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AN ANALYSIS OF FACTORS ASSOCIATED WITH  
CAS WORKER DECISION-MAKING IN CASES  
OF CHILD ABUSE

by

Shauna L. Lloyd

A Thesis  
submitted to the  
Faculty of Graduate Studies and Research  
through the School of Social Work  
in Partial Fulfillment of the  
requirements for the Degree of  
Master of Social Work at  
the University of Windsor

Windsor, Ontario, Canada

1990

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## ABSTRACT

This exploratory-descriptive study reports data from a secondary analysis of child physical and sexual abuse cases serviced by the Roman Catholic Children's Aid Society for the County of Essex [RCCAS] between January 1, 1985 and December 31, 1988. Data were gathered by means of a pretested instrument to extrapolate information from the sample cases ( $n=73$ ) in the general areas of: 1) client family profile; 2) abuse profile; 3) RCCAS case information; 4) services provided by the RCCAS and community agencies; and, 5) RCCAS worker professional profile.

Analyses indicated that in regard to the socio-demographic profiles of the cases, the sample was generally similar to other studies reported in the literature. In addition, cases were open to the RCCAS for relatively short periods of time ( $\bar{x}=10.3$  months), and were found to receive a minimum of services, with the monitoring/supervision service being provided most often by the RCCAS. The RCCAS workers of these cases were predominantly female, mostly under 40 years of age, and almost all (97.1%) held either a bachelor's or master's degree in the discipline of social work. Further, only a few RCCAS worker variables were found to be statistically related to the demographic profiles of child

abuse cases or relevant case management information. Similarly, the analyses did not indicate any identifiable or consistent patterns in the decision-making of the RCCAS workers in relation to the cases studied.

Implications of the study are directed toward future research, the development of decision-making frameworks within child welfare agencies and schools of social work, and the field of child welfare in general.

## ACKNOWLEDGEMENTS

This research project is the outcome of a lengthy process supported and stimulated by many individuals. Foremost, my sincere thanks and appreciation are extended to my research advisor, Dr. Michael Holosko, whose research knowledge, practical guidance, patience and humour made this project a rewarding learning experience for me both personally and professionally. Also, to my committee members, Dr. Forrest Hansen - School of Social Work and Dr. Stuart Selby - Communication Studies, I extend my appreciation for their time and assistance in the completion of this paper.

I gratefully acknowledge the Board of Directors of the Roman Catholic Children's Aid Society for the County of Essex for allowing me access to case files from their agency. Special appreciation belongs to Roger Mitchell - Intake Supervisor, for his overwhelming support, availability and assistance during the process of my completing this project. Also, to Arlene Bray, Shirley Bruce and Linda Cousin of the RCCAS, I extend my thanks for all their help during the process of my data collection.

As well, I acknowledge the efforts of Ann Merner for typing this paper. Her skill and professionalism are appreciated and her kind support will always be remembered. To my good friend Christine Muldowney, "thanks for the fun",



and encouragement. Also, to my valued friend and colleague, Marie Luedicke, I extend my sincerest thanks for her continuous encouragement, support and friendship. Finally, I thank my family for their understanding and support throughout my life and particularly during the past year.

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AN ANALYSIS OF FACTORS ASSOCIATED WITH CAS WORKER  
DECISION-MAKING IN CASES OF CHILD ABUSE

The abuse of children, an unconscionable reality for many, has been prevalent throughout society since the beginning of time. In many societies and cultures, perceptions about what constitutes good or wrongful treatment of children are varied. Western societies' attitudes toward children have evolved primarily from the belief that children are the property of their parents, to be dealt with as the parents wish, to the more recent and opposing view that children are citizens within society with rights and deserving protection because of their vulnerability (Jones, Pickett, Oates & Barbor, 1987).

These changing attitudes are reflected in the establishment of legislation and social institutions and their policies, namely Children's Aid Societies [CASs], whose mandates are to ensure societal standards of child care and protection. Despite the existence of such safeguards, child abuse remains a prominent problem. Statistics from the Ontario Association of Children's Aid Societies [OACAS] show that CASs across Ontario in 1987 provided services to 12,551 child physical and sexual abuse cases (OACAS, 1988). This figure, although staggering in and of itself, does not reflect

the actual occurrence of child abuse when one considers that a significant number of abuse cases go unreported to CASs annually. In this regard, statistics for the first half of 1988 demonstrated that the number of child abuse cases being reported to and serviced by CASs are increasing (OACAS, 1988). This trend undoubtedly will continue as children and the general public become increasingly educated regarding child physical and sexual abuse and the services and options available to assist them.

CAS workers responsible for investigating and managing these cases have a most difficult task. They are confronted with making significant and difficult decisions for and about children and families within the reality of limited resources, time and human constraints. Further, as caseloads steadily increase and the demands of public accountability become more pronounced, the nature of such decision-making on behalf of child welfare workers has perhaps never been as critical and needing of attention as it now seems to be.

Notwithstanding the importance of decision-making by child welfare workers, it appears that CASs have placed minimal emphasis on developing and implementing consistent and practical frameworks for its deployment. More often than not, such workers rely on subjective judgements and limited perceptions from which they base such decisions. In this

regard, it seems important to investigate what factors are significant in decision-making in child physical and sexual abuse cases and to determine whether any patterns of decision-making are evident.

#### Statement of Purpose

Decision-making in child welfare has always been a difficult task. The decision-making process of child welfare workers is complex and requires the utmost professionalism and skill. Currently, the decision-making of child welfare workers is further influenced by an increase in the demand for services and the reality of limited financial and human resources.

The practice of child welfare decision-making appears to be based largely on subjective judgements and perceptions with few structured procedures or frameworks in place (Gleeson, 1987; Wasserman & Rosenfeld, 1986). This practice generally lends itself to variations in service delivery between individual workers, agencies and communities. Moreover, this lack of uniformity, particularly within individual CASSs, may impact upon the credibility and degree of accountability that such child welfare agencies have.

There have been few studies conducted which have examined the decision-making practices of child welfare workers. Those



that are in existence have focussed on the effects of decision-making upon the child and family, and on identifying the variables that appear to be influential in substantiating allegations of abuse, and/or rendering permanency decisions. To date, there has been no known study which has investigated patterns of decision-making in cases of child abuse. Furthermore, there has been no known study which examines the effects of such patterns upon the operation and functioning of the child welfare agency.

The purpose of this study is to identify those variables associated with child welfare decision-making in cases of child physical and sexual abuse. Further, this study undertakes to identify whether patterns of decision-making are evident in a sample of these cases. This information will hopefully be of use and benefit to child welfare administrators and front-line workers for purposes of increasing accountability, refining resource planning and utilization as well as for structuring case management and agency child abuse programming needs.

### The Concepts

The term child is used frequently throughout this study. It is defined within The Child and Family Services Act, 1984, as being any individual under the age of 16 years.

Child abuse is a generalized term that refers to abusive acts, perpetrated by adults, against children either physically, sexually, emotionally, psychologically or through neglect. This study addresses only those acts of physical abuse, which comprises the infliction of non-accidental injuries upon a child by a caretaker, and sexual abuse, referring to the involvement of children, by adults, in sexual behaviour or activities with the intention of stimulating the child sexually or using the child for their own sexual stimulation (Ministry of Community and Social Services, 1982). Both types of abuse are known to occur in varying degrees of severity and are known to result in varying degrees of visible and non-visible harm to the child. This study includes only those cases of substantiated child physical and sexual abuse which have come to the attention of a CAS and include all levels of degree and harm.

Substantiated abuse, for the purposes of this study, refers to those cases of reported alleged physical and sexual abuse which have been investigated and confirmed by child welfare authorities as constituting abusive situations.

The Ontario Child Abuse Register is a confidential, centralized index and repository of information about child abuse cases in the province of Ontario (The Social Program

Evaluation Group, 1987). The stated purposes of the Register are:

- 1) to learn more about child abuse, both for research and practice purposes;
- 2) to assist in tracking or identifying abused children, their families, and suspected abusers so that protection efforts may continue uninterrupted; and,
- 3) to monitor child abuse case management and programs.

(The Social Program Evaluation Group, 1987, p. ii)

Reports are made to the Register by CASSs when they are satisfied that abuse has been verified on the basis of credible evidence. The report identifies the abuser and the abused child and provides a summary of information about the case.

Decision-making in this study refers to the process undertaken by child welfare workers in determining actions taken or not taken in cases of child physical and sexual abuse. Decisions are typically made with respect to, for example, whether or not an abusive act has been perpetrated, what the risk is to the child, how the child can be adequately protected, what services should be offered and provided to the child and family and when services to a case should be terminated. Such decisions generally occur within the context

of agency procedures and policy, professional values and standards, collegial support and statutory law (Stein & Rzepnicki, 1984).

Child of concern refers to the child as the subject of an abusive act in each of the cases sampled.

## REVIEW OF THE LITERATURE

With the steadily increasing pressures of accountability and diminished resources, CASSs are becoming increasingly aware of the necessity for improving and refining their agency practices and procedures in an effort to enhancing service delivery. More often child welfare workers are being confronted with case decisions rendered more difficult by these pressures and the added responsibility of upholding societal standards of child care and protection. As such, the decision-making practices of child welfare workers, particularly in cases of child physical and sexual abuse, become an important area which touches upon legal issues, organizational realities, societal scrutiny and personal discretion.

In order to promote an understanding of decision-making practices in child abuse and child welfare, the literature will be reviewed according to the following five sub-headings: 1) the development of child welfare legislation in Ontario; 2) issues related to child abuse; 3) the nature of child welfare services; 4) the child welfare worker; and, 5) decision-making in child welfare.

## I. The Development of Child Welfare Legislation in Ontario

Historically, children throughout the Western world, have occupied the status of possessions, owned by and dealt with as their fathers saw fit (Radbill, 1987). Although this attitude often led to their exploitation and abuse, it reflected the formative values and priorities of a period in North American and Canadian society when agrarian life styles were the primary means of survival for most families. This generally necessitated that a child's value and worth was measured by their potential economic contribution to the family.

This primitive valuation of children has been existent throughout the social policies and legislation developed to address family and child welfare matters in Canada. Specifically, by the year 1799, the plight of orphaned and abandoned children was grave enough to be recognized through the enactment of An Act for the Education and Support of Orphans or Children Deserted by their Parents (Falconer & Swift, 1983). This legislation was basically intended to protect children from abuse, neglect and homelessness by placing them in apprenticeship situations (Ministry of Community and Social Services, 1979). In reality, however, many children affected by this particular piece of legislation found themselves to no longer be the possessions of their

fathers, but rather the possessions of their employers and often facing similar if not worse living conditions.

Between 1868 and 1893, the increase in the number of Canadian orphans plus the influx of thousands of homeless children from Britain (Falconer & Swift, 1983; Bagnell, 1980) combined with the onset of industrialization and urbanization, made the realities of child labour and exploitation very apparent public problems (Falconer & Swift, 1983). The shift from a predominantly agrarian to urban economy inevitably impacted upon the social climate of the time. However, for the poor, destitution and pauperism became more pronounced, while energetic optimism and hope consumed those who had benefited from the prosperity offered by an industrialized economy (Falconer & Swift, 1983).

The first comprehensive child welfare legislation in Ontario which recognized public responsibility for the welfare of children grew out of this sense of optimism and hope. Specifically, in 1891, the efforts of a group of social reformers, who sought to improve the care and living conditions of neglected and homeless children, aided in the inception of a new era in child welfare through the establishment of the first Children's Aid Society in Toronto (Jones & Rutman, 1981). By 1893, An Act for the Prevention of Cruelty to and Better Protection of Children was passed

and became the framework of future child welfare legislation in the province of Ontario and throughout Canada (Falconer & Swift, 1983).

Concern for society's children continued to evolve throughout the early part of the 20th century. With the passing of The Child Welfare Act in 1954, the legislative responsibility for child welfare and CASs was officially placed with the provincial government (Ministry of Community and Social Services, 1979). This development marked a significant evolution of the formerly held beliefs that the fate of a child was rightfully a matter of a local and private nature (Thomlinson & Foote, 1987, p. 125). Subsequently, The Child Welfare Act of 1954 was revised a number of times before the final version was replaced by the present Ontario child welfare legislation, The Child and Family Services Act, 1984.

The present Child and Family Services Act, 1984 resulted from an in-depth review procedure which began in 1979. It was the intent of legislators to consolidate all previous acts respecting children's services in Ontario, including the philosophy of The Charter of Rights and Freedoms, into one document (Ministry of Community and Social Services, 1985).

Since its inception, The Child and Family Services Act has met with both acclamation for its recognition of family autonomy and integrity, and criticism for its creation of



increased levels of bureaucracy and the diminishment of the role (and integrity) of child welfare workers (Barr, 1983).

In one way, the Act represents a departure from the social policy in effect in Ontario since 1893, during which time the care and welfare of children began to be recognized as public responsibilities. The Child and Family Services Act, 1984 still upholds the stated obligation to ensure adequate protection of children, however it also emphasizes the rights and responsibilities of the family for the care and well-being of children. Moreover, principles contained in the Act, promoting the best interests and well-being of the child through the least intrusive measures possible, combined with an acknowledgement of the need to maintain the integrity of the family while recognizing cultural, religious, developmental and regional differences, serve to significantly influence and shape the nature of child welfare services in Ontario today (The Child and Family Services Act, 1984, pp. 8-10).

## II. Issues Related to Child Abuse

Despite the acknowledged fact that the abuse of children has been in existence since the beginning of humankind (Radbill, 1987; French, 1984; McNeese & Hebeler, 1980; Starr, 1979; Schlesinger, 1977) researchers, politicians, and policy-

makers, therapists and the public continue to be unclear as to how to define and treat this phenomenon. Such a dilemma often results in inaccurate and misleading statistics about the extent and nature of the problem, misguided and ineffective laws to address it, and uninformed interventions to treat it. Moreover, without a consistent method of defining and identifying abusive actions toward children, prevention of this problem appears to be elusive.

The possible explanation for the difficulty in understanding child abuse is that public acknowledgement and professional interest has only seriously evolved within the past three decades (French, 1984; Valentine, Acuff, Freeman & Andreas, 1984; Sze & Lamar, 1981). Public and professional recognition that a child could incur harm by parents, caregivers or other adults first came to the fore in 1962 with the identification of the "battered child syndrome" by C. H. Kempe and his associates (Valentine et al., 1984; Sze and Lamar, 1981). Since this landmark work was introduced in the United States, the study of child abuse has become popularized. Consequently, insights have been discovered about the phenomenon of child abuse notably in relation to its causes and effects.

Child abuse manifests itself in many forms. Two of the most predominant are physical and sexual abuse. As such,

these forms of abuse will be central to the discussion that follows as well as warranting of separate sub-sections for a discussion of their specific dynamics.

Definitions of child abuse are varied and inconsistent throughout the literature (Costin & Rapp, 1984; Valentine et al., 1984; French, 1984; Garbarino & Gilliam, 1980; Starr, 1979). In their orientation manual for child welfare workers, the Ontario Association of Children's Aid Societies (1985) defined abuse as "those acts of commission by a parent or caretaker which result in physical, sexual or emotional harm" (p. 75). This definition was expanded within the regulations of The Child and Family Services Act, 1984. Specifically, sections 75(1)(2) of the Act stated that:

(1) . . . "abuse means a state or condition of being physically harmed, sexually molested or sexually exploited.

