violence, abusive relationships, or the effects of witnessing violence.

Psychiatric/Psychological services: Child or parent referral to psychological or psychiatric services (trauma, high risk behaviour, or intervention).

Special education referral: Any specialized school program to meet a child's educational, emotional, or behavioural needs.

Recreational program: Referral to a community recreational program (e.g. organized sports leagues, community recreation, Boy's and Girl's Club).

Victim support program: Referral to a victim support program (e.g. sexual abuse disclosure group).

Medical/Dental services: Any specialized service to address the child's immediate medical or dental health needs.

Child/day care: Any paid child/day care services, including staff-run and in-home services.

Cultural services: Services to help children or families strengthen their cultural heritage.

Other child/family referral: Indicate and specify any other child or family focused referral.

DEFINITIONS: CHILD INFORMATION SHEET

QUESTION 21: CHILD NAME AND SEX

Indicate the first name and sex of the child for which the maltreatment assessment is being completed.

QUESTION 22: AGE

Indicate the child's age.

QUESTION 23: ABORIGINAL STATUS

Indicate the Aboriginal status of the child for which the maltreatment assessment is being completed.

QUESTION 24: CHILD FUNCTIONING

This section focuses on issues related to a child's level of functioning. Please fill in "Confirmed" if problem has been diagnosed, observed by you or another worker, or disclosed by the parent or child. Suspected means that, in your clinical opinion, there is reason to suspect that the conditions may be present, but they have not been diagnosed, observed or disclosed. Fill in "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a child functioning issues Where appropriate, use the past six months as a reference point.

Depression/anxiety: feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

ADD / ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder includes: distractibility (quickly moving attention from one thing to another); impulsivity (acting quickly without thinking of the consequences); hyperactivity (excessive activity and physical restlessness). These behaviors are very noticeable, occur over a long period of time in many situations, and are troublesome to others.

Negative peer involvement: high-risk peer activities (e.g. gang activities, graffiti, vandalism).

Alcohol abuse: problematic consumption of alcohol (consider age, frequency and severity)

Drug/solvent abuse: include prescription drugs, illegal drugs and solvents.

Self-harming behaviour: include high risk or life threatening behaviour, suicide attempts, and physical mutilation or cutting.

Violence toward others: aggression and violence to other children or adults.

Running (one incident): has run away from home (or other residence) on one occasion, for at least one overnight period.

Running (multiple incidents): has run away from home (or other residence) on multiple occasions for at least one overnight period.

Inappropriate sexual behaviour: child involved in inappropriate sexual behaviour.

Other emotional or behavioural problems: significant emotional or behavioural problems not covered by the previous items.

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Learning disability: disability that is usually identified in schools. Children with learning disabilities have normal or above normal intelligence, but deficits in one or more areas of mental functioning (e.g. language usage, numbers, special, reading, work comprehension)

Specialized education services: any special education program for learning disability, special needs, or behaviour problems.

Irregular school attendance: irregular attendance and truancy (+5 days/month).

Developmental delay: is characterized by delay intellectual development. It is typically diagnosed with a child does not reach his/her developmental milestones at expected times, such as speech and language, fine gross motor skills, and/or personal and social skills.

Physical disability: physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.

Substance abuse related birth defects: birth defects related to substance abuse of the biological parent (e.g. Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effect (FAE), cocaine addiction, solvent use).

Positive toxicology at birth: when a toxicology screen for a newborn tests positive for the presences of drug or alcohol.

Other health condition: ongoing physical health condition (e.g. chronic disease, frequent hospitalizations).

Psychiatric disorder: psychiatric disorder, use the confirmed category only if diagnosed by a Psychiatrist (e.g. conduct disorder, anxiety disorder).

Youth Criminal Justice Act involvement: charges, incarceration or alternative measures with the Youth Justice system.

Other: specify any other conditions related to child functioning.

