Québec Incidence Study on the situations investigated by child protective services: Major findings for 2008 and comparison with 1998

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ABSTRACT

OBJECTIVE: The Québec Incidence Study on situations investigated by child protective services (QIS) has been conducted in 5-year cycles since 1998 in collaboration with all 16 Québec child protection agencies. It provides reliable estimates of the incidence and characteristics of investigated children. The aim of this paper is to discuss major findings from the QIS-2008 and to compare them with the findings from QIS-1998.

METHODS: Two representative samples of children who were investigated by child protection services during the same three-month time frame in 1998 ($N = 4,771$) and in 2008 ($N = 3,079$) were constituted. Caseworkers were asked to complete the QIS data collection form for each sampled child. Annual estimates of the number of children investigated with different characteristics were computed and compared across both cycles. Statistical tests were performed to identify significant differences.

RESULTS: While the rate of children investigated increased between 1998 and 2008, the rate of substantiated cases remained stable at 12 and 11 per 1,000 children in the population respectively. Furthermore, substantiated cases in 2008 were less severe than in 1998 along several dimensions, such as co-occurrence, emotional harm and duration.

CONCLUSION: Combined with the stability in the rate of substantiated cases, the decline in the severity of the situations seems encouraging but questions the necessity of a CPS intervention for some of these families. These findings are consistent with the ones reported in other countries, but Québec rates are below the rates estimated for Canada, where substantiated maltreatment almost doubled during the same time frame. Aspects of social policies in Québec may play a role in this situation and need to be examined in future research.

KEY WORDS: Child maltreatment; incidence study; epidemiology; child protective services; child welfare

La traduction du résumé se trouve à la fin de l'article.

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There are generally two main ways in which population-based rates of child maltreatment are estimated: through the study of reported or officially recognized situations of child maltreatment or through surveys of the general population, which tend to capture both reported and unreported instances of maltreatment.^{1–5} AlEissa et al.⁶ asserted that both types of data are important as they help policy-makers to determine the range of country-specific policy imperatives from prevention to intervention. Having access to statistics on child maltreatment helps governments to raise societal awareness, secure child safety and well-being, optimize use of their resources and monitor overall progress toward policy goals.⁶

Since the 1980s, several countries have established periodic incidence studies monitoring the rates of reported maltreatment and their evolution over time. Most incidence studies have been conducted in Western countries. In the US, the National Incidence Study-NIS-4¹ was conducted in 1980, 1986, 1993 and 2006 to investigate the incidence of both officially known and unreported cases of child maltreatment, whereas administrative data have been available through the National Child Abuse and

Neglect Data System from 50 states since the late 1980s. The UK does not keep statistics on the number of substantiated cases of child maltreatment but does report the number of children that

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were assessed and deemed to be in need of services.² In Australia, administrative data are used to determine incidence rates.³ In Canada, the Canadian Incidence Study of Reported Child Abuse and Neglect-CIS^{5,7} has been conducted with child protective services (CPS) workers every five years since 1998 as one of the national surveillance programs of the Public Health Agency of Canada and its provincial and territorial partners, including the governments of Québec, Ontario, Saskatchewan, Alberta, British Columbia and the Yukon. The CIS provides the best available estimates of the incidence and characteristics of reported child maltreatment across all Canadian provinces and territories. As part of the CIS, several provinces provide additional funding for oversampling, thus allowing the production of reliable provincial estimates. This has led to the 1998 and 2008 Québec Incidence Studies (QIS-1998, QIS-2008). Highlights of QIS-2008 are presented in this paper.

There is a need for recent provincial estimates of maltreatment in Québec, because the legislation governing CPS in Québec — the *Youth Protection Act*⁸ — underwent major changes in 2007.^{9,10} Some of these changes included implementing limits on the amount of time that children could remain in out-of-home care without having a permanent plan, adding measures to allow parents and children to be actively involved in decision-making with an aim to reduce court use, and diverting all non-protection reports to community services whenever possible.¹¹ An evaluation of the changes to the law shortly after its implementation found that the reasons families are receiving services are changing.^{8,9} One example is seen in the decrease of the *relative proportion* of children receiving services for reasons of neglect and serious behavioural disturbances after the implementation of the changes to the law. However, from an epidemiological perspective these findings are limited in scope, because they represent the distribution of each form of maltreatment among children receiving CPS instead of rates of children receiving CPS for each form of maltreatment per 1,000 children in the general population. In other words, proportions of neglect among CPS children may have declined simply because proportions of children physically abused have increased and not because of a real decrease in the incidence of neglect in the population. Thus, further analyses are needed for a better surveillance of the recent evolution in the different forms of maltreatment in Québec. However, it should be made clear that although incidence studies may provide indications of trends as a result of legislative changes, they are not able to evaluate these legislative changes as such.

