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CHILD ABUSE IN NEW ZEALAND

A report on a nationwide survey of the physical
ill-treatment of children in New Zealand

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Research Division,
Department of Social Welfare,
New Zealand
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FOREWORD

The physical ill-treatment of children is a problem that has been the cause of worldwide concern. Until now little systematic evidence on the nature and characteristics of child abuse in New Zealand has been available. I am therefore pleased to present the results of an extensive study of the problem carried out by the Child Welfare Division, now part of the Department of Social Welfare.

In the study the authors have set out to unearth some of the basic facts of child abuse in New Zealand. It is pleasing to note that the detailed survey results suggest that in comparison with other sources of childhood injury, child abuse is not a problem of major social importance in New Zealand. The report raises some interesting questions on this subject including:

Do certain children have a high risk of abuse?

How many children are ill-treated?

In what type of family does abuse occur?

What are the characteristics of persons who ill-treat children?

The monograph provides a comprehensive statement of the results of the authors' investigations into these and many other questions. I am sure the report will be informative to anyone with an interest in the problem, be he doctor, social worker, teacher or concerned citizen.

A handwritten signature in cursive script, reading "Lance G. Adams".

Minister of Social Welfare

This research was initiated and completed by the Child Welfare Division, which from 1 April 1972 became part of the new Department of Social Welfare. All references to Child Welfare procedures, organisation and legislation refer to the situation at the time at which the research was carried out and do not necessarily apply to the Department of Social Welfare.

PREFACE

This monograph is the first in a series of reports on the results of a nationwide survey into the problem of the physical ill-treatment of children. The survey was designed to provide extensive information on the characteristics of incidents of child abuse, the nature of the family situation in which abuse took place, and the characteristics of the children and adults involved in these incidents. This report serves to provide documentation on the survey method and results, to give an overall descriptive treatment of the survey data, and to present the results of some exploratory tests of hypotheses derived from the literature on child abuse. To ensure that the information in the report is accessible to the wide range of readers with an interest in the problem, the statistical procedures used in the analysis have been kept at a fairly elementary level. We intend to present the results of more sophisticated methods of analysis in subsequent reports.

The study could not have been carried out without the assistance and cooperation of a large number of individuals. First and foremost, we owe a debt of gratitude to Child Welfare Officers throughout New Zealand who recorded information on the extensive recording schedule used in the study. Mr L.G. Anderson, Superintendent of Child Welfare, is to be thanked for giving the study his official sanction and for allowing his field staff to participate in the research. Throughout the study, Mr J.T. Ferguson, Deputy Superintendent of Child Welfare, has given assistance and cooperation in the direction, administration and planning of the research.

During the planning and analysis of the study we have had the assistance of many people. In particular we would like to acknowledge the help of Mr S.W. Slater, formerly Research Officer to the Joint Committee on Young Offenders, Mr J. Jensen, Senior Research Officer to the Joint Committee on Young Offenders, and Miss Caroline Smith and Miss Judy Paterson, formerly Assistant Research Officers with the Child Welfare Division.

Throughout the study we have enjoyed the assistance of a competent team of temporary research assistants: Miss Margaret Barr-Brown, Miss Margaret Hobbs, Miss Rosalind Digby, Miss Jill Leighton, and Mr Andrew May. Thanks are also due to the past and present members of the Child Welfare Division's typing pool for typing drafts of the report, and to Miss M. Dunnadge for typing the final manuscript.

While we are indebted to these people for their assistance, the responsibility for the report and any defects it may contain must rest with us. Further, the views stated in the report are those of the authors and do not necessarily reflect the official views of the Department.

D.M.F.

J.F.

D.P.O'N.

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CHAPTER I

INTRODUCTION

John, a seven year old part Maori child, was brought to the attention of his local Child Welfare office by the Police who suspected that he had been physically ill-treated. When John was seen by a Child Welfare Officer he presented a pitiful sight. He was severely under-nourished and two stone below the average weight for his age; several of his toes were fractured; there was an old healing fracture to his nose; his body was extensively covered with sores; on his chest there was a large burn; and the back of his head and body were marked by wounds.

When John's parents were questioned about the source of these injuries they became evasive and told vague and conflicting stories. The father claimed that John was not in the home at the time the injuries were inflicted. The mother claimed that she could not remember how the injuries occurred. Both parents stated emphatically that they had not been aware of the boy's physical condition. John, however, presented a different story, and stated that the wounds on his back and head had been caused by his father beating him with a strap. Further investigation suggested that the mother had also been involved in assaults upon the boy. Despite mounting evidence to the contrary, both parents insisted that they were not responsible for the boy's injuries and that they had been unaware of his shocking physical condition.

The above case history is one of the more extreme examples of the three to four hundred cases of alleged child abuse that come to the attention of the Child Welfare Division¹ every year.

1. Prior to the Department of Social Welfare Act 1971, the Child Welfare Division of the Department of Education was the major Government agency in New Zealand dealing with the welfare of children. The Division's major areas of responsibility included juvenile offenders, neglected and dependent children, the care of State wards, adoption placements and ex-nuptial birth inquiries. On 1 April 1972 the Division became part of the new Department of Social Welfare.

Not all of these cases involve the extent of injury described above. In a sizeable proportion of cases there is not sufficient evidence of injury or violent intent on the part of the parent to establish abuse has taken place. Nonetheless, between two and three hundred children every year come to the attention of the Division showing definite symptoms of parent-inflicted injury. These cases range in severity from relatively minor injuries such as bruises and abrasions caused by beating with sticks, straps and hands, to cases in which the injury is sufficient to result in the child's death.

The general public becomes aware of the physical ill-treatment of children only from the occasional and usually extreme case of abuse that is reported in the daily newspapers. These cases however represent only a small and rather biased sampling of the cases of child abuse in New Zealand. For every case that is reported in this way there are many others which receive no publicity. Furthermore, there are undoubtedly a number of cases which are successfully concealed and do not come to any form of official attention.

The problem of child abuse gives rise to a whole series of questions about the nature of this behaviour. "Why do parents treat their children in this way?" "What can be done to prevent this?" "In what types of families do these incidents occur?" "What are the factors that precipitate abuse?" Because of the nature of ill-treatment these questions are not easy to answer. Parents who assault their children are often less than willing to admit the ill-treatment or to describe their reasons for assaulting the child. Frequently, the ill-treated child is either too young or too bewildered to describe the circumstances of the attack. Because of this it is often necessary to collect information that is only indirectly related to the actual incident, and to infer from this the circumstances surrounding the ill-treatment. However, the fact that an important problem is difficult to investigate does not provide sufficient grounds for not attempting research into it.

Over the years, the Child Welfare Division has become increasingly aware of the problem of child abuse and the lack of systematic data on this phenomenon. In an attempt to

provide such information the Division's Research Section initiated a number of small-scale investigations into the nature and extent of child abuse in New Zealand. These investigations merely increased the concern being felt within the Division without going any way towards providing systematic evidence on the problem.

It was against this background that the Division undertook a nationwide survey of ill-treatment of children. It was decided to obtain as much information as possible on a sample of all cases of suspected or alleged child abuse coming to the attention of the Division in one full year (1967).

The broad aims of this survey were:

1. To gather systematic descriptive evidence on the incidence of child abuse, the characteristics of the abused child and the abusing adult, and the circumstances surrounding incidents of abuse.
2. To examine the extent to which present provisions are adequate to deal with the problem.
3. To develop diagnostic/predictive techniques to aid in the detection of children having a high risk of repeated abuse.

This paper reports on the first of these aims. The report is divided into four sections:

1. A review of previous research into child abuse, with the aim of highlighting some of the basic problems and findings that have emerged.
2. A brief description of the survey method and design.
3. An initial and largely descriptive analysis of the survey findings.
4. Concluding comments on the descriptive analysis.

CHAPTER 2

RESEARCH INTO CHILD ABUSE

Section 2.1 Introduction

Radbill (1968) has pointed out that child abuse is by no means a modern phenomenon, and that mention of the physical ill-treatment of children can be traced back to ancient Sumerian civilisation. However, consideration of cruelty to children as a social problem demanding serious scientific investigation is a relatively recent development. Current interest can largely be traced to research on the "battered child syndrome" and it is instructive to consider the way in which this syndrome first came to scientific attention.

With the development of radiological techniques, a number of observations were made of a close relationship between subdural haematoma (swelling or bleeding under the skull between the brain and its protective membrane) and abnormal changes in the long bones of young children. These observations were first systematically reported by Caffey in 1946 who, while recognising the syndrome, failed to associate it with deliberately inflicted injury. Subsequently, Woolley and Evans (1955) found that when children displaying these symptoms were removed from their home environments, no new lesions occurred. This finding, coupled with a lack of evidence to suggest a sufficiently marked degree of variation in bone fragility to account for the symptoms, led these investigators to conclude that the injuries were the result of deliberately inflicted violence. Subsequent investigators noted that this basic symptom pattern was often associated with a variety of other factors such as failure of the child to thrive and repeated visits to hospital for unexplained injuries. In 1962 Kempe and his associates published a paper in which they described the symptoms as the "Battered Child Syndrome". In this paper they also drew attention to a number of social and psychological characteristics associated with incidents of abuse.

The name "battered child syndrome" appears to have captured

the attention of the popular press, a fact which probably gave research into child abuse some impetus. However, as Rycroft (1968) has pointed out, the rather dramatic name has also had some undesirable consequences for research. Specifically, it has tended to result in all forms of child maltreatment being grouped together under a single and rather misleading title. In point of fact, only a minority of children who are subject to physical abuse display the frank symptoms of the battered child syndrome. For example, Gil (1969) in reporting the results of a nationwide survey into child abuse in the U.S.A. notes that only 14% of the cases coming to attention showed symptoms of the syndrome. Thus the term "battered child syndrome", if used correctly, is too narrow to describe what people mean when they talk of the physical ill-treatment of children. Gil (1968) has suggested the use of the term "child abuse" which he defines as:

"Non-accidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them" (p.20).

Although this definition contains some points of ambiguity (e.g. what exactly constitutes non-accidental injury) it has been adopted for the purposes of this review and for the research in general.