QUESTION 25: MALTREATMENT CODES

Select the applicable maltreatment codes from the list provided (1-25), and write these numbers clearly in the boxes beside Question 26. Please enter in the first box the primary form of maltreatment that best characterizes the investigated maltreatment.

The maltreatment typology developed here uses four major forms of maltreatment: **Physical Abuse, Sexual Abuse, Neglect, and Emotional Maltreatment**. These categories are comparable those used in the first cycle of the CIS, the Ontario Incidence Study, and the U.S. National Incidence Study.

Because there is significant variation in provincial and territorial child welfare statutes, we are using a broad typology. Please rate cases on the basis of your clinical opinion, not on provincial, territorial or agency/office specific definitions.

In cases of physical or sexual abuse where several codes may apply please select the code that you consider to be the most harmful to the child. For example, if sexual abuse involves fondling and penetration, you would most likely select penetration. If more than one code applies to the physical or sexual abuse, then enter the most harmful and circle the other codes that apply (circle

the corresponding number from the list under #25).

All major forms of alleged, suspected or investigated maltreatment should be noted in the maltreatment code box regardless of the outcome of the investigation. For example, a three year old repeatedly found playing on a busy street is neglected even if harm has not yet occurred.

PHYSICAL ABUSE

The child has suffered, or is at substantial risk of suffering physical harm, at the hands of the child's caregiver. Include any alleged physical assault, including abusive incidents involving some form of punishment. If several types of physical abuse are involved, please identify the most harmful sub-type and circle the codes of other relevant descriptors.

Shake, push, grab, or throw: include pulling or dragging a child as well as shaking an infant.

Hit with hand: include slapping and spanking, but not punching.

Punch, kick, or bite: include as well any other hitting with other parts of the body (e.g.: elbow or head).

Hit with object: includes hitting with a stick, a belt or other object, throwing an object at a child, but does not include stabbing with a knife.

Other physical abuse: Include any other form of physical abuse, including choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints.

SEXUAL ABUSE

The child has been, or is at substantial risk of being sexually molested or sexually exploited. This includes oral, vaginal or anal sexual activity, attempted sexual activity, sexual touching or fondling, exposure, voyeurism, involvement in prostitution or pornography, and verbal sexual harassment. If several types of sexual activity are involved, please identify the most intrusive sub-type. Include both intra-familial and extra-familial sexual abuse, as well as sexual abuse involving an older child or youth perpetrator.

Penetration: penile, digital or object penetration of vagina or anus.

Attempted penetration: attempted penile, digital or object penetration of vagina or anus.

Oral sex: oral contact with genitals either by perpetrator or by the child.

Fondling: touching or fondling genitals for sexual purposes

Sex talk: Verbal or written proposition, encouragement, or suggestion of a sexual nature (include face to face, phone, written and internet contact, as well as exposing the child to pornographic material).

Voyeurism: Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.

Exhibitionism: Include activities where the perpetrator is alleged to have exhibited himself/herself for his/her own sexual gratification

Exploitation: Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.

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NEGLECT

The child has suffered harm or the child's safety or development has been endangered as a result of the caregiver(s)' failure to provide for or protect the child. Please note that the term "neglect" is not consistently used in all provincial/territorial statutes, but interchangeable concepts include: "failure to care and provide or supervise and protect"; "does not provide"; "refuses or is unavailable or unable to consent to treatment".

Failure to supervise: physical harm The child suffered or is at substantial risk of suffering physical harm because of the caregiver's failure to supervise or protect child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g. drunk driving with a child, or engaging in dangerous criminal activities with a child).

Failure to supervise: sexual harm: The child has been, or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.

- **Permitting criminal behaviour:** A child has committed a criminal offence (e.g. theft, vandalism or assault) with the encouragement of the child's caregiver, or because of the caregiver's failure or inability to supervise the child adequately.

Physical neglect: The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

Medical neglect: The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to the treatment. This includes dental services when funding is available.

Failure to provide psych. treatment: The child is at substantial risk of suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour; or a mental emotional or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. Parent awaiting service should not be included in this category.

