The Educator’s Role In Child Abuse Prevention

by

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A thesis submitted in conformity with the requirements
for the degree of Master of Arts
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The Educator’s Role in Child Abuse Prevention by Sheilagh A.M. Bourassa-Young
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ABSTRACT

Child abuse is a pervasive problem with roots in past societal practices. Recent examination of the problem of child abuse has resulted in revelations about the damaging consequences of abuse.

The response of key professional sectors has been multi-faceted. Since it is estimated that half of all abuse victims are school-aged, educators often find themselves in the position of often being involved in child abuse cases.

A community consensus regarding the integrated roles of professionals responding to child abuse is an integral component of the successful resolution of this problem. Serious barriers to service exist that result in service fragmentation.

Clear models for the role of educators exist within the literature; what is unknown is how effectively such models are translated within the mosaic of local community settings within the Province of Ontario. Research into school-community collaboration may assist in highlighting factors that contribute to assisting victims by providing an effective professional response to the problem of child abuse.
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TO DAVID
WITH LOVE AND APPRECIATION
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CHAPTER I

INTRODUCTION

Child abuse is a social issue currently impacting on the practices of educators and other professionals. The social significance of child abuse has become apparent only within the last three decades. Commencing with the so-called “discovery” of child physical abuse in the 1960’s by Henry Kempe, the last quarter century of investigation into this problem has lead to an understanding of the widespread occurrence and deleterious long-term effects of child abuse.

Local Canadian communities are frequently the focus of child abuse prevention efforts. Within each community there are a range of professionals who become involved in a case of child abuse once a report has been made to a child protection or law enforcement professional. Research into the response of the professional community to child abuse reveals that educators are one of the key providers of service to child abuse victims.

Professionals, such as educators, act both within specific organizational settings and in conjunction with other community agencies to respond to child sexual abuse. (Bowles, Johnston; 1988) Communities responding to child abuse incorporate certain service components that are logically allied to responding to child abuse, such as education.

Because professional groups tend to view causation in different ways, methods of intervention are not overlapping and can result in fragmentation (Bowles and Johnston; 1988, Rogers; 1990). In contrast, intervention that fully comprehends the complex etiology of abuse and reflects this within the organization of its pooled resources and co-ordinated implementation, can aid child abuse victims by ensuring adequate and
integrated practical assistance by community professionals. This co-ordinated approach can help victims to avoid being subjected to secondary trauma case by a “systems response” whereby victims are shunted abruptly to various parts of the systems to handle partial needs while major or interacting components of the larger problem remain unresolved. The very act of being part of the “client mode” is itself a part of the victimization process. Barriers to community collaboration must be examined with respect to child abuse prevention.

Educators have a duty and unique opportunity to assist in preventing child abuse. Thompson (1979) states that teachers are the most important professional on which to focus intervention training as they have daily contact with children and can form clear opinions about the nature of a child’s behaviour. There are key skills and information on abuse prevention that educators are expected to impart to students. Teachers are listed as one of the highest professional reporting sources. (Ontario Provincial Statistics: 1977 - 1990). Educators provide collateral assistance during the child abuse investigation, including assisting by receiving child abuse disclosures. Teachers are also primarily responsible for the classroom re-integration of students who have disclosed. As well, educators participate in prevention programming within the classroom setting. Despite strong reasons to report child abuse and implement prevention programming, educators need resources to assist them in detecting, reporting and preventing child abuse. While the role of educators has come to be clearly defined in the literature, it is unclear as to what specific initiatives exist in the recent past in the educational setting in Ontario to fulfill educators’ prescribed mandate.

Related sociological theories and research on child abuse prevention, community development and the role of education reveals that there are a number of service sectors involved in responding to child abuse victims. Health, social service and education are linked in providing services to child abuse victims and their families. For reasons described within the body of this thesis, the community setting is a locus of intervention.
The interaction of professional sectors within community settings can have a beneficial impact in terms of delivery of services to abuse victims yet there are a number of impediments to co-ordinated service delivery in community settings. These service barriers are described in literature reviews on community development, child abuse prevention and its role in education found within this thesis.

Within the last three decades extensive research has been completed on child abuse and its effects. Another set of sociological theories have been developed with regard to ideal child abuse prevention models and their implementation in community settings. A complementary body of research concerns community development; specifically the development of co-ordinated local service networks to respond to and prevent child abuse. A significant body of research reports that successful response will include a constellation of co-ordinated community services, including educators, physicians, social workers, law enforcement professionals and other collateral community and health professionals. Within the last decade there have been efforts to implement training and prevention programming in schools. Research into the effectiveness of prevention programming and community response has revealed that there are a number of barriers to successful service delivery including impediments within the educational setting. While some research has been completed on the expanding role of education with respect to child abuse, little is known about the role of Ontario educators within community settings. In addition, little is known about the uniformity and extensiveness of response to the problem of child abuse by Ontario educators.

The objectives of the study are to research Ontario child-serving community organizations to (a) illustrate and characterize the role of various professionals responding to the problem of child abuse, (b) to demonstrate the role of educators as a component of community response, (c) to document examples of school-community cooperation in the prevention of child abuse and (d) to determine how inter-agency collaboration between education and other community agencies can be fostered so as to
assist educators in the prevention of child abuse. A historical examination of child abuse as a social issue with links to present-day curricular practices of educators is conducted in order to demonstrate how teachers are participating in the community response to child abuse.

The question of the nature of educators’ roles within Ontario communities must concern the researcher as the community is a practical locus of intervention. Research into the state of community response to child abuse with an emphasis on the role of educators will yield insight into school-community collaboration. The findings may assist in improving professional collaboration, inform community planning initiatives and most significantly, ensure adequate professional assistance in the protection of child abuse victims.
CHAPTER II

CHILD ABUSE AS A SOCIAL ISSUE

Historical Overview Of Child Abuse As A Social Issue:

Child abuse must concern our society for many reasons including the probability that inappropriate modelling of caretaking can leave future generations at risk of harm by incompetent caretakers (Wolfe: 1989, 2). The intergenerational transmission of abusive acts can be traced to past practices of child maltreatment and child care that included infanticide, neglect and various cultural practices of curing childhood illnesses which society would now recognize as constituting physical abuse. Injuries that might result from these practices were not connected by parents to their own lack of healthy caretaking skills; rather, sicknesses and purging were taken as a sign from God that the parents had sinned and were punished as a result of their sinning. (Falconer, Swift: 1983, 2-3) Practices of infanticide were common around the fourth century. In European countries, during the period of 4-13 A.D., abandonment practices such as sending children away for apprenticeship, employing wet nurses and fosterage arrangements were utilized as acceptable substitutes for parental care. It was not until the period of 14-17 A.D. that parents became concerned with the shaping of their children, including their emotional well-being. (Falconer, Swift: 1983, 1,4) During these periods, the recognition of abuse, as in the present, was tied to cultural perceptions about acceptable childrearing practices. The rise of the child welfare movement was shaped by a recognition of a long history of child maltreatment during these periods including the common use of children during Greek and Roman times for
sexual purposes and the exploitation of children as labourers during the Industrial Revolution.

Practices of sexual exploitation, abandonment and cruelty to children lead to the establishment of comprehensive Canadian child welfare legislation in 1893. Previous legislation passed in 1799 “An Act For The Education And Support Of Orphans Or Children Deserted By Their Parents”, failed to address the type of care provided for children in their home, leaving them open to maltreatment. Research on children in Upper Canada during the 19th Century revealed to authorities that many of these children were deprived and neglected while many others were awaiting placements or had been placed in institutions for the long-term. Legislation passed in Ontario in the 1870’s and 1880’s attempted to define neglected children and make provisions for the evaluation and suitability of placements. All these initiatives taken together provided a legal framework for the beginning of child protection services in the Province of Ontario. The first Children’s Aid Society was established in 1893 in Toronto. Its creation signified, "... the culmination of trends toward social reform and the beginning of a new era in child welfare ..." (Falcoener, Swift: 1983, 9).

The provision of criminal justice laws against child sexual abuse is tied to the historical occurrence of child sexual maltreatment. It was not until the 13th Century that the rape of a child was codified as a misdemeanour under European law (Wells; 1990, 6). Previously it had been subsumed under church law. However inadequate, societal concern about the sexual abuse of children grew. In the 19th Century a survey of 2582 prostitutes in France revealed that approximately 1500 were minors. (Wells; 1990, 6) Sigmund Freud’s initial belief that his adult female patients psychiatric problems were due to their sexual abuse as children was later changed as the result of disbelief from fellow professionals and Freud’s personal difficulty in accepting this idea. (Wells; 1990, 6) He later attributed these psychiatric problems to sexual fantasies. Unfortunately, Freud’s theory of sexual fantasies had an impact on legal practices and
subtle but widely-held beliefs that children make false allegations about sexual abuse. The limitations of the legal system to redress the wrongs of child victims was identified in Canada in 1984 in the Badgley Report. Mary Wells in Canada's Laws On Child Sexual Abuse, noted that, “criminal code definitions should not encompass the total range of sexual offences that the committee was regularly discovering through its research.” (Wells; 1990, 16) In 1988 The Criminal Code of Canada was amended to include an expanded number of offences and new evidentiary procedures to make it easier for children to testify.

Despite advances made in the protection of children, our efforts to respond to child abuse remain hampered by a number of factors including a lack of full understanding of its etiology and dynamics. Sgroi (1982) in The Handbook of Clinical Intervention of Child Sexual Abuse, points out that our lack of understanding of sexual abuse has impeded the “lack of development of effective therapies.” (Sgroi; 1982, 2) The ability of child welfare professionals to intervene, proscribed by law, is related to culturally accepted practices of violence against children. International comparisons of child abuse and neglect reveal that it has been declared non-existent in China, Russia, Poland and Japan, leaving researchers to conclude that authorities may wish, ... to conceal its occurrence or that violence against children may be culturally acceptable. (Taylor, Newberger; 1983, 53) Researchers found that socially accepted customs and forms of discipline may harm children (Taylor, Newberger; 1983, 52) Development of more supportive and child-focused child care methods may be tied to our acceptance of the use of physical punishment of children. Future research could examine the nature and extent of past practices of abuse as related to child care and conduct comparisons with present child care modes.

Family Violence

Research on violence within families, including child abuse has lead to a number of key findings including the notion that family violence is cyclical, occurs often within
the child’s home and that very young children are at risk of serious injury and death. These findings have lead to the, "... demythologizing of the family as a happy, harmonious and peaceful refuge from the outside world and its problems." (Frankel-Howard; 1989, 9). Similarities in findings regarding wife assault and child abuse include commonalities of effects on victims, use of power and dominance as common roots of occurrence. Both share the purpose of eradication of violence and child abuse: “interpersonal and family violence are major social problems that originate from a broad spectrum of interrelated personal, social and behavioural factors... " (Health Guidelines; 1989, 7)

Causes of Child Abuse:

Various explanations have been developed to explain why child abuse occurs. In Differential Models of Social Work Groups with Family Violence, (1988), Roxanne Power summarizes the two main theories about the causes of family violence:

(1) psychiatric model which is characterized as emphasizing individual conditions including such conditions as mental illness and drug addiction as primary antecedents to family violence

(2) social-cultural theory which examines the impact of the environment on the family. Proponents of the social-cultural theory have found correlations between stressful situations including the conditions of poverty and physical isolation of the family as leading to family violence. Nicholas Bala, J. Hornick, R. Wolock and B. Horowitz claim that "although child maltreatment certainly occurs among socioeconomic classes, there is substantial evidence that the poor are overrepresented in the statistics.” (Wolock, Horowitz; 1989, 5) Nicholas Bala et al call upon protection workers to “be sensitive to the problems of poverty.” (Bala, Hornick, Vogl; 1990) They quote the National Council of Welfare with regard to factors which predispose poor parents to poor parenting:

Low income parents run a greater risk of encountering problems that reduce their
capacity to provide adequate care for their children ... poor families are largely dependent upon single, overburdened source of help, the child welfare system, in coping with their problems, whereas more affluent families enjoy access to a broader and superior range of supportive resources." (Bala, Hornick, Vogl; 1990, 15)

Cultural norms such as parents’ use of corporal punishment and social inequalities, the domination of men over women are often cited as examples of underlying causes of violence within the family. (Power, 1988, 10) Deviance theories about causation are similar to the psychiatric model (also referred to as the “medical model”) in that it relies heavily on explanations of individual causation; that is, “... by concepts which characterize something about the actor, often some underlying psychological characteristic.”(O’Toole, Turbett, Nalepka; 1983, 351)

Wolfe et al (1981) delineated five factors which they believe strongly contribute to the occurrence of child abuse: 1) lack of effective and positive child management techniques; 2) parental style characterized by negative and controlling interactions with the child; 3) poor impulse control the cause of which described by the caretaker as being elicited by the child’s problematic behaviour; 4) poor or non-existent coping strategies under stressful conditions; 5) the caretaker displays an aversion to the child and/or certain behaviours of the child (Wolfe et al; 1981, 19).

Wolfe (1989) reports that research on intra-psychic factors as leading to child abuse has relied on case studies emphasizing variables such as childhood experiences and personality traits as a means to arriving at diagnoses of psychopathology of the caretaker (Wolfe; 1989, 2).

Theories of individual psychopathology or the psychiatric model are in direct contrast to the socio-cultural model (also called the social interactional model), stressing the, “bidirectional influence of behaviour among family members, antecedent events that may precipitate abuse and consequences that maintain the use of excessive punishment with the child.” (Wolfe; 1989, 2) Gelles and Pedrick Cornell (1983) in
cross-cultural comparisons of the incidence and nature of abuse found that socio-cultural variables were commonly cited as leading to child abuse and so stated that, "changing demands placed on the family by society (were) ... creating unreasonable demands on the family." Gelles, Pedrick Cornell; 1983, 13) Macrolevel or cultural variables were found to be a "rare" cause of child abuse. (Gelles, Pedrick Cornell; 1983, 13) Both the psychiatric and socio-cultural model examine the role of individual causes in child abuse. Eichler in Families In Canada Today, (1988) remarks that, "the very factors that make intimacy between family members possible also make violence between family members likely including high levels of stress usually found to be characteristic of familial relationships" (Eichler;1988,68).

The causes of child sexual abuse have received much attention within the last decade. Most theories stress power imbalances within the family as contributing to the sexual abuse of children (Propper; 1984, 113, Badgley; 1988, Sgroi; 1982, Rogers; 1990, ). Sgroi (1982) states that a common lack of recognition of the etiology of child sexual abuse as being one of "the need to feel powerful and in control" has seriously hampered society's ability to meaningfully respond to the problem. (Sgroi; 1982, 2-3) Feminist and cultural theories have heavily influenced research in this area on the causes of child sexual abuse. Intra-psychic tensions and social factors are listed as influencing perpetrators in this research (Sgroi; 1982,35, as cited in Dolan; 1988, Ferguson, Mendleson-Ages; 1988,1).