One further distinction must be made here. A number of authors including Chesser (1952), Zalba (1966) and Weston (1968) have drawn a distinction between child abuse and child neglect, on the grounds that these two phenomena are associated with different sets of conditions: in general, neglect is associated with conditions of extreme poverty and ignorance, whereas child abuse is a more pervasive phenomenon. This distinction between neglect and abuse will be maintained here, and consideration is given only to those cases in which children have been subject to deliberate physical attack by persons caring for them.

Research into the problem of child abuse has drawn upon a number of distinct orientations. Early research such as that of Caffey (1946) tended to be concerned with the symptomatology of the battered child syndrome. In recent years, increasing attention has been paid to the social and psycho-

logical factors associated with incidents of abuse. The review given below is restricted to this latter research and no attention is given to the medical aspects of the problem. Moreover, the major emphasis of the review is upon the empirical findings in the field of child abuse, rather than on the more speculative and unsubstantiated accounts of the aetiology of the phenomenon.

Section 2.2 The Sociology and Demography of Child Abuse

The Incidence of Child Abuse

Estimates of the incidence of child abuse based on official statistics are open to two sources of bias. First, it is likely that some unknown proportion of cases of abuse fail to come to attention, either because they are concealed or because they are not recognised as involving abuse. Second, because of variations in the recording and reporting procedures of various agencies dealing with cases of abuse, it is unlikely that official statistics are gathered on a standardised basis.

These sources of bias make any estimation of the actual incidence of abuse a hazardous business. The possible range of error can be judged by considering some comparisons that Gil (1968) has made of rates of abuse in the various states of the U.S.A. He found that the estimated incidence rates ranged from 8 per million of population (Arkansas) to 670 per million (Nevada). It is unlikely that these disparate estimates are simply the result of regional variations: a more plausible explanation is that a large proportion of the variation is accounted for by differences in reporting and recording procedures.

Owing to the presence of this bias in estimates of incidence of abuse, Gil (1968) draws a distinction between the incidence rate, which refers to the rate of abuse that would be present if all possible cases of abuse were to be recorded, and the reporting rate, which refers to the rate of abuse based on the reported number of cases. If a large proportion of cases fail to come to attention large discrepancies can exist between the two rates. Because of this distinction, estimates of incidence based on the reported number of cases should always be regarded as the lower limit of the actual incidence.

In an attempt to estimate an upper limit of the rate of abuse in the U.S.A., Gil and Noble (1969) surveyed a representative sample of adult respondents. Each subject was asked whether he had personal knowledge of a family in which abuse had taken place during the preceding year. Three per cent

replied that they had such knowledge. On the basis of these figures Gil and Noble estimated that the upper limit of the rate of abuse lay within the range of 13.3 to 21.4 incidents per 1,000 of the population. This figure is considerably larger than the estimate of 36.7 per million that Gil (1968) obtained for the U.S.A. using official statistics.

While the reported rates of child abuse in some countries appear to be on the increase (for example, Gil (1970) reports a 10.41% increase for the U.S.A. between the years 1967 and 1968), it is open to debate whether these increases are due to better recording, diagnosis and reporting procedures or to an actual increase in the incidence of abuse.

The Age of the Abused Child

Children in the pre-school age group appear to have a considerably greater risk of assault than older children. (De Francis 1963, Schloesser 1964, Simons et al. 1966, Skinner and Castle 1969, Gil 1968, 1969, 1970). To provide an indication of the size of this effect, two research findings are quoted. Schloesser (1964) found that 70% of a sample of 85 abused children were under the age of three. Simons et al. (1966) in an investigation of 313 cases of abuse in New York City reported that 69% of the children were under the age of five.

The association between age and the risk of abuse has not yet been explained, but a number of possible reasons for the relationship may be suggested. First, the greater amount of contact that pre-school children have with their parents increases the opportunities for abuse. Second, young children tend to place greater demands on their parents for attention than do older children. These greater demands may well act to precipitate abuse. Finally, the physical ill-treatment of young children may provoke a greater community reaction than the ill-treatment of older children and thus incidents involving young children may be reported more readily. This tendency may be further exaggerated by the greater susceptibility of young children to serious injury.

Sex Differences in the Rate of Abuse

There appears to be no consistent tendency for children of one sex to be abused more frequently than children of the other sex. Skinner and Castle (1969) report that of a sample of 78 battered children they investigated, more males than females were ill-treated. On the other hand Gil (1968) and Paulson and Blake (1969) report a greater proportion of cases involving female children. In view of the inconsistency of these findings it seems likely that the reported differences can be attributed to chance sampling variations.

Simons et al. (1966) have, however, pointed to an interesting relationship between sex and the risk of abuse. These authors found that children were more frequently assaulted by parents of the same sex than by parents of the opposite sex. Although the reasons for this association are by no means clear, the finding is consistent with Freudian theories of psycho-sexual conflicts in the family unit.

Who Commits Abuse?

A number of studies (De Francis 1963, Kroeger 1965, Simons et al. 1966, Skinner and Castle 1969, Gil 1968, 1969, 1970) have reported that natural parents are responsible for a large proportion of assaults. Estimates of the proportion of assaults committed by natural parents range from 46% (Kroeger 1965) to 73% (Gil 1968).

While natural parents are numerically the largest group of offending individuals there is some evidence to suggest that step-parents may be responsible for a disproportionate number of assaults. Gil (1968) reports that 24% of the cases of assault he examined were committed by step-parents; De Francis (1963) reports a figure of 17%. Here one must take into account the fact that although step-parents are probably only a minority of the population they account for a considerable proportion of assaults. Unfortunately, it is not possible to establish from the above research findings whether in fact step-parents do have a greater risk of being involved

in abuse, as estimates of the proportions of step-parents and natural parents in the population are not available.

There appears to be no consistent tendency for individuals of one sex to assault children more frequently than do individuals of the other sex. Gil (1968), in reviewing the results of two surveys of abuse cases, reveals that more males than females were involved in assault. On the other hand, Simons et al. (1966), Steele and Pollock (1968) and Gil (1970) report that more females than males were responsible for assaults. Again it would seem possible that the differences reported are the result of chance sampling fluctuations. However, on a priori grounds, one would expect that a greater number of incidents would be committed by females. In general, a greater number of females (those widowed, divorced and single) are in sole charge of children, and even in those families in which the male parent figure is present the amount of contact that women have with children is greater.

The Socio-Economic Status of Abusing Families

Two quite distinct views of the socio-economic context within which abuse occurs emerge from the literature on child abuse. Steele and Pollock (1968) put forward the view that socio-economic factors are largely irrelevant to the act of abuse.

"Unquestionably, social and economic difficulties and disasters put added stress into people's lives and contribute to behaviour which might otherwise remain dormant. But such factors must be considered as incidental enhancers rather than necessary and sufficient causes (of abuse)" (p.108).

These authors, in examining the socio-economic background of abusing parents referred to them for psychotherapy, found no tendency for their sample to skew toward members of lower socio-economic groupings. This result stands in marked contrast to the findings of Elmer (1965), Gil (1968, 1969, 1970) and Skinner and Castle (1969), who report that a large proportion of abused children come from families of lower socio-economic status. Court (1970) and Gil (1969, 1970) are both

of the opinion that the social and financial stresses faced by families of lower socio-economic status are a factor of major importance in the aetiology of child abuse.

Steele and Pollock, in comparing their findings with those of Elmer (1964, 1965), suggest that in studies which have found a relationship between socio-economic status and child abuse, samples have been drawn either from social agency records or from municipal hospitals. Both these sources, they suggest, are liable to bias samples towards the over-inclusion of families of lower socio-economic status. Thus the apparent relationship between social status and child abuse may simply reflect the effects of this sampling bias. At the same time, it must be noted that Steele and Pollock's sampling method was liable to bias their sample in the opposite direction.

Because of these sampling difficulties it is not possible to draw any unequivocal conclusion on the relationship between socio-economic status and child abuse. However, the bulk of the available literature supports the idea that child abuse tends to concentrate in families of lower socio-economic status. At the same time it must be stressed that not all cases of abuse come from the lower social strata.

Rycroft (1968), in reviewing an article presented by Weston (1968), suggests that the nature and characteristics of abuse tend to vary with social strata. In particular he identifies three class-related patterns of abuse:

1. Extreme physical neglect leading to physical deterioration and death - this pattern is most frequently associated with conditions of ignorance and poverty.
2. Habitual violent ill-treatment - this pattern tends to be associated with families of lower socio-economic status.
3. Sporadic violent ill-treatment - a pattern of abuse that occurs in "good" homes of all classes.

In conclusion, the available evidence suggests the following relationships between socio-economic status and

child abuse. First, that the risk of child abuse is differentially distributed across the social spectrum, with families of lower socio-economic status having a higher incidence than middle class or professional families; and second, that the nature and form of abuse vary with social class.

Ethnic Differences

The findings on the relationship between race and the incidence of abuse are not altogether clear. Several American investigators (Adelson 1961, Schloesser 1964) have reported that the apparent incidence of ill-treatment amongst white and non-white children is similar. However, Simons et al. (1966) in a study of abused children in New York found that a disproportionate number of children were of non-white ancestry. Gil (1970), reporting on a nationwide survey carried out in the U.S.A., found that non-white children were over-represented in his sample. Watt (1968), commenting on New Zealand trends, suggests that a disproportionate number of cases of abuse involve children of Polynesian origin.

Determination of the relationship between race and the risk of abuse is complicated by a number of issues. First, there is the difficulty of constructing an adequate description of race. Generally, researchers have used a simple white/non-white classification; however, this description may be too crude to adequately describe the differences in rates of abuse. Second, race tends to be correlated with a variety of other variables. In European societies, for example, non-white groups tend to be characterised by low socio-economic status, inferior education, and poor living conditions. These factors all probably have some bearing on the relationship between race and the risk of abuse. Finally, child rearing practices vary with racial groupings. The presence of these complicating factors suggests that we are still a long way from an adequate specification of the relationship between race and the risk of maltreatment.

Legitimacy and Ill-Treatment

A number of studies have found that an atypically large

proportion of abused children are illegitimate. Cameron et al. (1966) examined the backgrounds of 29 children admitted to London Hospital suffering from physical ill-treatment. They found that in 17 cases the child had been conceived out of wedlock. In 10 of these cases the child was illegitimate. Simons et al. (1966) found that the incidence of illegitimacy in their sample of cases was 32%, whereas the rate in the population from which the sample was drawn was only 12%. An apparent exception to this finding is reported by Gil (1968) who examined 123 cases of abuse randomly selected from Department of Justice files. Only 10% of this sample was illegitimate, a proportion that might be expected on the basis of population figures. However, the interpretation of this finding is complicated by the fact that in 14% of cases the legitimacy of the child was unknown.