Abandonment: The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or child is in a placement and parent refuses/unable to take custody.

Educational neglect: Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep the child at home. If child is experiencing mental, emotional, or developmental problems associated with school, and treatment is offered but caregivers do not cooperate with treatment, classify the case under failure to provide treatment as well.

EMOTIONAL MALTREATMENT

Emotional abuse: The child has suffered or is at substantial risk of suffering from mental, emotional or developmental problems caused by overtly hostile or punitive treatment, or

habitual or extreme verbal abuse (e.g. threatening, belittling). If treatment is offered but caregivers do not cooperate, classify case under failure to provide treatment as well.

Non-organic failure to thrive: A child under three, who has suffered a marked retardation or cessation of growth for which no organic reasons can be identified. Failure to thrive cases where inadequate nutrition is the identified cause should be classified as physical neglect. Non-organic Failure to Thrive is generally considered to be a form of psychological maltreatment, however it has been classified as a separate category because of its particular characteristics.

Emotional neglect: The child has suffered or is at substantial risk of suffering from mental, emotional or developmental problems caused by inadequate nurturing or affection. If treatment is being offered but caregivers are not cooperating, classify case under failure to provide treatment as well.

Exposed to domestic violence: A child has been a witness to violence occurring between the caregivers (or a caregiver and his/her partner). This would include situations where the child indirectly witnessed the violence (e.g. saw the physical injuries on his/her caregiver the next day or overheard the violence).

QUESTION 26: ALLEGED PERPETRATOR

This section relates to the individual who is alleged, suspected or guilty of maltreatment towards the young person in question. Fill in either Caregiver A, Caregiver B or Other and please specify the relationship of the alleged perpetrator to the child. If you select Caregiver A or Caregiver B please write in a short descriptor (e.g. "mom", "dad" or "boyfriend") to allow us to verify consistent use of the label between the Household and Child sheets. Note that different people can be responsible for different forms of maltreatment (e.g. common-law partner abuses child, but other parent could possibly have prevented the abuse). If you responded with "Other", please specify relationship to child (e.g. brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend). Identify the alleged perpetrator regardless of the level of substantiation at this point of the investigation.

A) If "Other" Alleged Perpetrator, Age: If the alleged perpetrator is "Other", please indicate the age of this individual. Age is essential information used to distinguish between child, youth and adult perpetrators. If there are multiple alleged perpetrators, please describe the perpetrator associated with the primary form of maltreatment.

B) If "Other" Perpetrator, Sex Please indicate the sex of the "Other" alleged perpetrator.

QUESTION 27: SUBSTANTIATION

Indicate the level of substantiation at this point in your investigation.

Substantiated: A case is considered "Substantiated" if the balance of evidence indicates that abuse or neglect has occurred.

Suspected: Insufficient evidence: A case is "Suspected" if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.

Unfounded: A case is "Unfounded" if the balance of evidence indicates that abuse or neglect has not occurred.

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QUESTION 27A: IF UNFOUNDED, WAS REPORT A MALICIOUS REFERRAL?

Identify if this case was intentionally reported while knowing the allegation was unfounded. This could apply to conflictual relationships (e.g. custody dispute between parents, disagreements between relatives, disputes between neighbours).

QUESTION 28: WAS ALLEGED MALTREATMENT A FORM OF PUNISHMENT?

Indicate if the alleged maltreatment was a form of punishment. This includes situations where abusive punishment was investigated but eventually unfounded.

QUESTION 29: DURATION OF MALTREATMENT

Check the duration of maltreatment, as it is known at this point of time in your investigation. This can include a single incident, multiple incidents for less than six months in duration, or multiple incidents longer than six months in duration. If this case is unfounded, then the duration needs to be listed as "Not Applicable (Maltreatment unfounded)".

QUESTION 30. PHYSICAL HARM

Describe the physical harm suspected or known to have been caused by each of the investigated forms of maltreatment. Please include harm ratings even in accidental injury cases where maltreatment is unfounded, but the injury triggered the investigation.