In addition, from the beginning of its existence in 1979, Québec's legislation and practice framework regarding child protection presented very specific features that distinguished it from that of other jurisdictions.¹²⁻¹⁵ One of these was that "serious behavioural disturbances" were included as a form of maltreatment, along with typical abuse and neglect categories. For the purpose of this paper, the term "maltreatment or serious behavioural disturbances" (MT/BD) will be used to refer to all possible types of situations covered by the Québec legislation. Another specific disposition is the initial processing of CPS reports, in which half are screened out after basic verification by phone calls without in-depth investigation.¹⁶

The main goal of the QIS is to estimate the incidence of reported child MT/BD and to examine its evolution. The QIS also describes child, caregiver and household characteristics, as well as short-term case decisions and the characteristics of investigated MT/BD. This paper presents an overview of the 2008 findings and the comparisons with 1998 in terms of rates of investigation and short-term case decisions, and in terms of the forms and other characteristics of substantiated MT/BD.

METHOD

In Québec, 18 CPS agencies are responsible for enforcing the *Youth Protection Act*⁸ and providing services to children in difficulty and their families. Aside from the particular features mentioned above, most of the child protection process in Québec is similar to that of other Canadian and Western jurisdictions: reports to CPS are investigated to determine whether the allegations are substantiated and whether intervention is necessary. If it is, post-investigation services are provided and measures are taken to put an end to the situation endangering the children or jeopardizing their development. At any time throughout this process, a child may be placed in substitute care to protect him or her, and the case may be referred to a child welfare court if the child or the family does not agree with the CPS investigation or intervention. Both cycles of the QIS use the same methodology, which is described in the next paragraphs.

Sample

The QIS-1998 is based on a census of all children investigated by CPS agencies in Québec over a three-month period, from October 1 through December 31, 1998. For the QIS-2008 a random sample was used of 50% of children investigated by CPS agencies in Québec over the same time frame in 2008. Taking only half of all cases decreased the burden on CPS workers while still providing a representative sample of all cases investigated over this period for each agency and for the whole province. In both cycles, the CPS workers assigned to the investigation of the selected cases were invited to complete a data collection form.

Both samples are representative of all children investigated in 16 out of 18 CPS agencies in the province for the targeted year. Two northern regions (Nunavik and the Cree territory of James Bay) were excluded from the samples. Children living in these two regions are mostly Aboriginal and represented 0.8% of the Québec child population (0-17 years old) in 2006. For 1998, a data collection form was completed for 86% of the children investigated during the three-month time frame, yielding a final sample of 4,771 children investigated. For 2008, 3,251 cases were sampled, and 3,171 completed forms were received. Of these forms, 92 were excluded for various reasons: 11 were from children who had already been investigated during the three-month study time frame but not identified as such during data collection; 64 of the forms were missing too much data; 15 lacked information about the substantiation decision; and 2 forms pertained to children over 18 years of age. The final 2008 sample was composed of 3,079 children investigated.

Instrument

The same data collection form was used for QIS-1998 and QIS-2008. It was designed by the Canadian Incidence Study of

Reported Child Abuse and Neglect research team⁷ and translated into French. For 2008, an electronic version of the form was used and adapted to the computerized case-management information system used in all agencies. The form consists of 43 questions covering child and MT/BD characteristics, household and caregivers' characteristics, and short-term case decisions. The form had been previously validated through a diversity of studies, including case file validation, focus groups and test-retest reliability.¹⁷

Variables under study

A first group of variables were related to the investigated child. Child age was computed in years at the time of the CPS report. Sex was male or female. Aboriginal status regrouped First Nation Status and Non-status, Inuit and Métis. Four variables described case decisions made during or at the end of the investigation process: substantiation meant that MT/BD was confirmed by the investigation, as opposed to unfounded, suspected or risk investigation only; placement meant that the child was placed in out-of-home care (kin or non-kin) during the investigation, including temporary or emergency placements; court use was an application to child welfare court during the investigation; and ongoing services were post-investigation services provided for substantiated cases needing the intervention of CPS.