Wolfe (1989) writes that research on the causes of child abuse is important because of the implications for prevention work as well as the acceptance by society of its role in responding to child maltreatment. Understanding of the systemic nature of abuse is most important because the abuse of children leads to, "harm (that) ... may have significant impact upon the child's competence and future behaviour." (Wolfe; 1989, 2)
Understanding Child Physical Abuse:

The identification of the "battered child syndrome" by Henry Kempe lead researchers and professionals to revolutionize their ideas about parent-child relationships and physical abuse. Bala, Hornick and Vogl, in *Canadian Child Welfare Law* write that until Kemp's so-called "discovery", the processing of quite obvious protection cases was the rule. After Kempe, practitioners came to understand that parents often attempted to hide the abuse of their children and lied as part of the cover-up. Protection professionals also came to realize that as part of their victimization children become too fearful to disclose that they had been abused. Since the idea of children's rights had not gained any widespread acceptance and children were probably too ill-informed to report abuse. They also were not supported by social institutions even when making disclosures. Kempe used physical evidence, such as x-rays as supportive evidence to support theories on incidence and perpetration. Reporting laws were instituted largely as the result of Kempe's findings. His work no doubt provided a strong impetus to examine power dynamics within parent-child relationships. Subsequent developments in research confirmed and built on Kempe's original findings regarding the probability of abusive relationships. The early writings of Kempe were characterized by a heavy reliance on the "medical model" of causation. According to Claire Nalepka (1983), medical practitioners including nurses, are still heavily influenced by medical theories of child physical abuse because the theories provide information on how assessments and diagnoses are conducted. Nalepka's survey of how diagnoses are made reveals that medical practitioners rely heavily on the observation of physical injury and corresponding findings and used diagnostic tools, such as x-rays, to confirm or deny their suspicions. A diagnosis is also reported to take into account observations made of the child and family history, including family problems. Nurses displayed a greater concern for the impact of family dynamics, however Nalepka found that, "... there is no explicit theory to explain the interrelatedness of factors."
The majority of respondents saw stress and frustration as intra-psychic variables leading to child abuse. Other factors such as poverty, alcohol and drugs were cited. To their credit, practitioners displayed some knowledge of the role of socio-cultural factors such as lack of education about parenting and parental background in the cause of child abuse. These findings, however, were in the minority leading the author to conclude, the "... analysis of causes shows there is hardly a well-integrated etiological model which specifies events leading to child abuse." (Nalepka; 1983, 354) Future studies on medical practitioners knowledge could determine if efforts in the past few years to provide training on examination procedures and education on the role of complex interplay of intra-psychic and socio-cultural variables have impacted on their approach to these clients.

Advances in research on child maltreatment have affected public awareness about the issue. A random study of 1305 Canadian parents and potential parents in 1988 by Decima Research on behalf of The Institute for the Prevention of Child Abuse found that approximately three quarters of those surveyed felt that child mistreatment was a serious social issue in Canada today. (Decima; 1988, 3). Seventy percent of respondents said they were very clear about what constitutes appropriate child discipline. Eighty percent felt that physical punishment is harmful to a child, a greater percentage believed that verbal punishment can produce more harmful effects. With regard to physical abuse, Decimal researchers found, "very strong and intense levels of agreement (that) "... physically striking or slapping other than spanking..." constituted maltreatment. (Decima; 1988, 15) Respondents indicated that their attitudes on child maltreatment has changed over the past five years. Researchers hypothesized that this is strongly linked to the amount of change in respondents attitudes of child discipline. This finding has important implications for public awareness campaigns; the implication being that focusing on attitudes about child discipline will bring about positive changes in understanding about what constitutes child maltreatment.
The vast majority of respondents (90%) claim personal awareness of cases of child mistreatment and that this awareness of mistreatment was arrived most often through the media. (Decima; 1988, 16-17)

Sensationalized cases in the media which involve perpetrators not known to the child, may have lead to a misunderstanding about where violence against children most often occurs. Statistics gathered by the Canadian Centre for Justice Statistics (May, 1991) indicated that only eleven percent of child victims of murder were killed by a stranger. Two-thirds were victimized by their mother or father. Another ten percent were killed by other members of their family including three percent who were killed by step or foster parents. When compared with solved homicide cases of older age groups, child victims were most likely to have known the perpetrator: 90% of children under twelve years of age knew the perpetrator, 72% of victims 12-17 years of age knew the perpetrator, 76% of adult victims knew the perpetrator. Research into the method of killing reveals that murderers of children used methods of killing that involved the use of their hands, e.g., beating, drowning, strangulation, leading authors to conclude that, “this may also support the notion that child killing is often an extension of child abuse.” (Justice Statistics; 1991, 4-5) In researching characteristics of child victims of murder, it was revealed that one-third of victims under the age of twelve were killed before their first birthday. An average of fifty-four child murders each year occurred in the 1980’s, however, authors of the Justice Centre Report caution that underreporting is quite probable: homicides can be disguised by perpetrators (accidental deaths and sudden infant death syndrome fatalities, for example.) Homicide rates for children have stayed relatively even since the 1970’s, although increases were reported for the previous decade. (Justice Statistics; 1991, 5, 2, 3)

Ontario Child Abuse Registry Statistics confirm the relative stability in confirmed cases of child physical abuse since the Registry’s creation in the 1970’s. It is interesting to also note only a small percentage of reported cases involving mild cases
of abuse (most reported to the Registry are moderate or severe cases) which may be due to the inability of children's aid society's to process cases that border on cases of inappropriate child discipline and in that case, speaks to our culture's approval of physical punishment as a child discipline technique.

Margrit Eichler in *Families In Canada Today*, identifies the "monolithic approach" to research on the family; that is, an "... emphasis on uniformity of experience and universality of structure and functions rather than a diversity of experiences, structures and functions." (Eichler; 1988,2) Eicher recognizes biases created by this approach: it precludes the observer from integrating recent changes in family structure (increased number of divorces, increased number of single parents) and situation (decreased fertility, increased longevity, labour force participation by women with children). Conservative biases are created by the monolithic approach; recent consequential changes to the family are largely ignored. One outcome of this is the, "... painting (of) a rosy image that largely ignores the ugly aspects of familial interactions, such as abuse, violence and neglect." (Eichler; 1988, 1)

A 1989 review of symptoms most often observed in abused and neglected children by Jennifer McLaren and Richard E. Brown indicated that,

> The problems most frequently associated with physical abuse are aggressive behaviour, social maladjustment, low self-esteem and developmental delays. Neglected children are often significantly delayed in mental, motor, language and social development. Depression, actual or attempted suicide, and promiscuous behaviour are the most commonly reported problems of sexually abused children (McLaren, Brown; 1989, 1)

McLaren and Brown also report that a significant number of child victims go undetected; perhaps up to seventy-five percent. (McLaren, Brown; 1989, 1)
Understanding Child Sexual Abuse:

Unlike child physical abuse, the incidence of reported cases of child sexual abuse has skyrocketed (Ontario Child Abuse Registries, 1976-1990) The Committee on Sexual Offences Against Children and Youth (1984) documented the findings of over 10,000 cases of child sexual abuse. Among its findings:

- approximately four in five of unwanted sexual acts had first been committed against persons when they were children or youths.
- four in one hundred of young females had been raped.
- two in one hundred of young persons have experienced attempts or actual acts of unwanted anal penetration by a penis, or by means of objects or fingers.
- three in five sexually abused children had been threatened or physically coerced by their assailants.
- young victims are as likely to be threatened or forced to engage in sexual acts by persons close in age as by older persons.
- few young victims were physically injured: substantially more suffered emotional harms.
- approximately one in four assailants was a family member or a person in a position of trust: about half are friends or acquaintances and about one in sex is a stranger.
- the majority of victims or their families do not seek assistance from public services. When they do, they turn most often to the police and to doctors.
- over two in five of all sexual assault homicides are committed against children age fifteen and younger.

Children are victims of three in four convicted sexual offenders found to be dangerous on sentencing in courts. (Committee On Sexual Offences Against Children And Youths, 1984, 2) The Canadian Centre For Justice Statistics found precipitating
crimes against child homicide victims involved sexual assault 66% of the time when other offences occurred in conjunction with murder. This finding is in stark contrast to 16% percent for adult victims. (Justice Centre; 1991,4) Furthermore, despite the limitation of a lack of consistent historical records, the findings of The Committee on Sexual Offences Against Children and Youths (1984) are that,

the best evidence available to the Committee suggests that the volume of these crimes in relation to population growth has remained at a relatively constant level for some time. In this respect, the major change that appears to have occurred is not so much an alteration in the incidence of these offences, but the fact that Canadians as a whole are becoming more aware of a deeply rooted problem ... whose dimensions have not significantly shifted in recent decades.

( Badgely, Vol. 1, 1984, 186)

A 1979 definition of child sexual abuse is as follows: sexual experiences between juveniles and older persons that are exploitive because of the juvenile’s age, lack of sexual sophistication or relationship to that older person. (Finklehor in Jehu, Gazan; 1989, 2)

As a response to the growing number of cases being reported, the Canadian government provided funding to establish the Committee on Sexual Offences Against Children and Youths (so-called Badgley Committee). The Committee members were appointed February, 1981 and unanimously submitted their recommendations to the Ministers of Justice, Health and Welfare and the Attorney General of Canada in August, 1984. The Committee examined the incidence and nature of sexual abuse in Canada and provided recommendations regarding much-needed legislative changes and improved services to victims. The Badgley Committee conducted a National Population Survey in order to reveal information about sexual abuse. Two thousand and eight individuals were
randomly selected and anonymously completed questionnaires in order to concerning the extent and nature of unwanted sexual acts in the general population. Among the Committee's findings: "... about one in two females and one in three males had been victims of sexual offences." (Badgley; 1984, 193) This finding lead to the following conclusion and subsequent recommendation:

Sexual offences are committed so frequently and against so many persons that there is an evident and urgent need to afford victims greater protection than that is now being afforded. The findings of the National Population Survey clearly show the compelling nature of the fears and stigma associated with having been a victim of a sexual offence... what is required is the recognition by all Canadians that children and youths have the absolute right to be protected from these offences. To achieve this purpose, a major shift in the fundamental values of Canadians and in social policies by government must be realized. (Badgley; 1984, 193)

This finding was replicated in the research of The Canadian Centre for Justice Statistics in May, 1991. Researchers studied the records of seven police departments and reviewed approximately 200 incidents of violence against children twelve and under. The findings match that of the Badgley Committee: one-third of sexual assault victims were male, two-thirds female. (Justice Centre; 1991, 9)

Although confirmation of incidence within national and across international populations is very problematic, many researchers agree that the sexual abuse of children not only occurs but occurs frequently. Ferguson and Mendleson-Ages in their review of numerous prevention programs write, "... it appears to be widely accepted that approximately twenty percent of females and ten percent of males are subjected to 'serious' sexual abuse before they reach the age of eighteen." (Ferguson, Mendleson-Ages; 1988, 1)

On underreporting the Badgley Committee found that,

Beneath the visible tip of child sexual abuse known to the police and the courts is
a more sizable number of partially hidden cases cared for by medical and child protection services and other community agencies. (Badgely; 1984, 113) Specifically, a majority of sexually abused victims did not seek the assistance of public services, and when such help was sought, physicians and the police were the groups most frequently contacted. (Badgely; 1984, 193)

The Committee further found that the majority of victims did not report the offences committed against them; three-quarters of female victims, nine-tenths of male victims did not report these offences. (Badgley; 1984, 187, 208) This is an outstanding finding when one considers the findings of the Committee with respect to serious offences; i.e., 3.8 percent of the female respondents surveyed had been raped at least once, 2.1 percent of both genders surveyed had been the victims of attempted or actual anal penetration with a penis, digitally or with objects. (Badgley; 1984, 206) Research undertaken on the age of victims by gender demonstrates that many victims are very young. This data, collected through the National Population Survey is in contrast proportionately to victims known to community agencies. (Badgley; 1984, 198-199). Discrepancies between victimization and reporting seem to reverse as the child grows older; when children are younger they most often come to the attention of police, hospitals and protection agencies. As male children grow up their victimization is less likely to be reported leading one to speculate that there are strong barriers preventing males from reporting. This apparent reluctance may have to do cultural-gender issues. Gender appears to influence reporting in another way: the likelihood that female victims will come to the attention of police increases with age. Increase in likelihood of police contact is not cross-matched by increase in likelihood to be examined at a hospital or come to the attention of protection services. This may speak to differing mandates of services. It is, however, apparent that females are more likely to come to the attention of police, medical and protection services. This observation is consistent with the
previously reported finding that more female victims than male victims reported being sexually abuse. Both male and female victims were most likely to come to the attention of authorities between the ages of seven to eleven, although the greatest number of offences were reported to have occurred between the ages of 14 and 15.

Researchers and clinicians such as Suzanne Sgroi have characterized the dynamics of child sexual abuse as complex and progressive; i.e., severity increases over time and frequency. Sgroi has postulated that the sexual victimization of children progresses through the following phases:

i) Engagement phase in which the perpetrator has access and the opportunity to the child. Often the perpetrator has both access and opportunity by virtue of their relationship to the victim. Inducement such as games, bribes or coercion are often used.

ii) Sexual Interaction: activities usually progress from exposure perhaps up to intercourse.

iii) Secrecy: Sgroi writes, "... the primary task for the perpetrator after sexual behaviour has taken place is to impose secrecy." (Sgroi; 1982, 15) Threats are often used to reinforce secrecy such as killing the child, themselves (the perpetrator) or the child’s mother.

iv) Disclosure Phase: may be accidental or purposeful. Sgroi instructs, "... (the) clinician must determine the reason underlying a child’s purposeful disclosure of sexual abuse" in order to determine the clinician’s response. (Sgroi; 1982, 20) The child’s motives and requests should be taken into account; with purposeful reporting it is more likely that intervention can be planned. Together with the child, other child welfare authorities, the family, Sgroi writes that the clinician can, “explore alternatives which are the least detriment to the entire family system.” (Sgroi; 1982, 21)

v) Family Reactions: Many, including Sgroi, have documented the varied and complex reactions of family members to a report that their child has been sexually
abused. Reactions often vary considerably depending on such variables as severity and relationship of the perpetrator to the victim.

Since intra-familial child sexual abuse often involves competing loyalties the ensuing reactions can be crucial for the child. Roland Summit, M.D., author of "The Sexual Abuse Accommodation Syndrome, summarizes the dynamics as follows.

Child victims of sexual abuse face secondary trauma in the crisis of discovery. Their attempts to reconcile their private experiences with realities of the outer world are assaulted by the disbelief, blame and rejection they experience from adults. The normal coping behaviour of the child contradicts the entrenched beliefs and expectations typically held by adults, stigmatizing the child with charges of lying, manipulation or imagining from parents, courts and clinicians. Such abandonment by the very adults most crucial to the child's protection and recovery drives the child deeper into self-blame, self-hate, alienation and re-victimization. In contrast, the advocacy of an empathic clinician within a supportive treatment network can provide vital credibility and endorsement for the child. (Summit; 1983, 177)

Sgroi's review of the various pressured and negative reactions culminates in her observation that,

... all family members can be expected to react to disclosure of child sexual abuse within the framework of a response to the question, 'how will this affect me?' ... only those who have great ego strength and security can be expected to sustain a posture of protection and concern toward the victim. (Sgroi; 1982, 24)

vi) Suppression Phase: For varying motives, a common finding is that the family of the victim will pressure her/him to recant (withdraw the accusation).

Effects of victimization:

Commonly observed effects of sexual abuse include blaming, humiliation, guilt
and shame. (Health Guidelines; 1989, 7). There is an increased percentage of psychological disturbances in sexually abused populations (35-62%) than normal populations (up to 45%). (McGregor, Dutton; 1988). Sexual Abuse victims who require psychiatric in-patient services are reported to exhibit a prevalence of the following behaviours: premenstrual affective syndrome, suicidal/self-destructive behaviours, eating disorders (McGregor, Dutton; 1988). With respect to long-term effects, studies report that adult survivors commonly display low self-esteem and describe sleep disturbances. Genuis et al (1991) concluded that the male victims of child sexual abuse display "... numerous initial and long-term effects".

Suicidal ideation, sexual dysfunction and drug abuse occur in increased frequency with respect to the general population. (Arlett et al: 1988, 3-10). Brender, Gagnon, and Dubrow (date not specified) "Child Sexual Abuse: Risk Factors For Negative Long-Term Effects" report that the degree of severity of effects in females is correlated with intrafamilial abuse (versus extrafamilial), extent and duration of abuse (on-going abuse involving penetration most harmful), co-occurrence with other forms of abuse. (Brender, Gagnon, Dubrow; date not specified, 1-9) Commonly-found problems for those who seek treatment of guilt, low self-esteem, depression, alienation, mistrust, insecurity in relationships (Jehu, Gazan; 1989, 1). Research has correlated the following behaviours in adulthood with childhood victimization: prostitution, a fear of intimacy and "tendencies ... to engage repeatedly in ill-matched and punitive partnerships." (Jehu, Gazan; 1989, 1) Other studies have implicated child sexual abuse as being correlated with juvenile prostitution, other forms of abuse and as leading to victims being cast in the role of battered wife in adulthood. (Health Guidelines; 1989, 7) A study reported in A Handbook For The Prevention Of Family Violence noted that behaviour problems as observed in the school performance of 3000 children were correlated with family violence within the homes of these students (Mulligan et al; 1990, 6.3) The correlation of victimization of child victims becoming adult offenders
has been widely discussed (Arlett et al; 1988, 12; McGregor, Dutton; 1988, Jaffe, Wilson, Wolfe; 1989, 2; Besharov; 1985, 6). A number of studies have noted the high percentage of juvenile and adult offenders who were victims of abuse themselves such as McGregor and Dutton (1988) found the following incidence: 50-56% of juvenile offenders had been sexually abused as young children, 23-59% of incarcerated rapists had been sexually abused as a child, 32-57% of convicted child molesters had been sexually abused as a child. Bagley and Shewchuk-Dann (1991) report that children and adolescents who have been sexually assaulted display more anxiety, depression, history of substance abuse, more fire-setting and encopresis than control groups.