No harm: There is no apparent evidence of physical harm to the child as a result of maltreatment.

Bruises/Cuts/Scrapes: The child suffered various physical hurts visible for at least 48 hours.

Burns and scalds: The child suffered burns and scalds visible for at least 48 hours.

Broken bones: The child suffered fractured bones.

Head trauma: The child was a victim of head trauma (note that in shaken infant cases the major trauma is to the head not to the neck).

Fatal: Child has died, maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

Other health conditions: Other physical health conditions, such as untreated asthma, failure to thrive or STDs.

QUESTION 31. PHYSICAL HARM

A) Medical treatment required for injury: In order to help us rate the severity of any documented physical harm, please indicate whether medical treatment was required as a result of the injury or harm for any of the investigated forms of maltreatments.

B) Health or safety seriously endangered by suspected or substantiated maltreatment: In cases of "suspected" or "substantiated" maltreatment indicate whether the child's health or safety were endangered to the extent that the child could have suffered life threatening or permanent harm (e.g.: three year old child wandering on busy street, child found playing with dangerous chemicals or drugs).

C) History or undetected or misdiagnosed injuries: Indicate whether the investigation revealed a history of previously undetected or misdiagnosed injuries.

QUESTION 32: MENTAL OR EMOTIONAL HARM

A) No current signs, but mental or emotional harm is probable: Indicate if the child is showing no symptoms, but in your opinion mental or emotional harm is probable. If child is showing symptoms indicate no.

B) Child shows signs of mental or emotional harm: Indicate whether child is showing signs of mental or emotional harm (e.g. nightmares, bed wetting or social withdrawal following the maltreatment incident(s)).

C) Exhibited mental or emotional harm requires treatment: Indicate whether child is exhibiting symptoms of mental or emotional harm requiring therapeutic treatment.

QUESTION 33: PHYSICIAN/NURSE CONDUCTED A PHYSICAL EXAMINATION OF THE CHILD

Indicate if a physician or nurse conducted a physical examination of the child over the course of the investigation.

QUESTION 34: OUT-OF-HOME PLACEMENT

Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), please indicate the setting where the child has spent the most time.

No placement required: No placement is required following the investigation.

Placement considered: At this point of the investigation, an out-of-home placement is still being considered.

Informal kinship care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care), the child welfare authority does not have temporary custody.

Kinship foster care: A formal placement has been arranged within the family support network (kinship care, extended family, customary care), the child welfare authority has temporary or full custody and is paying for the placement.

Other family foster care: Include any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group home placement: Out of home placement required in a structured group living setting.

Residential/secure treatment centre: Placement required in a therapeutic residential treatment centre to address the needs of the child.

QUESTION 35: CHILD WELFARE COURT

There are three categories to describe the current status of child welfare court at this time in the investigation. Select one category. If investigation is not completed, please answer to the best of your knowledge at this time. Please fill in one only.

QUESTION 36: PREVIOUS REPORTS

A) Child previously reported to child welfare for suspected maltreatment: This section collects

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information on previous reports to Child Welfare for the individual child in question. Please report if the child has been previously reported to Child Welfare authorities because of suspected maltreatment. Please use "Unknown" if you are aware of an investigation but cannot confirm this. Note that this is a child-specific question as opposed to the previous reports questions on the Household Information sheet.

B) If yes, was the maltreatment substantiated: Please indicate if the maltreatment was substantiated.

QUESTION 37: POLICE INVOLVEMENT IN CHILD MALTREATMENT INVESTIGATION

Indicate if there was a police investigation only or if charges were laid. If police investigation is on-going and a decision to lay charges has not yet been made select the investigation only item.

QUESTION 38: POLICE INVOLVEMENT IN ADULT DOMESTIC VIOLENCE INVESTIGATION

Indicate if there was a police investigation only or if charges were laid. If police investigation is on-going and a decision to lay charges has not yet been made select the investigation only item.