The presence of each type of substantiated MT/BD was documented through the six following variables: physical abuse, sexual abuse, emotional maltreatment, neglect, exposure to intimate partner violence (IPV) and serious behavioural disturbances. For each child investigated, up to three types of MT/BD could be noted. The classifications of MT/BD considered in this study were based on clinical and scientific consensus and may differ from the classifications used by CPS workers. Four variables described the characteristics of MT/BD: co-occurrence meant that more than one of the six main types of MT/BD were investigated; physical harm included a cut, scratch or bruise, fracture, burn, head injury or death that was caused by MT/BD

or had led to the CPS report; emotional harm included nightmares, bed wetting and social withdrawal, evident as a result of MT/BD; and duration meant that at least one form of MT/BD occurred several times, as opposed to only a single incident.

Analysis

The samples were weighted in order to produce annual estimates of the incidence of children investigated by CPS in Québec in 1998 and in 2008. For each sample, counts were annualized to estimate the volume of cases investigated in the entire targeted year, on the basis of annual statistics provided by CPS. These annualization coefficients were calculated by dividing the number of children investigated in the targeted year by the number of children sampled during the three-month period of the study. For the 2008 sample, to account for the random sampling of 50%, a sampling coefficient was applied, which consisted of the number of children investigated by CPS during the three-month period divided by the number of children sampled during that period. This weighting process yielded an estimate of 24,752 Québec children investigated in 1998 and an estimate of 28,608 children in 2008. The annual incidence rates were calculated by dividing these estimates by the number of children aged 0–17 in Québec, as reported in the 2006 Statistics Canada census ($N = 1,549,200$ for year 2008 and 1,658,480 for year 1998).

Statistical tests of significance (Z test) were used to test differences between 1998 and 2008 rates. Normalized weights, calculated by dividing the raw weight by its mean, were used to prevent an artificial inflation of the sample size.

RESULTS

Sample description, rates of children investigated and case decisions

In 2008, there were an estimated 28,608 children investigated by CPS in the province of Québec. Twenty-nine percent of these

Table 1. Children investigated and children with substantiated MT/BD in Québec

	1998		2008		Diff per 1000	Z score
	N	Incidence per 1000	N	Incidence per 1000		
Investigated	24,752	14.92	28,608	18.47	3.03	5.4732*
Substantiated	19,417	11.71	17,635	11.38	0.46	0.8229

* $p < 0.05$.

Table 2. Case decisions for children investigated in Québec

	1998			2008			Diff per 1000	Z-score
	N	%	Incidence per 1000	N	%	Incidence per 1000		
Substantiation	19,417	77	11.71	17,635	62	11.38	0.46	0.8229
Placement	8142	33	4.91	3518	15	2.28	2.92	5.2397*
Court use	5611	22	3.38	5370	19	3.47	0.02	0.0359
Ongoing services	10,307	41	6.21	10,848	38	7.00	0.69	1.2453

* $p < 0.05$.

Table 3. Types of substantiated MT/BD in Québec

	1998		2008		Diff per 1000	Z-score
	N	Incidence per 1000	N	Incidence per 1000		
Physical abuse	3136	1.89	4322	2.79	0.86	1.5421
Sexual abuse	1529	0.92	1204	0.78	0.15	0.2688
Neglect	9233	5.57	5219	3.37	2.25	4.0389*
Emotional maltreatment	2108	1.27	2713	1.75	0.46	0.8245
Serious behavioural disturbance	8661	5.22	4700	3.03	2.25	4.0382*
Exposure to intimate partner violence	2017	1.22	4017	2.59	1.36	2.4381*

* $p < 0.05$.

were aged 0 to 5 years old, 34% were aged 6 to 11 years, and 37% were adolescents aged 12 to 17. There was an almost equal proportion of boys and girls (52% vs. 48%), and 4% of all investigated children were Aboriginal. An estimated 18.47 per 1,000 children in the Québec population were investigated, and the rate of children with MT/BD substantiated was 11.38 children per 1,000. Table 1 shows the evolution in the incidence rates over time. The rate of children investigated by CPS increased by 20% between 1998 and 2008, whereas the rate of children who had substantiated MT/BD remained at the same level in 2008 as in 1998, that is, 12 and 11 per 1,000 children in the population respectively.