The apparent relationship between illegitimacy and abuse could well be a specific instance of a relationship to which a number of investigators have alluded. It is suggested that the abused child is frequently unwanted or rejected by its parents (Cameron et al. 1966, Gluckman 1968, Gil 1970). It seems plausible to assume that the illegitimate child is more likely to be rejected and consequently will be subject to a greater risk of abuse.

Family Problems and Abuse

De Francis (1963) has suggested that the family background of the abused child frequently displays features that are common to inadequate families - e.g. drinking, financial problems, and criminality. The available evidence tends to support this contention.

Young (1964) obtained information on 300 families selected from welfare agency records as being typical of the families referred to the agency. She found that 55% of these families had abused their children, over 60% had members with alcoholic problems, more than 37% of the members of the families had committed one serious crime and 40% of families had been on public assistance at some time. Gil (1968) found a high incidence of criminality amongst the members of abusing

families. In a further study Gil (1969) reports that over 40% of abusing parents were rated as being either behaviourally or socially deviant. Elmer (1967) found that families in which abuse took place were characterised by marital tensions, separations, heavy drinking by the male parent, and disorganisation in the planning, running and budgetting of the family. Johnson and Morse (1968) have produced a similar set of results which indicate the inadequacies of many abusing families.

There is also some evidence to suggest that abusing families are highly geographically mobile. Gil (1969) reports that approximately 50% of families in which abuse took place had lived for less than one year in the home they had occupied at the time of the assault. Skinner and Castle (1969) report a similar finding and note that this mobility is frequently associated with financial problems.

Piecing the various findings together, it becomes apparent that the ill-treated child frequently comes from a home beset by a variety of social problems. A number of explanations may be put forward to account for this relationship. First, it may be suggested that the presence of these problems creates stresses in the family unit which increase the likelihood of aggressive behaviour occurring, and that frequently children are the objects upon whom this aggressive behaviour is released (Elmer 1965, Gil 1969, 1970, Court 1970). A second view is that the association between child abuse and the inadequate family is a consequence of these families containing a higher proportion of individuals suffering from personality defects that predispose them to ill-treat children. Another explanation is that the relationship may be largely spurious. In general, families facing social problems will be in fairly regular contact with law enforcement and welfare agencies. Because these families are relatively conspicuous, it may well be that incidents of abuse are more readily detected in them (Young 1964, Nurse 1964). If this were the case, the relationship between family problems and abuse may largely be the result of a bias in the way in which cases come to attention.

Section 2.3 Psychological Research

Introduction

Research into the psychological factors associated with abuse has focussed on the features of the offending individual's background which predispose him to engage in abuse. Some of the findings from this research are discussed below.

The Offending Individual's Childhood History

A number of researchers have pointed to the fact that individuals who maltreat children have frequently experienced ill-treatment or rejection during early childhood (Fontana 1964, Nurse 1964, Steele and Pollock 1968). It would appear that this early history of ill-treatment acts to predispose the individual to ill-treat his own children. One might speculate that the process underlying this relationship is some form of "modelling" process by which the individual models the treatment of his own children upon the treatment he received during childhood. Because of this it would appear that ill-treatment is frequently passed from generation to generation of a family through the mechanism of early social learning (Steele and Pollock 1968).

Steele and Pollock (1968) draw an analogy between this process and the findings of Harlow and Harlow (1962) on the effects of early maternal deprivation upon the subsequent maternal behaviour of Rhesus monkeys. The Harlows found that Rhesus monkeys who were provided with mechanical surrogate mothers during infancy proved to be completely incapable of rearing their own infants. While these findings cannot be readily generalised to human mothers, they are at least consistent with the notion that the nature of the early child/parent relationship that the individual experiences will influence his treatment of his own children.

Rycroft (1968) has criticised this argument on the following grounds:

"Although it may be true that all human ills derive from bad mothering - perhaps in prehistoric times

some primal mother committed an Act of Neglect from which we are all still suffering - this cannot logically be adduced as a specific explanation of the 'battered child syndrome', since it can also, and equally plausibly, be used to explain wars, schizophrenia and hay fever."

While Rycroft's comments are worth noting, in that inadequate mothering can be over-used as an explanation, there is no logical reason to disqualify inadequate mothering as a predisposing factor in the battered child syndrome simply because this factor is supposedly related to wars, schizophrenia and hay fever. Further, unlike the examples that Rycroft provides, one is able to discern a relatively clear reason for the association between the individual's childhood experience and his subsequent parental behaviour. In short, it is inappropriate to dismiss the influence of early childhood experience upon the individual's conduct in the way in which Rycroft does. However, the present evidence on the relationship is somewhat sketchy and anecdotal, and estimates of the strength of this relationship remain unspecified.

Parent-Child Interaction

A number of investigators have noted that the interaction between abusing parents and the abused child tends to show certain persistent characteristics. Steele and Pollock (1968) note that

"Parents deal with the child as if he were much older than he really is. Observation of this interaction leads to a clear impression that the parent feels insecure and unsure of being loved and looks to the child as a source of re-assurance, comfort, and loving response" (p.109).

Skinner and Castle (1969) note a similar phenomenon and divide abusing parents into two classes:

1. Those individuals characterised by anti-social behaviour of a predominantly aggressive nature.
2. A group of emotionally impoverished parents.

These parents Skinner and Castle describe as

- "a. Those whose unmet dependency needs resulted in a continuing search for attention and affection, and who were distraught and disappointed that their baby did not initially offer such rewards" and
- "b. The rigid and controlling group whose precarious stability depended on their being in control of people and circumstances, and who became distraught by babyish behaviour which was not amenable to such control." (p.17).

It can be seen that Skinner and Castle's description of the group of emotionally impoverished parents coincides well with the description given by Steele and Pollock (1968). A similar description has also been offered by Bryant et al. (1963).

The way in which the inability of the parent to accept the child's limitations is related to abuse can be seen by considering the factors that precipitate attack. Weston (1968), in reviewing the precipitating factors in 35 cases of assault leading to death, found that in 12 of these cases excessive crying precipitated the abuse, while in a further 11 cases wetting or soiling clothing and furniture was the precipitating factor.

Early Mother/Child Separation

Watt (1968) has suggested that early separation of the mother and the child may be an important factor in the causation of ill-treatment. In an investigation of nine cases of abuse coming to the attention of Wellington Public Hospital he found that in four cases the children had been subject to early separation. Although the number of cases investigated is too small for the result to have any real significance, it has been confirmed in an oblique fashion by the work of Skinner and Castle (1969). These authors found that a disproportionate number of cases of abuse involved children who were born prematurely. In all cases of prematurity there was a history of early mother/child separation. Chesser (1952) has also reported that separation of the child from his family is a

common factor in cases of child abuse.

The reasons for the apparent relationship between early mother/child separation and abuse are by no means clear. A variety of possible explanations may be put forward. First, it may be suggested that, analogous to the process of "imprinting" in animals, there is a critical stage during which the bond of affection between the mother and the child is formed. A more plausible explanation may be that early mother/child separation occurs because the mother rejects the child at an early age. This would imply that early separation is not a causal factor in the occurrence of abuse, but rather a symptom of the mother's underlying early rejection of the child, which is later overtly expressed as physical aggression.

Personality and Child Abuse

A number of attempts have been made to describe the common personality characteristics of abusing parents. The abusing parent has been described as: emotionally immature (De Francis 1963); emotionally dependent (Steele and Pollock 1968, Skinner and Castle 1969); chronically aggressive (Curtis 1963, Nurse 1964, Young 1964); a normal person responding to a host of social stresses (Elmer 1965). Zalba (1967) has attempted to develop a comprehensive classification of types of abusing parents. He postulates two main types of abuse - uncontrollable abuse in which the abusive individual is unable to control his behaviour, and controllable abuse. Within these two groups he identifies various personality types:

1. Uncontrollable abuse:
 - (a) The psychotic parent.
 - (b) The pervasively angry and abusive parent.
 - (c) The depressive, passive-aggressive parent.
2. Controllable abuse:
 - (a) The cold compulsive disciplinarian parent.
 - (b) The impulsive, but generally adequate, parent with marital conflict.
 - (c) The parent with identity/role crisis.

Because all of the above descriptions are based upon intuitive categorisations it is somewhat difficult to judge

the reliability and range of generality of these typologies as descriptions of the abusing parent.

Understandably, because of the methodological difficulties involved, there have been few attempts to systematically map the personality of the abusing parent with standardised tests. Melnick and Hurley (1969) have contrasted the personality characteristics of a small sample of abusing mothers with a control group of non-abusing mothers, using for this purpose a battery of tests including the California Test of Personality, the Family Concept Inventory, the Manifest Rejection scale, and the TAT. They concluded that the features distinguishing the abusing mothers from the non-abusing mothers were an inability to empathise with their children, severely frustrated dependency needs, and a probable history of emotional deprivation. Steele and Pollock (1968) were able to give their patients a battery of personality tests, including the TAT and the Rorschach. They found that

"In four-fifths of the patients unresolved identity conflicts were cited as major determinants of their behaviour, and in nearly as many, depressive trends and/or noteworthy feelings of worthlessness were noted" (p.136).

The above descriptions of the personality of the abusing adult appear to defy any attempt to make an orderly synthesis of the findings. The main reason for this seems to be that investigators have attacked the issue using different techniques and at different levels, with the result that although most of the available descriptions probably do reflect commonly occurring behaviour and temperament patterns of abusing adults, it is difficult to see how these behaviours are related to each other in any systematic way. The disorderliness of the findings appears to be a necessary consequence of two factors. Firstly, research into the personality characteristics of abusing adults is very much in its infancy and, secondly, it is extremely difficult to obtain systematic data upon abusing parents owing to their reluctance to cooperate with research workers.

As far as it is possible to judge, there appears to be no definite link between frank mental illness and child abuse,

although as Zalba (1967) has pointed out, in a few cases child abuse is probably intimately related to psychotic fantasies. Although abusing adults do not display any marked form of mental illness, Steele and Pollock (1968) note that most parents who abuse children appear to show evidence of emotional disturbance sufficient to warrant psychotherapeutic treatment.