QUESTION 39: CAREGIVERS USE SPANKING AS A FORM OF DISCIPLINE

Indicate if the caregiver uses spanking as a form of discipline. Please use "Unknown" if you are unaware of the caregiver using spanking.

THANK YOU VERY MUCH FOR YOUR SUPPORT AND INTEREST
IN THE SECOND CYCLE OF THE CANADIAN INCIDENCE STUDY

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APPENDIX E

NWTIS/CIS-2003 Case Vignettes

The following are the case vignettes used during training sessions to ensure that workers understood how to complete the Maltreatment Assessment Form.

Intake Assessment: Vignette – Rebecca

<u>File Number:</u> 2345-234 G	
<u>Referring Source:</u> School Vice-Principal	<u>Date of Referral:</u> October 6
<u>Family Name:</u> Smith	<u>Ethno-racial group:</u> White
<u>Mother's Name:</u> Betsy Smith	<u>Father's Name:</u> Barry Smith
<u>Children in the Family Home:</u> Rebecca	<u>Date of Birth:</u> 02/02/92
<u>Address at Time of Referral:</u>	222 Apple Street Vancouver, Ontario D3E F4G

Referral Summary:

Date: 06/10/03 Vice Principal Q called the office about an alleged sexual abuse involving a student at his school. Rebecca's mother had called Q after Rebecca had disclosed to her that her father had touched her breasts and had made Rebecca touch his penis.

The parents are divorced. Ms. Smith has had custody for a number of years. Rebecca lives with her mother in a rented townhouse. Mrs. Smith is 31 and she works full time as a grocery store clerk and makes \$20,000 annually. Mr. Smith is 32 and is presently unemployed but has worked as a computer

software salesperson in the past. His receives monthly employment insurance. Rebecca visits her father every other weekend, Friday to Sunday at his apartment. There is also a Thursday evening visit.

Action Taken:

Date: 06/10/03 Police officer J. and Mrs. Smith were contacted and arrangements were made to interview Rebecca at the police station on October 7. The CAS has no previous record of this family. Mr. Smith has criminal convictions for drug possession and for driving while impaired. There is no record of any violence.

Date: 07/10/03 Constable J. of the Youth Bureau, Mrs. Smith and Rebecca were met at the police station. Mrs. Smith was interviewed alone. She explained that she has had custody of Rebecca for three years. Her father has been in Vancouver only one year; prior to that he was living in Calgary. Betsy has recently sought treatment for her own childhood sexual abuse, by her father. She is seeing a therapist weekly. Her father has not been charged but is being investigated by the police.

During Rebecca's interview both the police and I were present. The interview was videotaped. Rebecca stated that the first incident occurred a few weeks ago when she was sleeping over at her father's. Rebecca reported that shortly after she went to bed, her father came into the bedroom, bent over the bed and touched her breasts under her pyjamas, rubbing them with his fingers. Her father said "shh shh" but nothing else.

Rebecca reported that the second incident occurred on the most recent visit. Her father again came into the bedroom after she had been asleep. He reached for her hand and had her touch his penis. He whispered "its okay, its okay" Rebecca provided details of both events remembering what pajamas she was wearing, and noting that during the second incident her father was only wearing his undershirt. Rebecca indicated that her father had an erection during the second incident.

Rebecca stated that she is afraid that something else will happen and that her father may try to hurt her again.

Later that evening the police officer indicated that Mr. Smith was charged with sexual assault. No contact is allowed between Mr. Smith and his daughter at this time. Both Rebecca and her mother are accepting a referral to the disclosure group.

Date 8/10/03: A follow-up visit to the home was conducted. The home is adequately equipped and tidy. Rebecca and her mother were feeling calm and still prepared to attend the disclosure group.

Date: 10/11/03: A message was left for Betsy Smith's therapist to call me.

I spoke with the family doctor who has known Mrs. Smith and her children for 8 years. The doctor indicated that both girls had normal childhood milestones. They were functioning well in school and had no health problems. The doctor noted that the parents separated because of Mr. Smith's drug and alcohol use. He had no concerns about Mrs. Smith's emotional health or her physical health.