Table 2 presents the rates of children investigated by selected case decisions in 1998 and 2008, and the percentages of each case decision among investigated children. Rates of children with substantiated MT/BD, court use and ongoing services were no different in 2008 than in 1998. In 2008, the file of 7.00 children per 1,000 was kept open for ongoing services after investigation, and for 3.47 per 1,000 their situation was brought to the court. However, each of these case decisions, including substantiation, was proportionally lower among all children investigated in 2008 than in 1998. The rate of children placed during investigation decreased from 4.91 to 2.28 per 1,000 children in the population between 1998 and 2008.

Characteristics of substantiated MT/BD

The forms of substantiated MT/BD are presented in Tables 3 and 4. The most frequent form of MT/BD confirmed by CPS was neglect, as it concerned 3.37 children per 1,000 in 2008 (Table 3). It was followed closely by serious behavioural disturbances (3.03 children per 1,000), physical abuse (2.79 per 1,000) and exposure to IPV (2.59 children per 1,000). There were 1.75 children per 1,000 who were emotionally maltreated and 0.78 per 1,000 who were sexually abused. There were two forms of substantiated cases that decreased in incidence from 1998 to 2008: neglect and serious behavioural disturbances. The rate of exposure to IPV increased between 1998 and 2008. Changes in the rates of emotional maltreatment and physical and sexual abuse were not statistically significant.

Table 4 shows the subtypes of substantiated MT/BD in 2008. Hitting with the hand was the most common type of physical abuse (47%) followed by shaking, pushing, grabbing or throwing (25%). For victims of sexual abuse more than half were victims of fondling (62%), followed by other unspecified forms of sexual abuse (22%). Physical neglect (41%) and lack of supervision leading to physical harm (29%) were the most common

Table 4. Subtypes of substantiated MT/BD in Québec, 2008

Type and subtype of substantiated MT/BD in 2008	Number of children*	%†
Physical abuse ($n = 4322$, 25% of substantiated cases)		
Shake, push, grab or throw	1064	25
Hit with hand	2012	47
Punch, kick or bite	562	13
Hit with an object	888	21
Strangle, poison or stab	170	4
Other physical abuse	623	14
Sexual abuse ($n = 1204$, 7% of substantiated cases)		
Penetration	180	15
Attempted penetration	94	8
Oral sex	152	13
Fondling	751	62
Sex talk or images	33	3
Voyeurism	23	2
Exhibitionism	111	9
Exploitation	10	1
Other sexual abuse	269	22
Neglect ($n = 5219$, 30% of substantiated cases)		
Failure to supervise resulting in physical harm	1526	29
Failure to supervise resulting in sexual harm	174	3
Permissive parenting leading to criminal behaviour	128	2
Physical neglect	2161	41
Medical neglect (including dental neglect)	727	14
Failure to provide psychological or psychiatric treatment	235	5
Abandonment	176	3
Educational neglect	1292	25
Emotional maltreatment ($n = 2713$, 15% of substantiated cases)		
Terrorizing or threats of violence	578	21
Verbal abuse or belittling	1616	60
Isolation or confinement	114	4
Inadequate nurturing or affection	372	14
Behaviour favouring corruption or exploitation	108	4
Exposure to physical violence (non conjugal)	269	10
Exposure to intimate partner violence ($n = 4017$, 23% of substantiated cases)		
Direct witness to physical violence	2239	56
Indirect exposure to physical violence	826	21
Exposure to emotional violence	1894	47
Serious behavioural disturbances ($n = 4700$, 27% of substantiated cases)		
Self-harming behaviour	469	10
Aggressive behaviour	1382	29
Risky behaviour	650	14
Alcohol or drug use	1438	31
Running away (one time)	94	2
Running (multiple times)	382	8
Relationship problems with authority figures	2022	43
Behaviour problems in school	627	13
Frequent school absences	806	17
Stealing	151	3
Other dangerous or age-inappropriate sexual behaviour	233	5
Total number of children with a substantiated MT/BD	17,635	100

* Estimates under 100 are provided for clarity purposes and should be interpreted with caution.

† The sum of subtypes within the same type of substantiated MT/BD is greater than 100% because one child can experience more than one subtype of MT/BD.