(2) No person having charge of a child shall, (a) inflict abuse on the child; or (b) by failing to care and provide for or supervise and protect the child adequately, (i) permit the child to suffer abuse, or (ii) permit the child to suffer from a mental emotional or development condition that, if not remedied, could seriously impair the child's development. (p. 154)

This definition implies abuse as being not only acts of commission but also those of omission on the part of caretakers. This notion is further emphasized under section 37(2) (a) (b) (c) (d) (e) (f) (g) and (h) where a delineation of the child in need of protection is presented (see Appendix C).

Notwithstanding this definition, there are currently no precise data on the number of children each year who are victims of child abuse in Canada or Ontario. Estimates have placed the figure between 2000-3000 children per year who are abused in this province (The Standing Committee on Social Development, 1983). These data however, are undoubtedly underestimates of the prevalence of abuse and it is generally believed that the larger number of legitimate child abuse cases never reach the attention of child welfare authorities. This is despite the fact that anyone knowing or suspecting that a child is suffering abuse is obligated by law to report the situation to the child welfare authorities (The Child and Family Services Act, 1984 Section 68(2)(3), p. 134).

Three major categories of causative factors of child abuse can be identified from the literature. These include sociological/environmental factors; the psychological/personality characteristics of the abusive person(s); and, the role of the child in the abusive situation (Smith, 1984; French, 1984). Although all of these categories are known to be significant in the etiology of abusive acts toward children, researchers, to date, have tended to conduct singular causal factor analyses of these categories which has led to somewhat incomplete and unrepresentative results (Smith, 1984).

Sociological and environmental factors. Such factors which contribute to the potential for abuse include, circumstances such as poor housing, financial/employment stressors, social isolation, and the subtle societal acceptance and promotion of violence and aggression within the family environment (Lystad, 1980; Gelles, 1972, 1978; Gil, 1970, 1971). Within this context, a debate surrounding the significance of social class as a factor in child abuse has been ongoing. On the one hand, some theorists claim that child abuse is a phenomenon germane to all socio-economic classes (Kempe & Kempe, 1978; Schlesinger, 1977; Steele & Pollack, 1976; Paulson & Blake, 1967), while others contend that child abuse is, in fact, more prevalent and predisposed in the lower social classes (Brown, Whitehead & Braswell, 1981; Pelton, 1980; Sweet & Resick, 1979; Gil, 1970).

Proponents of the former camp do admit that more abusive situations occur amongst lower social classes, but hasten to excuse this as a fault in the child abuse reporting systems and the relative social privacy from litigation that more well-to-do families may have. Those adhering to the latter notion contend that the "classlessness" of child abuse is a myth perpetrated by politicians wishing to avoid accentuating the issue of poverty and its ramifications (French, 1984, p. 4). Further, Pelton (1980) suggested that by reinforcing the

"myth of classlessness" in child abuse, critical attention is being diverted from the true nature of the problem while simultaneously diverting valuable resources from finding its solution (p. 95).

Psychological and personality traits. The psychological and personality traits of abusers have been well researched and documented in the literature. The most often reported features are those of low frustration tolerance, low self-esteem, dependency, immaturity, role reversal, mental illness, impulsivity, and a lack of understanding of the needs and abilities of infants and children (Sze & Lamar, 1981; Kertzman, 1980; Starr, 1979; Van Stolk, 1978; Green, 1978). While such traits are common amongst abusers, they by no means coincide with all abuse profiles. Further, it is evident that no single type of abusive parent or person can be grouped into one homogeneous category (Smith, 1984). Finally, the multifaceted aspects of such traits render them difficult to either identify, categorize or understand in this context.

The role of the child. Although it may seem strange to think or believe that a child can play a significant role in his/her own abuse, research into the traits of abused children has increasingly demonstrated that some children are more

prone to be abused than others. Such children include those born prematurely, those with mental and physical handicaps, those perceived by the abuser as "difficult", and those children perceived by the abuser as being "different" and who are consequently scapegoated through abusive behaviours (Kadushin & Martin, 1981; Friedrich & Boriskin, 1980).

As was noted previously, studies on the etiology of abuse are primarily single factor analyses. This limitation has inhibited drawing consummate conclusions pertaining to whether child abuse can or does occur in the presence of only one of the above mentioned factors, or whether elements of, and/or combinations of all three produce an abusive situation. The literature is consistent, however, in its call for increased multifaceted analyses in this regard (Smith, 1984; French, 1984; Sze & Lamar, 1981; Starr, 1979).

Physical abuse. Physical abuse comprises the infliction of non-accidental injuries upon a child by a caretaker. Specifying that physical abuse exists only when perpetrated by a caretaker of the child suggests that the existence of a relationship between the child and the abuser must be present (Ministry of Community and Social Services, 1981). While not excusing those abusive persons unknown to the child from responsibility or legal reprimand, such a specification

certainly serves to narrow the scope of situations termed and addressed by child welfare authorities as physical abuse.

According to standards and guidelines prepared by the Ministry of Community and Social Services (1981) for the management of child abuse cases, physical abuse includes, but is not necessarily restricted to; physical beating, wounding, burning, poisoning, and related assaults causing visible or non-visible physical harm. Moreover, there are many difficulties inherent in determining when an act of physical abuse has occurred. Differing cultural, social, religious, professional and ethical beliefs and values within society suggest differing acceptable levels or degrees of physical discipline and parental rights toward their children (Maidman, 1984b; Holland, 1981; Kadushin, 1980). As such, the specification of when physical abuse has indeed occurred is a difficult task that ultimately rests with the discretion of CAS workers (Holland, 1981). Further, because personal discretion is extant in the determination and labelling of such cases, actual statistics are understandably not available which depict the extent of this phenomenon.

Similarly, accurate information regarding the age at which children are most likely to be physically abused is inconsistent (Maidman, 1984b). Greenland (1973), while conducting a study on child abuse in Ontario, found that the



physical abuse of children is not limited to the very young, although they often receive the most serious injuries and many often die from them (p. 40).

Previous research has found male children to be subjected to physical abuse slightly more so than female children when they are of a young age, with the reverse being true as they grow older (Gelles, 1978; Greenland, 1973). One explanation for this is that in the early years, females are socialized into passive behaviour and that their susceptibility to abuse increases as they grow older and become more independent (Maidman, 1984b). Male or female, infant or adolescent, the effects of physical abuse upon a child's social and psychological development are many and varied and virtually always adverse.

Rosenthal (1987) identified physically abused children as experiencing significant feelings of vulnerability and lack of control in their lives. Indeed, such feelings manifested themselves through behaviours symbolic of struggles within three related themes; shame, hunger and helplessness. In general, these children held the erroneous assumptions that they were abused due to their own actions and attempted to conceal their perceived faults through behaviours such as exaggerated displays of perfection, stealing and hoarding

food, and aggressive and compulsive postures (Rosenthal, 1987).

Similarly, Yates (1981) categorized physically abused children into three behavioural subgroups: 1) the destructive group, described as angry, irritable and provocative; 2) the frightened group, exhibiting anxious and passive yet progressively obstinate behaviour; and, 3) the private group, distinguished by attractive yet very superficial social behaviour. In this regard, such behaviours were representative of rather pathetic, self-protective attempts by the abused child to convey to others their ability to be faultless, self-reliant and in control in the hope that these defences would render them immune from further abuse. Further, without intervention of either a protective, and/or therapeutic nature, physically abused children are at high risk for carrying and developing many dysfunctional behaviours as such into their adult lives.

Sexual abuse. More than any other social problem in recent history, the sexual abuse of children has risen precipitously in public awareness from virtual obscurity to high visibility (Finkelhor, 1984, p. 3). Yet, sexual abuse, as with physical abuse, remains a problem which is subject to inconsistent and differing definitions and perceptions in both

professional and general populations. Issues such as the intention of the abuser, the effects upon the child, the observer's value judgements about the act, and the sources of the standards for such judgements, influences and shape what situations are defined and viewed as being instances of child sexual abuse (Garbarino & Gilliam, 1980, p. 5).

The Ministry of Community and Social Services (1982) in its sexual abuse training manual for child welfare workers, defined child sexual abuse as: "the involvement of children, by adults, in sexual behaviour or activities designed to stimulate a child sexually or to use a child for the sexual stimulation, either of the perpetrator or of any other person" (p. 53). This definition is intended to represent all possible scenarios of potential sexual abuse, including, the sexual exploitation of children through child pornography or prostitution; sexual assault, which specifies sexual misconduct against a child by an adult using force; and, family sexual misconduct (Ministry of Community and Social Services, 1982).

As with other forms of abuse against children, sexual abuse is most often perpetrated within the family group by persons known to, and/or trusted by the child (Finkelhor and Browne, 1985; Finkelhor, 1984; Falconer & Swift, 1983; Herman & Hirschman, 1981). Such abuse includes a range of acts

including; parental voyeurism, parental exposure, sexual touching or fondling, masturbation, oral or genital contact and penetration.

Despite the acknowledgement in the professional and public spheres of which acts constitute sexual abuse against children, it is presently difficult, if not impossible, to ascertain accurate estimates of the total incidents of sexual abuse in either Canada or the United States. Varying samples and methods of data collection, differing definitions and the vast number of suspected unreported cases appear as obstacles to compiling accurate, and/or consistent statistics representative of this problem (Haugaard & Reppucci, 1988; Kempe & Kempe, 1984; Maidman, 1984c).

Early estimates of the occurrence of child sexual abuse were underestimates and virtually all recent studies reflect variant results. For example, Finkelhor (1979) in a study of college students in the United States, found that 19% of females and 9% of males in his sample had experienced some form of sexual abuse as children. In a similar study of college students, Haugaard (1987) found 11.9% of women and 5% of men to have been victims of child sexual abuse. Significant variations, such as these, inhibit the determination of trends in child sexual abuse and generally limit the capacity for rendering inferences or comparison.

The prevalence of child sexual abuse in Canada is perhaps best indicated by the findings of *The Badgley Report* (1984). This study found that, by the time they are 15 years of age, 6% of boys and 15% of girls have been the victims of sexual abuse considered as violations of The Criminal Code of Canada. Further, these percentages increase to 9 and 22%, respectively, by the time the child reaches 17 years of age. Of particular significance in this study is the finding that only 41% of female victims and 26% of male victims reported such abuse to the authorities. It is also worth noting that this, and other similar studies, are retrospective in nature thereby presenting data on what occurred rather than on what is presently occurring.

As mentioned, the vast majority of perpetrators in child sexual abuse are persons known to the child and most likely to be members of their own family. Specifically, men are known to commit most of the sexual abuses against children (Finkelhor, 1987, 1982; Geiser, 1979) and females are known to predominate as victims (Finkelhor, 1984). This is not to suggest that males are somehow immune to being victims of sexual abuse or that females are incapable of perpetrating it. Rather, these trends are more accurate reflections of the minimal public attention attributed to males as victims and females as perpetrators in child sexual abuse.

Further, step-fathers have been reported as being the most likely abusers of family members representing the strongest factor of victimization and, in effect, doubling a child's risk of victimization (Finkelhor, 1984; Russell, 1984; Gruber & Jones, 1983; De Young, 1982). Moreover, sexual abuse by step-fathers is much more likely to occur at the most serious level, that of achieved or attempted penetration, than are abusive acts by other relatives (Bagley, 1985). Usually, single occurrences of sexual abuse are most prevalent and the predominant overall type of reported abusive sexual activity is that of non-genital or genital fondling (Haugaard, 1987, Finkelhor, 1984; Badgley, 1984).

Children who are the victims of sexual abuse inevitably suffer profound negative effects. Research involving clinical samples as well as empirical comparisons of groups of victims and non-victims has shown that child sexual abuse adversely affects the emotional, interpersonal, behavioural and sexual development of the child (Haugaard & Reppucci, 1988). Further, the abuse experienced in childhood, often produces lasting effects that extend into adult life.

On an emotional level, for example, the sexually abused child is likely to respond to the abuse through feelings of guilt, anger, depression, powerlessness and loss (Gelinas, 1983; Gischer, 1983; Sturkie, 1983; Summitt, 1983).

Interpersonally, the child may experience difficulties in relating to and trusting others, creating in them perceived and real isolation (Everstine & Everstine, 1989; Haugaard & Repucci, 1988; Sturkie, 1983). On a behavioural level, the sexually abused child may become aggressive, experience problems in school, develop phobic or avoidant behaviours and exhibit high levels of suicide ideation and behaviour (Browne & Finkelhor, 1986; Everstine & Everstine, 1983; Adams-Tucker, 1982). Finally, the effects of child sexual abuse may include; heightened sexual activity both in childhood and later in adult life, confusion and anxiety over sexual identity, difficulties in adult sexual adjustment and an increased susceptibility to sexual violence in adult years (Everstine & Everstine, 1989; Kohan, Pothier & Norbeck, 1987; Rogers & Terry, 1984; De Young, 1984).

Child physical and sexual abuse are persistent and serious problems of our present society. They are ongoing (and increasing) occurrences which diminish the stability and structure of families and communities. As such, addressing the many facets of child abuse has become an area of considerable attention, both in the domains of law and legislation and in service and treatment. Services designed and implemented to manage child abuse have necessarily had to change and develop as new insights and knowledge have been

gained. In this regard, current practices of service to cases of child abuse are directed toward protecting and ensuring the best interest of the child while simultaneously, and often incompatibly, maintaining the autonomy and integrity of the family.

### III. The Nature of Child Welfare Services

The essence of child welfare is to protect and care for those children in need of protection and care (Thomlinson & Foote, 1987). At the macro level, the child welfare system of services comprises all social, medical, legal and educational institutions that are involved with, or address children and their various needs. The primary mandated responsibility however, for the protection and welfare of children in Ontario rests with CASSs.

Since the establishment of the first CAS in 1891, these organizations have grown to number 51 across the province of Ontario. These are provincially regulated agencies which are funded through cost-sharing agreements between the federal, provincial and municipal levels of government (Thomlinson & Foote, 1987). Although mandated by provincial legislation, CASSs are operated by local, voluntary boards of directors, thus allowing for the retention of a measure of autonomy and



community-based decision-making (Ontario Association of Children's Aid Societies, 1985).

The traditional response to children in need of protection has been to provide "out-of-home" care in the form of foster homes or institutionalization (Wharf, 1985). This type of service delivery has generally led to the common conceptualization of child welfare services as being nothing more than "rescue work" (Hepworth, 1980). Further, significant shifts in the availability of funds and the increased burdens upon child welfare agencies, coupled with the recognition of the adverse effects of separating children from their homes and families, has necessitated a move away from a reliance on bringing children into government care (Callahan, 1985; Robinson, 1985; Hepworth, 1980).

Current child welfare services are designed with an emphasis on protecting children while they remain in their own homes, along a continuum of least intrusive to most intrusive measures. Although utilizing the least intrusive means of service is preferred and consistent with the prevailing societal mood of respecting the rights of parents, children and their families, relevant family dynamics and the nature and severity of the child welfare problem ultimately dictates levels of intervention and specific services provided or imposed. In this regard, Kadushin (1980) and Magazino

(1983) suggested that specific child welfare services exist within a framework of being supportive, supplemental or substitutive in nature.