A referral was made to the Sexual Abuse Disclosure Group.

Investigation Conclusions:

Date 11/11/03: This case involves the sexual abuse of Rebecca by her father; Barry. The mother presents as a concerned and supportive parent. Rebecca was very clear and credible when she was interviewed and the police have charged Mr. Smith. Rebecca felt relieved after she made the disclosure. She is not displaying signs of emotional distress at this time. Rebecca is close with her mother and has the support of her aunts and neighbourhood friends.

Investigation Recommendations:

- Interview Mr. Smith,
- To support and encourage both mother and daughter to attend the Disclosure Group

Outcome: Case to be transferred to Family Services

Intake Assessment: Vignette – Peter

<u>File Number:</u> 1234-567A	
<u>Referring Source:</u> Tom B - School Principal	<u>Date of Referral:</u> October 21, 2003
<u>Family Name:</u> Nyugen	<u>Date of Opening:</u> October 22, 2003
<u>Mother's Name:</u> Marla Nyugen	<u>Father's Name:</u> Martin Nyugen
<u>Children in the Family Home:</u> Peter Susan	<u>Date of Birth:</u> 28/02/97 5/03/89
<u>Address at Time of Referral:</u>	111 Anystreet, Apartment #1 Barrie, Ontario A1B C2D
<u>Language Spoken:</u> Vietnamese (limited English)	

Referral Summary:

Date: 21/10/03 Peter (6 years) came to school complaining that his father hit him with a shoe. He pointed to his upper back. The school principal said that Peter stated earlier in the year that his father hits him on the bottom. The principal indicated that Peter goes home from school with grade 5 and 6 students; D and N. D and N reported having seen Peter's father hit him outside of the family's store. The principal also noted that Peter had been telling other children his father had been in jail for fighting with the neighbours. He was unaware of any details of this incident.

D and N say Peter is hard to control on the daily walk home from school and see him as bullying and hitting his peers. Peter's teacher (L) reports that Peter is regularly disruptive in class and she wonders if Peter may have a learning disability as he has not yet learned basic routines and he can only follow a single instruction at a time. Peter misses approximately 2 or 3 days of school each month.

Action Taken:

Date: 21/10/03 Record check completed. No record found. I contacted the 1001 Division Youth Bureau to consult regarding this case. During this consultation the police verified that Mr Nyugen had recently been jailed on a warrant, which originated from a charge of "uttering death threats." The details of the charge were not available. The police advised that they would not be joining the

investigation at this time. Should more serious concerns arise, I was advised to call again and consult with the duty sergeant.

Date: 22/09/03 Peter was in attendance at school and, in the presence of his teacher L, was interviewed in regards to the above referral report. Peter spoke with ease and explained that his father hit him with a shoe when he ran out of the family's store. Peter indicated that the shoe hit him on his right shoulder. Peter openly stated that his father hits him with his hand or a stick, the last incident was in the summer holiday. Peter stated that he has always been punished this way, since he was three. The child did not appear to be saddened or feel his father's behaviour was out of the norm. He did not appear frightened by his parents and was willing to have us talk with his father. Peter told us that his father had been in jail for fighting with some neighbourhood youth. He went into much detail about the fighting. The boy jumped around much in the conversation and had a difficult time concentrating on the questions he was asked.

The teacher and I examined Peter and found no bruising or injury to his back.

I called Peter's father and requested an interview. Mr Nguyen agreed and directed me to the Family's apartment the following evening. His wife would also be available to talk with me.

Date: 23/09/03: Mother and father appeared calm and pleasant. Mother is 40 and Mr. Nguyen is approximately five years older. The apartment appeared neat and orderly. The family has lived in this apartment for six years. Mr Nyugen described Peter as hard to manage and as a result he was primarily responsible for disciplining Peter. Peter is always asking for money from the till and trying to sneak candies. He does not listen to his mother. Mr. and Mrs. Nguyen work long hours, being the sole employees in the store. Peter accompanies his parents to the store in the mornings and joins them there after school. Mr. Nguyen told me that the store does not make much money and some months he has a hard time paying his bills. The father says he has never hit Peter and explains how much he values him, especially as he is the only male child.