Table 5. Characteristics of substantiated MT/BD in Québec

	1998			2008			Diff per 1000	Z-score
	N	%	Incidence per 1000	N	%	Incidence per 1000		
Co-occurrence	7266	38	4.38	4016	21	2.59	1.84	4.6470*
Physical harm	3439	18	2.07	2380	12	1.54	0.56	1.0039
Emotional harm	10,797	56	6.51	5045	29	3.26	3.34	5.9969*
Duration	17,066	88	10.29	12,567	65	8.11	2.29	4.1206*

* $p < 0.05$.

subtypes of neglect experienced by children. It is interesting to note that in 1998, physical neglect was only at the fourth rank of the most frequent forms of neglect, with 16%.¹⁸ For victims of emotional maltreatment, denigration (60%) and terrorizing (21%) were the most common forms. For victims of exposure to IPV, direct exposure to violence was experienced by more than half of all victims (56%), and for children with serious behavioural disturbances, relationship problems with authority figures (43%), alcohol and drug use (31%), and aggressive behaviours (29%) were the most common forms of disturbance. In 1998, alcohol or drug use was less prevalent than in 2008 among behavioural disturbances, at 11%.¹⁸ Subtypes of MT/BD with an estimate under 100 should be interpreted with caution but are provided in Table 4 for clarity.

Table 5 presents four characteristics of substantiated MT/BD experienced by children in the study, namely co-occurrence of substantiated MT/BD forms, presence of physical harm, presence of emotional harm and duration. In 2008, 2.59 children per 1,000 experienced multiple forms of MT/BD, the most common combination being neglect with serious behavioural disturbances. A rate of 1.54 children per 1,000 experienced physical harm that was believed to have been a result of MT/BD, while the presence of emotional harm was identified in 3.26 children per 1,000. Finally, for 8.11 children per 1,000, there was at least one form of MT/BD with multiple incidents at the time of the investigation. From the proportions of children experiencing these four characteristics of MT/BD, it appears that the majority with substantiated MT/BD showed a single type of MT/BD, had no physical or emotional harm documented at the time of investigation but had been repeatedly maltreated or had shown repeated behavioural disturbances. The trends in these four characteristics over time suggest that there was a drop in what may be called the “severity” of MT/BD from 1998 to 2008. Overall, there was a significant decrease in the rate of children experiencing co-occurrence, emotional harm and multiple incidents.

DISCUSSION

Starting with a representative sample of children investigated by CPS in the province of Québec, the QIS-2008 estimated the rate of children investigated and the rate of children with substantiated MT/BD in 2008, and their evolution since 1998. While this paper focuses on the characteristics of MT/BD and case decisions, other dimensions, like child, caregiver, and household characteristics, are also available for secondary analysis. This study provides a considerable contribution to the epidemiology of reported MT/BD in Québec, since it is the only

reliable and recurrent source of data on some very important characteristics of MT/BD, including co-occurrence, the presence of physical and emotional harm, and duration. Most of these dimensions are not available in the computerized case-management information system, which is driven by a legislative rather than a clinical framework. The QIS provides critical information for a better understanding of the complexity of the child maltreatment situations reported to CPS and for support in planning services that are better tailored to the needs of these children.

The samples used in this study can be considered as representative of children investigated in the province of Québec in 1998 and 2008, and the resulting estimates can be considered as reliable. While the annualization weights used in the samples address the fluctuations in the number of children investigated during the year, it cannot control for the variations in the nature of the situations investigated throughout the year. Analyses are currently being conducted in order to assess the presence of such a bias.¹⁹ As these considerations would affect in a similar way the magnitude of the estimates in both cycles of QIS, they do not constitute a serious threat to the reliability of the trends reported here.

The main contribution of this study is the evidence it provides that there were important changes in Québec between 1998 and 2008 with regard to MT/BD investigated and substantiated by CPS. The stability in the rate of substantiated cases and the fact that, among those cases, the severe cases of MT/BD appear to be declining is encouraging. However, some caution is required in interpreting the changes because the QIS studies are limited to maltreatment cases reported to CPS.