Supportive services generally take the form of counselling, advocacy services and group work. These services do not undertake to discharge the functions of the parents or children but rather to strengthen their abilities to carry out their responsibilities more effectively (Magazino, 1983). Similarly, supplemental services, such as day care, homemaker services and respite care, also serve to support the family while assuming a portion of the parental role functions (Magazino, 1983).

Substitute services, such as foster care, adoption and group homes, are deemed the most intrusive in that they are used or imposed when the family situation requires a temporary or permanent dissolution of the parent-child relationship system (Kadushin, 1980). The overall theme in the nature of these services is that they are designed to intervene in natural parental functions which have gone awry. These three service typologies are recognized as constituting the core activities of CASS in both Canada and the United States (Ontario Association of Children's Aid Societies, 1985; United States Department of Health, Education and Welfare, Children's Bureau, 1976).

A fourth category of child welfare service which is quickly becoming acknowledged as essential to the overall protection of children is that of preventive services (Wharf, 1985; McGowan & Walsh, 1985; Magazino, 1983). Typically, prevention in child welfare has been approached from a residual and tertiary perspective with minimal emphasis being placed on primary preventive programmes (Wharf, 1985). While the preventive element is extant to some degree in the supportive and supplemental service categories, its predominant focus appears to be on preventing an evolution to the third and most intrusive level of substitute services. Hence, the distinction between protective and preventive services in child welfare, at this point in time, remains vague (Magazino, 1983).

It is clear however, that child welfare services have developed and will continue to develop as new perspectives into the family are gained, and as social and political climates change. Despite the acknowledged importance and credibility placed on child welfare services by society, such services generally continue to be devalued and defunded. Further, providing services to children in need of protection and their families suggests that perhaps at no time in the past have child welfare workers served more important or more difficult functions (Esposito & Fine, 1985, p. 727).

#### IV. The Child Welfare Worker

The realm of child welfare work involves a multiplicity of functions and roles to be effected by a child welfare worker. The child welfare worker is simultaneously required to be an officer of the CAS, with the authority to enforce laws and standards of child care, as well as to carry out a helping function that attempts to rectify family problems necessitating child welfare involvement (Ministry of Community and Social Services, 1980).

Mastering the tasks inherent in performing these often conflicting roles, combined with the general taxing nature of the work, has led some to conclude that child welfare workers have one, if not the, most difficult job in the social services (Lieberman, Hornby, & Russell, 1988; Vinokur-Kaplan, 1987; Stein, 1982). It is also well acknowledged in the literature that child welfare is a highly specialized field within the profession of social work (Lieberman, Hornby & Russell, 1988; Maluccio, 1985; Meyer, 1983; Stein, 1982; Olsen & Holmes, 1982; Kadushin, 1980; Daley & Williams, 1979). Specific job functions of child welfare workers include; investigation, information gathering, problem-solving, monitoring, human relations intervention, supporting, counselling, resource brokerage, and change agent activities (Maidman, 1984a, p. 17). These functions certainly indicate

the need for highly trained and skilled personnel. However, despite this indication, child welfare agencies generally attract and recruit young, inexperienced and untrained workers (Daley & Williams, 1979).

Studies examining the actual profiles of child welfare workers have shown that they have a variety of educational degrees and training (Lieberman, Hornby & Russell, 1988; Vinokur-Kaplan & Hartmen, 1986; Olsen & Holmes, 1982; Daley & Williams, 1979; Shyne & Schroeder, 1978). Further, some studies have also indicated that those child welfare workers possessing undergraduate or graduate degrees in social work (BSW/MSW) tend to be the best prepared and most effective in their overall work performance, than their counterparts possessing non-social work or general baccalaureate degrees, and/or college diplomas (Olsen & Holmes, 1982; Daley & Williams, 1979). According to statistics compiled by the Ontario Association of Children's Aid Societies (1988), 2,119 child welfare workers were employed by CASSs across Ontario in 1988. Of these, 53% held undergraduate and/or graduate degrees in social work.

One frequent theme noted in the literature is that even though social work educated individuals seem best suited for child welfare work, social work education is itself remiss in adequately preparing students for the complexities of this

work (Lieberman, Hornby & Russell, 1988; Vinokur-Kaplan & Hartman, 1986; Maluccio, 1985; Daley & Williams, 1979). Similarly, once employed, child welfare workers generally face limited in-service training which is lacking in any sequence of advanced, on-going training opportunities (Vinokur-Kaplan, 1987).

The Ministry of Community and Social Services in Ontario has developed a number of training programs for child welfare workers such as, *Front Line Protection Training, One and Two*, and *Sexual Abuse Training* (Ministry of Community and Social Services, 1980). Although available, a major difficulty in delivering these and other programs appears to be the time restraints of child welfare workers who are often burdened with high, crisis-oriented caseloads. Thus, training and professional development often become secondary to keeping up with the primary demands of regular casework.

These demands dictate that the nature of child welfare work is often intense and highly crisis-oriented. A child welfare worker may be dealing simultaneously with disruptions on his/her caseload, as well as with incoming referrals to the agency. Such an atmosphere emphasizes the stressful nature of this type of work and the necessity of efficient and effective decision-making skills on the part of workers.

## V. Decision-Making in Child Welfare

Decision-making in child welfare is perhaps the most critical function to be carried out by a child welfare worker (Gleeson, 1987; Stein & Rzepnicki, 1984; Nagi, 1975). For example, the situations that often confront a child welfare worker are almost always volatile and highly sensitive, usually rendering the decision-making process difficult and complex. In essence, from the moment a child welfare worker receives a report of alleged physical or sexual child abuse, s/he is propelled into a series of crucial decision-making activities. Inappropriate, incorrect or "non" decision-making creates the potential for profound ramifications not only for the child and family involved but also for the worker, the agency and the community.

Despite the serious nature of the task, the actual decision-making skills among child welfare workers have generally been remiss (Mosek, 1988; Stein & Rzepnicki, 1984). Interest in this particular area of child welfare originated in the 1970s when it was discovered that inordinate numbers of children were being placed, and then left to drift in foster care (Mosek, 1988). From this, studies were undertaken which found, primarily, that a meaningful framework for decision-making did not exist and that child welfare workers were not guided in their efforts by any constant set of

decision-making principles (Meddin, 1984). Further, government policies, agency procedures and the training and education of child welfare workers were shown to be decidedly lax in instructing workers on how to carry out their decision-making functions (Gleeson, 1987; Alter, 1985).

For instance, Golan (1969), in her study of mental health workers, found two opposing methods of how decisions were made within a mental health care setting. In the first, the worker acts as a "decision-making machine" into which information is fed and a decision for action emerges. The second method, which is more intuitive and humanistic, involves the reaching of global judgements by the worker, followed by a rearrangement of the accumulated information in order to reinforce and rationalize the worker's decision (p. 287). Similarly, in the child welfare field, the worker is seen to be either gathering copious amounts of information upon which to base a decision or, conversely, utilizing personal and professional judgements and biases as guides to deciding among alternatives (Stein & Rzepnicki, 1984, 1983).

One inveterate hazard which exists in these methods of decision-making is the promotion and acceptance of individually defined criteria for deciding what will be done with abused children and abusive families. Such practices inevitably lead to idiosyncratic decisions which heighten the



potential for significant inequities in the delivery of services based principally upon who the worker is (Meddin, 1984; Rapp, 1980). Moreover, an over-reliance on judgement for decision-making raises some doubt as to its reliability and may prompt the conclusion that professional judgement is nothing more than an elegant label applied to behaviour, and when observed among lay people, would be viewed as simple bias (Stein & Rzepnicki, 1984, p. 17; 1983, p. 7).

In addition to these hazards, Coupe (1983) determined that the lack of a decision-making framework, or haste in decision-making in child welfare contributed to a phenomenon she termed "socio-institutional abuse". This term implies that, by virtue of being involved with a child welfare agency, a child and family risks such effects as the maintenance or increase in the amount of abuse within the family environment, a decline in mental health, and, the likely appearance of delinquent behaviours (p. 364). Furthermore, Coupe (1983) determined that a lack of decision-making was the primary cause of this phenomenon in 40% of the cases studied.

Professionals are able to agree on child welfare decisions only when children are clearly safe or clearly in physical danger (Nagi, 1981; Craft, Epley & Clarkson, 1980). Most cases however, offer ambiguous circumstances and facts that make decisions difficult. Hasenfeld (1974)

conceptualized the clinical decision-making process as being governed by three factors; the information elicited from the client, the body of knowledge against which such information is evaluated and the prescribed treatment procedures derived from that body of knowledge (p. 309). This model ignores the organizational context of decision-making which infers that every decision made by a professional may be influenced by such organizational variables as: 1) program content and structure; 2) organizational vocabulary; 3) standard operating procedures; 4) communication patterns; and, 5) the interdependencies of units within the organization (Hasenfeld, 1980, p. 30).

Similarly, Stein and Rzepnicki (1984) viewed decision-making in terms of the following three-stage process:

1. Information must be gathered using criteria which enable the practitioners to sort data into relevant categories of relevant and irrelevant information.
2. Rules are then applied which result in differential weighting of categories.
3. Meaning is assigned to categories of information according to their relevance for making the decision of concern. (p. 8)

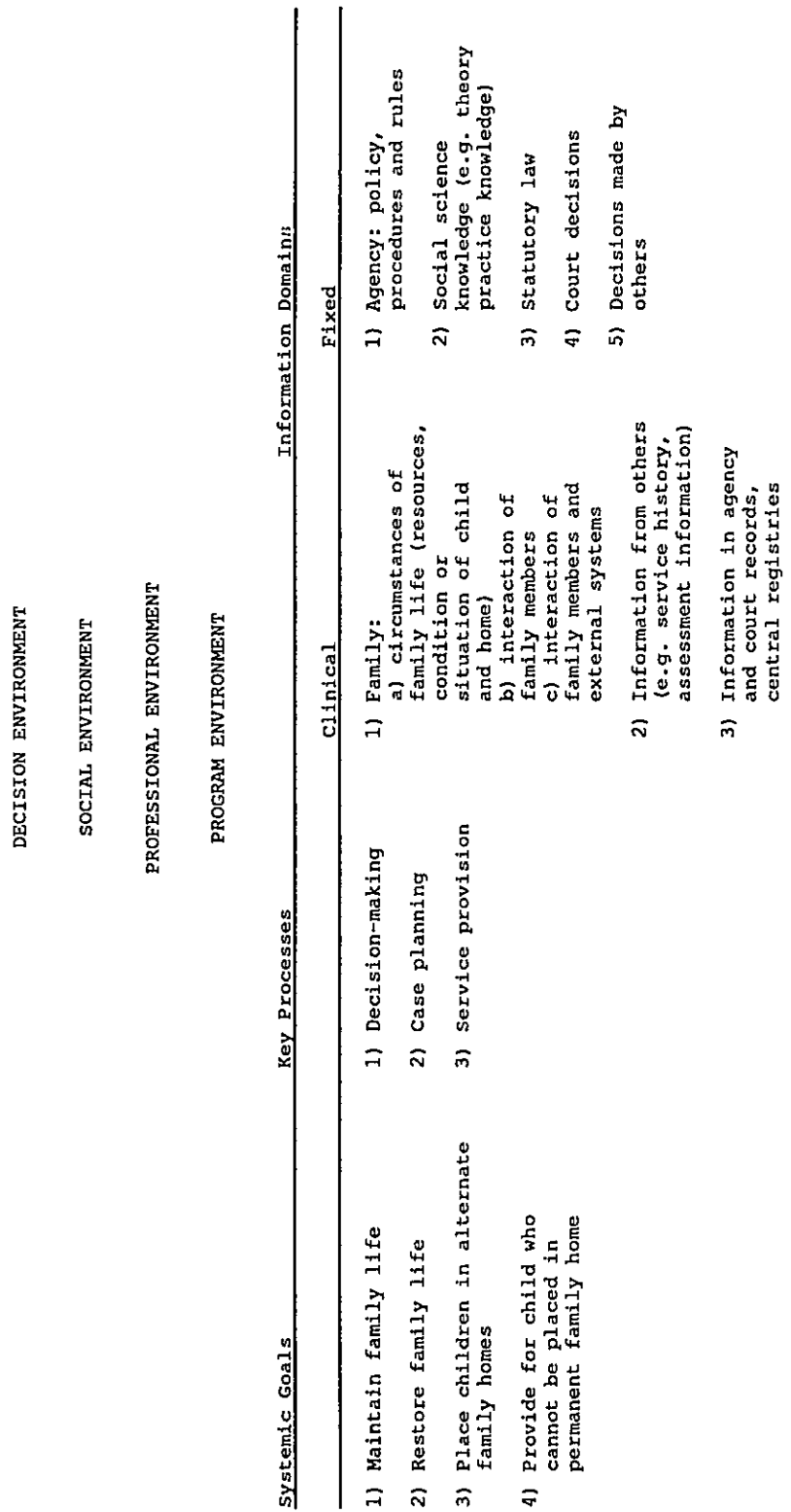
Professional values and standards, collegial support, statutory law, and agency policy are the sources from which a child welfare worker may base their determination of the appropriate 'criteria' and 'rules' for rendering a decision

in this regard. These sources, however, offer the child welfare worker minimal assistance with direct application to decision-making in real practice situations (Stein & Rzepnicki, 1984).

In addition to establishing a decision-making process, Stein and Rzepnicki (1984, 1983) contrived a decision-making model for child welfare workers (Figure 1) which serves to delineate the decision-making process and offer a means of operationalizing criteria and standards upon which decisions are based. Stein and Rzepnicki's (1984) study of structured decision-making procedures indicated that child welfare workers generally found such procedures to be helpful and that they facilitated quicker decisions without any increase in the recurrence of abuse. The primary drawback of this process was found to be the considerable increase in paperwork that resulted for the workers.

Gleeson (1987) took this model of decision-making a step further and undertook to determine if, in fact, structured procedures for decision-making in child welfare could be utilized by child welfare workers. He found that structured decision-making procedures were used more frequently when the child welfare worker was new on the job, did not have previous experience, when the case was unfamiliar to the worker, and when the client situation was viewed as being high risk

Figure 1. Decision-making model\*



\*This diagram represents a partial model. All of the variables external to the program environment are not shown. Political considerations that influence funding decisions are a notable omission.

From: Stein and Rzepnicki (1984) p. 36.

(Gleeson, 1987, p. 108). It was concluded from this study that the procedures are useful as initial training and orientation directives for new workers, and as reference guides for experienced workers.

Ultimately, the practice of structured decision-making procedures works to define the tasks of child welfare workers, restrict the occurrence of autonomous judgements, and render the actions of workers more visible, thus making workers more accountable (Gleeson, 1987). Implementing procedures as such can only serve to benefit child welfare agencies and their clients, particularly in view of the current directions in child welfare which are, without doubt, emphasizing, and in fact, demanding, these same happenings. Both an acknowledgement and adaptability to these changes are suggested as key ingredients for success in service to clients and continued survival of child welfare agencies.

Decision-making studies. The main focus of current research in this area has been on determining rationales for worker decisions related to child placements. To a lesser extent, the literature has sought to determine which variables in cases of child abuse are associated with worker decisions to substantiate (or not) an allegation of child abuse. Non-existent in the literature are studies which examine the

decision-making of child welfare workers as it relates to the provision of type and quantity of services, and which examine the decision to continue or to terminate services to previously ongoing cases.