Identified factors which may predispose child victims to physically abuse their own children include inappropriate role modelling with unrealistic expectations of children or children seen as deserving of punishment. (Besharov; 1985, 6) It has been found that, "... batterers and perpetrators usually project the responsibility for the abuse upon their victim." (Health Guidelines; 1989, 6). Factors that have been noted to aggravate the likelihood of abusing as an adult include unemployment, alcohol/drug abuse, social and physical isolation. (Health Guidelines; 1989, 8) In explaining the view offenders have of the world and in the justification of the abuse, Suzanne Sgroi notes that most sex offenders,

... tend to perceive the outside world as hostile and convey this perception to the child as both a reason and an excuse for the incestuous sexual behaviour. (Sgroi; 1982, 27)

Research also identifies that some victims are left without negative long-term effects and that this may be due to variables which mediate the ill-effects of abuse (Torjman; 1988, 4). Future research on the identification of mediating variables may pose challenges to current theories about child abuse (e.g., "cycle of violence" notion) and could have implications for the design of prevention and treatment programs.
CHAPTER III

DEVELOPMENT OF COMMUNITY RESPONSES TO CHILD ABUSE

There have been several government and legislative initiatives launched to address the problem of child abuse in the past two decades including the creation of Provincial Child Abuse Registries, the reform of child protection legislation, the creation of a special federal committee to examine the nature of sexual offences against children (Badgley Committee), amendments to offences and evidentiary procedures designed to protect victims of child sexual abuse (Bill C-15) and the appointment of a Special Advisor on Child Sexual Abuse (Mr. Rix Rogers) to the Minister of Health and Welfare.

In 1991 the Federal Government announced a four-year, one hundred and thirty-six million dollar initiative to respond to the problem of family violence. Six federal departments were involved in the initiative: Health and Welfare, the Solicitor General for Canada, Justice Canada, the Secretary of State, Indian Affairs and Northern Development, Canada Mortgage and Housing Corporation. One of the key themes of the 1991 initiative was: community-based action. (Government of Canada: 1991, 3-5)

A number of sociological concepts are key to this area of research; theories of prevention models, community development, including theories about collaboration. Burns and Smith (1994) state that research into collaborative practices has roots in the study of human resource development, the collaborative use of power. (Burns, Smith; 1994, 3). In “Towards A Collaboration And Collaboration Paradigm,” G. Burns and A. Smith characterize community practices as complex. Burns and Smith:
collaboration is also a process of altering current practices at the intra-agency, inter-agency, and individual levels to more appropriate sets of practices for achieving the intended outcomes of collaboration implementation. (Burns and Smith; 1994, 4).

R. Bowles and C. Johnston in “Networks of Community Agencies Responding to Sexual Abuse”, studied literature on the community response to child sexual abuse. Their objectives were to review current literature on connections among agencies who respond to child sexual abuse and to identify research activities that can further the understanding of professionals within agencies who respond to child sexual abuse and to identify research activities. Bowles and Johnston (1988) found that professionals act within specific organizational settings and in conjunction with other community agencies to respond to child sexual abuse. The authors contend that the nature of the organization is a prime determinant of the kind of contribution to the community response. Bowles and Johnston found that different groups of therapists, (e.g., medical, social work, school) tend to view causation in different and separate ways and that because of this their methods of intervention are not overlapping and co-ordinated. Bowles and Johnston contend that intervention should reflect complex principles of causation, resources should be pooled and implemented in a co-ordinated way. By studying the transactions between and within organizations we can characterize the effectiveness of community response.

A recent federal report on the status of child sexual abuse in Canada, Reaching For Solutions, urges Canadians to think globally with respect to responding to the problem of sexual abuse while acting locally. (Rogers; 1990, 28) In practice, then prevention measures should be implemented at the community level using appropriate resources, broad planning mechanisms and research findings. The Federal Government’s
commitment to community action is signified by the proposal to sponsor five hundred community-based projects. The local community has long been identified as a focal point for action on a number of social issues, including child abuse. Rix Rogers writes, "... all of our resource efforts and infrastructure initiatives must be seen as contributing to local effectiveness." (Rogers; 1990, 28) Bowles and Johnston (1988) identify that most discussions on community response are based on a the notion of community as "a network of social service agencies or community service delivery system (separate) from the general conception of community." (Bowles, Johnston; 1988, 31-32) The concept of community networks is one that incorporates a recognition that certain service components are logically allied to responding to child abuse. Key service sectors that have traditionally have responded to child abuse are: child protection (Children's Aid Societies), justice, police, education, legal services (Child welfare, criminal courts), health, medical services, assessment for psycho-social treatment, counselling/treatment, family re-integration or child placement.

Barriers to Effective Community Collaboration:

Integrated community abuse-prevention efforts may be an aid to educators yet this approach may be problematic also. Educators have a duty and unique opportunity to assist in preventing child abuse. There are key skills and information on abuse prevention that educators are expected to impart to students, however, programs must be designed with an awareness of theories of change and specific guidelines of implementation. The community can be invited to participate as a support to educators in their efforts to prevent abuse. Barriers to community collaboration must be examined within the field of abuse prevention.

Community response is defined as a "network of social service agencies" or "community service delivery systems separate from the general concept of community."(Bowles, Johnston; 1988, 3) Barriers to effective community collaboration currently exist and are tied to historical impediments to the development
of child abuse as a social issue. For a number of reasons, primarily consisting of increased reporting and public awareness, each of the sectors cited above has become acutely aware of service delivery needs. With the result that,

the number of cases reported, although still only a portion of all cases of abuse as noted, are already straining every front-line system to the point of over-load. This includes child care, investigations, police, hospital, medical teams, Crown Attorneys and the court system. Treatment capacity is limited or virtually non-existent in northern and rural communities. Insufficient resources to address the issue are cited as a problem everywhere. With so many professional and government jurisdictions, there is still only partial experience with formalized attempts to co-ordinate services and functions at the community level and to provide a comprehensive, effective service delivery system for children and families in distress. The systems issue is gaining priority in many government departments and is seen increasingly as of importance equal to the question of more resources.

(Rogers; 1990, 25)

In addition to resource problems, practical barriers exist in terms of child abuse prevention initiatives. Rogers clearly identifies the community as a focal point for practical and inter-professional initiatives to prevent child sexual abuse. Rogers (1990): "one of the most difficult problems is how to implement effective co-ordination among various systems with responsibility in the field of child sexual abuse." (Rogers; 1990, 74) Rogers names major elements which impede service delivery including, "duplicative and competing systems", compartmentalization of government
departments and poor or absent co-ordination. (Rogers; 1990, 74, 95-97) These are the findings of the Special Advisor On Child Sexual Abuse to the Minister of National Health and Welfare on child sexual abuse in Canada following consultation with approximately 1600 key informants on the issue including government officials, professionals working in the field, policy makers, victims, Native and Northern communities peoples. The purpose of the report was to indicate long-term federal directions and responsibilities for funding initiatives and their implementation in a co-ordinated manner (Roger; 1990, 7). Its focus, therefore, is a broadly-based perspective on national awareness of the problem, an overview of services and their availability and a corresponding emphasis on the role and responsibilities of federal and provincial governments in responding the problem of child sexual abuse.

The call for an extensive number of co-ordinated services is different than the call for awareness and response to child physical abuse two decades ago. This may be linked to cultural perceptions about the two kinds of abuse: while an almost universal taboo exists against child sexual abuse, our culture still struggles with the use of corporal punishment and whether this constitutes child maltreatment. The use of corporal punishment is still entrenched in law as acceptable when used in a "reasonable manner" and for disciplinary purposes. These competing philosophies and practices may be reflected in the provision of co-ordinated service systems.

Historical Development Of Service Delivery Systems Within A Comprehensive Community Response:

As public recognition has grown regarding the widespread extent and serious nature of child abuse, an increasing degree of attention has been paid to developing ideal service delivery systems within a comprehensive community response. The development of "ideal" models of service delivery has been affected by a number of impediments. Historically, as the public and professionals became acutely aware of the
problem, pressure to develop models of causation were developed. Theories of causation on the occurrence of child physical abuse appear to have developed from a recognition of the "battered child syndrome" as being an isolated and serious incident to the creation of intra-psychic models of causation, later to an awareness of the widespread nature of the problem, development of socio-cultural theories of etiology and a call for supportive and educative services for parents.

Authors Gelles and Cornell in International Perspectives On Family Violence identify five common stages that countries go through in recognizing the problem of child abuse: denial of the problem, identification of sensationalized cases and characteristics of child abuse, advocacy for responding to physical abuse as the most effective when co-ordinated, an identification of emotional abuse and neglect, identification of child sexual abuse. Authors Gelles and Cornell write that the most difficult stage is moving from denial of physical violence through identification and action. As nations develop, urbanize and industrialize, they most often move toward identification, however, "... even in the developing nations of Western Europe, there are such heavy taboos on the subject that denial persists." (Gelles, Pedrick Cornell; 1983, 2) This finding that public awareness and concerted action is not always tied to the objective findings about a social problem is shared by Wolock and Horowitz who found an alarmingly high incidence of neglect in the United States with a corresponding alarmingly low recognition of the problem and pressure to eradicate it. Wolock and Horowitz write, "... a major contradiction exists between what is known about child maltreatment and how it is defined as a social problem." (Wolock, Horowitz; 1984, 5) What is really alarming about this problem is that it is completely preventable; yet for many reasons child abuse still occurs with great frequency, resulting, inevitably, in some children's deaths and other children being physically and emotionally scarred for life. Conservative biases against the family, (as identified by Eichler, 1988) and patriarchal biases affecting women and children (and ultimately, the family) have significantly blinded us not only
to developing relevant models of causation but have impacted on the service delivery system in providing services within our communities. If concerted government action depends on public consensus about the need for action on a specific problem, then cultural beliefs and practices (use of corporal punishment, children as incompetent witnesses about the occurrence of child sexual abuse) which contribute to the cause of the problem, may also be seen to impede our ability to act on the problem. Sgroi (1982) states that an incomplete understanding of the dynamics and origin of child sexual abuse has interrupted society's ability to respond to the problem. Rogers (1990), on how attitudes on sexism can affect services already established:

Sexual stereotyping for males and females in our culture is long-standing and deeply rooted. It is a disservice to our society, leading us to many negative attitudes and actions. Social attitudes that view women and children as sexual objects and blame the victim who is sexually assaulted or harassed continue to be a norm in our culture. When cases of sexual assault are before the courts, the preoccupation often seems to be with questions of use of force, possible enticement of the victim, and the moral character of the victim and the like, rather than on the basic responsibility and accountability of the perpetrator for his behaviour. There is a tendency to discount the seriousness of a perpetrator's behaviour, especially if little physical violence is involved or the assault takes place within the family. The victims, even children, are made to feel somehow responsible for their own victimization. These attitudes, which are prevalent throughout our society including professionals and the courts, seriously
undermine achieving a society in which females and males are treated equally. (Rogers; 1990, 17-18)

Components of Community Response: An Integration Of Models Of Community Response.

Despite setbacks in child abuse prevention and effective community response, many significant advances have been made in the recognition of child abuse (cultural acceptance of its occurrence, diagnosis and treatment), researching its nature and providing services within Canadian communities.

Community Prevention Initiatives

Communities are reorienting their thinking towards disease prevention and health promotion and the creating environments where public participation is encouraged and supported. (Rae Grant, Crill Russell; 1989,17) The encouragement of health promotion through community prevention initiatives is one reason why programs, such as those that deal with the prevention of child abuse, are so timely.

The Ontario Government, Ministry of Community and Social Services, stresses the importance of primary prevention in Better Beginnings, Better Futures: An Integrated Model of Primary Prevention of Emotional and Behavioural Problems.

Common themes of future prevention programs are suggested after a review of prevention programs for economically disadvantaged young children is made:

- understanding a child’s functioning can occur only after understanding the child’s environment.
- programs should be longitudinal; occur at different stages of a child’s development.
- prevention programs should be comprehensive; deal with a number of risk factors.
- programs should be flexible in the delivery of service and content in order to address the varying needs of communities.
- carefully co-ordinated community programs which involve relevant agencies and resources, most readily ensure the attainment of prevention goals.
- if well planned, parent participation can positively impact on prevention programs.
building on existing programs helps to ensure good usage of resources already in place

-prevention programs must be accessible to all children (universal)

-prevention programs must employ “high calibre” staff

-in order to ensure quality programming, content should be pre-tested for effectiveness and relevance.

-the Government ministries of health, social service, education, housing and recreation should co-operate in collaborative ways to deliver primary prevention programming

-programs must be evaluated in the short and long term (Rae Grant, Crill Russell; 1989, 107-110)

In addition, government agencies have created so-called “health promotion models” to define their prevention activities. The Health Promotion Model of the Ontario Addiction Research Foundation (Figure 1) demonstrates the divisions in prevention strategies. Such a continuum if applied to the issue of child abuse prevention might appear as in Figure 2. An examination of Figure 3 reveals to the reader a breakdown of models of prevention programming developed between 1965 - 1990, applied to the Child Abuse Prevention Well-III Continuum.

The push from the government for prevention work has been complemented by research aimed at defining risk populations and causal factors and focussing prevention strategies. For example, the Ontario Child Health Study (O.C.H.S.) conducted in 1983 has provided the Ontario government with the basis for policy and prevention initiatives.

The O.C.H.S. was conducted with 3294 Ontario children between the ages of four and sixteen who were subgrouped into two groups of four to twelve and twelve to sixteen. These children were studied in order that we might learn how to prevent the following psychiatric disorders: conduct disorders, hyperactivity, emotional disorders and somatization. Researchers sought to identify risk factors which are defined as,

...those factors that ... increase the likelihood of a child developing an emotional or behavioural disorder (that) can
include biological and genetic attributers of the child and
family and community factors that influence the child and
family environment. (Rae-Grant; 1989, 262)

Researchers also sought to influence protective factors which are defined as,
"factors that modify, ameliorate or alter a person's response to some environmental
hazard that predisposes to a maladaptive outcome." (Rae-Grant; 1989, 263). A review
of the literature by the researchers indicates that protective factors can be grouped in
three categories; factors within the child (positive temperament, above average
intelligence, social competence), the family (supportive parents, family closeness,
adequate rule setting) community factors (positive relationships with peers, adults
outside the family and extended family, and positive relationship with institutions
including the school) (Rae-Grant; 1989, 263) Such information was gathered in order
"...to derive strategies for preventive programming." (Rae-Grant; 1989, 262)

Specifically, Rae-Grant et al discovered that, "in both age groups, the risk factor with
the highest relative odds for the presence of disorder was family problems, which
includes poor family functioning and/or domestic violence" (Rae-Grant; 1989, 265)

Of the protective factors, getting along with others and being a good student, getting along
with others most significantly ameliorates the risk of the aforementioned psychiatric
disorders. The researchers have used this finding to make recommendations regarding
the nature of prevention programming: develop community centres which allow for
familial participation, couple adult volunteers with children, etc. Rae-Grant et al also
highlight the pivotal role the school can play in "assisting students in learning social
skills." (Rae-Grant; 1989, 267) Finally, Rae-Grant et al conclude that;

...prevention of behavioural and emotional disorders among
this age group requires acknowledgement not only of the
influence of risk factors, but also of the importance of
protective factors in providing a basis for the content of
promising prevention programs. (Rae-Grant; 1989, 267)

FIG. 1

Health Promotion Model, Ontario Addiction Research Foundation

Well --- III Continuum

Well

optimal

health

primary prevention

health enhancement

risk avoidance

Risk Avoidance

Risk Reduction

Risk Reduction

Risk Reduction

premature

disability

death

at risk

signs and symptoms

secondary prevention

Treatment

Tertiary Prevention

III

unemployed workers

new drinkers' work force

older adults

athletes

prospective parents

vehicle operators

d/d offenders

healthy drinkers

heavy drinkers

chronic drinkers

Source: Health Promotion Model
Addiction Research Foundation, 1980
From Cox, A. "Designing Public Health Interventions to Reduce Alcohol Problems in the Community", p. 129
FIG. 2

Proposed Health Promotion Model: Child Abuse Prevention

Well --- III Continuum

--- PRIMARY PREVENTION --- SECONDARY PREVENTION --- TERTIARY PREVENTION --- TREATMENT AND REHABILITATION ---

Health Status Goals
Health Enhancement Risk Avoidance Risk Reduction Crisis Response Treatment Justice Services

Some Target Groups

children school-age children new parents abused chronically abused children

parents prospective parents low-income families abusers chronic abusers

child-serving caregivers children who parents of victims have of extra-familial abuse witnessed young offenders

family violence

adult survivors of child abuse
FIG. 3
Continuum of Child Abuse Prevention Frameworks

**Primary Prevention**
Primary Prevention Services - support and resource services to individuals and/or groups within the general population who display optimal parenting/caretaking behaviours and are at low risk of abusing children. Goal is to enhance healthy parenting/caretaking behaviours.