A first comment concerns the evolution of the rates over time. There was an increase in the overall rate of children investigated for child MT/BD between 1998 and 2008, but the rate of substantiated cases remained stable. The increasing rate of children investigated in conjunction with a decrease in proportions of substantiation, placement, court use and ongoing services among those investigated suggests that there is, in the population, a greater propensity to report possible instances of MT/BD. With the changes to the *Youth Protection Act* in 2007, thousands of CPS workers and community workers were trained in these changes, and anecdotal reports suggest that this resulted in an overall increased awareness of situations that should be reported to CPS.⁹ The question arises of whether this increase in the proportion of unsubstantiated cases is a good thing or not. It could be the consequence of fewer resources in front-line services to address the needs of vulnerable children, CPS being perceived as a gateway to social services. As some authors have

argued, such “overinclusion” may unnecessarily expose a low-risk child to coercive and intrusive investigations, sometimes with the stigma of being labeled as a “CPS child”.²⁰⁻²² A more exhaustive examination of the characteristics of unsubstantiated cases and their evolution over time is required for a better interpretation of this finding.

The stability in the rate of substantiated MT/BD observed in the current study may be explained in multiple ways. It may be the reflection of a real stabilization in the maltreatment of children in the population, or it may be caused by CPS resources having reached their maximum capacity and thus referring to external services the cases that otherwise would have been kept open by CPS for ongoing services. Again, an exhaustive analysis of unsubstantiated cases would help to verify this hypothesis, along with an analysis of the fluctuations in the resources available for CPS over time. However, if there was a saturation of CPS resources, the severity of substantiated cases would have increased over time, which is not confirmed by the current study. On the contrary, there were decreases in what may be called the *severity* of MT/BD in Québec from 1998 to 2008.

This promising finding regarding the severity of MT/BD is worth discussing. It could be the result of a real decrease in the severity of MT/BD experienced by children, or it could be the result of MT/BD going more underground, although there is no evidence of such a trend. It could also be due to earlier reporting by a more sensitized public. This last hypothesis is supported by the increase observed in the rate of investigations, which may be related to a greater propensity to report by the population. However, the alternative hypothesis — that the observed decrease in severity reflects a real drop in the severity of MT/BD in the population — cannot be rejected. The next steps in the analysis would be to examine whether this decline in severity is generalized over all forms of MT/BD. If an overall decline across forms of MT/BD were confirmed, this would indicate that a growing portion of families followed by CPS present a risk profile that perhaps would be better served by other social services, i.e., less intrusive services than those provided under the *Youth Protection Act*.

Another observation pertains to the complete redistribution of the different forms of MT/BD between both cycles of QIS. Neglect and serious behavioural disturbances decreased, whereas exposure to IPV increased. Several factors may explain these trends. It should be recalled that the 2008 cycle of QIS was completed just after the implementation of a series of amendments to the *Youth Protection Act* in Québec. Among the changes to the law was a redefinition of some categories of MT/BD. Serious behavioural disturbances were restricted to situations that affect, in a *severe* and *continuous* manner, the *integrity* of the child, and emotional abuse, including exposure to IPV, was formally recognized as a form of maltreatment. This may have contributed to social workers' ability to detect this form of maltreatment and to report it in our study. Similar shifts in the categories of substantiated maltreatment have been noted in the rest of Canada, changes that also appear to reflect legislative, definitional or practice changes rather than actual changes in the types and rates of victimization.²³

Also, there is still the possibility that some of the trends observed are simply the outcomes of more or better prevention

practices. A program implemented across the province during the period covered by this study is called “Teen-family-child-crisis” and was designed to prevent family crisis from escalating toward a CPS report or placement. The program may have played a role in the stability of investigated MT/BD and in the decline of substantiated serious behavioural disturbances; this may also be the case for the decrease in neglect. The efforts made by the Québec government in the early 2000s to implement home visiting programs targeting young, vulnerable families, called “Integrated services for pre-natal and young children”,²⁴ may have helped to both prevent child maltreatment and/or decrease its negative impacts. Further impact studies are needed to verify these hypotheses.