Section 2.4 Concluding Comments

The foregoing discussion reveals that research has not yet provided a particularly clear picture of the factors which lead up to or precipitate child abuse. However, from the available literature, two general perspectives on the causation of child abuse may be discerned.

The first view, emphasised by Gil (1969, 1970) and Elmer (1965, 1967), stresses the role of environmental and social factors in the aetiology of abuse. In particular Gil (1969, 1970) sees the evils of poverty as one of the root causes of child abuse. On the other hand, authors such as Steele and Pollock (1968) are of the view that social factors are largely irrelevant to the occurrence of child abuse, and that the primary factors associated with abuse are psychological rather than sociological. It is easy to become partisan on this issue and adopt the view that one set of factors is more important or fundamental than the others. However, in the authors' view child abuse is, as Gil (1969) has put it, a multi-dimensional phenomenon in which cultural, social, economic and psychological factors interact to produce the outcome. While an interactionist view of the causes of ill-treatment appears to be the most tenable, it is of obvious interest to establish the logical relationship between social and psychological factors in child abuse. Broadly speaking, two views may be put forward. The first is that social stresses tend to exacerbate underlying personality difficulties and also induce psychological problems by placing the individual under stress. On the other hand, it may be argued that families facing social and economic stresses tend to be more frequently involved in child abuse because these families contain a higher frequency of members with psychological problems.

While at present there seems to be no way of separating out the contributions of social and psychological factors in child abuse, the foregoing survey of the literature does give rise to a number of expectations of the type of circumstances associated with child abuse. These expectations (hypotheses is too strong a word) are listed below:

1. Age and the risk of child abuse will be related.
In particular, the highest incidence of child abuse will occur amongst children of pre-school age.
2. In a majority of cases the assault will be committed by one or both of the child's natural parents.
However, in a disproportionately large number of cases step-parents and other substitute parents will be involved.
3. The incidence of child abuse will be higher amongst illegitimate children than amongst legitimate children.
4. A disproportionately large number of cases of child abuse in New Zealand will involve children of Polynesian origin.
5. The family background of the abused child frequently will be characterised by a variety of social problems.
6. Cases of child abuse will tend to concentrate in the lower socio-economic groupings.
7. Individuals who commit abuse will display a history of rejection or ill-treatment during childhood.
8. Ill-treated children will tend to come from homes in which they have experienced some degree of separation from their parent figures during early childhood.
9. Abusing parents will tend to display symptoms of emotional disturbance although the incidence of frank mental illness amongst this group will be no higher than in the general population.

It must be stressed that the above listing is not intended to be an exhaustive listing of all the hypotheses that can be derived from the literature on child abuse. Rather, these statements have been selected for their relevance to the major emphases of the present research.

CHAPTER 3

SURVEY METHOD AND DESIGN

Section 3.1 Introduction

This chapter describes the techniques used in collecting data for the nationwide survey into child abuse, carried out in New Zealand in 1967. This survey provides the data for all of the results that are described in subsequent chapters. Particular attention is given in the discussion to the sampling methods, unavoidable sources of bias in the data, and problems of definition.

Section 3.2 The Sample and Sampling Procedure

The sample described in this study consisted of all cases of alleged or suspected child abuse that came to the attention of the Child Welfare Division during the survey year. Data were collected by the Child Welfare Officers who investigated the cases. These officers were given the following instructions concerning the conditions under which a case was to be included in the sample.

"Every child who is ill-treated, suspected of being ill-treated, or the subject of a complaint (substantiated or not) concerning ill-treatment is to be included. If in doubt about a case, include it.

To be more specific, research records are to be opened in all of the following circumstances:

1. When a complaint or information is received from any source that a child is, or may be, suffering physical ill-treatment. (Even referrals that appear on investigation to be mistaken complaints are to be included.)
2. When, in the course of normal casework, officers discover signs suggesting ill-treatment (e.g. frequent bruises or cuts).
3. When children already under notice for ill-treatment show some sign of further ill-treatment.
4. When a child in your district dies, is seriously injured, or seriously ill in circumstances where ill-treatment or severe neglect is suspected. (Neglect cases where there is no element of physical violence are to be included only when the neglect results in death or in danger to life.)
5. When a child dies or is seriously injured in a family murder or suicide."

These criteria were deliberately made as broad as possible to ensure that every case coming to notice in which there was some suspicion of abuse, was included in the sample. In view of the distinction drawn earlier between neglect and child

abuse, cases in which the referral was solely for physical neglect were discarded from the sample.

For two reasons this sample cannot be considered as being representative of all cases of suspected abuse that occurred in New Zealand during the survey year. First, it is inevitable that some unknown proportion of cases failed to come to official attention, or were not recognised as involving abuse. Second, as it is not mandatory for all cases of known abuse to be reported to the Division, some cases coming to official attention would have been dealt with either formally or informally by doctors, schools, hospitals and a variety of other agencies such as the Police, other Government welfare organisations and voluntary welfare organisations.

A further limitation of the method of sampling used is that there is a likelihood that the sample obtained was biased towards the inclusion of certain groups. In general, one might expect that the mechanisms by which cases of abuse were reported to the Division would be somewhat selective, so that cases occurring in problem families or other types of families with manifest inadequacies would be reported more readily than cases of suspected abuse in other seemingly more respectable families.

The above limitations mean that the survey results are restricted in the extent of their generality to the population of cases of abuse coming to the attention of the Child Welfare Division. This limitation does not necessarily preclude the possibility of using the survey results as a basis for inferences about other populations and samples of cases of abuse. Such inferences should however be made cautiously.

Section 3.3 Data Collection

Prior to the survey period (1 January - 31 December 1967) all Child Welfare District Offices were given supplies of a standard recording form. This form contained questions relating to the circumstances of the abuse, the life history and characteristics of the abused child and his parents and any other adult who was likely to have been involved in the incident, and the nature of the home situation. Questions were selected on the basis of consideration of the available research literature, of the department's problems in dealing with cases of abuse, and of the authors' knowledge (gleaned from previous study of case material) of the circumstances surrounding abuse. Appendix 1 shows a copy of the recording form.

District Offices were also provided with a standard set of instructions outlining the aims of the survey and specifying the conditions under which the form was to be completed (see Appendix 1).

For each case of suspected or alleged abuse coming to attention during the survey year a copy of the recording form was completed. In cases where the same child came to attention on two or more occasions, a special supplementary form was used to record the second and subsequent incidents. The supplementary form was similar in all respects to the main recording form, except for the omission of a number of items upon which information was already available on the main recording form.

At the end of the survey period the recording forms were collected and all case material relevant to the reported incidents and the child's previous notice was obtained. At the same time, provision was made to carry out a longitudinal follow-up study of the survey children. Discussion of the design and results of this follow-up study are reserved for a later paper.

The recording form data were then transferred to 80-column punch cards (six cards per case) using a set of standardised coding instructions.

Section 3.4 The Reliability of the Data

A flaw inherent in the above method of data collection was that the Child Welfare Officers investigating the cases were sometimes unable to directly interview the offending families on all the points mentioned in the recording form. In general, information was obtained only insofar as the Officer could elicit it from the parents, the child (possible only with older children), or other individuals or agencies with knowledge of the case, during the course of casework investigations. This method of data collection is susceptible to a variety of biases including omission of information and inaccurate or garbled facts. To reduce this source of bias as much as possible, the following checks of the survey data were carried out.

1. The information on the recording form was cross-checked with the available case history material to establish the extent to which the two sets of records were consistent. Where discrepancies existed they were reconciled and the recording form corrected.
2. For a limited number of measures, it was possible to cross-check the recording form material with existing official records. These checks included the following:
 - (a) The child's age, sex, race, legitimacy and parentage were checked for all cases. The only exception to this was in the case of Maori children born prior to 1962, for whom legitimacy data were not always available.
 - (b) The marriage date, race, age and country of origin were checked for all natural parents. This check often could not be carried out for foster, step and adoptive parents.
 - (c) The number of previous issue of the natural mother was checked in all cases.
 - (d) Children's Court appearances for the mother, the father, the child and the child's siblings were checked in all cases. The only possible exception to this procedure was in the case where the child's mother had come to attention

under an unknown maiden name. (Maiden names were known in most cases.)

- (e) Previous notice to the Child Welfare Division for the mother, the father, the child and the child's siblings was checked in all cases. The possible exceptions to this check were where the mother had come to the attention of the Division under an unknown maiden name, or where the notice was of a kind not recorded in the Division's Head Office records.

For most of these checking procedures it was possible to locate all but a very few of the official records. In cases where records provided other information relevant to the survey, this information was also cross-checked with the recording form data.

Section 3.5 Conventions Used in the Data Analysis

The initial sample contained all cases in which there was some suspicion of abuse. The problem with which the authors were immediately confronted was to establish some systematic means of distinguishing the cases in which abuse had taken place, from those in which there was either insufficient evidence, or no evidence, of abuse. An initial examination of the data revealed that standardised criteria (e.g., injury severity) were not adequate for this purpose, as cases often involved a complex set of evidential factors. To resolve this problem a judgmental approach to the definition of child abuse was adopted. Two judges independently rated each case on the six-point category system set out in Table 3.5.1. This table also shows the numbers of cases that were assigned to each category.

Table 3.5.1 ABUSE RATINGS FOR THE SAMPLE OF CASES

Rating	Number
1. Child definitely ill-treated	126
2. Child very likely to have been ill-treated	83
3. Child likely to have been ill-treated	91
4. Child possibly ill-treated, but case possibly accounted for by:	
(a) punishment	31
(b) accident or rough handling	8
(c) other	29
5. Child unlikely to have been ill-treated, case probably accounted for by:	
(a) punishment	14
(b) accident or rough handling	7
(c) other	23
6. No evidence of ill-treatment	7
Total	419

The criteria used in making these judgments were consistent with Gil's (1968) definition of child abuse: That the child had been subject to non-accidental physical attack or injury, including minimal as well as fatal injury, by an adult. In one

group of cases an exception to these criteria was made. In these cases there was no evidence of injury at the time of the survey inquiry, but there was evidence that the child had been subject to injury or attack some short time prior to the investigation. These cases were categorised as abuse when the evidence was sufficiently strong to suggest that the child had been subject to undue physical violence. To illustrate the way in which ratings were made, Appendix 2 shows a number of sample case histories and ratings.