Range of possible community services:
- family planning
- public health
- physicians offices
- maternal/prenatal care
- immunization programs
- communicable disease prevention and control
- health education
- nutrition services and supplemental food programs
- environmental health and sanitation programs
- resources and services for teens
- child care classes for new parents
- day care centres/babysitting co-operators
- after-school recreation, supervision
- schools; interpersonal skills curriculum, sexual abuse prevention programming
- behavioral and mental health public health promotions
- parenting support groups for parents of special needs children
- well-baby care (public health and physicians)
- pre-parent refresher
- perinatal coaching

**Secondary Prevention**
Secondary Prevention Services - support, resourcing, education and referral services to individuals and/or groups within a specific population comprised of individuals who are at risk of abusing children and who display signs of abusive behaviours.

Goal is to reduce or avoid likelihood of committing abusive acts.

Range of possible specialized services provided in addition to mainstream primary prevention services:
- "warm lines"; i.e., communication and support networks
- expanded well-baby care
- parenting courses
- marriage counselling
- interpersonal problem-solving, cognitive skills development
- respite care for parents
- parent discussion and self-help groups

**Tertiary Prevention**
Tertiary Prevention Services - specialized services to individuals and/or groups within an identified population comprised of children who have been abused and individuals who have abused children. Goal is to prevent further abuse, treat, rehabilitate and prosecute.

Range of possible specialized services provided in addition to mainstream primary prevention services and specialized secondary prevention services:
- crisis response, case management and justice services.

Supportive Frameworks For Effective Prevention Programming:
Government-enact legislation, provide national strategic plan, set guidelines for professional intervention, provide funding for research and demonstration projects, provide direction for local initiatives, conduct large-scale public awareness campaigns, provide leadership in establishing information networks on abuse, oversee development of comprehensive, qualitative and timely service networks, provide a children's representative bureau within senior government departments, give national priority to issue.

Justice - ensure enactment of legislation, provide for regular and comprehensive review of legislation to ensure its relevance, provide training for legal professionals on abuse and appropriate legislation, participate in community initiatives which ultimately ensure better protection of abused children and society.

Policy-guidelines to promote the effective prevention of abuse.

Training - opportunities to establish and up-date knowledge on child abuse.

Community - provide leadership in locally enacting national guidelines on child abuse prevention initiatives, create local community councils to establish child abuse as a local priority and provide on-going opportunities for planning and co-ordination, act as a local clearinghouse for research and child abuse prevention strategies, provide feedback to government on adequacy of services for abused children, conduct regular community needs studies, provide an effective forum for review of service delivery.
Community-wide prevention programs have the advantage of not isolating children with problems and avoids stigmatizing and labelling. (Offord; 1987,15)

Programs should begin early in children's lives, continue throughout their development, reach all target groups. (Rutter; 1982, 884-885). Further, we should appreciate the "... complex interactions ... between causative influences" out of which disorders arise and "... why they (disorders) continue and why they do or do not lead to functional impairment." (Rutter; 1982, 887,886)

Michael Rutter, in Prevention of Children's Psychosocial Disorders, Myth and Substance, reviews practical problems and myths associated with the implementation of primary prevention materials. He describes the myth "...that we know so little that there is nothing we can do." (Rutter; 1982, 887)

There are dangers that ill thought-out interventions may do more harm than good, and certainly there is a very considerable risk that we are going to promise far more that we can achieve. But these are reasons for caution and for thinking before we act, not reasons for not acting at all. Admittedly, what we know is limited, but there are some things we can do and it is our responsibility to see that the few effective interventions at our disposal are implemented. (Rutter; 1982, 887)

Components of Service Response to Allegations of Child Abuse:

The crisis stage commences with the report of child abuse. Child welfare agencies have the legislated authority to remove a child from her/his situation if they assess the child to be in immediate danger or risk of serious physical harm. The child welfare investigation is most successfully completed when child welfare authorities and law enforcement professionals (police) work together in a co-ordinated, timely and sensitive manner during the initial intervention to assess the protection needs of the
child, remove the child from their home if necessary or the alleged offender if necessary/possible. Physicians and other support health care professionals can play a crucial role in the initial stages of child protection interventions: they provide emergency treatment if the child is physically injured and can supplement suspicious about the nature of perpetration with physical findings. In alleged cases of child sexual abuse, physicians can use a specialized sexual assault kit which follows a detailed procedure for making assessments. Physical findings are often used as key evidence in criminal trials although corroboration of allegations is currently not required under federal law. The physician, like child protection workers and the police, may be in a position to assess social factors within the family which may have some bearing on the allegations of abuse. Case findings can be co-ordinated by the protection worker to make a long-term case plan and decisions regarding applications to child welfare court.

The child welfare worker has specific duties and obligations to protect alleged victims of child abuse. The worker must have knowledge of child development, an understanding of how to use legal mandates to protect abuse victims and comprehension of their key role in ensuring co-ordination of compatible and comprehensive services. (Falconer, Swift; 1983, 16) However, there are a number of ethical and practical contradictions within our society with respect to the provision of services to alleged victims that can produce a profound ambivalence within the general population and within professional sectors about the nature of service provision. Falconer and Swift (1983) outline a number of contradictions that appear to result in competing goals of services: for example, while people feel very strongly that children should not be abused, there are contradictory beliefs about the occurrence of abuse: e.g., whether it is widespread in nature. Resulting intervention by the state on behalf of children is characterized as "unduly intrusive" (Falconer and Swift; 1983) and "coercive meddling." (Goldstein, Freud, Solnit; 1979). The current Ontario child welfare legislation, the Child And Family Services Act, 1984, attempts to balance philosophies
which appear not to complement one another, that is, the rights of parents versus the rights of children. Applications brought by child welfare authorities (in Ontario, child and family services or children's aid societies) for interventions are brought on behalf of the child 'in the child's best interests'. Ontario Children's Aid Societies must demonstrate to child welfare court, though, that the least intrusive measures have been attempted and failed in intervening within the family before the court will grant permission for lengthier and more intrusive interventions. These legislated philosophies exemplify the nature of the debate within society about children's rights, the right of society to intervene on children's behalf and challenges to our ideals of the family. The criminal code also appears to reflect the major dilemma contained within our society about the latitude offered adults to direct and care for children within somewhat autonomous circumstances (families) while provisions are made within society for penalties to persons who commit sexual or physical abuses of children or against those who fail to provide the necessities of life. The criminal code also justifies the use of reasonable force for disciplinary purposes. Guidelines for state intervention are entrenched in legislation are also formed with knowledge of findings on child development: i.e., that children need continuous and competent care, that children have a unique sense of time and that children are vulnerable, dependent and have complex and special physical and emotional needs that are overlapping. Goldstein, Freud and Solnit in Beyond The Best Interests Of The Child characterize child welfare laws as, "society's response to the 'success' or 'failure' of a family in providing its children with an environment which adequately serves their needs." (Goldstein, Freud, Solnit; 1979, 3-4) The ambivalence of society to intrude, expressed in the principle of least intrusive measure is based on the knowledge that, "except in a very gross sense ... (the) law is incapable of effectively managing so delicate and so complex a relationship as that between parent and child." (Goldstein, Freud, Solnit; 1979, 8)

Mary Wells, author of Canada's Law On Child Sexual Abuse provides a definition
of the differences between the child welfare and criminal justice systems:

... (the) child welfare system is in place to protect children, while the criminal justice system protects society from harmful acts and sets forth consequences for offenders ... each system has a different mandate, ... but both ultimately have the same goal of protecting society's members. " (Wells: 1990, 21)

In 1988 the Criminal Code was amended in order to facilitate the prosecution of sexual abusers of children and provide a more supportive environment for victims to give testimony about the abuse. Amendments included an increased range of offences (new offences such as invitation to sexual touching were created) and procedures to make it easier for child witnesses to give evidence. Evidentiary procedures which are new as the result of this Bill are:

- children can give testimony if they understand the promise to tell the truth (lesser test an oath of truth)
- corroboration of testimony is no longer required
- under special circumstances, children can testify behind screens to prevent their from viewing the accused during their testimony and thereby feeling uncomfortable.

Legislative changes have been somewhat the result of the outcry of advocates for child victims who have found that the adversarial nature of the court system is intimidating and does not match therapeutic needs. There have been some serious challenges to the evidentiary adaptations contained in the legislation on the basis that some provisions may infringe on the rights of the accused. Despite the progress of the justice system in this regard, research has shown that the court system can still produce negative effects on child victims acting as witnesses.

The "system response" (i.e., the intervention of a group of "naturally aligned" community services to a report of child abuse) has been found to have an adverse effect
victims and their families: advocacy must continue for improvements in the system. The government must establish inter-ministerial dialogue on how systems of response can better address the needs of abuse victims. A commitment to clients delivered in as therapeutic and comprehensive a framework as possible with the philosophy of co-ordinated service delivery must be developed in order that crisis intervention and case management is as helpful and painless to clients as possible. Protocols, other liaison services and personnel can assist in the implementation of policies which specify that key services must integrate their goals and philosophies in such a way that the complex and special nature of children's mental health needs can be served. Child abuse co-ordinating committees have been one focus of community co-operation. These groups can provide local authority and implement strategic plans developed by government in consultation with local groups.

Educators, like other service providers must develop an understanding of the implications of child abuse for child health. Since it is estimated that half of all abuse victims are school-aged, educators will find themselves of being involved in cases of child abuse. One role of educators might be to formulate key proposals about how their ministry can co-operate in the prevention of child abuse.

Co-ordinating Present-day Community Service Systems:

Research has continued to confirm that child abuse is a serious and pervasive problem. The Badgley Commission (1984) found that there lacked, ".. any widely agreed upon policy for providing an orderly, comprehensive and rational development and provision of services for the assistance and care of sexually abused children." (Committee On Sexual Offences Against Children And Youths, 1984, 2) Badgley's findings about the lack of comprehensive and co-ordinated services resulted in the development of four principles to guide recommendations arising from their findings. The principles were: co-ordination of services, public education and health promotion, strengthening of devices, changes in legislation governing criminal prosecution in cases
of child sexual abuse. (Committee On Sexual Offences Against Children And Youths; 1984, 7)

There have been several important government and legislative initiatives launched to address the problem of child abuse in the past two decades including the creation of provincial child abuse registries, the reform of child welfare and criminal legislation, including amendments to offences and evidentiary procedures designed to protect victims of child sexual abuse (Bill C-15). Other initiatives include the creation of the Special Federal Committee On Sexual Offences Against Children And Youths to examine the nature of sexual offences against children (the Badgley Committee) and the appointment of the Special Advisor On Child Sexual Abuse (advisor to the National Minister of Health and Welfare). The Special Advisor, Rix Rogers, in his report to the Federal Minister of Health and Welfare, found through extensive national consultation, that despite a dramatic jump in the number of abuse cases reported to Provincial Child Abuse Registries that "... there has been little perceptible impact on society as a whole in terms of recognizing the true scope of the problem." (Rogers; 1990, 6) Further, through consultation with approximately 1,600 individuals including government officials, front-line protection workers, local co-ordinating committees, treatment specialists, law enforcement professionals, self-help groups, victims and perpetrators, Rogers found "unequivocally that the findings of the Badgley Report have been confirmed and reconfirmed many times over." (Rogers, 1990, 7) He writes;

I can hardly believe the overwhelming and complicated nature of this problem which includes both criminal and social dimensions. I am appalled that a problem of such enormous proportions and with such a devastating effect on children continues to be tolerated in Canada. (Even with the publication of the Badgley Report) ... there has been little change in the commitment of society to solving the
problem ... my sense is that the federal government and provincial and territorial government still tend to underestimate the magnitude of the task ahead in terms of dealing with a very broad and complex social issue.

(Rogers; 1990, 7)

The response of key professional sectors has been multi-faceted. The findings of the Special Advisor to the Minister of Health and Welfare are that while there has been progress made in the provision of services to abuse victims, their families and offenders, serious barriers to service exist that result in fragmentation of services, gaps and delays. Barriers to obtaining services can contribute to the blocking of personal resolution around the abuse and re-offending by adolescent and adult offenders. While current trends in government policy highlight the importance of the co-ordination of key services, the government has yet to consistently fund programs which are known to aid victims of abuse. Also, a strategic plan for addressing the prevention of child abuse has not been developed by governments.

Since the Badgley Report was tabled in 1984, many professional groups have attempted to foster the co-ordination of services based on the recognition that, "...no single individual agency or professional discipline has the necessary knowledge, skills and resources to provide all the services required." (Rogers; 1990, 3) Dianne Kinnon, who authored the 1988 Summary of Findings and Conclusions of the Interdisciplinary Project On Domestic Violence, recorded the advantages of co-operative efforts to eradicate family violence:

... co-operative approaches are necessary because they promote a more thorough understanding of the issues involved, ensure a better service to clients, lead to a more thorough understanding of the issues involved, ensure a better service to clients, lead to a more efficient use of
resources and reduce system-induced trauma for victims and their families. (Kinnon, 1988, 7)

The 1988 National Project was launched in order to develop strategies and models which stimulate interdisciplinary co-operation, develop interdisciplinary principles and guidelines for professionals who deal with domestic violence, develop and implement a process to promote discussion and action on interdisciplinary work at the service level. (Kinnon; 1988, 5) A literature review conducted by the group revealed that an interdisciplinary approach results in improved reporting and conviction rates, reduced the trauma of disclosure by victims, increased morale and helped to prevent burnout of involved professionals and assisted professionals in their understanding of an area of "... complexity and unfamiliarity." (Kinnon, 1988, 8) Successful interdisciplinary venture "... require an understanding of commonalities, ... formal study of interdisciplinary professional practice, ... theoretical integration, (and) ... an understanding of each professional framework" (Kinnon, 1988, 11) Kinnon writes, No overall policy exists to guide professional practice when dealing with domestic violence even though professionals across the country are regulated or influenced by a variety of governmental guidelines and policy statements. (Kinnon; 1988, 11)

Government bodies, such as the Ontario Ministry of Community and Social Services, are calling for services to "blend and unite (and move) beyond the co-ordination of service to a full integration of service planning and delivery." Rae Grant, Crill Russell; 1989, 111)

An Overview of Issues of Current Community Responses To Child Abuse Allegations:

There are a range of professionals who become involved in a case of child abuse once a disclosure or report has been made to a child protection or law enforcement
professional. Intervention services include crisis, case management and treatment services. While ideally, services should be of high quality, timely, flexible and arranged with the client in a continuing fashion - that is, so that there are not gaps and delays in service provision, literature on collaboration and community response characterize these processes as being complex and necessitating power-brokerage, role definition, resource pooling, shared understandings and objectives. While extensive research and education has been undertaken to strengthen community understanding, findings are that this awareness has yet to reduce the abuse of children. Heightened awareness has had a perceptible impact on the disclosure rate, however. In some ways the success of community responses are just as tenous as individual child abuse disclosures. Burns and Smith (1994) have identified a number of factors that contribute to (in)effectual collaborative responses. While professionals may be more cognizant of their need to share jurisdictions, they have yet to integrate mandates and organize their community response within an integrated focus. Future community response theory should focus on how the community can integrate its work around a shared mandate. Instead the work is organized around competing professional/sectoral bureaucracies. The effect on the abused child and family, is that they too must become experts in community response as they must "work the system".