Mrs. Nguyen was calm and quiet during the interview. She appeared somewhat depressed and struggled to express herself in English. She concurred that Mr. Nguyen is the disciplinarian and denied that he hit Peter. Neither Mr. nor Mrs. Nguyen drink alcohol nor do they keep any in the home. They report that their elder daughter is well behaved and attends high school.

Mr and Mrs. Nguyen emigrated to Canada 10 years ago. Their extended family remained in Vietnam. Mr. Nguyen was an accountant and has completed college in Vietnam. Mrs. Nguyen was a homemaker in Vietnam. Her level of education is not known. Mr. Nguyen and the children attend a local church on Sundays where Mr. Nguyen volunteers with the choir. Mrs. Nguyen has few social supports outside of her husband.

This worker contacted the family doctor who reported that Peter's development had been normal. She was aware that Mrs. Nguyen has difficulty in disciplining Peter and that Peter often acted up at school. She had no knowledge of physical abuse nor inappropriate discipline. The doctor reported that Mrs. Nguyen has diabetes but the parents are otherwise healthy.

Mr. Nguyen was interested in ongoing support from the agency and assured me he does not use physical discipline. Peter and his father appeared to have a warm relationship. I provided the Nguyen's with the phone number for the Southeast Asian Family Help Center for both recreation and parent support programs. The school social worker has been contacted to arrange a special education assessment.

Investigation Conclusions:

Date: 24/09/03 It is my opinion that the Nyugen family does use physical discipline and I have difficulty with their denial in this regard. At this time physical abuse cannot be confirmed, but ongoing monitoring is warranted given the conflicted evidence.

A referral to a child behaviour management program is required. Further assessment of the family history, family dynamics, and Mrs. Nguyen's emotional state are necessary. If possible, these assessments should be completed in the family's primary language.

Investigation Recommendations:

Child management
Develop community supports

Protection Concerns:

Child's behaviour
Parent's disciplinary measures
Possible supervision difficulties
Mrs. Nguyen's emotional state

Outcome: Case to be transferred to Family Services

APPENDIX F

Worker Information Form



Canadian Incidence Study of Reported Child Abuse and Neglect - Cycle II
Étude canadienne sur l'incidence des cas signalés de violence et de négligence à l'égard des enfants - Cycle II
 Funded by Health Canada and supported by the Provincial and Territorial Governments of Canada with additional funding from Bell Canada

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WORKER INFORMATION FORM

Thank you for taking the time to complete this Worker Information Form for the Canadian Incidence Study of Reported Child Abuse and Neglect. This information is confidential and you will not be identified in the study report or within your agency office. If you have any questions about completing this form, please contact your assigned Research Associate: _____
 Tel: (_____) _____

A. BACKGROUND INFORMATION

1. Name: _____ Date:

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day month year

2. Age:

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3. Gender: Male Female CIS OFFICE USE ONLY

4. Ethno-racial Group

White Latin American Arab/West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)
 Chinese Aboriginal South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)
 Black (e.g. African, Haitian, Jamaican) Southeast Asian other than Chinese (e.g. Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
 Other: _____

5. Primary Language: English French Other (specify): _____

6. Agency: _____

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7. Team/Branch: _____

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8. Which category best describes your current position?

Intake worker (primarily investigations and referrals) Combination of ongoing and intake
 Ongoing service worker (primarily ongoing cases) Other (specify): _____

B. CASELOAD INFORMATION

9. What is your current caseload?

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(# of open cases at this time) **10. What is the average size of your caseload?**

--	--	--

C. EDUCATION

11. Please check all diplomas that you have obtained College diploma BA/BSc BSW MSc MSW PhD

D. EXPERIENCE

12. Total years you have worked as a social worker?

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13. How many years of this were spent in child protection?