After this initial classification had been made the sample of cases was partitioned into two groups:

1. Incidents of "abuse", i.e. those cases described by categories 1-3 of Table 3.5.1.
2. Incidents of "non-abuse", i.e. those cases described by categories 4-6 of Table 3.5.1.

There appeared to be no way in which the validity of these judgments could be determined. However, a check on the inter-judge reliability revealed that there was a high degree of concordance between ratings. A test/retest procedure carried out on a random sample of 54 cases revealed that inter-judge ratings correlated $+0.96$ when the ratings were dichotomised as described above.

A similar procedure was used to classify responsibility for the incident. The adults who were caring for the child at the time of the incident were described as his "parent figures" although these individuals were not always the child's natural parents. Each parent figure was rated according to the evidence of his or her responsibility for the reported incident(s), irrespective of whether or not the incident was judged to have been abuse. Table 3.5.2 shows the ratings used, and the number of parents who fell into each category. Illustrative case histories and ratings are given in Appendix 2.

Table 3.5.2 RESPONSIBILITY RATINGS OF PARENTS

Rating	Mother Figures	Father Figures
1. Could not have been responsible	89	97
2. Highly unlikely that responsible	47	92
3. Unable to judge whether responsible	41	33
4. Suspected to be involved - no conclusive evidence	48	12
5. Strong suspicion of involvement - no conclusive evidence	72	19
6. Known to have been involved but denies this	4	3
7. Admits responsibility but considers action justifiable	45	57
8. Known to have been involved; admits rough handling but denies ill- treatment	29	25
9. Known to have been involved; admits ill-treatment	37	27
10. Not responsible on this occasion, but has been responsible for recent incidents	5	0
11. Not applicable - parent figure not living in the home	2	54
Total	419	419

After this categorisation had been carried out, the sample of parent figures was partitioned into two groups:

1. Parents who were deemed to have been responsible for the incident(s), i.e., those parents described by categories 4-10 of Table 3.5.2.
2. Parents who were judged not to have been responsible for the incident(s), i.e., those parents described by categories 1-3 of Table 3.5.2.

A test/retest procedure carried out on a random sample of 54 cases revealed that the inter-judge reliability of the ratings was extremely high when the data were dichotomised ($r = +.98$).

Section 3.6 Units of Analysis

Upon examination of the data, it became clear that the survey could be analysed in two distinct ways. Either the incidents of alleged abuse could be considered, or alternatively the individuals involved in the incidents could be considered. These analyses differ in that a number of parents and children were involved in more than one incident. Thus in an analysis based upon incidents these individuals would be represented several times, whereas in an analysis of individuals they would be represented only once. After some reflection the authors came to the conclusion that an analysis of individuals would lead to results that were more clearly interpretable. To achieve this, cases were selected from the initial sample in the following way.

The Child Sample

A total of 363 individual children were involved in the 419 incidents of suspected or alleged abuse that came to notice during the survey year.¹ For the majority of children, who were referred only once during the year, the recording form for that incident was used as the basis for the analysis. For those children who were referred more than once, the referral involving the most serious injury was used. The severity of the injuries in these cases was determined by careful perusal of the recording form.

The sample thus derived can be described as all children who were suspected or alleged to have been abused at least once during the survey year. This sample will be used throughout the analysis.

On the judgmental criteria outlined in Section 3.5 above this sample distributed in the following way:

1. Of the 363 individual children, 322 were referred to the Division on one occasion, 31 were referred twice, five referred three times, and five referred four times, thus making a total of 419 distinct incidents.

Table 3.6.1 DESCRIPTION OF THE SAMPLE OF CHILDREN*

Group	Number	Percentage of Total Sample
Abused children	255	70.2%
Non-abused children	108	29.8%
Total	363	100.0%

*Details of the abuse ratings for this group are given in Table 36 of Appendix 5.

The Parents' Sample

For parents, the problem of multiple representation in the sample was compounded by the fact that not only had some parents been involved in more than one incident of ill-treatment, but in some cases parents had ill-treated more than one child. To select cases so that each parent was represented once and only once in the sample the following strategy was adopted. For parents who had been involved in only one incident of abuse, the recording form data for this incident were used. For parents who had been involved in more than one incident of abuse, one incident was selected randomly and the recording form data for this incident were used to describe the parent.

The sample of parent figures derived by this process can thus be described as all parent figures who were associated with at least one incident of alleged child abuse during the survey year.

This sample was sub-divided into three groups:

1. Offending parents - i.e., parents of abused children who were judged to have been responsible for the abuse.¹

1. Because of the method of selection used, six parents (4 mothers and 2 fathers) who had been responsible for an incident of abuse at some time during the survey year were categorised as non-offending parents. This omission occurred

2. Non-offending parents - i.e., parents of abused children who were judged not to have been responsible for the abuse.
3. A residual group of parents - i.e., the parents of non-abused children.

Table 3.6.2 shows the numbers of each class of parents, for both mothers and fathers. These samples will be used throughout the analysis.

Table 3.6.2 DESCRIPTION OF INDIVIDUAL MOTHER AND FATHER FIGURES

Description	Mother Figures	Father Figures
Offending parents	144 (46.6%)	94 (33.9%)
Non-offending parents	84 (27.2%)	109 (39.4%)
Residual group	81 (26.2%)	74 (26.7%)
Total	309 (100.0%)	277 (100.0%)

It will be noted that the numbers in the child sample, mother sample and father sample are not equal. This is because not all homes contained both a mother figure and a father figure, and because in some cases the same parent had abused more than one child.

as a result of random selection of one survey form to represent parents who had been associated with multiple incidents of abuse. As a consequence of this the number of parents who were described as offending parents is a slight underestimate of the number that would have been so categorised had all of the incidents been taken into account.

Section 3.7 The Scope of the Analysis

The survey results described in succeeding chapters are designed to give a basic and essentially descriptive account of the characteristics of the abused child, the abusing parent and the circumstances surrounding incidents of abuse. In general, the results describe only those cases in which abuse was judged to have taken place: discussion of the characteristics of the group of non-abused children is reserved for a later paper. However, to provide a basic description of the group of cases in which abuse was not present, Appendix 5 gives a complete set of raw data tables for cases of abuse and non-abuse.

In the report the analysis of individuals responsible for abuse is limited to the parent figures of the abused child. However, 24 persons other than the child's parent figures came to the attention of the Division as suspects in survey incidents. The characteristics of this group are not discussed in the main body of the report but are outlined in Appendix 6.

As the only parent figures discussed in this report are the parents of the abused children, the terms "offending" and "non-offending", "abusing" and "non-abusing", "responsible" and "non-responsible" are used interchangeably to describe the parents who were responsible for abuse and the parents who were not responsible for abuse.

CHAPTER 4

THE INCIDENTS OF ABUSE

Section 4.1 Introduction

Before proceeding to a detailed description of the characteristics of abused children and abusing parents, attention is given in this chapter to the nature of the incidents of abuse and the circumstances surrounding their referral and outcome. More specifically, this chapter presents data on the nature of the presenting symptoms, the persistence of abuse, the sources by which the abused child was referred to the Child Welfare Division and the methods by which incidents of abuse were handled.

Throughout, the analysis relates to the 255 cases in which abuse was judged to have taken place.

Section 4.2 The Presenting Symptoms

Appendix 4 gives a detailed description of the nature of the injuries for each of the 255 abused children. The broad trends in these data are summarised below. Readers seeking more detailed information on the characteristics of the injuries are advised to consult the Appendix.

Cases of abuse were categorised according to the severity of injury that the child had sustained, using a five point rating scale similar to that used by Gil (1969). The rating system used was as follows:

1. Died, directly or indirectly as a result of abuse.
2. Serious injury with permanent effect.
3. Serious injury without permanent effect.
4. Non-serious injury.
5. No injury.

To aid the reader in the interpretation of the above categorisation, five illustrative cases and their corresponding severity ratings are given below:

Case 1

Child A (European, female, aged 3 years) was found to be dead when the doctor, called in by the child's foster parents, arrived. Injuries on the body at the time of death included: subdural haematoma; fractured skull, jaw and ribs; and extensive bruising to the face, arms and buttocks.

Death was attributed to subdural haematoma. It was noted in the examination that the fractures were several weeks old. The case was classified as "Died".

Case 2

Child B (European, male, aged 1 year) was admitted to hospital displaying the characteristic symptoms of the battered child syndrome. His injuries included: multiple fractures of the right parietal bone and fractures of the occipital bones on both sides; subdural haematoma; abrasions to the facial region; a small haemorrhage in the right eye; and a bite mark on the tongue.

The attending physician diagnosed the case as the battered child syndrome and, as the child was having seizures, the case was classified as "Serious injury with permanent effect".

Case 3

Child C (Pacific Islander, female, aged 4 years) was admitted to hospital suffering from: fractures of the cheek bone, humerus and acromion (shoulder); abrasions to the facial region; and bruising to the chest, back and arms. In addition the child's body was quite extensively marked with healing wounds and scars, and there were burns to the mouth and palate (presumably the result of being force-fed with hot food). While the child's injuries were extensive they did not appear to have resulted in any long-term physical effects, and thus the case was classified as "Serious injury without permanent effect".

Case 4

Child D (European, female, aged 3 years) came to the attention of the Child Welfare Division after the mother had complained that the father had beaten the girl severely. At the time of the investigation the child's lower back and buttocks were extensively marked with bruises and "hand-shaped" weals. The child's father admitted beating the child for soiling. The injury was classified as "Non-serious injury".

Case 5

Child E (European, female, aged 5 years) was found to have no apparent injuries following a complaint from relatives that she was being ill-treated. There was, however, sufficient evidence to suggest that the child had been subject to a series of severe beatings over recent weeks, and that a black eye which had been inflicted in the course of these beatings had faded by the time the Division received the complaint. Because of the existence of this evidence, the case was classified as abuse, and the injury described as "No injury".

Table 4.2.1 shows the distribution of the 255 cases of abuse on the severity rating described.

