

Injuries caused by child abuse and neglect¹

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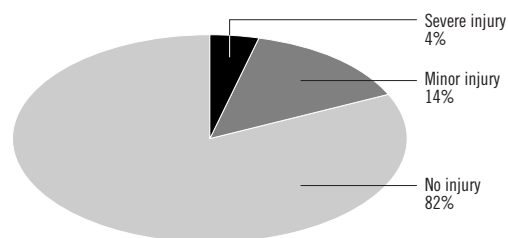
Tragic cases involving abused and neglected children who are severely injured or killed draw significant media attention. The scope and severity of this public health concern, however, remain poorly understood. Few studies have documented rates of injuries in cases of child maltreatment investigated by child protection authorities.

The 1998 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS)² collected information directly from child welfare investigators about cases reported to 51 child welfare sites across Canada from October to December 1998. The analyses are based on a sample of 3,780 cases for which maltreatment was substantiated.

Severe physical harm is fairly rare

The CIS revealed that, of 3,780 tracked substantiated cases of child maltreatment in Canada in 1998, 18% involved some type of physical harm. However, only 4% involved severe injury requiring medical attention. Less than 1% of tracked cases resulted in severe injury from burns, broken bones, or head trauma. The remaining 14% were for minor injuries such as cuts, bruises, and scrapes. No physical harm was reported in 82% of the substantiated cases.

Figure 1: Nature and severity of physical harm caused by maltreatment



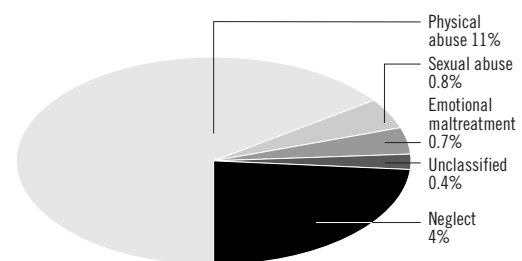
Source: CIS 1998

Harm is associated with physical abuse

Of the four major maltreatment types described in the CIS (physical abuse, sexual abuse, neglect, and emotional

maltreatment), physical harm most often occurs in substantiated cases of physical abuse (11%), followed by neglect (4%), sexual abuse (0.8%), and emotional maltreatment (0.7%). In a small number of cases (0.4%), harm occurred that was not associated with any particular form of maltreatment.

Figure 2: Harm associated with types of maltreatment

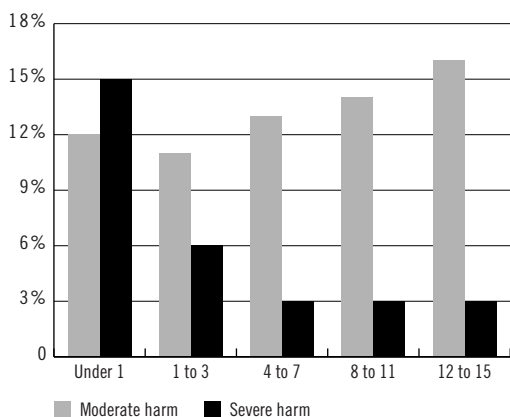


Source: CIS 1998

Age and the incidence and severity of harm

The CIS also observed an inverse relationship between age and severity of physical harm. Adolescents were observed to experience higher rates of moderate harm but children less than one year of age (14%) were much more likely to experience harm requiring medical treatment.

Figure 3: Incidence and severity of harm by age



Source: CIS 1998

Implications for practice and policy

What is the most appropriate response given these relatively low rates of severe injury? In cases of sexual abuse, where there are concerns of further victimization, a protocol for immediate intervention is justified. Similarly, in cases where forensic evidence requires an immediate response, or where there is continued risk of severe harm (e.g., shaking and battery), an emergency intervention is also justified. However, most children are not at risk of severe injury (96% of substantiated cases did not involve severe harm) and this suggests that investigation priorities and procedures need to be re-examined. As jurisdictions across Canada experiment with alternative response models,³ it will

be important to evaluate the extent to which these new approaches manage to balance the long-term treatment needs of families with the shorter-term protection needs of maltreated children.

- 1 This information sheet is based on the peer-reviewed article: Trocmé, N., MacMillan, H., Fallon, B., & De Marco, R. (2003). Nature and severity of physical harm caused by child abuse and neglect: Results from the Canadian Incidence Study. *Canadian Medical Association Journal*, 169 (9): 911–915.
- 2 Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., et al. (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- 3 Trocmé, N., Knoke, D., & Roy, C. (Eds.). (2003). *Community collaboration and differential response: Canadian and international research and emerging models of practice*. Ottawa, ON: Child Welfare League of Canada.

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