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E. CHILD PROTECTION TRAINING

14. Please fill in all specific training that you have received

General child abuse Crisis intervention Neglect assessment Family preservation intervention
 Sexual abuse training Risk assessment Child development Cultural sensitivity training
 Physical abuse training Solution focussed interventions Other: _____

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APPENDIX G

Supporting Data for Additional Report Findings

Appendix G, Table 1(a)
Mean Number of Children Under 16 per Household
in Child Maltreatment Investigations in the Northwest Territories, in 2003

Number of Children	Child Investigations
One Child	336
Two Children	471
Three Children	319
Four Children	203
Five Children	85
Six Children	53
Seven Children	0
Eight Children	43
Nine Children	5
Total Children Under 16	1,515
Mean Number of Children Under 16 per Household in Child Maltreatment Investigations*	2.76

* The mean number of children per household was calculated by dividing the number of children under 16 living in the households by the total number of households.

Appendix G, Table 1(b)
Mean Number of Investigated Children per Household
in Child Maltreatment Investigations in the Northwest Territories, in 2003

Number of Children	Child Investigations
One Child	547
Two Children	436
Three Children	208
Four Children	156
Five Children	77
Six Children	42
Nine Children	49
Total Child Investigations	1,515
Mean Number of Investigated Children per Household in Child Maltreatment Investigations*	1.59

* The mean number of investigated children was calculated by dividing the number of children investigated by the total number of families

Appendix G, Table 2
Investigated Children Under One Year of Age, Experiencing Head Trauma
in Child Maltreatment Investigations in the Northwest Territories, in 2003

	Head Trauma	No Head Trauma	Total
Number of Children Less than One Year Old	0	90	90
Percentage	0%	100%	100%

Appendix G, Table 3
Parents Involved as Alleged Perpetrators in Child Maltreatment Investigations
in the Northwest Territories, in 2003

Child Investigations	Percentage	
Either Parent Involved as Alleged Perpetrator	1,229	81%
Neither Parent Involved as Alleged Perpatrator	287	19%
Total Child Investigations	1,516	100%

Appendix G, Table 4**Age and Sex of Substantiated Victims of Child Maltreatment in the Northwest Territories, in 2003**

		Substantiated Maltreatment**	
		Number of Substantiated Cases	Incidence Per 1,000 Children
0-15	All Children	706	65.89
	Females	426	80.45
	Males	280	51.42
0-3 Years	Females	102	86.81
	Males	74	62.98
< 1 Year	Females	19	65.52
	Males	25	81.97
1 Year	Females	23	74.19
	Males	15	49.18
2 Years	Females	44	149.15
	Males	21	73.68
3 Years	Females	16	57.14
	Males	13	46.43
4-7 Years	Females	95	70.63
	Males	56	39.30
4 Years	Females	27	83.08
	Males	21	62.69
5 Years	Females	12	33.33
	Males	12	33.80
6 Years	Females	29	92.06
	Males	7	18.92
7 Years	Females	27	78.26
	Males	16	43.84
8-11 Years	Females	113	77.40
	Males	82	54.13
8 Years	Females	46	124.32
	Males	18	46.75
9 Years	Females	24	65.75
	Males	20	55.56
10 Years	Females	16	42.67
	Males	22	57.14
11 years	Females	27	77.14
	Males	22	57.14
12-15 Years	Females	116	88.21
	Males	68	51.13
12 Years	Females	37	110.45
	Males	4	11.94
13 Years	Females	22	62.86
	Males	21	60.00
14 Years	Females	30	92.31
	Males	15	44.78
15 Years	Females	27	88.52
	Males	28	90.32
The Northwest Territories Incidence Study of Reported Child Abuse and Neglect, 2003			
* Based on a sample of 372 child maltreatment investigations			
** Based on a sample of 178 substantiated child maltreatment investigations			