Key Service Providers Within A Community Response To Child Abuse:

The major providers of service to abuse victims, their families and offenders are:
- child welfare (protection) authorities; i.e., Children's Aid Societies
- physicians and collateral health professionals including nurses and social workers
  Physicians provide diagnostic skills, treatment, give legal opinion. They are high on the list of professional reporting sources.
- law enforcement; i.e., police, justice (criminal court), crown attorneys
- educators; collateral, assist with disclosure and management. Educators are also high
on the list of professionals reporting to Society. Educators also have responsibility for classroom re-integration of students who have disclosed, implementation of prevention programming.

- psycho-social treatment professionals; i.e., specialized treatment of child sexual abuse victims, their families and offenders, children's mental health treatment services.
- collateral community professionals; i.e., specialized treatment to child sexual abuse victims, their families and offenders. (see figure 4)

Community Child Abuse Co-ordinating Committees:

The practice of establishing local forums for planning and co-ordinating the range of child abuse prevention activities was firmly established in the early 1980's in Ontario. In the 1981 conference report on Ontario community child abuse councils/committees hosted by the Ministry of Community and Social Services, it was recognized that, "local child abuse councils and committees represent an important vehicle for the promotion of interprofessional and multi-agency collaboration, through which efforts to prevent and deal with child abuse may be realized" (Conference Report; 1981, 1) The following were listed as the advantages of forming such a committee:

- co-ordinating committees lead to the initiation of a number of education and training events within communities that were often jointly sponsored by different professionals.
- educational efforts generally lead to the establishment of more permanent multi-disciplinary planning bodies and hence, to a greater community awareness of the problem and the need to effect a concerted community action plan for solving the problem of child abuse.
- establishment of local councils lead to efforts by the Ministry to establish regional links between committees and to attempt to co-ordinate child abuse prevention strategies on a provincial level.

Williams Shay (1981) summarizes the advantages of community councils as:
- provides a neutral forum for discussing and planning the co-ordinated and effective
FIG. 4
Development of Community Responses to Child Abuse

Components of Service Provision To Identify Abused Populations

Crisis Intervention
- Child Welfare - Children's Aid Societies
- protection and secondary prevention
- liaise with police to conduct investigation
  (community protocols aim to co-ordinate police, C.A.S. response)
- referral to community treatment agencies
- Law Enforcement/Justice - Police
- child protection
- investigation and charging
- liaise with child welfare professionals
- Health Professionals - Physicians and
- collateral Health Professionals
- physical examination and treatment
- referral to community agencies

Case Management
- Child Welfare Family Services Worker
  - specialized community services referral and liaison
- Mental Health Treatment Professionals
  - psychiatric, psychological, social work counselling
  - (Physical) Health Professionals
  - on-going health management
- Educators
- classroom re-integration
- liaise with other service providers
- Collateral Community Service Providers
  - family support services (so-called wrap-around services) including parenting resources, child care, housing, recreation.

Legal
- Therapeutic Sanctions - Child Protection
  - application brought before Child Welfare Court on behalf of the child by the Society seeking protection order(s); e.g., supervision orders, temporary care and custody, wardship,

Punitive Sanctions - Criminal
- charging of alleged offender(s) made by police in consultation with local crown attorney
- prosecution by crown attorney on behalf of State in trial by judge or judge and jury where alleged victim usually acts as a witness; i.e., gives evidence

Note: inner circle indicates that criminal prosecution may or may not occur. Child protection proceedings are mandated by law and will proceed regardless of status of criminal prosecution.
interaction of key professionals who respond to child abuse within community settings.

- allows for the focussing of diverse interests into positive and co-ordinated community action within the total realm of service sectors responding to child abuse within any community.

- provides a forum for advocacy for policies which may affect local service delivery.

Williams Shay claims that the idea of local community prevention councils arose out of a description in the 1970's by Ray Helfer and Henry Kempe (two early pioneers in the area of child abuse prevention), of a center for the study of abused and neglected children. The roles of the proposed center would be ones of education, demonstration projects (i.e., so-called pilot projects), research and consultation to front-line professionals.

Williams Shay points out that the present social service system is often complex and intimidating and requires, "...leadership in interagency cooperation and community involvement". (Williams Shay; 1981, 331)

In 1981 a provincial conference hosted by the Ministry of Community and Social Services found that of the thirty-seven councils/committees, most were established between 1976 and 1978 and were formed as the result of the regional linkages, local child abuse seminars and demonstration projects, issues arising from child abuse hospital-based treatment teams and staff supplementation projects (funding which enabled staff support to be provided to community councils/committees.) The 1981 survey of abuse committees demonstrated that of the twenty-six committees represented at the conference, most had widespread professional memberships from within their community. All twenty-six committees had representation from the local Children's Aid Society. Representation by sector in descending order is as illustrated in Figure 5:
#### FIG. 5

**Child Abuse Co-ordinating Committees**

Composition of Committees By Type Of Representation:

<table>
<thead>
<tr>
<th>Type Of Agency</th>
<th>Number Of Committees With Representatives (Total Number, 26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>25</td>
</tr>
<tr>
<td>School Board</td>
<td>22</td>
</tr>
<tr>
<td>Police</td>
<td>18</td>
</tr>
<tr>
<td>Social Services</td>
<td>18</td>
</tr>
<tr>
<td>Medical</td>
<td>12</td>
</tr>
<tr>
<td>Legal</td>
<td>12</td>
</tr>
<tr>
<td>COMSOC Area Office</td>
<td>12</td>
</tr>
<tr>
<td>Community</td>
<td>11</td>
</tr>
<tr>
<td>Community College/University</td>
<td>7</td>
</tr>
<tr>
<td>Individuals</td>
<td>6</td>
</tr>
<tr>
<td>Social Planning Councils</td>
<td>5</td>
</tr>
<tr>
<td>Parents Anonymous</td>
<td>5</td>
</tr>
</tbody>
</table>

These findings demonstrate the widespread representation by a number of community groups already identified as key in the reporting and identification (i.e., verification) of child abuse. The findings also demonstrate that groups organize locally and in similar ways to respond to the issue of child abuse. The 1981 Conference data on community councils and their membership would appear to support the theory that education service sector sees a multidisciplinary (community) response as a preferred practice in preventing child abuse within their local community as almost all of the committees reporting having representation from the education service sector (25 of 26 committees). Peterborough was listed among those communities having representation.
from the education sector.

Rix Rogers in *Reaching For Solutions* (1990) made the following recommendation regarding local child abuse co-ordinating committees:

that provincial/territorial governments ensure that locally based co-ordinating committees are encourages and supported, with the assistance of child abuse co-ordinators these committees should facilitate the work of teams of workers from two or more agencies who may be responsible for such matters as investigation and treatment and should ultimately be eligible for federal cost-sharing (Rogers; 1990, 37).

Rogers also recommended that regional resource centres for the prevention of child abuse be established whose functions include, "... to support local co-ordinating committees on child abuse and a variety of their community-based organizations with information, consultation, training and resource materials" (Rogers; 1990, 36).

Rogers based his recommendations on the findings that:
- "co-ordination at the community level is an essential function..."
- patterns of community response have arisen from a local concern about child abuse
- the presence of co-ordinating committees is associated with an increased involvement of government vis-a-vis policy support and special funding
- committees have been successful because of the commitment of their membership to multisectoral action (Rogers; 1990, 36)

Rogers description of a typical committee includes:
- membership characterized as a diverse grouping of professionals and community sectors
- these groups meet regularly to review cases and facilitate quality investigations, treatment and court action.
CHAPTER IV

ROLE OF EDUCATORS

The Social Function of Education:

The role of education in the present-day environment has been widely discussed. It ranges from the transfer of discrete information to the upholding of values and norms that impose a duty on the educator to make connections between specific skills and broader life experiences. Teachers are expected to understand present-day philosophies of education and to develop methods of instruction that incorporate those philosophies.

In conducting research into the role of education in child abuse prevention, various sociological theories and perspectives were applicable including the work of Dewey on the latent role of education, Fullan on educational change, Carlton on the connection of the school with other societal institutions, Burns and Barber on role jurisdiction within educational settings. John Dewey in *Democracy and Education*, believed that teaching must be connected to real-life experiences; that the role of the educator was to make connections between specific skills and broader life experiences. Dewey examined the impact of personal philosophies upon the profession of teaching and more broadly, on the goals of education. Dewey believed that the greatest purpose of education lay in its value as a social function:

we speak of education as a shaping, forming, molding activity; we are concerned with the general features, the was in which a social group brings up its immature
members into its own social form. (Dewey: 1985, 10)

The writings of Dewey speak to a larger purpose of education beyond the transfer of discreet ideas and information are echoed in the writings of Daniel Birch and Murray Elliot in “Towards a New Conception of Teacher Education” (1985). Birch and Elliot write that the purpose of education, as conceived in broad terms, lies in enabling people to understand their world both effectively and responsible. (Birch and Elliot: 1985, 480). Educators, then, are engaged in not only an intellectually demanding role but a morally demanding role as well (Birch and Elliot: 1985, 480). Teachers are called upon to develop outlooks and experiences that enable them to see the broader objectives of education and employ them in their specific teachings:

... the teacher assumes responsibility for assisting children to differentiate and develop the full range of human sensitivities, capacities, dispositions and understandings ... (it is ) essential for teachers to have a comprehensive understanding and appreciation of the different forms of human understanding and illuminating the fullness of human experience. (Birch and Elliot: 1985, 485)

Choices in philosophical objectives in education are available and may be built upon connections with other societal institutions such as the family, organized religion, the economy, the community. (Carlton: 1974, 60) Each model "involves a divergent rationale for the school and defines differences in ... objectives, functions, authority structures, teacher-student roles and formalized bonds with other institutions.” (Carlton: 1974, 60) With respect to the broader purpose of education and Carlton’s “familial model”, the school is “charged only with attenuating and complementing the socializing impact of family and ... concerned with the total personal development of the student.” (Carlton: 1974, 60) In addition, for each of these models the purpose of
teaching is a moral one. The overall moral purpose of education is contained in the aim of creating life-long problem-solving skills that enable individuals to grow beyond the manifest teaching of the school.

The Role of Present-Day Educators:

Prevention programs aimed at eradicating the abuse and neglect of children through school-based efforts can be defined as, "... an intervention scheme to reduce and ultimately eradicate the abuse and neglect of children." (Kraizer; 1989,2-3) J.V. Thompson, in “The Social Worker, The Teacher, The School Counsellor and Child Abuse”, concludes that teachers are the most important professional on which to focus intervention training as they have daily contact with children and can form firm opinions about the nature of a child’s behaviour. (McIntyre; 1986, 21) In addition, teachers can seek confirmation and support from colleagues regarding their suspicions of abuse, hoping to provide a sound report when necessary.

In terms of the broader implications for educational practices, Richard Volpe in “Schools and the Problem of Child Abuse: An Introduction and Overview”, concludes that, as the result of abuse, "... delays in language and motor development may limit the educability of the abused school-aged child." (McIntyre; 1986, 3) Other evidence supports Volpe’s conclusion: abused children are more likely to have psychological and physical delays in their development. (De Alcorn. 1982,23)

The importance of the teacher as a link to the protection of abused children is upheld by statistics, half of all abused children are school-aged. (McIntyre; 1986,3) The teacher can play a key liaison role regarding the daily monitoring of the child as they have ready access to the child over a long period of time and may be in a position to form a consistent opinion about the child’s behaviour and physical status. Teachers are part of a group of professionals who have a special duty to report any reasonable suspicions of child abuse.

Prevention efforts can be divided into primary and secondary prevention.
programs and activities. Historically, secondary prevention has received the greatest attention due to the mandate to report. The legal obligation of educators to report suspected child abuse and neglect has generated a need for schools to formulate written policies as well as guidelines and procedures so as to ensure that educators know about their duty to report and have a structural procedure to do so. Teachers are a professional group whose response to child abuse is mandated in law. In Ontario, professionals including school personnel have a duty to report any suspicion of child abuse. The duty to report is mandated in law by the Child and Family Services Act which states:

a person, who in the course of his or her professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse shall forthwith report the suspicion and the information on which it is based to a Society. (Ontario Legislative Assembly; sec. 68, 3. 1984).

The law clearly prescribes that professionals who are in contact with children who they suspect to have been abused report their suspicion promptly despite any perceived client-professional privilege. Failure to comply constitutes a breach of duty and is punishable by fine. (Ontario Legislative Assembly, sec. 68, 3. 1984). This followed studies conducted by the Ontario Ministry of Community and Social Services (1983) which found that eighty-five percent of teachers had no coursework related to child abuse during undergraduate years or as teachers. (Barber, Burns:19,1986). the Ministries of Education and Community and Social Services were forced to develop secondary prevention materials for teachers. A 1987 review of initiatives in education regarding secondary prevention was conducted by the Canadian Council on Children and Youth (C.C.C.Y.). The C.C.C.Y. found that schools had developed policies and procedures for reporting abuse, were training educators to assist them to identify and refer
children who were possible abused to the appropriate child protection agency with the hope that schools could liaise with other relevant community agencies in order to provide co-ordinated services to abuse victims. (Canadian Council On Children and Youth; 1987, 1)

A review of the contents of pertinent secondary prevention materials indicates that training includes:
- definitions, indicators, causes, incidence of abuse
- legal and ethical mandate of teachers to report
- definition of “reasonable grounds”
- reporting procedures, content of report
- communication with an abused child
- role of other professionals and collaboration with other community agencies
- long-term role of teachers

There is evidence that this training assists teachers in identifying and reporting child abuse. Hazard and Rupp found at six-month follow-up that teachers who received secondary prevention training were significantly more likely to report possible abuse and were more likely to talk with students whom they suspected had been abused than the control group. (Hazard, Rupp; 1983, 1)

Despite very specific information about the duty to report, relevant training on what constitutes abuse, how to report, etc., has not been regularly provided to professionals, such as teachers, who are most likely to come into contact with abused children. Rose Duhon conducted a study (1985) of 510 teachers in order to determine their knowledge about sexual abuse and the extent of related training. Duhon ascertained the following:
- the majority of respondents indicated no formal instruction on sexual abuse (Duhon, 1985, 10)
- information on abuse that was forthcoming concerned the legal requirement to report:
that is, no information provided for prevention or intervention for classroom activities." (Duhon; 1985, 10)

- the majority of teachers surveyed had had a sexually abused child in their class and experienced problems in teaching as a result of their suspicions about these children. (Duhon; 1985, 11)

- despite the fact that the majority of educators felt ill-equipped to identify indicators of sexual abuse, they continued to want to assist the child. (Duhon; 1985, 11)

Therefore, despite confusion over legal obligation, educators feel a strong moral obligation to help and protect their students.