Table 4.2.1 INJURY SEVERITY

Injury Severity	Number of Children	Percentage
Died, directly or indirectly as a result of abuse	7	2.7%
Serious and permanent injury	5	2.0%
Serious but not permanent injury	30	11.8%
Non-serious injury	182	71.4%
No injury	31	12.2%
Total	255	100.0%

The table reveals that 42 children (16%) displayed symptoms of severe injury (including 7 who died), 182 children suffered non-serious injury, and the remaining 31 children presented no injury at all at the time of investigation. (See Section 3.5 for the rationale underlying the inclusion of this latter group as abused children.)

In an earlier chapter of the report, it was stated that the main concern of the research was with child abuse in general, rather than with the more limited range of cases described as the battered child syndrome. Because medical diagnoses were not available for all the cases in the sample it is not possible to say with any degree of certainty what proportion of cases involved the battered child syndrome. However, a fairly liberal definition of the syndrome applied to the data in Appendix 4 suggests that between 15% - 20% of the cases of abuse could have been classified in this way.

Another method of examining the nature of presenting symptoms is to consider the various types of injury that were present upon the child at the time of investigation of the incident. Injuries were classified into the five categories shown in Table 4.2.2. The table shows the numbers of children presenting each of these types of injury. It will be noted that, because some children displayed more than one type of injury, totals are not appropriate for this table.

Table 4.2.2 FREQUENCY OF TYPES OF INJURY

Type of Injury	Number of Children Presenting the Injuries	Percentage
Head injuries	19	7.5%
Internal injuries	0	0.0%
Fractures, dislocations	26	10.2%
Burns or scalds	20	7.8%
Bruises, cuts, abrasions	209	82.0%

Bruising, cuts and abrasions were the most common types of injuries, occurring in 82% of the cases. However, a distressingly large number of children had injuries of a more serious nature: 8% suffered head injuries (subdural haematoma or skull fractures); 10% displayed fractures or dislocations (other than skull fractures); and 8% had been burned or scalded.

In a number of cases children displayed more than one of the above types of injury. Of the 224 children who displayed injuries, 36 (16%) had injuries falling into more than one of the above categories. When it is also taken into account that the five injury types used in the categorisation are very broad (for example, the fractures category could include a fractured jaw, arm and leg), it becomes apparent that a considerable number of children displayed a multiplicity of injuries. This conclusion may be confirmed by an examination of Appendix 4.

A further perspective on injury severity is gained when the most serious type of injury present upon each child is considered. Table 4.2.3 gives the distribution of these injuries.

In constructing this table the severity of injury was assumed to be reflected by the nature of the injury. Thus head injuries were judged to be more important than fractures, and fractures were judged to be more important than burns. The order of injury types in the table indicates the assumed rankings of the various injuries.

Table 4.2.3 THE MOST MARKED INJURY PRESENT AS A RESULT OF ABUSE

Most Marked Injury	Number of Children	Percentage
Head injuries	19	7.5%
Fractures	15	5.9%
Burns, scalds	13	5.1%
Bruising, cuts, abrasions	177	69.4%
No injury	31	12.2%
Total	255	100.0%

From the above results it would seem that somewhere between 16% - 18% of the abused children could have been described as suffering from serious injuries. This would indicate that the bulk of the incidents of abuse that come to the Division's attention involve minor injury. In general, these cases of abuse appear to be the result of parents striking or beating their children to the extent of causing actual physical injury.

While the majority of cases of abuse appeared to involve only relatively minor injuries, further examination of the survey data indicated that in a large proportion of cases injury was being persistently inflicted upon the child:

1. In 15% of cases there was actual evidence, and in a further 8% the suspicion, that the injuries present upon the child at the time of investigation had been inflicted at different times. Hence by implication 15% - 23% of the abused children displayed evidence of recent multiple incidents of abuse. (See Appendix 5, Table 42.)
2. In 39% of cases the survey children had previously come to the attention of the Child Welfare Division or other agencies for suspected or alleged abuse. (See Appendix 5, Table 23.)
3. Examination of the recording form and case history material revealed that 53% of the abused children were either known or suspected to have suffered

abuse-inflicted injuries prior to the survey incident. These previous injuries were often of a serious nature. (See Appendix 5, Table 48.)

4. Child Welfare Officers investigating the referrals were asked to rate each case on whether the pattern of abuse was that of an isolated incident, or of persistent or episodic abuse. In 63% of cases the investigating officer rated the case as persistent or episodic. (See Appendix 5, Table 53.)

It is apparent from the above results that many of the abused children had been subject to at least one incident of abuse prior to the survey incident. To gain an overall estimate of the frequency of multiple incidents of abuse amongst the sample a simple index was derived. A child was described as being subject to repeated abuse if he displayed present injuries of different ages, or if he had suffered previous abuse-inflicted injuries, or if he had previously come to attention for suspected or alleged abuse, or if the case was described as involving persistent or episodic abuse. If none of these conditions was fulfilled the case was classified as an isolated incident. Table 4.2.4 shows the frequency of multiple or isolated abuse, and the severity of the present injuries.

Table 4.2.4 INJURY SERIOUSNESS X MULTIPLE INCIDENTS

Injury Seriousness	Repeated Incidents	Isolated Incident	Total
Serious injury	36 (85.7%)	6 (14.3%)	42 (100.0%)
Non-serious injury	124 (68.1%)	58 (31.9%)	182 (100.0%)
No injury	25 (80.6%)	6 (19.4%)	31 (100.0%)
Total	185 (72.5%)	70 (27.5%)	255 (100.0%)

It may be seen from the above table that of the 255 children, 185 (73%) had been subject to repeated incidents of abuse. This result reveals that although in the majority of cases the presenting symptoms of abuse were not very extreme, many of the children had been abused previously. In view of

this the seriousness of abuse must therefore be judged along two dimensions: the frequency with which assault takes place and the severity of the injury involved. When these two conditions are taken into account it is apparent that most of the cases of abuse that came to attention must be viewed in a serious light.

Section 4.3 The Referral Source

Table 4.3.1 shows the source of referral to the Child Welfare Division for each of the 255 cases of abuse.

Table 4.3.1 NOTIFICATION SOURCE

Notification Source	Number of Children	Percentage
Neighbour	22	8.6%
Parent	28	11.0%
Relative	18	7.1%
Police	29	11.4%
Doctor or hospital	27	10.6%
School	53	20.8%
Maori Welfare Officer	3	1.2%
Public Health, District or Plunket Nurse	16	6.3%
Other persons or agencies	36	14.1%
Not notified directly, e.g. came to notice through press report	9	3.5%
Discovered by Child Welfare Officer	14	5.5%
Total	255	100.0%

Prominent among the sources of referral were schools (21%), the police (11%), doctors and hospitals (11%) and the parents and relatives of the abused child (18%). It is notable that relatively few of the cases of abuse (9%) were notified to the Division by neighbours of the abusing family, whom one might expect to be among the first people to become aware that a child was being ill-treated. This would perhaps suggest that in a number of cases neighbours were somewhat reticent in reporting incidents of abuse.

Notification source varied considerably according to the nature of the injuries and the age of the child. Predictably, doctors and hospitals reported a large proportion of the cases of serious abuse (42%), while schools reported 35% of all incidents involving school-aged children. Referrals from parents and relatives were almost invariably cases involving non-serious injury.

Section 4.4 Medical Attention

It will be recalled that in the region of 16% - 18% of children had been subject to serious injury. This trend is reflected in the frequency with which children were hospitalised as a result of the incident. Of the 255 abused children, 44 or 17% were admitted to hospital. In a further 100 cases (39%) children were treated by a doctor but not hospitalised. Thus a total of 144 children (56%) received some form of medical treatment.

A feature of these results is the frequency with which abused children did not receive medical attention. In general, cases receiving no medical treatment involved school-age children with non-serious injuries or cases in which no injury was present at the time of the survey enquiry.

Table 4.4.1 shows the sources of referral for the 144 cases that received medical treatment.

Table 4.4.1 SOURCES OF REFERRAL TO MEDICAL TREATMENT

Source of Referral	Number of Children	Percentage
Parents	53	36.8%
Child Welfare Officer	43	29.9%
Police	10	6.9%
Relatives	7	4.9%
School	4	2.8%
Other agency	12	8.3%
Other	12	8.3%
Not known	3	2.1%
Total	144	100.0%

The majority of children who received medical treatment were referred to the doctor or hospital by their parents (37%) or by Child Welfare Officers (30%).

Section 4.5 The Outcome of the Incident

Table 4.5.1 shows the numbers and proportions of children who were removed from the abusing home immediately following the survey incident.

Table 4.5.1 IMMEDIATE REMOVAL FROM HOME

Immediate Removal	Number of Children	Percentage
Not removed	145	56.9%
Voluntarily removed by family or given up by foster parents	32	12.5%
Removed by Child Welfare Officer	35	13.7%
Admitted to hospital, or died	43	16.9%
Total	255	100.0%

It can be seen that in a large number of cases the child was removed from the home immediately after the incident. In 17% of cases the child was admitted to hospital (or had died); in 14% of cases the child was formally removed from the home by an officer of the Division; and in 13% of cases the family made voluntary arrangements to place the child elsewhere.

Of those 35 cases in which the child was removed by the Child Welfare Division, 31 were removed on a legal warrant and the remaining 4 cases involved the removal of the child from a foster home.

It must be noted that these figures refer only to the child's placement immediately following the survey incident, and that it is likely that some of these children were later returned to their homes. This is however an issue that will be dealt with in detail in the analysis of the follow-up study.

Table 4.5.2 shows the frequency with which the Division intended to place the abused children under some form of oversight following initial investigation of the incident.

Table 4.5.2 PROPOSED OVERSIGHT OF CHILDREN REMAINING IN THE ABUSING HOME

Oversight	Number of Children	Percentage
Not applicable - child not in the home (in hospital, on warrant or deceased)	77	30.2%
Arrangements for some agency or person (other than C.W.) to oversee family	17	6.7%
Brief Child Welfare oversight proposed	26	10.2%
Regular Child Welfare oversight proposed	91	35.7%
No oversight proposed because altered circumstances made it unnecessary	23	9.0%
No oversight proposed because circumstances did not appear to warrant it	14	5.5%
No oversight proposed because unacceptable to parents	5	2.0%
No oversight proposed for other reasons	2	0.8%
Total	255	100.0%

The above table shows that in at least 53% of cases some further oversight of the family was planned. It must also be noted that this figure does not take account of the additional 30% of cases in which the child was either removed from the home or was in hospital.