Mosek (1988) found in her study of permanency decisions that the personal variables of workers such as; sex, age, marital status, having children, and ethnicity and religion were influential in a worker's decision-making behaviour. Likewise, professional self factors such as; education, social work and child welfare experience, and the worker's theoretical orientation, proved to be significant determinants of child welfare decision-making.

Other studies have focussed more on specific client characteristics which determine the variables important to the child welfare decision-making process. For instance, DiLeonardi (1980) found that the seriousness or chronicity of injury to the child and the parents receptiveness to help were the main factors inducing a worker to provide services. Similarly, Alter (1985) determined that the existence of a moderate degree of harm combined with variables including wilful intent, negative child-parent relationship, and a low motivation on the part of the parents for change resulted in a worker's decision to substantiate an allegation of neglect. Meddin (1984) found similar client characteristics to be

influential for worker decision-making but determined further that the age of the child is equally important in deciding how and if a case will receive service.

One study deviates markedly from those mentioned in its finding that child welfare decision-making is not associated primarily with either client or worker characteristics or the incident itself, but is, rather, associated with the child welfare system (Shireman, Miller & Brown, 1981). More specifically, in their study, Shireman et al., (1981) found, unexpectedly, that if a child welfare worker is the first to respond to a complaint of child abuse there is less likelihood of the child being placed in care than if the police are the initial respondents. Further, child welfare workers, while leaving the family intact, provide only minimal continuing services to the family when they function as the initial investigators of the complaint.

The results of these studies indicate that there are a number of potential factors which influence child welfare worker's decision-making. What seems lacking from the current research is a determination of the extent to which certain variables are responsible for the decisions made and analysis to determine if any patterns of decision-making are present in the process. A need for increased research in these areas is well acknowledged in the literature.

## RESEARCH QUESTIONS

This exploratory-descriptive study attempts to assess and explore variables associated with child welfare worker's decision-making in cases of child physical and sexual abuse. The following research questions have been developed in order to achieve this purpose:

1. What are the socio-demographic characteristics of the families of abused children?
2. What is the demographic profile of child abuse within a sample of cases from a CAS?
3. What are the general characteristics of child abuse cases within a CAS?
4. What services are being provided to individuals and families who are involved in cases of child abuse?
5. What are the socio-demographic characteristics of child welfare workers providing services to cases of child abuse?
6. What identifiable patterns of decision-making are evident in a child welfare worker's management of child abuse cases?

It is anticipated that information derived from these questions will be useful in increasing the effectiveness and efficiency of service delivery and resource allocation for



child abuse cases, as well as providing child welfare agencies with a means of demonstrating accountability to clients, the community, and funding sources.

## METHOD

### The Setting and Population

The setting for this study was the Roman Catholic Children's Aid Society for the County of Essex (RCCAS) located in Windsor, Ontario. The RCCAS is one of three Roman Catholic children's aid societies (of which there are 51 in total) in the province of Ontario. It is comprised of a staff complement of 56 full and part-time child welfare workers and supervisors. Services provided by the RCCAS are: intake, mandatory protection, voluntary protection, family support, resource development and permanency planning, to approximately 150,000 Roman Catholic families living within the City of Windsor and its outlying communities (see Figure 2).

The population of this study consisted of 98 substantiated child physical and sexual abuse cases which were opened for service by the RCCAS between January 1, 1985 and December 31, 1988. All cases in the study population were open for a minimum of three months before being closed and all were cases involving families whose main place of residence was in the City of Windsor.

The sample. Seventy-three cases were selected from the population using an availability sampling procedure. This

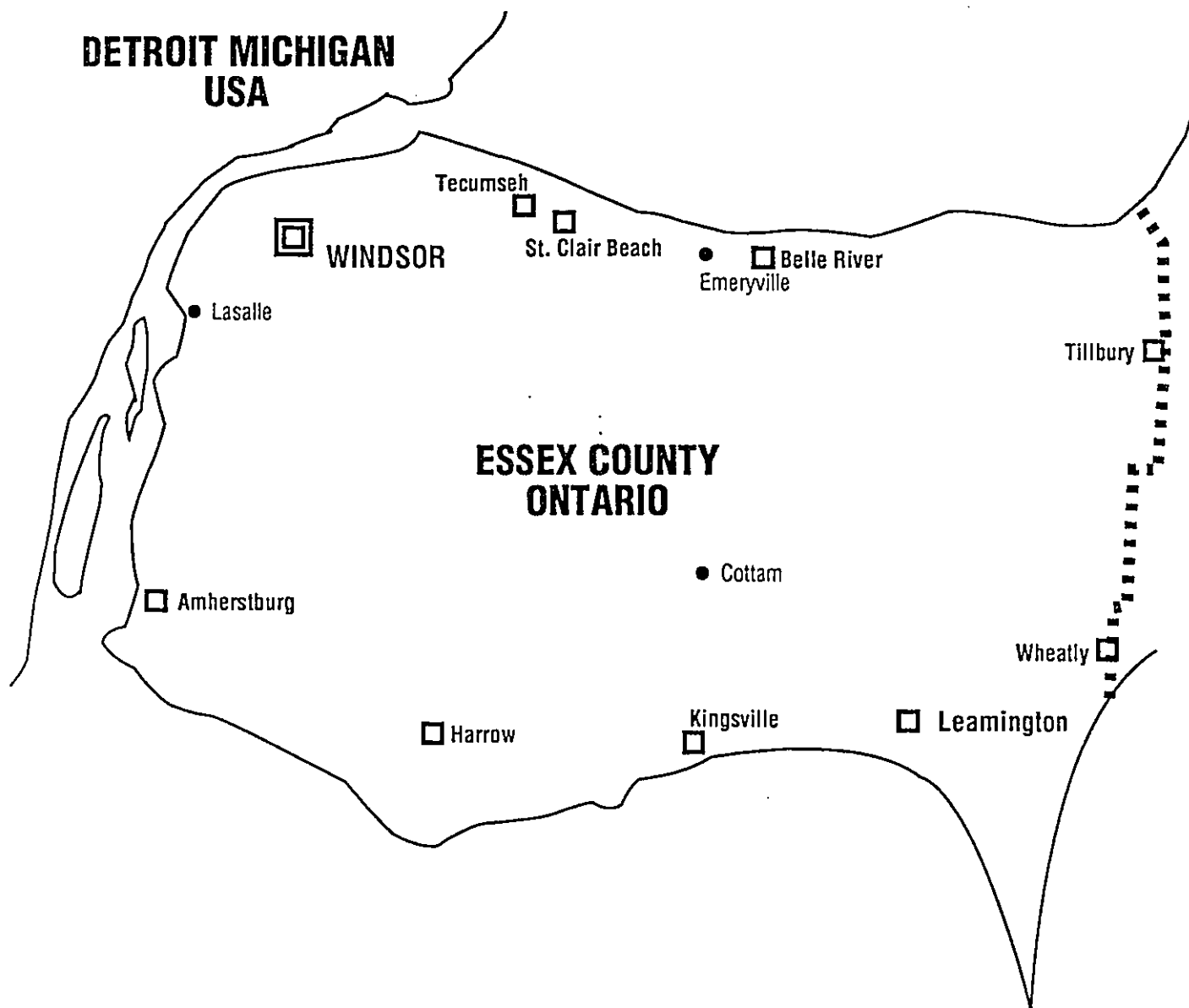
procedure is a form of non-probability sampling which entails using only those units from the population which are available and appropriate for the study (Seaburg, 1988). For this study 25 cases from the population were unavailable for inclusion in the sample due to being reopened within the agency or being otherwise inaccessible to the researcher.

### The Procedure

Written permission was obtained from the Intake Supervisor of the Roman Catholic Children's Aid Society for the County of Essex, on February 24, 1989, allowing the researcher to conduct this study on site at the RCCAS offices in Windsor, Ontario (see Appendix B). The data collection was carried out using a pre-tested data collection instrument (see Appendix C) between June 26, 1989 and July 12, 1989. The data were collected in the form of secondary analyses by the researcher and an assistant who was trained in the format and use of the instrument. Worker profile data were collected from the agency personnel files by two employees of the RCCAS. No information was collected directly from clients or child welfare workers.

Coding of the collected data were completed by the researcher at the University of Windsor. The data was then

Figure 2. Geographic area and communities serviced by the Roman Catholic Children's Aid Society for the County of Essex.



NOTE. (.) Communities serviced by RCCAS

entered into the computer at the University of Windsor Computer Centre where it was analyzed using the Statistical Package for the Social Sciences-X (SPSS-X, 1984).

### The Data Collection Instrument

The components, structure and questions of the data collection instrument were developed from three sources. First, a number of items were derived from studies available in the literature that addressed decision-making in child welfare (Mosek, 1988; Gleeson, 1987; Alter, 1985; DiLeonardi, 1980). Second, from RCCAS forms, procedures and from agency files that were reviewed by the researcher prior to the development of the data collection instrument. The third source of information used in the construction of the instrument was provided by the researcher, her advisor Dr. M. J. Holosko, and a supervisor at the RCCAS, Mr. Roger Mitchell, M.S.W.

A pre-test of the instrument was conducted on five child abuse cases from the RCCAS on June 5, 1989. It was determined from the pre-test that each case would require, on the average, 50 minutes to complete. Minor revisions in the format and wording of the instrument were made as a result of the pre-test.

The data collection instrument consisted of six parts designed to delineate from the files information relating to: the present family situation; current case information; the abuse profile; services provided; previous Children's Aid Society involvement; and, the Children's Aid Society worker profile. Each section consisted of questions requiring one to determine from the file the appropriate information in each category. Some qualitative responses were also solicited for a minority of the questions in the form of a "comment" space.

## RESULTS AND DISCUSSION

The results and discussion of data<sup>1</sup> are presented in the following sub-sections: 1) RCCAS client family profile; 2) abuse profile; 3) RCCAS case information; 4) services provided by RCCAS and community agencies; 5) RCCAS worker professional profile; and, 6) decision-making factors.

### I. RCCAS Client Family Profile

Mothers and fathers were present in all 73 child abuse cases comprising the sample of this study. The ages for mothers ranged from 18 to 53 years. The mean age was 33.3 years (SD=6.79,  $n=73$ ) and the mode, or most frequently occurring age was 32 years. Over half of the mothers in the sample (56.1%) were in the 30-39 age range, 28.8% were between 18 and 29 years and 15.1% were aged 40 years or older.

The range of ages for the fathers in the sample were from 21 to 55 years. The mean age was 36.0 years (SD=7.35,  $n=73$ ) and the modal age was 27 years. Similar to the mothers in the sample, over half of the fathers (53.4%) were between 30-39 years of age at the time of RCCAS involvement. Further, 19.2%

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<sup>1</sup>All data analyses were programmed through the University of Windsor Computer Centre using the IBM 4381. The Statistical Package for the Social Sciences-X (SPSS-X, 1984) was used to conduct all analyses.

were between 21 and 29 years and the remaining 27.4% were over 40 years of age. Of the 73 mothers and 73 fathers, 97.3% and 84.9%, respectively, were residing in the City of Windsor at the time of RCCAS involvement. As well, 41 of the mothers and 59 of the fathers were reported as being employed.

The majority of mothers and fathers (56.2% for both) were married either to each other or to a subsequent partner. Further, 15.1% were separated at the time of RCCAS involvement. The remainder of the sample were either living common-law, were divorced or were living as a single parent as indicated in Table 1.

Table 1

Marital Status of Mothers and Fathers for the Study Sample (n=73)

Marital Status	<u>Mother</u>		<u>Father</u>	
	(f)	(%)	(f)	(%)
Married	41	56.2	41	56.2
Separated	11	15.1	11	15.1
Common-Law	8	11.0	9	12.3
Divorced	7	9.6	7	9.6
Single Parent	6	8.2	5	6.8



Given that the sample was drawn from a Roman Catholic Children's Aid Society, the most frequently reported religious affiliation for both the mothers and fathers was Roman Catholic at 93.2% and 90.4%, respectively. Culturally, 43 or 58.9% of both mothers and fathers were English Canadian. Further, 13.7% of mothers and 16.4% of fathers were French Canadian and 9.6% of the mothers and 11.0% of the fathers were Italian.

As noted in Table 2, the majority of families in the sample were two parent natural families. This family type implies that the parents are married and that the children are the biological offspring of the marital union. The remainder of the sample families consisted of single parent, reconstituted or adoptive family types. Almost all of the sample (80.9%) consisted of families with two or more children living in the home. The minimum number of children in the home was one child, occurring in 14 of the sampled cases, and the maximum number was five children which was present in only one case. In 54.8% of the cases, two children were present in the home.

The 73 children comprising the sample cases for this study consisted of 61.6% females and 38.4% males. The ages ranged from 1 to 15 years, with a mean of 9.1 years ( $SD=4.1$ ,  $n=73$ ). Half of the children were in the 1-9 age range while

Table 2

Client Family Type of the Study Sample (n=73)

<u>Family Type</u>	<u>Frequency (f)</u>	<u>Percentage (%)</u>
Two Parent Natural Family	32	43.8
Single Parent Family	23	31.5
Reconstituted Family	16	21.9
Adoptive Family	1	1.4
Other	1*	1.4

NOTE. (\*) This case involved the care of the children by paternal grandparents.

the remainder were between the ages of 10 and 15 years. The ages of 10, 13 and 14 were each represented in 11.0% of the cases constituting the most frequently occurring ages in the sample. Similar to the parents, of the 73 children in the study, 95.9% were Roman Catholic and 4.1% were Protestant.

The legal status of the children in relation to both parents was categorized as being the biological, adopted or step-child of the parents. As such, the study revealed that 94.5% of the children were the biological offspring of the mother, 1.4% were adopted and 4.1% were the step-child of the mother. The majority of children (80.8%) were the biological child of the father, however, 16.4% were the step-child and 2.7% were adopted.

Of the 73 children, 47.9% were in the care of both biological parents at the time the abuse occurred. Further, 27.4% were in the care of one biological parent and one step-parent. The remaining 5.5% of children were in the care of the biological father when the abuse took place.

Only two of the 73 children were apprehended by child welfare authorities as a result of the abuse and placed in RCCAS care. Both of these children were placed in regular RCCAS foster homes for a period of eight months under a court order. One child experienced four placement changes during the eight months in care. The other child remained in one foster placement. Of the two children placed in foster care, one was subsequently returned to the care of the parents with RCCAS supervision, the other was made a Crown Ward and placed in long term foster care.

Parental willingness and ability to protect the child of concern was the most common reason given (39.7%) for preventing the apprehension of the child. Table 3 presents the reasons for child welfare workers not apprehending and placing children in CAS care.

Table 3

Reasons Preventing the Apprehension and Placement of Child of Concern in RCCAS Care From the Study Sample (n=71)\*

<u>Reason</u>	<u>Actual Frequency (f)</u>	<u>Valid Percent (%)</u>
1. Parent(s) able and willing to protect child	29	39.7
2. Child determined not to be at risk of further abuse	20	27.4
3. Abuser left or was removed from the home. Parent(s) able to protect	15	20.5
4. Child placed with friends	3	4.1
5. Child placed with relatives	2	2.7
6. Child placed in non-CAS institutional care	1	1.4
7. Unknown	1	1.4

NOTE. (\*) Two of the children were apprehended and placed in RCCAS care.