A 1984 study of Ontario teachers concluded that, "only a minority of Ontario teachers ... know how to recognize and respond to abused children". (Stevenson; 1984,vii) The authors of a similar U.S. survey of 104 elementary and high school teachers found that sixty-eight percent of those surveyed reported three hours or less instruction on child abuse. Almost an identical number of the respondents reported, "no prior experience with abuse cases" despite the strong likelihood that they would have abused children in their classrooms. (Hazard, Rupp; 1983. 1) A 1979 Ontario study of 582 early childhood educators and private home day care operators found that despite the fact that,

caregivers in Ontario are having a substantial amount of direct contact with children whom they either suspect are being abused or neglected or ... (children who have) a previous history of abuse or neglect ... (caregivers) knowledge is inadequate ...... and inhibiting them from being effective community agents in identification, prevention and treatment of child abuse. (Lero, de Rijke-Lollis; 1979. 3)

In a 1987 study by Burns and Barber, the authors observed that,. "... the
development and implementation of child protection training programs for school-based professionals are badly needed, yet not in place". (Burns, Barber; 1987, 19). Burns and Barber state that roles must be defined and organized in such a way as to provide an infrastructure from which to reference prevention initiatives in the educational setting. This framework is developed with the aid of training, in-service training, and staff development. (Burns, Barber; 1987, 18-19). Others echo the concern for the lack of specific training around child abuse identification, reporting, and prevention strategies and activities. The common conclusion is that teachers need effective training in order to develop specific skills to assist abused children overcome trauma impeding, among other things, effective learning. (Duhon; 1985, 5-6)

Primary Prevention:

Primary prevention is concerned with addressing, "... social and cultural perceptions about childhood, the uses of power, sex roles and sexuality," (Butler; 1986, 85) and "aims at reducing the incidence of the number of new cases or disorders in a population as a solution to preventing child abuse." (Offord; 1987, 9)

Sandra Butler, in "Thinking About Prevention Education: A Critical Look," characterizes primary prevention strategies as those which are aimed at "... equalizing the inherently unequal relationship between children and adults." (Butler; 1986,7) Butler attributes the development of primary prevention strategies to the focused outrage of the abuse of children after Henry Kempe's discovery of the battered child syndrome and to advances in feminist theory which emphasizes the causal relationship between traditional power and gender relationships that "tacitly permits violence against women and children." (Butler; 1986, 7)

Assumptions about children's rights and powers are underscored in primary prevention theory which endeavours to "equalize the inherently unequal relationship between children and adults ... and to expand the boundaries of children's lives." (Butler; 1986, 8) Having strong ties with feminist theory too, proponents act on the
assumption that the “solution to child abuse lies in social and cultural perceptions about childhood, the uses of power, sex roles and sexuality.” (Broadhurst; 1986, 85)

A review of primary prevention materials indicates that training includes:

- self-defense techniques for children (resources, information, skills)
- family and community living skills
- empowerment techniques
- self-esteem building strategies
- parenting skills
- rights as children (right to safety, right to say no)
- establishment of egalitarian, non-violent classroom environment
- teachers as protectors and student advocates

An overview of child abuse prevention programs proposed for implementation in the school setting characterizes what is currently seen as the ideal response educators can make in response to the abuse of children. There are, of course, factors which will affect the likelihood that educators will be able to implement these programs. The majority of Ontario school boards have implemented professional development activities and that these activities. The Ministry of Education (Ontario) is preparing a policy initiative on prevention curriculum development. (Kincaid; 1989, 1) It would appear, therefore, that there is support both in law and from government Ministries to make teachers aware of prevention responsibilities and to provide support in the implementation of prevention activities.

The Canadian Council On Children and Youth survey of Canadian education initiatives to address child abuse found that health and safety strategies such as empowerment techniques, children’s rights and and awareness of family violence had been implemented in various curricula across the country (Canadian Council On Children and Youth; 1987,1).
Despite strong legal, moral, practical and societal reasons to report and implement prevention programs, educators may lack meaningful resources to assist them in detecting, reporting and preventing child abuse. To include child abuse prevention curricula in the classroom necessitates an understanding of factors which may influence the likelihood of educators adopting views consistent with prevention goals. Fullan, in *The Meaning of Educational Change*, examines factors which affect the likelihood of success of educational change. He points out that, "successful change is possible ... even under difficult conditions." (Fullan; 1982, 87) Fullan emphasizes, however, that to help assure success, planners must be aware of theories of change, know that implementation is difficult to monitor, delineate what knowledge and skills are important to impart and arrive at guidelines for action. (Fullan; 1982, 88-91) He further characterizes educational change as an often unpredictable and frustrating process. (Fullan; 1982, 88-91) affected by factors such as teacher burnout, stress, workload. (Fullan; 1982, 108)

Evidence from Fullan on what constitutes successful educational change gives clues as to how educational innovations can be presented to teachers:

1. change is a highly personalized experience. Teachers use criteria to assess the nature of proposed change

2. need or congruence, i.e., does the change address student need and if so, how strong is the likelihood that they will learn from the teacher's imparting of this material?

3. procedural clarity or instrumentality: i.e., what specific steps will the teacher have to take to impart this knowledge and how apparent are these steps made to the teacher?

4. personal costs and benefits to the teacher. (Fullan, 1982, 113-114)

In practical terms, "need, clarity and the personal benefit/cost ratio must be favourable or balance at some point relatively early during implementation ."(Fullan; 1982, 114) Programs must be introduced and developed on a long-term basis,
reflecting that change is a process not an event for both students and teacher, writes Fullan. (Fullan; 1982, 115, 118) "Innovative programs must draw on resources which teachers have for one-to-one and group opportunities to receive and give help, and more simply, to converse about the meaning of change." (Fullan; 1982, 115-119) Fullan emphasizes the importance of "primacy of personal contact" by advocating that the training of teachers should start with a discussion of practical issues and move to a discussion of broader conceptual issues, not the reverse. (Fullan; 1982, 21)

The Role of the Present-Day Education System:

Rogers (1990) outlines a scenario for future action and makes recommendations that may impact on education. He calls for specialized orientation to be provided to all professionals about child sexual abuse with "multi-disciplinary approaches and requirements for prevention, protection and treatment, including pre-service training." (Rogers: 1990, 113) He advocates for the continuance of training through in-service workshops and as a follow-up to professional training through in-services workshops and as a follow-up to professional training, case consultation services to assist primary workers, such as teachers. (Rogers: 1990, 113)

There are a number of formulas that have been devised for setting up and implementing prevention programs. A literature review of a number of primary prevention programs reveals that they include the following steps: recruitment, community awareness, community needs study, setting goals, implementation phase, evaluation study, long-term prevention goals. (Fotheringham, McCrimmon: not dated, 2. 12) Figure 5 illustrates an example of a primary prevention program. C. Plummer's model contains discrete steps in the establishment of a sexual abuse program. Educational strategies must be combined with advocacy and legislative strategies to achieve successful prevention (Cox: 1985, 126)

Sheryl Kraizer, Susan Witte and George Fryer Jr. in "Child Sexual Abuse Prevention Programs: What Makes Them Effective in Protecting Children?" point out
that little effort has been made to evaluate the effectiveness of the many child abuse prevention programs. Key questions regarding these programs need to be answered:

1. Are children who have been educated in prevention programs better able to prevent child abuse than those who are not?

2. Have communities who have implemented such programs more able to ensure the safety of their children versus those who have not? (Kraizer; 1989, 23)

The authors also question whether programming is generally effective, how it imparts specific safety skills, what programming are best employed by communities to foster the safety of children in potentially abusive situations, whether negative side effects are part of abuse prevention programming (e.g., fear, anxiety as the result of the programming), how to implement prevention programs in relation to children's developmental stages. (Kraizer; 1989, 23)

Kraizer and her colleagues studied the effect of a prevention program entitled the "Safe Child Personal Safety Training Program", taught to children ages three to ten. The evaluation was conducted with 670 children from different school settings, measuring behavioural change in simulated and role-play situations. An interview was held with the children in the final stage of the evaluation in order to determine whether the program produced any negative side effects. Specifically, the researchers set out to determine whether the programming had succeeded in the child being able to terminate unwanted touch effectively and appropriately in the face of flattery, emotional coercion, rejection, bribery and secrecy” (Kraizer, 1989, 24). A pre-test measure was taken consisting of a role play where children's responses were measured to assertions that the examiner would withdraw friendship if the child left after having their hair touched or pinched.

Post-test points were awarded to the child for verbal and/or physical rejection of the examiner following inappropriate actions. The researchers found that ...

...this approach to prevention consistently enabled
FIG. 6
Flow Chart for Program Development

From: Plummer, C., Preventing Sexual Abuse, p. 20.
children to demonstrate skills associated with reduction of risk for child
abuse, and they were able to learn the skills as early as the preschool
years. (Kraizer; 1989, 24)

The researchers also postulate that it is important to design a program that is
both interactive and behaviourally based so as to ensure the learning of both concepts and
skills associated with the prevention of child abuse. Role playing was especially
important in producing a marked behavioural change; that is able to apply "...
prevention skills related to actual situations" (Kraizer; 1989, 25). Kraizer et al found
that it was unnecessary to educate children specifically about abuse and their findings
were supported by the research of Centre, Wolf and Smith who determined that the
acquisition of generalized skills and concepts related to abuse-prevention were most
important. (Kraizer; 1989, 25-26) Kraizer et al further discovered that children
were most educable during the preschool and kindergarten period when they were
unhampered by socialization and role expectations. (Kraizer; 1989, 26) The
researchers report that only a small minority of the children experienced fear or
anxiety (4.5%) and that these negative feelings could be assuaged after discussion
between the parent/teacher and child. (Kraizer; 1989, 27)

Co-ordination School-Community Prevention Initiatives:

Community response is defined as a "network of social service agencies" or
"community service delivery system separate from the general concept of community:
(Bowles, Johnston; 1988, 32) In a recent review of substance-abuse prevention
programs, Patricia Vertinsky traces the use of school as a place to disseminate health:
information. Vertinsky notes that this important means of large-scale prevention, "has
been around for a long time" primarily due to:
- access to youth on a large scale
- economic feasibility
- opportunity for longitudinal intervention and research
- some experienced teachers already in place
- sense of public legitimacy (Vertinsky: 1989, 11)

Both education and child abuse literature identify the importance of co-ordinated school and community efforts in addressing critical social issues. Rix Rogers, Special Advisor on Child Sexual Abuse to the Minister of Health and Welfare Canada, recently produced a comprehensive overview of national initiatives (1990) with respect to child sexual abuse entitled, *An Overview of Issues and Concerns Related to the Sexual Abuse of Children in Canada*. Rogers consulted with approximately 1,000 individuals across Canada from within the field including non-governmental and community workers and child victims. Rogers supports the finding from the *Nova Scotia Report of the Task Force on Family and Children's Services* which concluded that health, social service and education are "inextricably inter-dependent in providing services to children and their families..." (Rogers; 1990, 65)

The development and maintenance of child abuse prevention activities can be problematic. Rix Rogers reviewed a 1987 discussion paper by A. Wachtel produced for the Ad Hoc Committee for Co-Ordination of Child Abuse Initiatives, B.C. School Trustees Association. Wachtel notes that

when we talk about co-ordinating efforts to both prevent and deal with the consequence of child abuse everyone stresses their belief in the intransitive meaning; "harmonious combination of agents or functions towards the product of a result." By contrast, there are private misgivings about the transitive sense: who exactly is going to decide your 'proper place' in the system? Co-ordinating is good; being co-ordinated - is a much more ambivalent situation. Co-ordination requires *negotiation* about power sharing. (Italics in original) (Rogers: 1990,
Barbara Chilsholm in *Questions of Social Policy - A Canadian Perspective* writes that, ".. inter-disciplinary and inter-agency tensions reduce the effectiveness of any team approach and create resistance which direct the focus of attention away from the problem..." (Chisolm; 1981, 374) Chisholm lists specific variables which contribute to problems of co-ordination including work pressures, lack of knowledge regarding the nature of other professions and their skills, lack or misinformation about how individual agencies can assist each other in their mutual efforts to prevent child abuse. (Chisholm; 1981, 374)

Burns and Barber (1987) state that in order to achieve prevention and intervention goals, co-ordinated action must occur. Co-ordinated action can only occur through substantial and complimentary changes with roles defined as clearly as possible. (Burns, Barber; 1987, 22).
CHAPTER V

METHOD

Introduction:
The objective of the study was to research Ontario child-serving community organizations, specifically, child abuse co-ordinating committees, to (a) illustrate and characterize the role of various professionals responding to the problem of child abuse, (b) to demonstrate the role of educators as a component of community response and (c) to document examples of school-community co-operation preventing the abuse of children.

A. Design
A survey was conducted of Ontario child abuse co-ordinating committees. A list of committees was provided by the Ontario Institute for the Prevention of Child Abuse. At the time of the survey (1989 - 1990), fifty committees existed. Each questionnaire consisted of twelve questions, included both checklist and open-ended questions. A sample questionnaire is included in the Appendix.

In addition, field research was conducted within the community of Peterborough, Ontario in order to provide an in-depth look at one Ontario community. Field research took place between 1990 - 1993. Its initiation coincided with the commencement of the distribution of the survey.

B. Subjects
Sampling with groups and individuals who make up the network of community agencies and practitioners responding to child abuse including front-line liaison, middle and senior
management personnel, plus a range of individuals with a special interest and experience
in community collaborations and in child abuse prevention.
Survey Questionnaire: Quantitative data was collected from representatives of 25 child
abuse co-ordinating committees out of a total of fifty sampled.
G. Ferguson (1971), author of *Statistical Analysis In Psychology And Education*, on
sampling method: "...inferences can be made about the properties of populations from a
knowledge of the properties of samples". (Ferguson; 1971, 9) Also, "... because of the
large size of many populations, it may be impracticable or impossible for the
investigator to produce statistics based on all members". (Ferguson; 1971, 9) On the
limits of case studies and limited samples:

... frequently precise knowledge is lacking about a larger
reference group of population, and the investigator must
rely on accumulated past experience and intuition in the
attempt to detect possible bias. Clearly, where possible,
random sampling is to be preferred to methods such as
these. It must be recognized, however, that were we to
insist on rigorous random sampling methods, much
experimentation would not be possible.

(Ferguson; 1971, 123)

Case Study: During the field research stage, observation and consultation process was
developed with approximately fifty community service providers, including educators,
within the community of Peterborough, Ontario. Community service providers were
selected on the following basis:

- membership on the Peterborough Child Abuse Forum
- membership on the Case Review Team of the Peterborough Community Forum On Child
  Abuse
- membership on the Treatment Sub-Committee of the Peterborough Community Forum
On Child Abuse

- membership on the Family Violence Committee of the Peterborough County Board Of Education

The field research respondents included social workers, educators, law enforcement and justice professionals, medical professionals, community planners. A more complete listing is provided in the Findings section of this study.

C. Measurement

For the purpose of this study “prevention” refers to and includes all primary, secondary and tertiary activities that are employed to reduce or eradicate the incidence of child abuse (previously described in greater detail in the literature review section of this study.) “Community service provider” refers to professionals and/or agency personnel within a defined geographic location and includes educators. “Intervention” activities refers to concrete actions taken by community service providers to prevent child abuse, usually taken within a specific professional setting and bound by professional, legal and/or organizational expectations.

Survey questionnaire:

The following information on community activities was collected on the structured questionnaire:

- year in which committee was established
- main function of committee
- representation and make-up of committee: size of committee, professional/community representation
- detailed information on education representation
- information on whether and to what degree paid staff were provided to committee
- service overlap data between education and other community sectors including information on resourcing, consultation
- nature of on-going contact between education and other community sectors
- respondents were asked to provide the researcher with prevention materials used within the respondent’s community

A portion of the results of the survey questionnaire were described in relation to the “Flow Chart for Program Development” by C. Plummer (previously presented in the literature review section of this study) for the purpose of identifying whether discrete steps exist within Ontario communities in terms of developing child abuse prevention programming. Community prevention materials were reviewed to provide further documentation and characterization of community prevention activities.

Case Study: Observation at community meetings, review of historical documents, review of community studies including proceedings of meetings (minutes) and informal consultation provided the basis with which to characterize and document on an in-depth basis, services, activities, program initiatives and service networks in Peterborough. These observational checkpoints provided information on how a specific community responded to child abuse.