A better indication of the immediate outcome of the incident can be gained by considering the distribution of cases in which either the child's family was to be provided with some oversight or the child was no longer in the home. Cross-tabulation of the data indicated that in 227 (89%) of the 255 cases of abuse the child had either been removed from the home or there was an intention to provide the family with some oversight. It must be emphasised that the extent of the intended oversight could vary considerably from very close contact with the child's family to only irregular visits by Child Welfare Officers or some other agency.

An indication of the extent to which it was considered necessary to provide substantial or permanent oversight is the frequency with which cases were taken to the Children's Court on a complaint under the Child Welfare Act.¹ Table 4.5.3 shows the frequency with which Children's Court action was initiated.

Table 4.5.3 CHILDREN'S COURT ACTION

Children's Court Action	Number of Children	Percentage
Not applicable - child deceased, or already a State ward, etc.	15	5.9%
Children's Court action initiated	61	23.9%
Action not initiated because considered unnecessary	115	45.1%
Action not initiated for lack of evidence	34	13.3%
Action not initiated for some other reason or for reasons not specified	30	11.8%
Total	255	100.0%

In 61 cases (24%) the matter was taken to the Children's Court on a complaint under the Child Welfare Act. The majority of the 61 cases were brought to Court on complaints of 'detrimental physical environment' (33 cases) or 'not under proper control' (25 cases). The remaining three cases involved complaints of 'neglect'. Examination of the case material and court reports revealed that in the cases where a

1. Child Welfare Officers and the Police are empowered under the Child Welfare Act 1925 to bring children under 17 years of age before the Court on a legal complaint of being delinquent, not under proper control, indigent, neglected, or living in an environment detrimental to their physical or moral well-being. The complaint is addressed to the parents, who are required to appear before the Court with the child. In most instances, complaints heard in the Children's Court are initiated by Child Welfare Officers.

complaint of 'not under proper control' was made the child's home was often unsatisfactory in a number of respects. In a few cases the abuse was not the major reason for the complaint. By contrast all the 'detrimental physical environment' complaints appeared to have been initiated primarily as a result of abuse.

In all but three cases the Children's Court action resulted in some form of preventive or supervisory activity being instituted by the Court. In 33 cases the child was committed to the care of the Superintendent of Child Welfare, and in 25 cases the child was placed under the legal supervision of a Child Welfare Officer. This latter provision gives the Division's officers the legal right to visit and supervise the child in his own home.

In 131 cases (51%) the incident of abuse was brought to the attention of the Police; however only in 38 of these cases was an adult prosecuted for the assault. Of these 38 cases approximately 40% resulted in the offending parent(s) being imprisoned; in the remaining cases offending parents were either placed on probation or given a less serious sentence.

CHAPTER 5

THE INCIDENCE AND DEMOGRAPHY OF CHILD ABUSE

Section 5.1 The Incidence of Abuse

During the survey year 255 children came to attention for at least one incident in which abuse was judged to have taken place. On this basis it was estimated that 2.57 children per 10,000 in the 0-16 year age group came to attention for incidents of abuse.^{1,2}

It must be stressed that the estimated rate of abuse given above should not be taken as an estimate of the "true" incidence of abuse nor even of the incidence of abuse coming to official attention. In particular it should be noted that as it is not mandatory for cases of abuse to be reported to the Division, a number of cases coming to some form of official attention would have been dealt with either formally or informally by various professional persons and government and voluntary agencies. For this reason the rate quoted above is best regarded as the lower limit of the rate of cases of abuse that come to official attention. It could well be that the actual incidence of abuse in the population is considerably higher than this. Because of the lower limit properties of the incidence estimate and the lack of comparable statistics on the rate of child abuse in preceding years, it is not

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1. The mean population estimate for 1967 was 990,988 for the 0-16 year age group. Source: "Age Estimates as at 31.12.67", Mimeographed Bulletin, Department of Statistics, Wellington, N.Z.
 2. On the same basis, taking account of the 108 survey children who were judged as not being abused, it was estimated that 3.66 children per 10,000 children at risk came to the attention of the Division for at least one incident in which abuse was suspected or alleged.

possible to ascertain whether the number of cases of abuse coming to attention is on the increase.

Within New Zealand the incidence of abuse varied quite considerably with geographic region. To describe these variations the country was divided into 12 regions, these regions being composed of combinations of Child Welfare administrative districts. Districts were combined in this way in order to produce meaningful geographic units and to increase the stability of incidence estimates. Table 5.1.1 shows the regions, the corresponding Child Welfare districts and the rate of abuse per 10,000 children aged 0-16 years in each region.

There is a considerable amount of variability in the rates and numbers of cases of abuse for the various regions. This variability doubtless reflects a number of factors including differences in reporting procedures, variations in the liaison between Child Welfare and other agencies, and variations in regional population composition and structure. Owing to the diversity of possible influences on the regional (and district) rates, it is not possible to establish the reasons for the variability in any conclusive fashion. However, examination of the data reveals some interesting points:

1. Rates for South Island regions were consistently lower than those for North Island regions. The highest South Island rate was lower than the lowest North Island rate.
2. Regions encompassing the large urban areas (the Auckland, Wellington and Canterbury regions) did not have rates noticeably higher than other regions.
3. Regions with significant proportions of Maori population tended to have higher rates than regions with small Maori populations. This is illustrated by the North Island/South Island disparity in rates mentioned above. The Spearman rank correlation coefficient between rates of abuse and proportion of Maoris in the child population of each region was of the order of $+0.67$ ($p < .05$).

Table 5.1.1 FREQUENCY AND RATE OF ABUSE X GEOGRAPHIC REGION

Region	District ¹	Number of Children	Population ² Aged 0-16 Years	Rate per 10,000
NORTHLAND	Kaitaia Whangarei	14	39,155	3.58
AUCKLAND	Takapuna Auckland Otahuhu Pukekohe	67	210,735	3.18
WAIKATO	Paeroa Hamilton Taumarunui	21	98,209	2.14
BAY OF PLENTY	Tauranga Rotorua Whakatane	18	63,466	2.84
EAST COAST	Gisborne Wairoa	7	24,462	2.86
HAWKES BAY - WAIRARAPA	Napier Hastings Masterton	22	62,016	3.55
WEST COAST (NORTH IS.)	New Plymouth Wanganui Palmerston North	41	104,430	3.93
WELLINGTON	Wellington Lower Hutt	20	96,681	2.07
NELSON - MARLBOROUGH	Nelson Blenheim	4	30,261	1.32
CANTERBURY	Christchurch Timaru	26	137,218	1.89
WEST COAST (SOUTH IS.)	Greymouth	2	12,795	1.56
OTAGO - SOUTHLAND	Dunedin Invercargill	13	91,463	1.42
NEW ZEALAND		255	971,281	2.63 ³

1. The numbers of cases of abuse occurring in each district are shown in Appendix 5, Table 55.
2. Taken from "1966 Population of Child Welfare Districts", Child Welfare Research Section Report, 20.1.71.
3. This rate differs slightly from the rate quoted earlier, as 1966 Census populations are used in this table.

The general implication of the findings is that a good deal of variation exists between regions (and districts) in terms of rates of abuse, but that the rate of abuse is closely related to the proportion of Maori children in the region. This finding is consistent with the result (reported later in this chapter) that Maori children appear to have a higher risk of abuse than European children.

Examination of the rural/urban composition of the sample revealed that 78% of abused children were living in non-rural or urban areas. This classification was based on the results given in Table 34 of Appendix 5. This proportion appears to be similar to the rural/urban composition of the population. The 1966 New Zealand Census¹ shows that 77% of the population resides in urban areas, where urban is defined as any city, borough, town, etc., with a population of over 1,000. While the above comparison reveals that there is no marked rural/urban differential in the incidence of abuse, it must be noted that the methods of classification used in the comparison differ. The census definition is based upon population size, whereas the classification used in the survey depends on the investigating Child Welfare Officer's rating of the area in which the child was living. As a consequence of these differences in definition, the above comparison must be regarded as giving only an approximate indication of the concordance of the sample and population properties.

1. New Zealand Census, 1966, Vol. 1, p. 3, New Zealand Government Printer, Wellington, N.Z.

Section 5.2 Demographic Characteristics of the Abused Child

This section discusses in some detail the demographic characteristics (age, sex, race, legitimacy) of the abused child and the interrelationship of these characteristics.

The Age of the Abused Child

Table 5.2.1 shows the age and sex distributions of the sample of abused children. The table gives figures for males, females and the total sample. Each cell in the table expresses the number of cases which fell into that cell as a percentage of the total sample of cases. The figures in parentheses show the actual number of children involved.

Table 5.2.1 THE AGE AND SEX DISTRIBUTION OF ABUSED CHILDREN

Age	Male	Female	Total
Under 1 year	3.9% (10)	7.1% (18)	11.0% (28)
1 year	6.3% (16)	3.1% (8)	9.4% (24)
2 years	4.3% (11)	4.3% (11)	8.6% (22)
3 years	3.5% (9)	4.7% (12)	8.2% (21)
4 years	1.6% (4)	2.4% (6)	3.9% (10)
5 years	3.5% (9)	3.1% (8)	6.7% (17)
6 years	3.5% (9)	3.1% (8)	6.7% (17)
7 years	3.9% (10)	2.7% (7)	6.7% (17)
8 years	2.4% (6)	3.5% (9)	5.9% (15)
9 years	3.1% (8)	2.4% (6)	5.5% (14)
10 years	1.6% (4)	2.4% (6)	3.9% (10)
11 years	2.7% (7)	1.2% (3)	3.9% (10)
12 years	1.2% (3)	3.9% (10)	5.1% (13)
13 years	1.2% (3)	3.9% (10)	5.1% (13)
14 years	0.8% (2)	4.7% (12)	5.5% (14)
15 years	0.8% (2)	2.4% (6)	3.1% (8)
16 years	0.0% (0)	0.8% (2)	0.8% (2)
Total	44.3% (113)	55.7% (142)	100.0% (255)

In agreement with the findings of previous research, a large proportion (41%) of the abused children were under the age of five. The relationship between age and the risk of abuse is examined in Table 5.2.2 which shows the age specific rates¹ of abuse for the survey year.