Discussion of client family profile. The demographic profiles of the families and the abused children themselves showed some consistencies as well as variations with those found in similar studies. Specifically, much of the recent research in child abuse has consisted of studies addressing only one aspect of either physical or sexual abuse. In view of this, comparisons were drawn, where possible, with studies

that have included data on the combined occurrences and demographic profiles of physical and sexual abuse cases.

With regard to the profile of the mothers and fathers of this sample, it was found that the majority (56.1% for mothers and 53.4% for fathers) were between 30 and 39 years old. This finding is consistent with Shapiro's (1979) who, in her study of child abuse and neglect, found that the parents of abused children tended to be individuals in their 30's. These findings were somewhat surprising in that the expectation was that the parents of these abused children were younger in age with less parental experience.

Further similarities between this study and Shapiro's were found in regard to the number of children in the home. More specifically, this study determined that the average number of children in the home at the time the abuse was two, whereas Shapiro (1979) found it to be three. This suggests a downward trend in the size of families perhaps due in part to the current economic realities inherent in keeping one's family small and financially manageable. It is also interesting to note that in Shapiro's (1979) sample, the range of the number of children in the home was from 1 to 12 whereas this study found a range from 1 to 5, which serves to further emphasize the apparent decrease in family size previously noted.

It was surprising however, that the employment profile of mothers and fathers have changed significantly in the ten years between this study and that of Shapiro (1979). More specifically, Shapiro's sample consisted of only 19% of mothers and 14% of fathers who were employed. This study found a difference in both the employment of mothers (56.2%) and fathers (80.8%), presumably indicating the costs of raising a family in today's society, but further implying an obvious increase in the likelihood for both parents being absent from the home due to employment responsibilities. Although speculative, these findings point to the necessary involvement of other persons in the caretaking of the children, as well as implying increased familial stress factors which are often associated with the dual responsibilities of career and family.

As well, this study revealed a much higher percentage of families who consisted of parents that were married (56.2%) and families that were of a traditional (two-parent natural family) type than Shapiro's (1979) study (43.8% vs. 28.0%). The extent of these differences were somewhat surprising given that the samples from both were drawn from similar populations. Further, these findings perhaps indicate that the commonly held misperceptions of many, that child abuse is

synonymous with unemployment and broken homes, may no longer be relevant or true.

With regard to the profile of the children, a distinct difference was found between this and other comparable studies (Olsen & Holmes, 1986; Russell & Trainor, 1984; Shapiro, 1979), primarily with respect to the gender of the children. More specifically, other studies found that males predominated over females as the victims of child abuse whereas, this study found that females were more often the victim at 61.6% of the sample vs. males at 38.4%. One possible explanation for this diversity could be that physical abuse was the more prevalent form of abuse in the other studies [which is most often associated with male children], whereas sexual abuse [which is most often associated with female children] was found to predominate as the most frequent form of abuse in this study. The difference between the occurrence of sexual and physical abuse (53.4% vs. 45.2%) in this study however, was not found to be substantial, rendering the difference between the numbers of male and female abused children a unique finding.

Moreover, these findings were surprising given that research into the age at which children are most often abused has shown that, in general, male children tend to be abused more often at younger ages and, conversely, female children at older ages. The mean age of the children in this sample

was 9.1 years which is consistent with the findings of Russell and Trainor (1986) who reported 9.4 years for their sample.

Another area in which differences were found to exist between this and other similar studies was in regard to the number of children apprehended by child welfare authorities as a result of child abuse, and placed in protective care. More specifically, this study found only 2.7% of the children in the sample had been placed in alternate care. This result is much lower than that found by Meddin and Hansen (1985), and Shapiro (1979) in which it was determined that 13.0% and 12.8%, respectively, of the sample abused children were removed from parental care and placed in foster homes.

This variation may be attributed to the fact that a fundamental shift has occurred over the past 10 years in the methods of service delivery in child welfare from a reliance on removing children from the home to an emphasis on providing services to the child and family while maintaining them as a unit. Despite this, the finding was somewhat surprising given that foster or alternate care situations still are widely used and accepted services for the protection of abused children.



## II. Abuse Profile

This study focussed only on those cases of physical and sexual child abuse. Thus, the occurrence of physical and sexual abuse were similarly predominant with sexual abuse being present in 53.4% of the cases sampled as opposed to 45.2% for physical abuse. Only one case involved the occurrence of both physical and sexual abuse.

Although it is often difficult to place a degree of severity on abusive acts toward children, given that some may argue that any and all acts of abuse against a child are severe, the degree of abuse incurred by children in this study was categorized as being either mild, moderate or severe. Verbatim statements taken directly from the case recordings or from Child Abuse Registration forms were predominantly used to collect this information. Where no statement pertaining to the degree of abuse was available, the indices of the frequency and duration of the abuse, the nature of the abusive act, the age of the child, and the requirement of police involvement and medical attention were utilized to categorize the abuse.

It was found that half of the cases (49.3%) involved the occurrence of a "mild" degree of abuse. More specifically, this may involve, single occurrences of an abusive act such as, genital fondling, exposure or physical slapping. Further,

28.8% of the children of concern were subjects of a 'severe' degree of abuse [such incidents may be described as for example, prolonged and frequent sexual intercourse with an adult or frequent physical abuse leaving markings and requiring medical attention]. The remaining 21.9% involved cases categorized as "moderate" abuse. These cases, for example, may include instances of abuse where the act is severe however it was a single occurrence.

The descriptive profile of the abusers indicated that males predominated as the abusers in 79.5% of the cases while females accounted for 20.5% of the abusers. The ages of male and female abusers ranged from 14 to 63 years with a mean of 32.6 (SD=9.5,  $n=73$ ). The modal age was 27 years having occurred in 11.0% of samples. Further, 100% of the abusers were persons known by the child of concern, and 74% were persons occupying a parental or caregiving role in relation to the child. Specifically, the biological father represented 35.6% of abusers, 15.1% of abusers were the biological mother followed by 12.3% being the mother's boyfriend and 11.0% the step-father to the child. These data are presented in Table 4.

Table 4

The Abuser's Relationship to the Children in the Study Sample  
(n=73)

Relationship	Frequency (f)	Percentage (%)
Biological Father	26	35.6
Biological Mother	11	15.1
Mother's Boyfriend	9	12.3
Step-Father	8	11.0
Babysitter	4	5.5
Neighbour	3	4.1
Family Friend	3	4.1
Brother	3	4.1
Boarder	2	2.7
Step-Mother	1	1.4
Cousin	1	1.4
Grandmother	1	1.4
Adoptive Father	1	1.4

Criminal charges were laid against 22 of the 73 individuals identified as abusers from the sample. However, 34.2% of the abusers were registered on the Central Child Abuse Register in Toronto, Ontario as a result of the RCCAS investigation. Further, 45.2% of the abusers received

services, e.g. counselling, and/or rehabilitative treatment, from the RCCAS or other community agencies. A further 43.8% of the abusers, however, did not receive any services and it was indeterminable from the files if services were provided in 11.0% of the cases.

Discussion of the abuse profile. As previously mentioned, sexual abuse was the predominant type of abuse reported among the sample. This finding seems to be an accurate reflection of the current trends and effects of public education from which children and adults are becoming progressively aware of the existence of sexual abuse and the avenues available for help.

The variations found in this study between the degrees of abuse; mild, moderate and severe, were not found to be extreme. Whereas 'mild abuse' was the most frequent degree of abuse reported (49.3%), the occurrence of 'moderate' and 'severe' degrees were also alarmingly high at 21.9% and 28.8%, respectively. In their study of maltreated adolescents, Olsen and Holmes (1985) determined that the severity of cases reported for children of all ages (up to 17 years) tended to be moderate in degree (69.3%). The difference between the findings of this study and that of Olsen and Holmes' (1985) may be attributed to variability in the definitions of the

degrees of abuse used in each study or further, may be due to the inclusion of 16 and 17 year old individuals in the Olsen and Holmes sample that were not part of this study.

The results of this study with regard to the age, gender and relationship to the child of the abusers, were in keeping with the research and literature carried out in this area to date. More specifically, a demographic profile of a child abuser typically involves a male of a relatively young age (30's), who is in a relationship with the child which involves trust, and/or caregiving. It is apparent from the current research that only when the variable of neglect is present in the case studies do females become more prominently represented as perpetrators (Russell & Trainor, 1986; Olsen & Holmes, 1985).

It was interesting to note that criminal charges were laid against only 22 of the 73 individuals identified as abusers although over half (50.7%) of the cases involved either moderate or severe degrees of abusive acts toward the children. Such a finding possibly reaffirms the difficulty known to exist in proving the occurrence of child abuse within our current legal system and also the legal 'tentativeness' and caution that many child welfare workers exercise in interpreting The Child and Family Services Act, 1984. For example, in suspected cases of child abuse, workers may work

toward resolving the situation via the means of passive intervention such as agency monitoring/supervision, rather than active interventions involving the police and other legal authorities. This may be so because, once the legal system becomes formally involved in the case it opens up a lock-step process for the worker that often inhibits the protective and helping interventions they are attempting to carry out.

### III. RCCAS Case Information

All of the 73 cases reviewed for this study were opened and serviced by the RCCAS between January 1, 1985 and December 31, 1988. The cases were open as RCCAS files for a minimum of three months in order to be included in this study. The length of time the cases were open ranged to a maximum of 44 months. The mean was 10.3 months ( $SD=7.5$ ,  $n=73$ ) and the most frequently reported length of time a case was open was five months, representing 17.8% of the sample.

As shown in Table 5, the referral sources for the cases sampled were varied. This distribution was bimodal in that there were 17 cases whose referral source was the parent (self) and 17 in which the source of referral was the school system. Further, 100% of the referral sources indicated their

Table 5

Referral Sources to the RCCAS for the Study Sample (n=73)

<u>Sources of Referral</u>	<u>Frequency (f)</u>	<u>Percentage (%)</u>
Parent (self)	17	23.3
School	17	23.3
Police	9	12.3
Community Agency	9	12.3
Hospital/Physician	6	8.2
Other CAS	5	6.8
Extended Family	4	5.5
Child (self)	3	4.1
Friend/Neighbour	3	4.1

primary reason for making the referral as being an incident of abuse. More specifically, 56.2% of the referrals made were related to alleged sexual abuse and 43.8% of the referrals pertained to alleged physical abuse.

Once the RCCAS was involved with the cases, the length of time they remained at the intake stage of intervention (most often the investigatory stage of RCCAS involvement) ranged from 1 to 44 weeks. The majority of the cases remained at intake between one and four weeks before being transferred to other departments within the agency for further service

and/or termination. The most frequent length of time for a case remaining at the intake level was found to be one week, occurring in 20.5% of the cases. Of the 73 cases studied, the data revealed that 71.2% of the cases were transferred to other departments for further service such as, mandatory protection (49.3%), ongoing services (12.3%), and voluntary protection (9.6%). Approximately one-third of the cases (28.8%) however, did not progress beyond the intake level of intervention.

One function of the investigating worker in abuse cases is to determine whether or not the alleged abuse reported to the RCCAS is, in fact, valid. The agency from which the data were collected utilizes a six point case outcome form to classify the extent of the alleged abusive incident and help determine what, if any protective measures will be taken.

Using the information from this outcome form, the data indicated that 67.1% of the cases were found to contain substantive grounds to believe that an abusive incident had occurred however, there were not sufficient grounds for registration (on the Central Child Abuse Register) and the child remained with at least one protective parent. Further, in 27.4% of the cases, a determination was made that the information of abuse was verified (providing grounds for registration on the Central Child Abuse Register), and that



the child remained with at least one protective parent. One common element in both of the above instances is the presence of a protective parent, thereby making unnecessary the apprehension and placement of the child in a CAS or other alternate care. In 5.5% of the cases however, substantive grounds to believe the child was abused were found and it was necessary for the agency to remove the child from parental care.

Given the availability of data from the case files on the classification of abuse cases by the RCCAS, the study sought to determine further what the primary goal(s) of service in such cases would be. These goals are presented in Table 6. The data analyses show that the provision of counselling to one or more family members was listed as the primary goal in 20 (27.4%) of the cases studied. Monitoring and supervision of the child of concern in the family environment was also represented in the sample at 24.7%.

The termination of the 73 cases in the sample was categorized as being either client initiated, agency or CAS worker initiated or mutually agreed between client and worker. In 65.8% of the cases, the decision to terminate services to the client family was made mutually between the client and the RCCAS worker. Further, agency or worker initiated

terminations occurred in 20.5% of the cases, and client initiated terminations were extant in 13.7% of the sample.

Table 6

Primary Service Goals for the Abuse Cases in the Study Sample (n=73)

Goals	Frequency (f)	Percentage (%)
Counselling	20	27.4
Monitoring/Supervision	18	24.7
Investigation	17	23.3
Ensure Child's Safety	8	11.0
Assessment	7	9.6
Support	2	2.7
Termination	1	1.4

The reasons for case terminations were assessed according to primary and secondary reasons. A determination by the agency that the child of concern was being adequately protected was the most frequently cited primary reason for terminating a case of abuse in 65.8% of the cases. The most frequent secondary reason given for case termination was the finding that the client was refusing/not requesting or not motivated for further service (in 19.2% of the cases). Not all cases had a secondary reason for case termination. A more

detailed breakdown of the primary and secondary reasons for case termination are presented in Table 7.

Table 7

Primary and Secondary Reasons for Case Terminations (n=73)

<u>Reasons for Termination</u>	<u>Primary</u>		<u>Secondary</u>	
	<u>(f)</u>	<u>(%)</u>	<u>(f)</u>	<u>(%)</u>
1. Child adequately protected	48	65.8	5	6.8
2. Other agency involved	7	9.6	9	12.3
3. Service complete	6	8.2	7	9.6
4. No service necessary	4	5.5	8	11.0
5. Client refusing/not requesting/not motivated for further service	3	4.1	14	19.2
6. Family moved from service area	2	2.7	2	2.7
7. Child reached 16 years of age	1	1.4	0	0.0
8. No further reported incidents of abuse or community referrals	1	1.4	9	12.3
9. Child made Crown Ward	1	1.4	0	0.0

The study also sought to extrapolate data showing the extent and nature of previous child welfare involvement with the cases sampled. It was found that half of the sample had no previous involvement of any kind with the RCCAS. Further,

30.1% had one previous contact, two previous contacts were noted in 8.2% of the sample, 5.5% had three previous contacts, 2.7% of the sample had four previous contacts with the RCCAS, 1.4% had six previous contacts, and 1.4% had seven previous contacts. Of these, 17.9% were involved previously with RCCAS due to allegations of physical abuse and 4.1% because of allegations of sexual abuse. As well, the data showed that 11.0% of the sample had previous involvement with the RCCAS in relation to the current child of concern.

Discussion of CAS case information. The majority of child abuse cases involved substantiated abuse in which mandatory protective services were imposed on the family (in 49.3% of the cases). Further, a number of the cases (27.4%) were determined to be "verifiable", meaning that the RCCAS believed that grounds existed for registering the case with the provincial Central Child Abuse Register. The presence of these factors (substantiated abuse, verifiable information, and the imposition of mandatory protective services) implies that the RCCAS was addressing cases of a serious nature. Moreover, these factors may point to the fact that CAS's in general, are becoming better skilled in substantiating allegations of abuse and further verifying them.