D. Procedures

Survey questionnaire:

A survey questionnaire was distributed to fifty child abuse co-ordinating committees in Ontario. Chairpersons or alternate representatives were asked to complete the questionnaire in consultation with their referent group. In a few cases, the researcher was contacted by phone by the respondent for further clarification. Sample prevention materials (randomly included by the respondents) were used to supplement the results of the questionnaire and provided illustrations of community initiatives.

Field Research:

Commencement of a study of the Peterborough, Ontario community coincided with the distribution of the survey questionnaire. The author gained entry into this setting as she had previously and during survey period, served as paid staff to the co-ordinating
committee within the Peterborough community. Further, the author had previously and
during the period of study, served as a community representative on the Family Violence
Committee of the Peterborough County Board of Education.
During the period of study the following materials were reviewed: historical
documentation, minutes of meetings, community planning and prevention materials,
membership lists, demographic information on the Peterborough community.
The end of the field study coincided with the withdrawal of government funding (April,
1993) from the co-ordinating committee and the lay-off of paid staff.
CHAPTER VI

FINDINGS

Survey Questionnaire:
The sectors most closely involved in the investigation of child abuse; the police, the
Children's Aid Society (C.A.S.), and medical personnel, are most frequently represented
on co-ordinating committees. Education, Public Health and mental health service sectors
are also often found on the committees. This last finding fits well with the previous
finding that committees are most often involved in education and prevention work. Also
listed as one of the main functions of committees is the promotion of inter-agency
collaboration and co-ordination in preventing child abuse. The varied make-up of the
committees is an initial step in ensuring such interaction.

The number of people represented on each committee ranged from four to seventy
with the average size at twenty people. The oldest continuous committee was established
in 1976, the latest in 1988. Only thirty-six percent of all committees had paid staff
and approximately half of those were full-time staff positions. Of those committees with
paid staff, the percentage engaging in school-community collaboration was eighty-nine
percent. Seventy-five percent of committees without paid staff were able to assist their
local Board in prevention efforts.

Eighty-eight percent of the committees who responded to the questionnaire
reported that they had a representative from the education sector. The average length of
time that the education representative had served on the committee was 5.6 years. Many
committees reported long-standing representation of the education sector on their
committee. Respondents indicated that educators' representation was considered to be crucial to the fulfilment of their mandate.

Eighty percent of respondents reported assisting their local Board of Education in projects to prevent the abuse of children. Specific school-community collaboration most often reported by respondents consisted of finding ways to assist teachers in their duty to report child abuse suspicions through in-service "reporting" workshops, the creation of protocols, etc. Primary prevention efforts included program development, implementation, establishment of acceptable identification and reporting procedures. The order of these efforts may speak to the popularity of the primary prevention issue and also to the fact that schools have already engaged in consultation for the purpose of establishing secondary prevention strategies (e.g., protocols, how to identify abuse in the classroom) and are moving beyond those concerns to the primary prevention of abuse.

In addition to establishing representation on community child abuse committees, the survey revealed that, special school-community committees were set up in order to create and/or implement primary and secondary prevention projects. School-community committees also had a varied make-up. They were most likely to include school and C.A.S. representatives.

Through school-community collaboration a number of resources were created to aid in prevention efforts including fact-sheets, booklets, protocols and primary prevention programming.

A number of committees included a sample of these materials when returning their questionnaire and through those samples specific information was provided on program development and characteristics.

Program development:

The "Flow Chart for Program Development" developed by Illusion Theatre illustrated in the forefront of this paper provided the basis to compare
commentary received from respondents. Like Plummer’s model, in many communities, a preliminary phase of child abuse prevention program development consisted of the issue being publicized, public concern being aroused followed by laws on the duty to report being passed and reports of child abuse rise (Plummer 1986, p. 20) A number of respondents reported that during this preliminary phase they were aware of local initiatives to publicize abuse. The publication of the Badgley Report was also said to be a factor in their becoming aware of child abuse. Both public and professional awareness continued to be heightened during the middle phases of prevention program development that included the incorporation of treatment programs and initial advocacy for prevention programming. During this phase, for example, the Metro Special Committee On Child Abuse conducted interviews of treatment, law enforcement and other relevant personnel along with a literature review in order to become familiar with the existing community response and to discover service gaps. Respondents in Lincoln, Ontario, reported that they became aware of the efforts of “magazines, T.V., networks, religious broadcasts and community groups (that) were instrumental in pointing out to communities that the problems were widespread and real.” (Knicely, p. 69) The Haldimand Child Abuse Committee began to publish a community newsletter during this phase in order to publicize the issue of child abuse. In Durham and Northumberland they discovered the need for and subsequently created a school protocol for responding to child abuse.

In the latter stages of program development, planning and implementation, school-community advisory committees committed extensive effort to producing primary and secondary prevention programs and accompanying resource materials. A representative from the Lincoln committee commented that such multi-sectoral advisory groups should contain those, “...who know the horror show firsthand and can give credibility to school personnel who have the drive but not the direct experience needed to launch a program.” (B. Knicely, personal communication, 1990) Victoria,
Lincoln, Metro. Toronto, Durham, Haldimand and Peterborough report that setting up a school advisory committee was an important step to establishing prevention programs within their communities. School representatives combined their efforts especially with one lead agency to accomplish their objectives: in Victoria, the local co-ordinating committee, in Haldimand, Children's Mental Health. During the planning and adaptation stages, committees studied existing materials and adapted them to local needs. Members of the Lincoln, Ontario school-community committee reported studying information gathered from all over North America before formulating the plan for their community.

There were several discrete steps commonly reported of the "pilot program" phase. Primary prevention programs also included the following steps: meeting with administrative personnel, in-service training were teachers were assisted in understanding the dynamics of child abuse and given advice in responding to disclosures, an orientation meeting for parents on the upcoming program and an evaluation of the parent-orientation session.

Once the program was implemented there was provision for on-going evaluation from parents and teachers and in some cases, older students. Respondents commented that the positive evaluation by parents of the program was an important component of a successful program. On-going in-service training was helpful to teachers and to ensuring consistent program quality. Respondents indicated that in-service training should include a behavioural indicators chart, a list of community agencies, reporting laws, procedures for reporting child abuse. Community representatives attended both in-service and parent meetings in order to explain their involvement and to demonstrate their willingness to co-operate with other agencies/institutions involved.

COMMON CONCEPTS AND THEMES OF PREVENTION PROGRAMS;

Secondary Prevention:

Some school-community committees were created in order to formulate a school protocol for reporting suspected and verified child abuse. A protocol is defined
a comprehensive code of preferred practices developed through the collaborative efforts of those systems with statutory responsibility for the investigation and management of child ... abuse cases: namely police, child protection, crown attorneys and correctional services. Other systems, such as education and health, also co-operated in developing those sections of the Protocol relevant to their particular mandates. (Metropolitan Toronto Special Committee On Child Abuse; 1989,1)

Features of the protocols included:
(1) children have the right to protection
(2) children tell the truth with regard to being abused
(3) offenders must be accountable for their actions and should be prosecuted for same.
(4) co-operation of involved agencies/professionals necessary to ensure that the child is not traumatized by the investigation.
(5) treatment for the child, family and offender necessary
(6) support person should stay with the child through all phases of intervention, following and including disclosure
(7) re-victimization is best avoided by treatment and education. (Metropolitan Toronto Special Committee On Child Abuse; 1989,1, Violence Prevention Council; 1989, 2)

Also, protocols typically include indicators and dynamics of abuse, information on the legal duty to report suspected or verified child abuse, the procedure for making referrals to the Children's Aid Society, the teacher's role with regard to the family, the
mandates of other agencies, how the investigation evolves. Protocols also had guidelines for handling disclosures and these guidelines were often an adjunct to in-service training on the aspects of reporting child abuse.

**PRIMARY PREVENTION:**

Information on the following primary prevention programs was provided by respondents; "Kids On The Block", "All Mixed Up" (A.M.U.), "Feeling Yes, Feeling No", "P.S. We Care", "Safe Child Workshop".

An evaluation conducted by the Lincoln Board of Education of twelve hundred parents indicated that, "97.4% of parents feel that the school has a 'somewhat important' or 'very important' role to play in helping students deal with the threat of child abuse and family violence. (B. Knicely; personal communication, 1990)

A review of the sample materials and of the literature indicates that these programs possess the following common characteristics:

(A) Common goals of (i) teaching assertiveness skills that assist children in preventing or escaping from potentially abusive situations and (ii) teaching children to discriminate between subtle and confusing situations that may lead to abuse

(B) Program emphasis should be on child safety

(C) Information should be accurate and complete concerning the dynamics of abuse, perpetrators; avoid information that portrays offenders as strangers or in other stereotypic manners. Information absolving the child of responsibility for causing the abuse of responsibility for causing the abuse should be incorporated. The program should be flexible enough to incorporate new knowledge on abuse. Older programs are marked by their emphasis on fear of strangers and their potential for abuse. The importance of positive touch should be stressed also.

(D) Information should be concrete rather than abstract. Concrete and simple skills to assist the child in avoiding or escaping abuse should be provided such as "you can say no" and "tell someone you trust."
(E) Information should be presented in an interactive manner; that is, general concepts matched to specific situations that could be role-played by the teacher and student. The prevention kits include various teaching aids to assist the teacher with interactive presentations such as study cards, posters, puppets, songs, videos, art activities and letter writing.

(F) Concepts and definitions should be matched to children's developmental stages. For example the "P.S. We Care" program used in Lincoln, Ontario includes the following presentations:

- **Primary Division:** "Some Parts of Your Body Are Private To You."
- **Junior Division:** "Touch Related to the 'yes' feeling and the 'no' feeling."
- **Intermediate Division:** "The cycle of violence"
- **Senior Division:** "The extensive nature of abuse and violence."

(Studd, Knicely; not dated, 69-70)

Concepts and definitions should be appropriate to the age of the child. Prevention education should ensure that children have the necessary vocabulary to discuss the material.

**On-Going Contact:**

A number of child abuse committees reported that they had on-going contact with Boards of Education beyond engaging in primary and secondary prevention projects:

**Nature of On-Going Contact:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Out of Total (25), Number Reporting On-Going Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On-going representation on school committee</td>
<td>8</td>
</tr>
</tbody>
</table>
2. Ad hoc consultation
3. Up-date curriculum resource materials
4. Monitor and evaluate prevention program
5. On-going education of teachers
6. Up-date community needs assessment
7. Expand distribution of protocols
8. Assist with continued implementation of protocols
9. Educate Students

A representative from the Waterloo Child Abuse Committee commented that on-going contact with school boards provided pertinent information concerning the development of both curriculum and professional development materials. A Huron County Child Abuse Committee representative commented that follow-up tends to be minimal and that the committee is currently considering other ways to ensure that the program is followed up.

Discussion:
The implementation of primary and secondary prevention programs in school boards across Ontario is timely as the issue of child abuse has gained much attention within the last decade. The publication of the Badgely Report and specific government initiatives have forced communities to confront the issue of child abuse. Child abuse prevention initiatives are also timely due to a recent emphasis on primary prevention and, in the general population, healthy communities and children's mental health.

Through the data from the questionnaire results, a number of examples of school-community collaboration to prevent the abuse of children have been documented. Child abuse co-ordinating committees often contain widespread representation of professionals and agencies involved in the identification and investigation of abused children, including educators, indicating that community prevention initiatives include
the education sector in a number of instances. These committees promote the development of local prevention initiatives.

Sample materials and comments provided by representatives of co-ordinating committees indicates that there are common steps to program development. In the initial stage of program development there is a heightened awareness of child abuse. Many communities reported that following this stage multi-disciplinary committees were create whose goal it was to develop local prevention programs. This development was followed by the creation of secondary prevention projects that most often included protocols and other materials to aid the teacher during identification and investigation. During the latter stages of program development, primary prevention programs that were eventually incorporated into the school curriculum.

Primary prevention programs contain common elements: they emphasize child safety, give complete and accurate information, are interactive and are matched to the child’s developmental level. It is possible to note the transition from the emphasis on “stranger danger” to a more recent onus on good touch/ bad touch by any individual who comes in contact with children. While is is apparent that a number of commonalities exist among programs, it is necessary to go beyond commonalities and to continue to evaluate the effectiveness and relevance of these programs.

Findings
Case Study: Peterborough (City and County)
A Study Of The Peterborough Co-ordinating Committee:
Demographic Information: Bennett (1993) noted that between 1986 - 1991 the number of children within Peterborough County has shown a marked increase (19%) and that this increase exceeds the Provincial average significantly (7%). The Figure below describes the child welfare trends by Ontario region. Peterborough, which is located within the Eastern Ontario region, is associated with having one of the highest increases in number of families served when the 1982 and 1987 periods are compared.
Also, the Eastern Ontario Region has the highest ratio of abuse allegations to family service openings within the Province.

**FIG. 7**

**Child Welfare Trends by Region, Ontario, 1982 and 1987**

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>West</th>
<th>Central</th>
<th>North</th>
<th>East</th>
<th>Toronto</th>
<th>Ontario</th>
</tr>
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<tbody>
<tr>
<td>Ratio of Abuse</td>
<td>1987</td>
<td>0.271</td>
<td>0.291</td>
<td>0.381</td>
<td>0.391</td>
<td>0.231</td>
<td>0.321</td>
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<tr>
<td>Allegations to</td>
<td></td>
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<tr>
<td>Family Services Openings</td>
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</tbody>
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* The reliability of abuse allegations data is not known. Agencies may count allegations in different ways. There were no other data sources available to cross-reference these numbers.


Figure 8 (below) demonstrates the following:

- a sharp increase in the total number of abuse cases from 1988 to 1989 (131 versus 177)

- within 1988 and 1989 the sharpest increase being in the cases of child sexual abuse

- a decrease of abuse cases in 1990 followed by more or less a levelling out of cases over the next two years
FIG. 8

Kawartha-Haliburton Children’s Aid Society Child Abuse Statistics

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<td>Sexual</td>
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<td>TOTAL</td>
<td>131</td>
<td>177</td>
<td>46</td>
<td>144</td>
<td>-33</td>
<td>163</td>
<td>19</td>
<td>157</td>
<td>-6</td>
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</tbody>
</table>

Source: Kawartha Haliburton Children’s Aid Society - Peterborough Branch

History:

The Peterborough Community Forum on Child Abuse was an interdisciplinary committee, established in 1976 to prevent child abuse. The Forum’s programs and services included:

- community response to child abuse including the co-ordination and development of investigative and treatment networks
- case review
- information regarding community services
- education services including education packages and training materials
- awareness raising
- advocacy
- education and training events
- liaison with the Ontario Institute for the Prevention of Child Abuse

In November of 1976 a group of Peterborough community professionals came together to formally discuss ways to deal with child abuse in Peterborough County. The discussions were organized by representatives of Peterborough Civic Hospital upon the recommendation of its Medical Advisory Committee and were chaired by a Peterborough physician. Those discussions resulted in the formation the Peterborough Child Abuse
Committee which met from 1976 to 1980 for the following purposes (1) to act as a resource group for professionals such as educators, physicians, nurses and other professionals who were most likely to come into contact with abused children and their families, (2) to act as a case management and consultation team and (3) to act as "watchdog" with regards to the number of abuse cases seen in the city hospitals (Civic, St. Joseph's). Statistics were kept by the emergency and paediatric departments for this purpose. Half a dozen individuals composed the initial committee, a major function of which was to promote interprofessional co-operation in child abuse situations.

A re-organization of the Committee in 1980 resulted in division among case review and support functions dealing with committee business and with planning issues and community education. In 1980 representation was broadened on the general committee. This community-based group included sixteen members who represented the following groups:
- Kawartha-Haliburton Children's Aid Society
- Peterborough County-City Health Unit
- Paediatric Units (St. Joseph's and Civic Hospitals)
- Emergency Departments at both hospitals
- The local medical society
- The local legal society
- Peterborough County Board Of Education
- Council For Exceptional Children
- Parents Anonymous
- Peterborough Day Care Programs

In 1983 there were twenty-seven members of the committee who met quarterly to share information, to help hospitals form policies, and to provide education on child abuse and related topics. Initially, all new cases of child abuse were reviewed, however, with dramatic increases in the number of reported cases, the Committee soon found it
impossible to deal with every case. There were a growing number of issues as well: case management and consultation at local hospitals, the committee’s long-term goals.