Finally, as compared with other countries and provinces that have published studies involving CPS, Québec has the lowest rate of investigated maltreatment (18.47 per 1,000 in Québec versus other studies ranging from 39 to 54 per 1,000 children) but is within the range of substantiated maltreatment rates (11 per 1,000 in Québec as compared with 9 to 17 per 1,000 children in other studies).^{1-3,5,12-14,18,25} The stability in the rate of children confirmed as experiencing MT/BD between 1998 and 2008 contrasts with the findings of the CIS-2008, in which there was an increase in the rate of substantiated maltreatment, from 9.21 children per 1,000 in 1998 to 16.19 children per 1,000 in 2008, including Québec cases,⁵ but is consistent with the trends observed in the US, where the NIS-4 reported a decline in the rate of maltreatment under the Harm Standard between 1992 and 2006, and a stable rate under the Endangerment Standard.¹

When compared with the rates reported in the CIS-2008 for the whole of Canada, most of the QIS-2008 rates presented in the current paper are similar or lower: that is, the rates of children investigated, with substantiated MT/BD, placed in care, receiving ongoing services, being physically abused or neglected, exposed to IPV, presenting co-occurrence, experiencing emotional harm and suffering multiple incidents. The exceptions are the rate of children whose case has been brought to court, which is greater in QIS than in the CIS, and the rates of children with substantiated sexual abuse, emotional abuse and physical harm resulting from maltreatment. It is beyond the scope of this paper to produce an exhaustive analysis of the differences between the studies. Some authors have warned against trying to directly compare rates of maltreatment across countries,²⁶⁻²⁸ and despite the characteristics shared by both studies a number of methodological and contextual features exist that should be regarded as a possible explanation for the observed differences. For instance, QIS and CIS differ in their sampling plan, estimation method used for the rates, pre-screening and age range covered by legislation, among others. Above all, there is in Québec the formal inclusion of behavioural disturbances as a sufficient reason to intervene to protect a child. The presence of these cases, consisting mostly of adolescents, could partially explain the higher rate of court appearances that was found for Québec. It is not clear whether the situations reported and investigated in Québec as serious behavioural disturbances would be considered in other Canadian jurisdictions under another label, such as parent-teen conflicts. Clearly, more work should be done in the future to compare the Québec reality

with that of other provinces in order to propose ways to improve services provided for children across Canada.

CONCLUSION

The findings from this study could be of great use in guiding policies in child welfare. The stability of substantiated maltreatment combined with a decline in its severity is inspiring and supports the preventive efforts that have been made in Québec to help vulnerable children and their families. The results, however, raise the issue of the legitimacy of CPS in the lives of these families.

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RÉSUMÉ

OBJECTIFS : L'Étude d'incidence québécoise sur les signalements évalués en protection de la jeunesse (ÉIQ) est réalisée périodiquement depuis 1998 auprès des 16 centres jeunesse du Québec. Elle vise à fournir des estimations sur l'ampleur et les caractéristiques des enfants évalués en vertu de la Loi sur la protection de la jeunesse. Le but du présent article est de présenter et discuter des faits saillants du cycle 2008 de l'ÉIQ et de comparer l'évolution depuis 1998.

MÉTHODE : Deux échantillons représentatifs des enfants évalués par les services de protection sur une même période de trois mois en 1998 ($N = 4\,771$) et en 2008 ($N = 3\,079$) ont été constitués. Les intervenants responsables de l'évaluation des signalements ont rempli un formulaire pour documenter les cas échantillonnés. Des taux annuels d'enfants évalués selon certaines caractéristiques ont été estimés et comparés. Des tests statistiques ont été conduits pour identifier les différences significatives entre les deux cycles.

RÉSULTATS : Bien que le taux d'enfants évalués ait augmenté entre 1998 et 2008, le taux d'enfants évalués avec des faits fondés est demeuré stable. De plus, à certains égards, les situations évaluées comme fondées en 2008 semblent moins sévères que celles évaluées en 1998 : moins de co-occurrence des différentes formes de maltraitance, moins de séquelles psychologiques et de chronicité.

CONCLUSIONS : Combinée à la stabilité du taux d'enfants évalués avec faits fondés, la baisse de sévérité des cas fondés entre 1998 et 2008 semble encourageante, mais questionne aussi la légitimité de l'intervention des services de protection auprès de familles présentant un niveau de risque plus faible. Bien que ces résultats soient conformes à ce qui est rapporté dans d'autres pays, les taux québécois sont pour la plupart en-deçà des taux estimés pour l'ensemble du Canada, où le taux d'enfants victimes de maltraitance a presque doublé sur la même période. D'autres travaux sont nécessaires pour mieux comprendre quels sont les éléments des politiques sociales québécoises qui pourraient être en cause dans la situation observée au Québec.

MOTS CLÉS : mauvais traitements envers les enfants; étude d'incidence; épidémiologie; services de protection de la jeunesse; services sociaux