Despite the existence of these factors, it was surprising to find that the average length of time cases remained open was 10.3 months. Further, for 17.8% of the sample, the case was open for only five months. Again, improved worker skill in addressing these cases may account for the relatively short span of agency activity in a case. However, the fact that protective parents were present in the majority (94.5%) of the cases also would reflect on, and no doubt serve to decrease, the length of time the RCCAS remained involved with a case.

Further, the termination of an ongoing case by the agency was often the result of an apparent decision that the child was no longer in need of protection. It was interesting however, that although the primary reason for termination most often suggested that the child was safe and that RCCAS intervention was no longer necessary, the most frequently reported secondary reason implies that termination occurred because clients were no longer requesting service or were not motivated to receive it. In any event, case terminations were mainly mutually agreed between the worker and the client, and reflect the mandate of the agency, that is to ensure that the child is protected, foremost.

With respect to the goals set out for a case of child abuse by the RCCAS, it was found that counselling (27.4%) and monitoring/supervision (24.7%) were listed as the primary case

goals. This finding was not surprising since the agency, when involved in a case of child abuse, ultimately strives to help the family rectify the circumstances causing the abuse, and/or helps them to address whatever effects the abuse may have created. In essence, counselling and monitoring of the home environment often go hand-in-hand and it is often difficult to carry out one function without simultaneously carrying out a form of the other.

The referral sources of child abuse cases to the RCCAS in this study consisted mostly of parents (23.3%) and then the school system (23.3%). Interestingly, Shapiro (1979) found that social or community agencies were the most frequent sources of child abuse referrals and that the school system and parents made referrals in only a minority of the cases (13% and 5%, respectively). One possible explanation for this variation may be the recent influence on parents and teachers of increased public education and awareness of child abuse.

#### IV. Services Provided by the RCCAS and Other Community Agencies

The extent and nature of services provided to the client families were extrapolated from the case files in relation to the RCCAS services provided as well as services provided by other community agencies. The results represent those

services provided to individual family members as well as to the family unit as a whole, from the initial contact with the agency to the termination of the case. It is important to note that all of the cases studied, by virtue of being involved with the agency, were recipients of investigatory services from the RCCAS. This function of the RCCAS, however, has not been included in the data analyses except in those cases where it was identified by the agency as being an area requiring further emphasis.

The provision of individually based services by the RCCAS to the mother, father and child of concern ranged from 0 to 4, the only exception being one child who received a total of five services. As indicated in Table 8, the majority of the mothers (57.5%), fathers (84.9%) and children of concern (64.4%) received no individually based services from the RCCAS.

Although individually based service provision was minimal, it is evident from the data that community agencies were more apt to provide this mode of service delivery than was the RCCAS. The reverse seems apparent, however, in relation to services provided to the entire family unit. As shown in Table 8, only 11% of the 73 families received services as a unit from community agencies, whereas 76.7% of

the families were recipients of family based services from the RCCAS.

Table 8

Total Number of Individually Based and Family RCCAS and Other Community Agency Services Received by Mothers, Fathers and Children in the Study Sample (n=73)

Number of Services Received	RCCAS				Community Agencies			
	Mother (%)	Father (%)	Children (%)	Family (%)	Mother (%)	Father (%)	Children (%)	Family (%)
0	57.2	84.9	64.4	23.3	78.1	80.4	60.3	89.0
1	23.5	8.2	17.8	43.8	16.4	12.3	20.5	11.0
2	15.1	5.5	12.3	23.3	4.1	4.1	13.7	0.0
3	2.7	0.0	2.7	8.2	0.0	4.1	4.1	0.0
4	1.4	1.4	1.4	1.4	1.4	0.0	1.4	0.0
5	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0

Counselling services, either individual, marital or group, proved to be the most frequent type of service provided on an individual basis to the mothers (35.6%), fathers (8.2%), and children (27.4%). Further, monitoring or supervision of the family environment was shown to be the most frequently provided service by the RCCAS to the family unit occurring in 65.8% of the cases (see Table 9). Counselling was also the most frequently provided type of individual service by community agencies. Table 10 reveals that 27.3% of the mothers, 23.3% of the fathers, and 50.7% of the children received either (or a combination of) individual, marital, group or psychiatric counselling from community agencies. As



well, family counselling was received by six of the eight families that were the recipients of community agency service and one family received group counselling.

Table 9

Type of RCCAS Services Provided to the Mothers (n=31), Fathers (n=11), Children (n=26) and Families (n=56) in the Study Sample

CAS Service	Mothers (n=31)* (%)	Fathers (n=11)* (%)	Children (n=26)* (%)	Families (n=56)* (%)
Monitoring/Supervision	12.3	6.8	8.2	65.8
Individual Counselling	21.9	2.7	23.3	0.0
Marital Counselling	4.1	4.1	0.0	0.0
Family Counselling	0.0	0.0	0.0	27.4
Group Counselling	9.6	1.4	4.1	1.4
Parenting Program	12.3	4.1	0.0	0.0
CAS Volunteer	1.4	0.0	5.5	0.0
CAS Case Aide	1.4	0.0	0.0	0.0
Play Therapy	0.0	0.0	2.7	0.0
Foster Care	0.0	0.0	2.7	0.0
Information	0.0	1.4	0.0	1.4
Recreation	0.0	0.0	11.0	0.0
Pre-School	0.0	0.0	2.7	0.0
Investigation/Assessment	0.0	0.0	0.0	2.7
Referral to Other Agency	0.0	0.0	0.0	16.4
Support	0.0	0.0	0.0	6.8

NOTE. (\*) Some may have received more than one service

Table 10

Type of Community Agency Services Provided to the Mothers (n=16), Fathers (n=15), Children (n=29) and Families (n=8) in the Study Sample

Community Agency Service	Mothers (n=16) * (%)	Fathers (n=15) * (%)	Children (n=29) * (%)	Families (n=8) * (%)
Individual Counselling	6.8	5.5	21.9	0.0
Marital Counselling	2.7	2.7	0.0	0.0
Family Counselling	0.0	0.0	0.0	8.2
Group Counselling	12.3	11.0	9.6	1.4
Psychiatric Counselling	5.5	4.1	19.2	0.0
Day Care	0.0	0.0	4.1	0.0
Crisis Housing	1.4	0.0	0.0	0.0
Probation/Parole	0.0	4.1	0.0	0.0
Medical Treatment	0.0	0.0	8.2	0.0
Residential Placement	0.0	0.0	1.4	0.0
Monitoring/Supervision	0.0	0.0	0.0	1.4

NOTE. (\*) Some may have received more than one service

The study also sought to determine the extent of RCCAS worker involvement with the client family, including individual members as well as the family unit, during the period of service delivery. Worker-client contacts were measured according to, 1) face-to-face contacts; and, 2) phone contacts. The extent of RCCAS worker-collateral contacts were also assessed. The numerical parameters of 0, 1-5, 6-10, 11-20, and 21 or more were used to categorize contact frequency. In 9.6% of the cases sampled, the extent of contacts with clients and collateral were indiscernible and, hence, have not been included in this analyses. The remainder were categorized in the following way.

A. Face-to-face and phone contacts with mothers. Fifty-seven of the mothers experienced a degree of regular face-to-face contact with the respective RCCAS worker. Of these, 53.4% had between one and five contacts. Nine of the mothers received a total of no face-to-face contacts and three received over 21.

Further, the majority of mothers (72.6%) received regular phone contact with an RCCAS worker. Thirteen did not receive any phone contacts and 46.6% received between one and five calls during the period of service delivery.

B. Face-to-face and phone contacts with fathers. From the data it was determined that a portion of the fathers (43.8%) did not engage in any individual face-to-face contact with RCCAS workers. Further, of the 34 fathers who did receive this contact, the majority (35.6%) met with workers between one and five times.

Of a total of 66 fathers, 53.4% did not have any phone contact with RCCAS workers. Twenty-two of the fathers had between one and five contacts, four had between six and ten contacts, and one father had over 21 phone contacts with RCCAS workers.

C. Face-to-face and phone contacts with children. Over 80% of the children received regular face-to-face contact with RCCAS workers. Of these, the majority (64.4%) received one to five contacts. A small percentage of the children (8.2%) were never seen on a face-to-face individual basis by RCCAS workers during their involvement with the agency.

Conversely, phone contact between workers and children was minimal. Specifically, between one and five phone contacts occurred between workers and children in 17.8% of the cases. Further, one child spoke with RCCAS workers by telephone in excess of 21 times.

D. Face-to-face contacts with the family unit. The total number of families who had face-to-face contact with workers was 53. Of these, 47.9% saw a worker between one and five times. Eighteen families had no face-to-face contact with an RCCAS worker and three families had more than 21 contacts.

E. Face-to-face and phone contacts with collaterals. RCCAS workers were involved in face-to-face contacts with collaterals in 72.6% of the cases studied. Of these, the majority of contacts (53.4%) occurred between one and five occasions. In only 13 of the cases, were there no worker-collateral face-to-face contacts.

Similarly, the majority of cases studied showed a large percentage (79.5%) of worker-collateral phone contacts. In 45.2% of the cases, the contacts occurred between one and five times, while 15.1% of the cases indicated worker-collateral phone contacts occurring between six and ten times. Further, phone contacts at a rate in excess of 21 times occurred in 8.2% of the cases studied.

Discussion of services provided by RCCAS and community agencies. From the findings it was evident that the RCCAS provided a minimum of individually-based services to family

members. More specifically, over half of the mothers (57.5%), the majority of fathers (84.9%), and children (64.4%) received no individual services from the RCCAS. The delivery of family-based services was found to be much more prominent however, being received in 76.7% of the cases. Similarly, the provision of individually-based services by community agencies was also found to be minimal. These findings support the notion of the changing focus in the delivery of child welfare and social work services from an individual treatment model to a family treatment model. Further, as these findings suggest, one may assume that the problems necessitating agency intervention are being viewed and addressed on a familial level much more so than on an individual basis.

Interestingly, the findings of this study further imply that the type of service most often being provided by RCCAS on a familial level is monitoring/supervision. Although this service provides a protective function for abused children it does not, in and of itself, present much rehabilitative or treatment value to its recipients. Moreover, the provision of monitoring/supervision to families of abused children as the primary service by RCCAS suggests that the role and function of the agency is primarily that of a policing/protective agency, and that community agencies have perhaps absorbed the treatment aspects of child welfare services. The

data has also revealed that while counselling was the service most often provided on an individual and family basis by community agencies, only a very small number of the sample were actually involved. Thus, the findings of this study indicate that few individuals and families were receiving any range of services from the RCCAS and community agencies beyond that of actual case monitoring/supervision.

Further, the findings of this study in relation to worker contacts (face-to-face and telephone) with the individual, family and collaterals indicate that most of the cases did involve individual and family contacts with the RCCAS worker however, only one to five contacts were generally made during the entire course of service to the cases. Worth noting in this regard is that worker contacts with collaterals were proportionately higher than worker contacts with their client families.

#### V. RCCAS Worker Professional Profile

Thirty-four different workers were involved with the 73 cases of this study. Of these, 73.5% were female and 26.5% were male (see Table 11). The workers ages ranged from 24 to 59 years with a mean of 34.9 years. This distribution was bimodal regarding the age of workers in that five of the workers were aged 28 years and five were aged 36 years.

Approximately half of the workers were aged between 24 and 30 years (see Table 11).

In terms of educational achievement, 67.7% held a Bachelor of Social Work Degree (B.S.W.), while 29.4% held a Master of Social Work Degree (M.S.W.). Further, as indicated in Table 11, only one of the 34 workers held an educational degree in a field other than social work.

Table 11

Selected Demographic Characteristics of the RCCAS Workers in the Study Sample (n=34)

Demographic Characteristics	Frequency (f)	Percentage (%)
1. Gender		
a) male	9	26.5
b) female	25	73.5
2. Age (years)		
a) 24-30	14	41.2
b) 31-40	13	38.2
c) 41-60	7	20.6
3. Education		
a) B.S.W.	23	67.7
b) M.S.W.	10	29.4
c) M.A.	1	2.9

The length of CAS experience of the workers, including previous and current child welfare experience, ranged from 3 to 156 months in length. The data revealed further, that 24



months of experience was the most frequently occurring length of time for 8.8% of the sample. The average length of CAS experience was 60.2 months or approximately 5 years, with 73.5% having more than 24 months of CAS experience (see Table 12).

Further, 23.5% of the workers had other social work experience, while 76.6% had no other social work experience. The length of other social work experience ranged from 0 to 156 months. Of those workers with other experience, the

Table 12

RCCAS Worker Professional Employment Experience in Both Children's Aid Societies (CASS) and Other Social Work Experience (n=34)

Employment Experience (in months)	Frequency (f)	Percentage (%)
1. CAS Experience		
a) 3-24	9	26.4
b) 25-48	9	26.4
c) 49-72	4	11.8
d) 73-97	4	11.8
e) 98-120	4	11.8
f) 121-156	4	11.8
2. Other Social Work Experience		
a) 0	26	76.6
b) 12	3	8.8
c) 24	3	8.8
d) 60	1	2.9
e) 156	1	2.9

majority (17.6%) had between 12 and 24 months as indicated in Table 12.

Discussion of RCCAS worker profiles. With respect to the gender and age of the workers in this study, the findings were similar to results noted by Vinokur-Kaplan and Hartman (1986). More specifically, females tended to predominate in both studies which was not a surprising result given that most human service professionals are female at a ratio of 7:1. Further, the two studies found a diverse range of ages amongst workers from individuals in their early 20's to persons in their 50's and 60's. Similarly, the average age of workers in this sample was 34.9 years while the Vinokur-Kaplan and Hartman (1986) study revealed an average age of 35.2 years for workers in their study.

In regard to the educational backgrounds of the workers in this sample, the data revealed that all but one worker was educated in the field of social work either at the bachelor's (67.7%) or master's (29.4%) level. Had the agency from which this sample was drawn not had an internal policy of hiring only social workers for child welfare positions, this finding would have been unique. That is, most child welfare agencies are characterized by workers with an array of educational

backgrounds usually including, but not necessarily dominated by social work.

For instance, in two separate studies in the United States which examined child welfare worker profiles, it was found that those workers holding social work degrees were vastly outnumbered by workers holding baccalaureate and masters degrees from other disciplines (Vinokur-Kaplan & Hartman, 1986; Shyne & Shroeder, 1978). In any event, this finding was noteworthy and personally encouraging in that it may indicate a move on the part of CASs toward increased identification and association with the field of social work.

The study also found that the CAS experience of the workers of the sample was quite extensive. More specifically, almost three-quarters (73.5%) had experience, either previous or current, in a Children's Aid Society of 24 months or more in length. Further, this sample of workers was similar to that of Vinokur-Kaplan and Hartman (1986) in that the average length of CAS experience found in this sample was 60.2 months, whereas the Vinokur-Kaplan and Hartman study revealed a mean length of CAS experience of 60.5 months.

Given these findings, it was not surprising that the amount of other social work experience held by the workers was minimal. Specifically, only eight of the 34 workers had any other social work experience whereas all 34 workers had CAS

experience of some duration. These findings are interesting in that they are perhaps indicative of increasing worker stability within CASs and further of improved service delivery due to the maintenance of experienced workers within the field of child welfare.