In 1984 the Committee once again re-examined its role within the community. Committee members contacted community professionals working with the problem of child abuse and those who treated child abuse victims and their families. The Committee sought to identify community needs. A proposed model for the new Committee was presented and accepted by 1985. The new Committee was to be known as the Peterborough Community Forum On Child Abuse. The Forum became a community-based professional group who met to discuss and plan a co-ordinated community response to child abuse. The Board of Directors of the Forum included senior agency and community representatives who could report back to their agencies and who could influence decisions for their respective professional and community groups on child abuse. Board members reviewed practical and philosophical service issues and took part in planning and implementation of child abuse prevention initiatives. A part-time co-ordinator was hired to assist the Board in its tasks, including the co-ordination of four sub-committees. In 1989 the Forum amalgamated with the Peterborough Children’s Services Group, a local planning agency.

In 1992, the Forum was one of 50-70 child abuse co-ordinating committees in the Province of Ontario whose goal was to co-ordinate community child abuse prevention initiatives. Comparatively, it was a committee with a long history whose members facilitated the establishment and maintenance of a network of service sectors. A number of service sectors have maintain representation on the committee. They were:
- health; medicine, nursing (hospital-based), public health
- child protection; Kawartha-Haliburton Children’s Aid Society
- law enforcement and justice; Peterborough Community Police, Ontario Provincial Police, Crown Attorney
- (psycho-social) treatment; children’s mental health (hospital and community-based)
In bringing together key service sectors within the community who engage in child abuse prevention activities, such as education, the members work toward fulfilling a key goal of the Forum: to facilitate the co-ordination of the investigation, case management, treatment and prevention of child abuse. A key strategy for accomplishing this goal was the establishment of a community committee where membership and regular meetings allow for the opportunity to network and plan for community programming.

The Forum was representative of both urban and rural constituencies. It co-ordinated a wide range of services: case review, treatment, education/prevention and promoted interdisciplinary sharing. The Case Review Team provided a setting where problematic child abuse cases could be discussed by community service providers with the goals of (1) reducing risk to child abuse victims and (2) engendering community co-operation with regard to case management and monitoring of risk to the child. The Team forwarded community issues arising from the investigation of child abuse allegations to the senior committee (Forum) so as to initiate a process whereby service providers could address community problems. Key services represented on the Team include child protection, police, mental health, medicine, health, hospital, education. Members act as case consultants and where appropriate, act on recommendations within their service system to aid child protection efforts. The education sector was an addition to the Team in 1991. The participation of education representatives is most relevant when cases of school-aged children are reviewed and when community prevention initiatives which impact or require the participation of the education sector arises. In cases where serious injury to a school-aged child has occurred, the teacher and the Public Health Nurse can play a key liaison role regarding the daily monitoring of the child as they have on-going access to the child in the school setting and may be in a
position to form a consistent opinion about the child's behaviour and physical status.

The Forum played a role in developing and maintaining other networks of service providers. The Peterborough Sexual Abuse Treatment Network was formalized in 1985 after a community survey determined that treatment services to child abuse victims, their families and offenders were needed. Despite the wide range of services that were consequently established a number of service gaps and delays arose and continue to the present time. The education sector was not represented on the Treatment Sub-Committee, although, community treatment issues were forwarded to the Child Abuse Forum Committee, where there were education representatives from the local school boards (public and separate).

Within the setting of the co-ordinating committee and its sub-committees participation of a broad range of service sectors, including educators, resulted in the following objectives being met:

- identification of abuse issues that impacted on community service systems, including education
- awareness-raising in terms of prevention activities within individual and joint community agencies
- opportunities for strategizing around the planning and implementation of community prevention programming
- opportunities for resource-sharing
- identification of service gaps and delays
- to impact on Provincial and Federal policy initiatives that had ramifications at the local level
- provide on-going communication and networking with related prevention initiatives within the immediate and broader community
- awareness of professional trends, research that might impact on service delivery
- provide increased accessibility to the school setting; crucial in the optimal management
of child abuse cases of school-aged children

-education of key professional groups within the community

-development of education materials for the community on prevention and reporting

Specific community-school initiatives through the Forum were:

-consultation with the Public Board of Education regarding design and implementation of child abuse prevention curriculum within the Peterborough County Public primary schools

-consultation with the Peterborough Victoria Northumberland Newcastle Separate School Board of Education regarding resources available in the Peterborough community for educators

-on-going representation on the Family Violence Committee, Peterborough County Board Of Education.

Family Violence Committee, Peterborough County Board of Education:

The Family Violence Committee was established by the Peterborough County Board of Education. The Committee was made up of school and other community representatives and established and maintained family violence initiatives within the school setting, including child abuse prevention. Mutual representation was provided between the Family Violence Committee and the Forum in order that there be a cross-referencing and resourcing of community issues and initiatives.

In 1990 a child abuse policy and reporting procedure was developed in consultation with the Family Violence Committee. As well, in 1990 a child abuse preventive education program was developed and implemented in 60 Peterborough County schools to 8000 students. An evaluation of the program was conducted later that same year. A subsequent method of program delivery was recommended as funding constraints prohibited replicating the original prevention programming.

The following were among the on-going activities of the Family Violence Committee:

-implementation of an integrated child abuse prevention program
- community awareness-raising activities such as pamphlets, information fairs, education events
- liaising with Provincial education colleagues to keep abreast of trends, policy initiatives, legislation, resources, which might impact on local prevention efforts
- on-going evaluation of reporting procedures
- identifying school needs with respect to resourcing and programming
- engendering on-going community participation in broad community prevention programming
- identifying optimal implementation strategies for awareness-raising and prevention programming within school settings and supplementing that programming with community consultation and resourcing
- developing awareness of professional initiatives outside the education profession and attempting to co-ordinate where relevant
- developing related family violence primary prevention initiatives within the school setting; i.e., "peacemakers", streetproofing project
- identifying funding sources for family violence prevention initiatives
- developing in-service training for staff
CHAPTER VII

DISCUSSION

Child abuse is a significant social problem. The deleterious long-term effects of child abuse have been well documented. A historical examination of child abuse provides a framework to understand the necessity of an interdisciplinary response to child abuse prevention. Discussions about the response of the professional community have revealed that there are a number of service sectors involved in responding to the abuse of children including justice, child welfare, health and education. Each professional system's response is complex and governed by a unique set of practices and procedures. R. Bowles and C. Johnston's (1988) work on the complex and varied arrangements of professional groups responding to child sexual abuse highlights the separateness of these systems can develop: they have "natural barriers" such as professional language, professional practices and procedures, aims. Rogers (1990) documents examples of how barriers can arise and create service impediments. Governments have a role to play in setting policies, providing resources and creating legislation which engenders co-ordinated approaches to service provision so that services are not fragmented.

A recent trend in policies around the delivery of children's mental health services are recommendations that will result in the integration of key service delivery systems. Current findings are that service sectors have been in competition with one another. Rix Rogers identified problems in the delivery of treatment services to sexual abuse victims that include inter-jurisdictional problems among service providers. Although educators can play a pivotal role in preventing child abuse, teachers are
Currently being overloaded with having to address a number of social issues that they have not been traditionally expected to deal with. Inter-agency (community) collaboration must be promoted between education and other community agencies so as to assist teachers in addressing the issue of child abuse. Future research should concentrate on ways to foster collaboration in an era of depleted resourcing. Differences in inter-agency language, resources, training and mandates, may be a barrier to school-community co-operation. Developing formal mechanisms for inter-agency co-operation, such as child abuse co-ordinating committees, will help to ensure that the community participates to see that educators and children are well resourced in their prevention programming. For example, clarity about individual roles/mandates and a pooling of resources would assist teachers in their efforts to prevent abuse. A list of community professionals who can assist teachers, specifying their role is another way to clarify procedures. Front-line workers, including educators, should work with community policy-makers so as to ensure that direct service issues are addressed. Coordination of community efforts must be achieved by all professional groups involved in child abuse prevention to ensure consistent and effective programming. Consistent implementation of prevention programming is also more likely to be achieved if a range of community prevention strategies is identified by the community at large.

Early group intervention is important to lessen health risks to the child. A focus on protective factors with the aid of community collaboration would appear to be a positive and logical approach. An overall direction from the Ministry of Education on child abuse in concert with other key ministeries is necessary to prevent confusion/inaction and lack of co-ordination of prevention initiatives. Current theories of prevention and literature which contains the results of evaluation studies can be utilized to assist communities of lessen the risk of harm to children.

Through this study it has been demonstrated that child abuse prevention initiatives have been undertaken in the recent past in the Province of Ontario. The "environmental scan"
of Ontario communities produced a snapshot of child abuse prevention programming within a number of Ontario communities. Specific examples of inter-agency (school-community) collaboration have occurred in the recent past in Ontario. The research also documents the long-standing representation of educators on a number of community prevention planning forums (child abuse co-ordinating committees). A number of unique resources were created including protocols, prevention materials and prevention programming unique to specific communities have been developed. A related finding is that many communities had already implemented secondary programming and were, at the time of the study, planning primary prevention materials. This research demonstrated that Ontario educators, in a number of communities, were engaging in prevention planning and implementation with other service providers within the community setting. Through this research, examples are available of communities where constellations of key services have come together to respond to the problem of child abuse. Research on community response postulates that this is a necessary precondition for the successful resolution of child abuse at the local level. It is clear from the data, that educators are acting both within educational and community setting to fulfill their mandate.

There is evidence from this research that there have been gains in understanding and preventing child abuse on a community level and that communities within the Province of Ontario are addressing the problem of child abuse and attempting to do so in a co-ordinated fashion. There is, however, a lack of integration of services and service approaches that have significantly impeded the effective and consistent responses to child abuse. This research has demonstrated that programs are at different stages of development, that many communities lack anything but rudimentary response (due to inconsistent resourcing) and that communities are at various levels of understanding and training. The progress of prevention responses lacks strategic and integrated planning among Ministries and professionals at the Provincial level. Funding cuts have also
contributed to service gaps. The research of Bowles and Johnston was borne out by this researcher: professional barriers continue to exist although the Institute for the Prevention of Child Abuse was working to educate communities before their government funding was cut in 1993. The significant work of child abuse co-ordinating committees has suffered many funding cutbacks within the last few years, contributing to significant resource-depletion at the local level.

The implementation of primary and secondary prevention programs in school boards across Ontario is still timely as the issue of child abuse has gained much attention within the last decade. The publication of the Badgely Report and specific government initiatives have forced communities to confront the issue of child abuse and provided focus on local resources. Child abuse prevention initiatives are also timely due to a recent emphasis on primary prevention and, in the general population, healthy communities and children's mental health. Cultural awareness of the problem of child abuse is a necessary antecedent to effective programming.

Through this research a number of examples of school-community collaboration to prevent the abuse of children in the Province of Ontario within the last two decades have been demonstrated. Aspects of the interagency response of Ontario educators includes child protection and primary prevention mandates to prevent child abuse. Community-based, inter-agency response is commonly advocated within current research literature. Careful monitoring of prevention programming must continue to take place in order to document whether necessary mechanisms are in place to assist educators and the community to collaborate in child abuse prevention. The on-going needs of educators regarding child abuse prevention require addressing through community resourcing and planning, legislation, policy and infrastructure (government) planning.

The current survey demonstrated that existing child abuse co-ordinating committees often contain widespread representation of professionals and agencies involved in the
identification and investigation of abused children, including educators. Through respondent information, a historical examination of the role of educators in the prevention of child abuse and case study, it has been demonstrated that many of these committees promote the development of local prevention initiatives, promote interdisciplinary sharing, provide organizational authority through which implementation of joint planning objectives can take place. Inconsistent or absent funding of these committees has presented barriers to cross-community (provincial) planning and more recently, has impeded prevention work at the local level.

Sample materials and comments provided by representatives of co-ordinating committees indicates that there are common steps in program development. It is clear that prevention programming must be coupled with comprehensive community treatment programming. It is still unclear, however, how long-term co-ordination can occur considering the complexity of community collaboration and the many barriers present (e.g., funding). While it is apparent that a number of commonalities exist among programs, it is necessary to go beyond commonalities and to continue to evaluate the effectiveness and relevance of these programs. There exists little data on the long-term effects of prevention programming on children’s ability to prevent abuse. As well, little is known about how the implementation of prevention programming affects disclosure rates over time. As well, the relationship between disclosure rates and cultural acceptance of child abuse as a social problem has not been clearly established. This research will impact on the future practices of educators.

Raised public awareness of child abuse and increased government action occurred in Canada the 1980’s and early 1990’s. While the government has maintained that child abuse is one of its top priorities, the current fiscal climate has resulted in the removal of government funding from several community and front-line services. While heightened awareness of the problem is likely to result in increased disclosures, the withdrawal of funding from treatment services has created problems in service
availability, accessibility and quality for victims, their families and offenders. Without local planning bodies, service fragmentation is likely to re-appear and may result in system-induced trauma for victims and their families. Further, future community collaboration is at grave risk of disappearing. In the absence of primary prevention programming, abuse is likely to continue. This will exact a great social toll on our current and future generations of children. In practice, we have heightened the awareness of abuse. Those who acknowledge their abuse are now finding absent many of the community supports identified as crucial within the literature. Within the literature it has also been identified that there are a number of cultural forces that act to impede the on-going resolution of child abuse, such as patriarchal and conservative biases. These biases have been demonstrated to create barriers to developing relevant models of causation which in turn is likely to impact negatively on service delivery. Wolock and Horowitz's (1989) finding regarding the negative correlation between cultural understanding of the problem of child abuse and concerted prevention programming signifies another major barrier to overcome.

Leadership must be re-established within community settings as quickly as possible in order that the focus not shift away from meeting the needs of abused children. In some ways the school has become a "community", as it has traditionally responded to social issues and is a socializing agent. It may be a logical place to gather community professionals to continue community prevention initiatives, providing adequate resources exist.
REFERENCES


Canadian Council On Children and Youth. (Spring/Summer, 1987). Vis-a-Vis, 5(2).


De Alcorn, S. (1982). *Sourcebook For Educators: Sexual Assault Prevention For Adolescents*. Pierce County: Pierce County Rape Relief.


APPENDIX I

SURVEY QUESTIONNAIRE

1. In what year was your committee established?

2. Please describe the main function of your committee.

3. How many people compose your committee?

4. Please specify what sectors are represented on your committee.

5. (a) Does your committee include representation from the education sector?
   (b) How long has this person been serving on your committee?
      years _____  months _____

6. (a) Do you have paid staff?
    (b) If yes, check:
        full-time _____ or part-time _____

7. Has your Co-ordinating Committee assisted the local Board of Education in developing
   child abuse prevention programming?
   yes _____  no _____
   name of local board of education: ________________________________

8. If yes, in order of occurrence, please describe the nature of this consultation (e.g.,
   to assist teachers in reporting child abuse, to assist in the implementation of child
   abuse curriculum, etc.).
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

9. Please list and describe below any resource materials which you have developed for
   the board of education.
   ___________________________________________________________________
   ___________________________________________________________________
   _____________________________________________________________________
10. Please check below which representatives of other services were a part of the consultation:

<table>
<thead>
<tr>
<th>Role</th>
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<th>No</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>School Board Administrative Personnel</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>School Board Special Consultants</td>
<td></td>
<td></td>
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<tr>
<td>Children’s Aid Society Front-line workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. A. S. Supervisors/Admin. personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment workers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Police</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lawyer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Doctor (including Psychiatrist)</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Mental Health Worker</td>
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<tr>
<td>Clergy</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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<td></td>
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</tr>
</tbody>
</table>

Please list

Number of representatives provided by your committee: _____

Position(s):

11. Please describe any on-going contact which you have with your local board of education:

12. Please provide any comments or suggestions which you may have to engender co-operation in implementation of child abuse curriculum:

Reply provided
by: ________________________________

Date: ________________________________

Thank-you for your co-operation.
Please return at your earliest convenience.