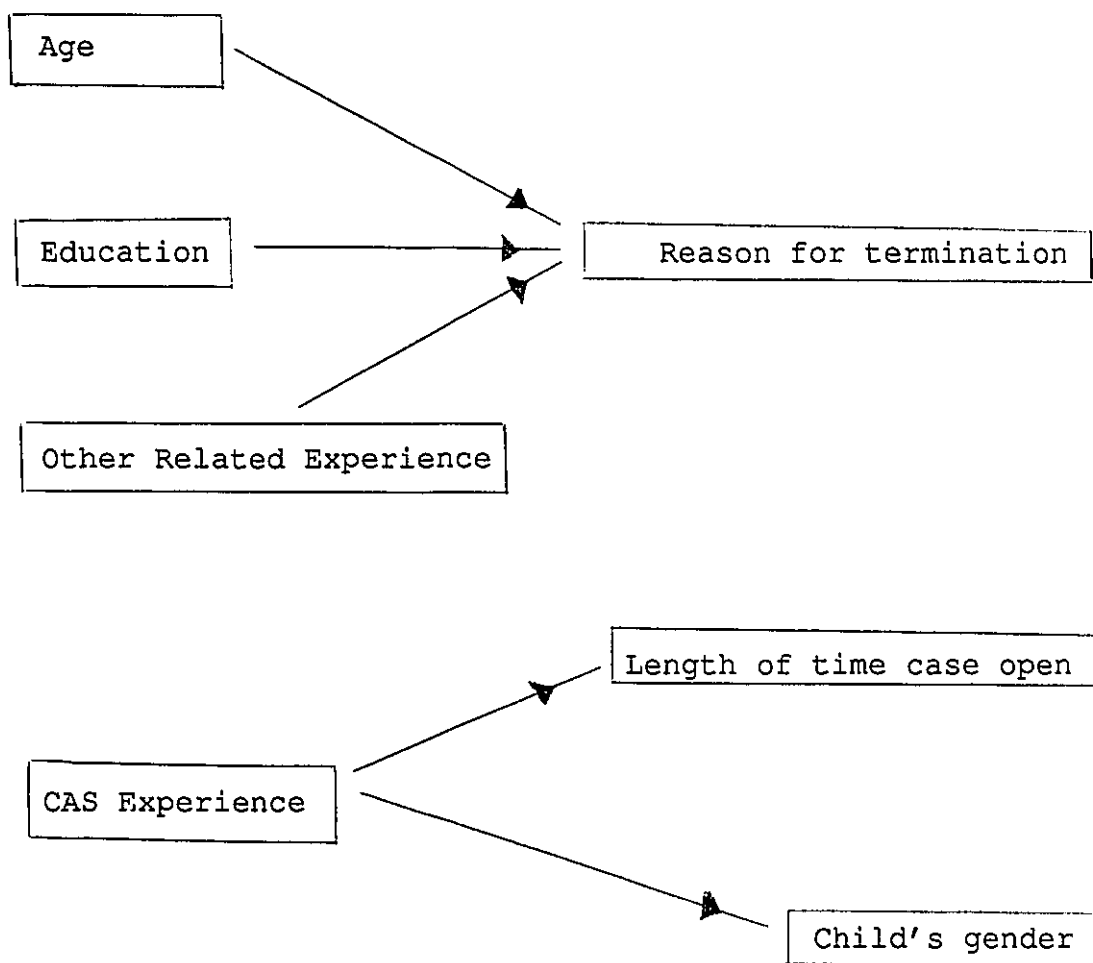
#### VI. Decision-Making Factors

Following the analyses of the descriptive data, specific trends found in these data were used to determine combinations of variables which were statistically tested to determine associations among them. Two types of non-parametric tests were primarily used to scrutinize data in this regard: 1) the Chi-Square statistic ( $X^2$ ) was used to determine the association between variables; and, 2) the Cramer's V statistic (V) was used to determine the strength of association between variables. The data are presented using the probability levels of .05 and .10. Although  $p < .05$  represents a statistically significant finding, those results with  $p < .10$  are herein acknowledged as approaching significance. Significant variables from the client family profile, abuse profile, RCCAS case information, services provided and, RCCAS worker professional profile sub-sections were then tested and correlated with each other. Although

many variables were tested, only those that provided significant results will be presented in this sub-section.

Association between RCCAS worker variables and other variables. Figure 3 depicts the variable relationships tested in this regard. Significant correlations were found to exist between the independent RCCAS worker variables of age, educational degree, and other social work experience and the dependent variable of the primary reason for case termination. Specifically, the relationships between these variables were 1) RCCAS worker age with reason for termination ( $X^2=15.32$ , 8 d.f.,  $p < .05$ ,  $n=73$ ); 2) RCCAS worker education with reason for termination ( $X^2=23.84$ , 16 d.f.,  $p < .10$ ,  $n=73$ ); and, 3) RCCAS worker other social work experience with reason for termination ( $X^2=14.15$ , 8 d.f.,  $p < .10$ ,  $n=73$ ). These associations indicated that younger workers with higher education levels (M.S.W.'s) and no previous social work experience were more apt to terminate previously ongoing cases with the reason cited that the child was adequately protected. Further, the strength of association between workers age ( $V=.46$ ,  $p < .05$ ,  $n=73$ ), education ( $V=.40$ ,  $p < .10$ ,  $n=73$ ), and other social work experience ( $V=.44$ ,  $p < .10$ ,  $n=73$ ) with the primary reason for termination were determined to be moderate to moderately high.

Figure 3. Relationships between RCCAS worker variables and other selected variables.



Also, the findings indicated that the level of CAS experience held by the RCCAS workers was associated with the length of time a case remained open in the agency ( $X^2=3.49$ , 1 d.f.,  $p < .10$ ,  $n=73$ ). Specifically, it was indicated that those workers with less CAS experience tended to be servicing those cases which were open for less time. As well, an association was found to exist between RCCAS worker CAS experience and the abused child's gender ( $X^2=6.36$ , 1 d.f.,  $p < .05$ ,  $n=73$ ). This finding suggested that those workers with less CAS experience were more apt to work with female children than were those workers who had more experience.

Association between the degree of abuse and the length of time the case was open to the RCCAS. The findings of the study indicated that the degree of abuse incurred by the child correlated with the length of time the case was open to the RCCAS ( $X^2=8.44$ , 2 d.f.,  $p < .05$ ,  $n=73$ ). This association indicated that cases involving mild degrees of abuse were open for less time.

Discussion of decision-making factors. RCCAS worker variables were found to be significant in relation to two major case management variables, those being, the primary reason for terminating a case and the length of time that a

case remained open for service. More specifically, the results showed that younger workers who possessed M.S.W. degrees and had no other social work experience were more likely to terminate a case based on the reasoning that the child was being adequately protected. Although speculative, it may be deduced from this finding that younger workers with advanced education are more attuned to the protection role of child welfare work, and thus their decision-making may be reflective of differing focusses within child abuse case management between workers of differing age groups and educational and experiential levels. Such a speculation speaks further to the finding within the literature that decision-making amongst child welfare workers is very individualized and that it is lacking in any sort of consistency or predictability.

Further, the results showed a correlation existing between a worker's level of CAS experience and the length of time a case remained open for service. Surprisingly, however, it was found that workers with less CAS experience were involved with cases which were open for shorter periods of time. Although there are no known studies which have examined the association between such worker variables and child abuse case variables, it was expected that more experienced workers would have been involved with cases that were open for shorter



periods of time based on the fact that they are more experienced and would seemingly be more adept at resolving the case issues. One explanation for this finding may be that workers with less experience were assigned to those cases which were less complex and thus requiring less time to service or that the inexperience of the workers influences their decision-making in their case management to the point of closing cases prematurely. Further, this finding raises questions as to how the decision to close a previously ongoing case of child abuse is made. More specifically, is the decision-making surrounding case terminations an independent function and responsibility of the worker or is it a process involving and requiring input from other professionals within the agency.

The findings also indicated that a relationship existed between the degree of abuse in a case of child abuse and the length of time the case remained open for service. Not surprisingly, the results showed that cases involving mild degrees of abuse were open for shorter periods of time.

Overall, from these data, it seemed apparent that the RCCAS worker variables were significant with only a few of the other variables in the study. Moreover, there appeared to be no worker variables which stand out as significant predictors of more than one other variable. Further, it was interesting

to note the lack of correlation between the worker variable of gender with other variables from the study. Results such as these may indicate a lack of any predictive value worker characteristics may have in relation to how a case of child abuse will be managed.

As well, one may speculate from the findings of the study, that the identification of patterns with respect to decision-making amongst cases of child abuse is minimal when using the demographic and professional characteristics of workers as a guide. This is surprising given that the literature noted that decision-making amongst child welfare workers was often a process based upon, primarily, personal judgement and bias. Assuming that the demographic and professional characteristics of workers would be influential in shaping the standards for a worker's personal judgement and bias, more conclusive variable correlations indicating factors associated with CAS worker decision-making and subsequent patterns of decision-making were expected.

## CONCLUSIONS

The conclusions will be discussed according to: 1) conclusions related to the literature; 2) conclusions related to the research questions; 3) limitations; and, 4) recommendations.

### I. Conclusions Related to the Literature

The literature review (pp. 8-43) was divided into five sub-sections: the development of child welfare legislation in Ontario; issues related to child abuse; the nature of child welfare services; the child welfare worker; and, decision-making in child welfare. Some summary conclusions derived from each section follows.

#### The development of child welfare legislation in Ontario.

The literature on the development of child welfare legislation in Ontario focusses on the progressive development and changing views and attitudes of society toward children. Historically, initial attitudes seemed primitive by today's standards, viewing children as chattel and perceiving them to have no rights and protections beyond those afforded to the property of their fathers. As the structure of society in Ontario began changing and developing from an agrarian based

economy to one of industrialization, so to did the attitudes toward children. Thus, the plight and vulnerabilities of children slowly began to be recognized through legislation designed to ensure for their provision.

This early child welfare legislation (prior to the 1900's) was intended to provide homeless and mistreated children with a better life through legislated apprenticeship programs, educational programs and orphanages. However, the increasing numbers of homeless and mistreated children and their worsening living conditions, including abuse, abandonment and exploitation, despite the legislation, lead to an increase in public awareness of the realities of these children. As such, the legislative efforts to provide for these children soon turned to legislative efforts to protect them.

By the 1950's in Ontario, a progression of legislative and public attitudinal changes had occurred evoking an acceptance of governmental responsibility for the protection and well-being of children. Consequently, current child welfare legislation reflects the need for the enforcement of societal standards of child care and provides the authority and avenues with which to ensure it.

Issues related to child abuse. The issue of child abuse has been the focus of a great deal of attention within the literature and within the public conscience for many years. Many new insights and knowledge have been gained regarding this phenomenon, however much about child abuse remains unknown and ambiguous. Further, that knowledge which has been gained on child abuse seemingly has not been used in consistent and constructive ways toward a goal of eliminating (or reducing) it as a prominent social problem.

Moreover, the literature demonstrated a clear lack of consistency in the definition of child abuse, thus creating an impediment to its identification, measurement, treatment and prevention. The literature is however, relatively consistent in its call for the development of a standardized definition of child abuse which would enhance the comparability and inferences of further research studies. Further, the literature is critical of and concerned with the relative lack of support and action taken by legislative bodies to address the roots of the problem of child abuse.

The nature of child welfare services. Child welfare services, as with legislation and knowledge on child abuse, have evolved as attitudes and insights into child abuse and its effects and treatments have evolved. The responses to

children in need of protection have undergone a change from a reliance on providing out-of-home care, to one of protecting and servicing the child while s/he remains in the home.

Reasons for this shift in the nature of services have been grounded in the rationale that they are necessary given the limited financial resources of child welfare agencies and the recognition of the adverse effects of separating children from their parents, even if they are abusive toward their children. As such, current child welfare services are designed along a continuum of least intrusive to most intrusive measures and are carried out through supportive, supplemental and substitutive types of services.

What appears to be lacking in the overall planning and provision of child welfare services is a focussed effort on providing preventive services to children and their families. Specifically, funding issues and support from legislative bodies are the apparent impediments to increasing and improving this form of service. As well, clear perceptions by child welfare agencies on how to implement preventive services within a protective service mandate appear illusory at this time.

The child welfare worker. The literature presents a rather depressing picture of the child welfare worker.

Characterized by youth, inexperience and a lack of training, these individuals are often perceived to have the most difficult jobs within the social service system. To date, existing research has found that child welfare workers educated in social work tend to be the best prepared and most effective in their overall work performance. Further, research has indicated that within Ontario, the majority of child welfare workers hold undergraduate, and/or graduate degrees in social work. The literature is, however, consistent in its criticism, not of the child welfare workers per se, but rather of the educational systems and child welfare systems which have been remiss in adequately preparing workers for the tasks awaiting them.

Decision-making in child welfare. Whereas the literature recognizes child welfare work as being perhaps the most difficult in the social services, it further recognizes the task of decision-making as being the most critical function to be carried out by a child welfare worker. The existing literature has determined that despite the critical importance of decision-making, its application by child welfare workers has been remiss. Meaningful frameworks for decision-making and a lack of guidance for child welfare workers in the form of a defined set of decision-making principles was found to

be central to the poor decision-making abilities of workers. Further, these deficiencies have seemingly created a system in which individual biases and personal judgements prevail as worker guidelines for decision-making.

As such, the existing literature supports the uniform implementation and practice of structured decision-making procedures in child welfare agencies. By so doing, child welfare agencies will benefit from a decreased reliance on autonomous judgements by workers and the overall increase in ability to seemingly demonstrate more accountability for service delivery.

## II. Conclusions Related to the Research Questions

The research questions (p. 44) served to provide a conceptual and methodological framework for this study. The following general conclusions have been derived from the data related to these questions.

1. The demographic characteristics of the families of the sample revealed similar results to other studies in the literature in regard to the parental profile, child profile and family size. The findings do not, however, coincide with previous studies or societal perceptions about the types of families most often associated with child abuse. The finding that two-parent natural families were the principal family



type within the sample may be unique to the agency from which the sample was drawn given that it was a predominantly white, European and Roman Catholic sample which has presumably influenced this conclusion. As such, the generalizability of this finding is limited.

2. The profile of abuse derived from the sample was found to be more similar than different when compared with other studies. Specifically, child abuse cases are typified by mild to moderate degrees of abuse which are perpetrated by a male, usually one occupying a parental, and/or caregiving role toward the child.

3. One finding of this study revealed that persons having direct and consistent contact with children (e.g. parents and teachers) predominate as referral sources for child abuse. Thus, it may be concluded that increased public education and awareness campaigns on child abuse which are aimed at these groups are seemingly effective.

4. The sample revealed that services were provided primarily to family units (as opposed to individuals) and that the RCCAS provided mainly protective services (e.g. monitoring/supervision), whereas community agencies provided the greater number of treatment or rehabilitative types of services. Further, the extent of contacts between RCCAS

workers and clients were minimal yet RCCAS worker-collateral contacts occurred proportionately more frequently.

5. Data about agency workers revealed them to be more similar than different when compared with other studies on child welfare workers in the literature. These findings, however, do not reflect the stereotypical perceptions of young, inexperienced workers with high rates of turnover in child welfare agencies. More specifically, their ages and experience were significant and were probably unique to the particular agency from which the data was collected. This conclusion would certainly cause one to be cautious in rendering generalizations of these worker profiles to other child welfare agencies.

6. The findings revealed by other statistical analyses show that there are few worker variables that correlate significantly with other variables within the study. Further, there appeared to be no worker variables which stand out as significant predictors of more than one other variable. Thus, it may be concluded from these findings that the professional and demographic characteristics of child welfare workers are not strong predictors of how a case of child abuse will be managed. Moreover, the results lend themselves to the conclusion that the identification of factors predicting and patterns of decision-making amongst cases of child abuse is

minimal when using these demographic and professional profiles of child welfare workers as a guide.

### III. Limitations

Although secondary analyses are a valuable method of social work research, they carry with them certain problems and limitations that are inherent in even the most carefully planned research project. One of these relates to the accuracy of the recorded information contained in the actual RCCAS case files which were scrutinized. Although the information may have been reliably recorded by the worker, definitions of categorical information within recording procedures may have been inconsistent. As well, the actual data collection was conducted by two individuals, the researcher and an assistant. Thus, the potential for differing interpretations of the questions on the data collection instrument and their responses may have been evident which would serve to limit the validity of the collected data.

Further, the instrument used in this study was not empirically tested for reliability, and/or validity. Moreover, the general lack of comparative studies made it difficult to generalize the findings of this study. Finally, the exploratory-descriptive design of the study resulted in

the accumulation of predominantly nominal level data. Although legitimate, such data is subject to limited and minimal statistical analyses.

#### IV. Recommendations

Child abuse cannot be viewed as a dated social problem. As long as its occurrence continues, and indeed increases, further research and study need to be conducted. Although many research studies have been carried out which address this phenomenon, the practical use of such studies for comparability with subsequent and current research is limited. particularly as a consequence of the lack of a uniform and standard definition for child abuse. As such, the development and utilization of one standardized definition of child abuse should be foremost in future studies in this area.

Further, future research is recommended in order to corroborate the findings of this study. In particular, child welfare workers from other settings should be studied to determine if demographic similarities or differences arise in comparison with the results of this study. As well, future research should be undertaken which examines the nature, quality and skill of decision-making by child welfare workers in cases of child abuse. As well, a valid and reliable instrument for measuring aspects of child welfare duties needs

to be developed, while other data collection techniques such as participant observation and one-to-one interviews with workers should also be utilized in this regard.

The literature is replete with instances in which decision-making by child welfare workers is carried out in a purely subjective and idiosyncratic way. Such practices affect the overall quality of child welfare services and ultimately impact, usually adversely, upon the credibility of such agencies. As such, child welfare agencies need to expend increased energy and resources in developing and implementing standardized frameworks for decision-making for child welfare workers given its critical nature. Further, the development of education and training opportunities for workers in the area of decision-making should be realized and such training should be offered on an ongoing and progressive basis.

Similarly, efforts should be made within schools of social work to meet the learning needs of social work students in regard to decision-making and prepare them for the realities and complexities of this task once they become employed. Further, schools of social work and child welfare agencies should collaborate, where possible, on developing educational initiatives and programs pertaining to the decision-making tasks of child welfare workers, and/or offer

continuing education courses (including structured decision-making) for workers and supervisors at convenient times.

Further research needs to be carried out on the exact nature and effectiveness of the monitoring/supervision service which the results of this study showed to be the primary service provided to families of child abuse. Increased knowledge with regard to the components of this service as well as its ultimate purpose and effectiveness, are necessary.

Further, child welfare agencies and legislative bodies need to develop and implement increased services which address prevention of child abuse. The findings of this study imply that public awareness of child abuse is increasing with respect to the identification of the issue. Hence, consistent proactive efforts on preventive strategies aimed at high risk groups of abusers, children and families, as well as the general public, may serve to alleviate, if not eventually eliminate the problem of child abuse.

Since this research project is an exploratory study and the essence of exploratory studies is to generate questions or ideas for future research and study, this report will close with a series of specific questions arising from the literature review, the findings of this study, the thesis defence and the author's personal child welfare experience.

1. How (and can) child abuse be globally and consistently defined in order to be representative of specific types of abuse and allowing of varying social, cultural, legal and religious factors?
2. What is the exact nature and function of the monitoring/supervision service carried out by child welfare workers in cases of child abuse? Further, is this service an effective and efficient means of reducing or eliminating the risk and occurrence of child abuse? Also, does the monitoring/supervision service contain a treatment or rehabilitative aspect?
3. Are personal judgement and individual bias key ingredients in the decision-making process of child welfare workers? If so, is it a negative ingredient and can it be reduced through the development and implementation of structured decision-making frameworks within child welfare agencies?

APPENDIX A

LETTER OF PERMISSION FROM RCCAS



APPENDIX B  
DATA COLLECTION INSTRUMENT

## PART I. CHILDREN'S AID SOCIETY CLIENT FAMILY DATA

01) Family profile as of the most recent CAS contact

	Mother	Father
Age		
Marital Status (specify)		
Religion		
Cultural Identification (specify)		
Employed (yes)		

02) Identify the client family type (check appropriate space)

- a) two parent natural family \_\_\_\_\_  
b) single parent family \_\_\_\_\_  
c) reconstituted family \_\_\_\_\_  
d) foster family \_\_\_\_\_  
e) adoptive family \_\_\_\_\_  
f) other (specify) \_\_\_\_\_

03) Total number of children in the home \_\_\_\_\_

04) Data on the child of concern (abused child)

Note: Rel = Religion  
Bio = Biological  
AD = Adopted  
ST = Stepchild

[illegible]

- 05) In whose care was the child of concern at the time of the abuse?

Check the appropriate space

- a) Biological mother \_\_\_\_\_  
 b) Biological father \_\_\_\_\_  
 c) Both biological parents \_\_\_\_\_  
 d) Other (specify) \_\_\_\_\_

- 06) Was the child of concern taken into CAS care as a result of the abuse?

Yes \_\_\_\_\_

No \_\_\_\_\_

- 07) Child placement information

Note: Complete all sections

Status = care by agreement, society ward, crown ward etc.

Type of placement = foster home, group home etc.

Status	Type of Placement	Length of Court Order/ Agreement (months)	Length of Placement	Number of Placement Changes

- 08) What was the outcome of the child's placement?

- a) returned to parents care-case closed \_\_\_\_\_  
 b) returned to parents care-supervision order \_\_\_\_\_  
 c) returned to parents care-voluntary continuation of services \_\_\_\_\_  
 d) crown wardship-plan for adoption \_\_\_\_\_  
 e) crown wardship-long-term foster care \_\_\_\_\_  
 f) independent living \_\_\_\_\_  
 g) other (specify) \_\_\_\_\_

- 09) Comment on the decision-making rationale for 08 above.

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- 10) If the child of concern was not taken into CAS care how was their safety ensured? (e.g. placed with friend or relative, abuser left home, determination that parent able to protect, etc.)

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## PART II. CAS CASE INFORMATION

- 01) Case specifics as of the most recent abuse contact (please complete all sections)

Date of Referral	Date of Termination	Total Length of Service (months)	Referral Source	Reason for Referral

- 02) How long (weeks) did the case remain at intake \_\_\_\_.
- 03) How was the case classified at intake (e.g. mandatory protection, ongoing service etc.) \_\_\_\_.
- 04) What was identified as the primary goal/objective of intervention \_\_\_\_.
- 05) Which of the six possible case outcomes for child abuse investigations was determined (check one)
- 1) child abuse does not appear to exist \_\_\_\_.
  - 2) child abuse does not appear to exist but the family requests or agrees to service \_\_\_\_.
  - 3) There exists some substantive grounds to believe that an abusive incident has occurred but there is not sufficient grounds for registration and the child remains with at least one protective parent \_\_\_\_.

- 4) There exists some substantive grounds to believe that the child is abused and there are not sufficient grounds for registration but this and/or other factors warrant the removal of the child to a place of safety \_\_\_\_.
- 5) There is verification of the information of abuse: the child remains with at least one protective parent \_\_\_\_.
- 6) There is verification of the information of abuse: the situation warrants the child be removed to a place of safety \_\_\_\_.
- 06) Check the primary (1) and secondary (2) [if applicable] reason for case termination.
  - 1) child reached 16 years of age \_\_\_\_
  - 2) other agency involved \_\_\_\_
  - 3) no service necessary \_\_\_\_
  - 4) child adequately protected \_\_\_\_
  - 5) service complete \_\_\_\_
  - 6) clients not requesting/refusing/not motivated for service \_\_\_\_
  - 7) no further incidents of abuse/no further community referrals \_\_\_\_
  - 8) family moved from service area \_\_\_\_
  - 9) child made crown ward \_\_\_\_
  - 10) other (specify) \_\_\_\_\_
- 07) Was termination:
  - 1) client initiated \_\_\_\_
  - 2) agency/worker initiated \_\_\_\_
  - 3) mutually agreed \_\_\_\_
- 08) Comment on the decision to terminate CAS involvement with the client family \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PART III. ABUSE PROFILE

- 01) Type of abuse:
  - 1) sexual \_\_\_\_
  - 2) physical \_\_\_\_
  - 3) both \_\_\_\_

- 02) Comment on the abusive situation (what happened?) \_\_\_\_\_  
\_\_\_\_\_
- 03) Frequency of abuse (e.g. one incident, ongoing) \_\_\_\_\_
- 04) Duration of abuse (e.g. over a period of years, months, etc.) \_\_\_\_\_
- 05) Did the child require medical attention
- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 06) Were the police involved/notified
- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 07) Was the degree of abuse classified as:
- 1) mild \_\_\_\_\_
- 2) moderate \_\_\_\_\_
- 3) severe \_\_\_\_\_
- 4) not stated \_\_\_\_\_
- 08) Gender of the abuser
- 1) male \_\_\_\_\_
- 2) female \_\_\_\_\_
- 09) Age of the abuser \_\_\_\_\_
- 10) Relationship of the abuser to the child \_\_\_\_\_
- 11) Abuser registered 1) Yes \_\_\_\_\_  
2) No \_\_\_\_\_
- Comment \_\_\_\_\_  
\_\_\_\_\_
- 12) Criminal charges laid 1) Yes \_\_\_\_\_  
2) No \_\_\_\_\_
- Comment \_\_\_\_\_  
\_\_\_\_\_

13) Did the abuser receive services

- 1) Yes \_\_\_\_\_
- 2) No \_\_\_\_\_
- 3) Unknown \_\_\_\_\_

#### **PART IV**

#### **01) SERVICES PROVIDED BY CAS TO MOTHER, FATHER, CHILD OF CONCERN AND FAMILY**

NOTE: Please check mark all applicable sections

CAS Service	Mother	Father	Child	Family
1) Monitoring/supervision				
Counselling:				
2) Individual _____				
3) Marital _____				
4) Family _____				
5) Group _____				
6) Other _____				
7) Parenting program				
8) CAS volunteer				
9) CAS case aide				
10) Play therapy				
11) Foster care				
12) Other (specify)				

**02) SERVICES PROVIDED BY COMMUNITY AGENCIES TO THE MOTHER,  
FATHER, CHILD OF CONCERN AND FAMILY**

NOTE: Please check mark all applicable sections

Community Service	Mother	Father	Child	Family
Counselling				
1) Individual _____				
2) Marital _____				
3) Family _____				
4) Group _____				
5) Other _____				
6) Psychological/Psychiatric Assessment or Counselling				
7) Alcohol/Drug Abuse Treatment				
8) Medical Treatment				
9) Child Management				
10) Day Care				
11) Probation/Parole				
12) Other (specify) _____				

03) Did the problem of abuse remain as the primary focus of  
intervention: 1) Yes \_\_\_\_\_  
2) No \_\_\_\_\_

04) Total number of CAS worker face-to-face contacts with:

- 1) mother \_\_\_\_\_
- 2) father \_\_\_\_\_
- 3) child of concern \_\_\_\_\_
- 4) family \_\_\_\_\_
- 5) unknown \_\_\_\_\_



- 05) Total number of CAS worker phone contacts with:
- 1) mother \_\_\_\_\_
  - 2) father \_\_\_\_\_
  - 3) child of concern \_\_\_\_\_
  - 4) unknown \_\_\_\_\_
- 06) Total number of CAS worker face-to-face contacts with collaterals regarding the client family
- 1) \_\_\_\_\_
  - 2) unknown \_\_\_\_\_
- 07) Total number of CAS worker phone contacts with collaterals regarding the client family
- 1) \_\_\_\_\_
  - 2) unknown \_\_\_\_\_

**PART V PREVIOUS CAS INVOLVEMENT WITH THE CLIENT FAMILY**

- 01) Total number of previous involvements \_\_\_\_\_
- 02) Number of previous involvements regarding
- 1) physical abuse \_\_\_\_\_
  - 2) sexual abuse \_\_\_\_\_
- 03) Number of previous involvements of abuse involving current child of concern \_\_\_\_\_

**PART VI CAS WORKER PROFESSIONAL PROFILE**

01) Total number of CAS workers involved in case \_\_\_\_\_

02) Note: Age = age of worker at the time of involvement with the client family

Edu. Degree = educational degree of worker at the time of involvement with the client family

Current CAS Ex. = CAS experience in months up to the time of worker involvement with the client family at current agency

Past CAS Ex. = all CAS experience of worker in months prior to employment with current agency

Related Ex. = related social work experience in months of the worker prior to current CAS employment

Time Involved = length of time in weeks worker involved with the client family

Worker I.D. #	Gender	Age	Edu. Degree	Current CAS Ex.	Past CAS Ex.	Related Ex.	Time Involved
1							
2							
3							
4							
5							

03) Specify the function of each worker (e.g. intake, ongoing service, etc.):

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

APPENDIX C

SECTION 37(2) OF THE CHILD AND  
FAMILY SERVICES ACT, 1984

Section 37(2) of the Child and Family Services Act, 1984

A Child is in Need of Protection Where,

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by that person's failure to care and provide for or supervise and protect the child adequately;
- (b) there is substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is substantial risk that the child will be sexually molested or sexually exploited as described in clause (c);
- (e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent, the treatment;
- (f) the child has suffered emotional harm, demonstrated by severe,
  - (i) anxiety,
  - (ii) depression,
  - (iii) withdrawal, or
  - (iv) self-destructive or aggressive behaviour,

and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

- (g) there is substantial risk that a child will suffer emotional harm of the kind described in clause (f), and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;
- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;
- (i) the child has been abandoned, the child's parents has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody;
- (j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;
- (k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.
- (l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under this Part.

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Shauna-Lee Lloyd was born November 3, 1961 in Sault Ste. Marie, Ontario. In Sault Ste. Marie, she attended Ben R. McMullin elementary school, and graduated from Sault Collegiate High School in 1980. Shauna then pursued post-secondary education at Lakehead University in Thunder Bay, Ontario where, in 1984, she graduated with an Honours Bachelor of Social Work Degree with First Class Standing.

Shauna was employed as a social worker in the fields of mental health and child welfare for four years after receiving her B.S.W. In the fall of 1988, she enrolled in the Master of Social Work program at the University of Windsor, Windsor Ontario.