Table 5.2.2 AGE SPECIFIC RATES OF ABUSE

Age	Rate per 10,000	Age	Rate per 10,000
Under 1 year	4.50	9 years	2.37
1 year	4.00	10 years	1.74
2 years	3.76	11 years	1.77
3 years	3.42	12 years	2.36
4 years	1.57	13 years	2.44
5 years	2.64	14 years	2.68
6 years	2.68	15 years	1.56
7 years	2.75	16 years	0.40
8 years	2.48		

To establish the strength of the relationship between age and the risk of ill-treatment the product moment correlation coefficient was computed for Table 5.2.2. The resulting coefficient was $-.78$ ($p < .001$) indicating a strong degree of linear relationship between age and the risk of abuse.

Some of the possible reasons for the existence of such a trend are examined in Chapter 8.

1. These rates were computed by the application of the following formula:

$$\text{Rate at age Y} = \frac{(\text{Number of abused children aged Y}) \times 10,000}{\text{Number of children in population aged Y}}$$

Population figures used were mean population estimates for 1967. Source: "Age Estimates as at 31.12.67" (op. cit.).

The Sex of the Abused Child

The sample contained a larger proportion of abused females than abused males: 56% of the abused children were female in contrast to 44% male. The proportions of males and females in the 0 - 16 year old population during the survey year were females 49% and males 51%. A test using the standard error of proportions revealed that the sample contained a significantly ($p < .05$) greater proportion of females than would be expected from the population proportion.

The reason for the over-representation of females in the sample becomes more apparent when the age/sex distribution of the sample is considered. This distribution is given in Figure 5.1 which shows the numbers of abused males and females by two-year age groups. It can be seen that (aside from some apparently random fluctuation) the number of males and females abused is approximately similar up until the age of 11 years but after this age the number of abused females tends to rise dramatically. It would seem that the presence of this disproportionate number of adolescent and near-adolescent females tended to skew the sample away from the expected distribution.

It is noteworthy that Gil (1970) has reported a similar relationship between age, sex and the incidence of abuse. The most obvious explanation for this tendency is that it is more socially acceptable to administer physical punishment to adolescent boys than to adolescent girls. In view of this it would be expected that physical attacks on girls in this age group would be reported more readily than attacks on adolescent males. This explanation is not entirely consistent with the survey findings, as the different rates of abuse for adolescents appear to occur only for Maori children (see the discussion of age, sex and race rates on page 75).

The Race of the Abused Child

In confirmation of the comments of Watt (1968), and the results of the preliminary studies undertaken by the Child Welfare Division, the sample of abused children was found to contain a disproportionately large number of Polynesian children.

Table 5.2.3 shows the race of the abused children. Two definitions of race are used in the table. The first is a relatively comprehensive description of the racial composition of the sample. The categories used, and their definitions, are as follows:

- | | |
|-------------------------------|--|
| 1. European | - any child of full European descent. |
| 2. Maori | - any child of full Maori descent, plus Maori/European mixtures, where the proportion Maori is one half or more. |
| 3. Part Maori | - any child of Maori/European descent where the proportion Maori is less than one half. |
| 4. Maori/Pacific
Islander | - any child of mixed Maori/Pacific Island descent. |
| 5. Maori/Asian | - any child of mixed Maori/Asian descent. |
| 6. Samoan | - any child of full Samoan descent. |
| 7. Cook Islander | - any child of full Cook Island descent. |
| 8. Other Pacific
Islanders | - all other full Pacific Islanders (e.g. Tongans, Fijians); plus any mixtures of Pacific Islander with other races (except 4 above). |
| 9. Asian | - any child of full Asian descent (e.g. Chinese); plus any Asian/European mixtures. |

The table also uses a more abbreviated description of race based on categories in the New Zealand Census:

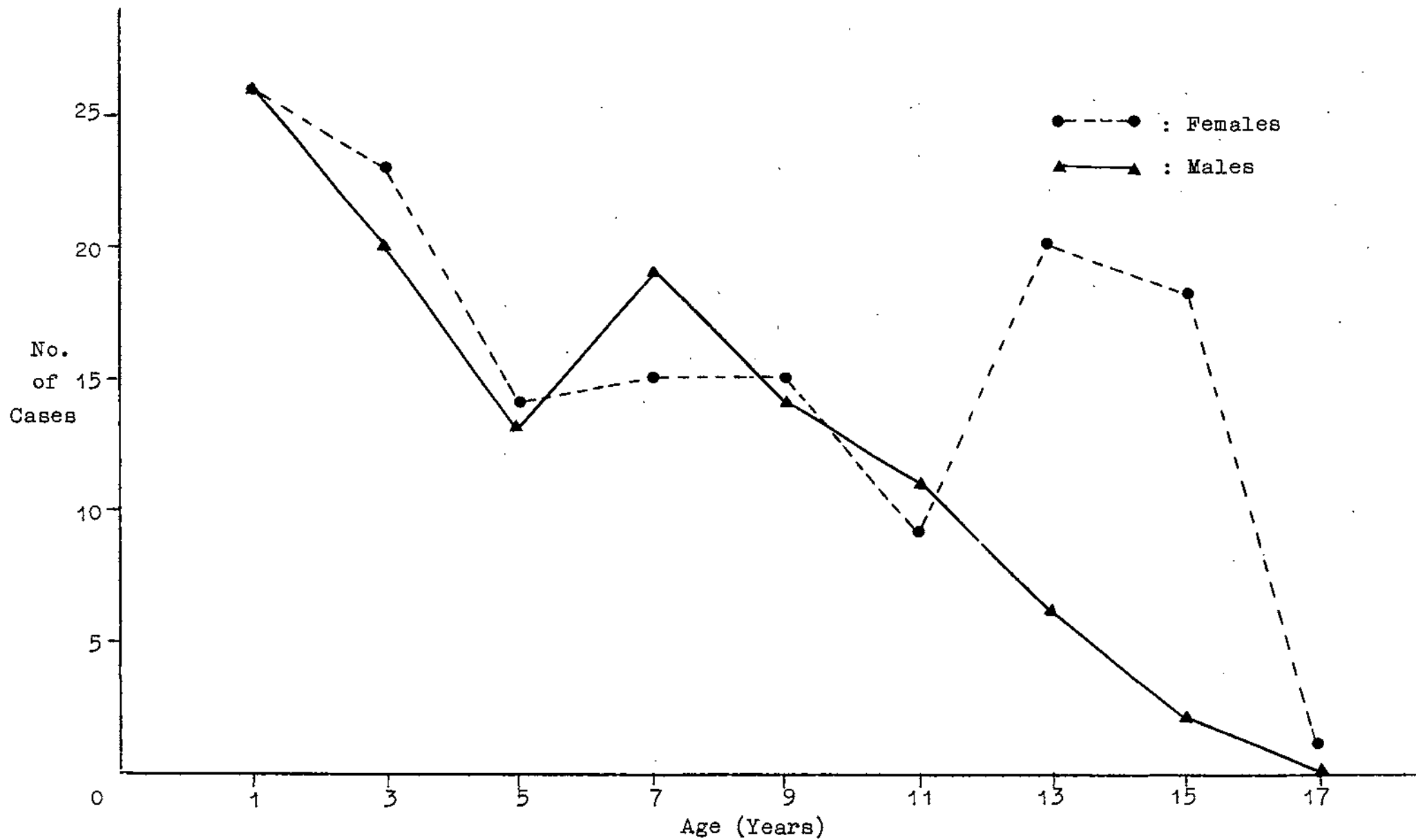


FIGURE 5.1 : FREQUENCY OF ABUSE BY AGE AND SEX

1. European
 - any child of full European descent.
 - any Maori/European mixtures where the proportion Maori is less than one half.
2. Maori
 - any child of full Maori descent.
 - any Maori/European mixtures where the proportion Maori is one half or more.
 - any Maori/Other Races mixtures where the proportion Maori is one half or more.
 - all Maori/Pacific Island mixtures.
3. Pacific Islander
 - any child of full Pacific Island descent (Samoan, Cook Island, Tongan, Fijian, etc.).
 - all Pacific Island/European mixtures.
 - any Pacific Island/Other Race mixtures where the proportion Pacific Island is one half or more (except Pacific Island/Maori mixtures).
4. Asian
 - any child of full Asian descent.
 - all Asian/European mixtures.
 - any Asian/Other Race mixtures where the proportion Asian is one half or more.

Table 5.2.3 RACE OF ABUSED CHILDREN

Race Classification	Census Grouping	Number of Children	Percentage
Maori	Maori	101	39.6%
Maori/Pacific Islander		2	0.8%
Maori/Asian		2	0.8%
European	European	92	36.1%
Part Maori		38	14.9%
Samoan	Pacific Islander	6	2.4%
Cook Islander		5	2.0%
Other Pacific Islander		8	3.1%
Asian	Asian	1	0.4%
Total		255	100.0%

It can be seen that a large proportion of the cases involved children of Polynesian origin. The relationship between race and the risk of abuse can be seen more clearly from the race specific rates¹ of abuse given in Table 5.2.4.

1. These rates were calculated by application of the following formula:

$$\text{Rate} = \frac{(\text{Number of abused children in race group}) \times 10,000}{\text{Number of children 0-16 years in race group in the population.}}$$

Because sufficiently detailed population data are available only in census years, the population figures used in Table 5.2.4 are derived from the 1966 New Zealand Census. (For this reason the total rate shown in Table 5.2.4 differs slightly from the total rate given in Section 5.1 for which 1967 population data were used.)

Table 5.2.4 RACE SPECIFIC RATES OF ABUSE

Race ¹	Number of Children	Population Aged 0-16 Years ²	Rate per 10,000
European	130	839,418	1.55
Maori	105	109,958	9.55
Pacific Islander	19	13,336	14.25
Asian	1	7,222	1.38
Other	0	1,347	0.00
Total	255	971,281	2.63

Table 5.2.4 reveals that there are marked differences in the rates of abuse for various racial groups. Specifically, it would appear that Maori children run about six times the risk of abuse of European children, and that Island children have about nine times the risk of European children.

This finding appears to be consistent with the view that child abuse tends to be most frequent in groups that are subject to various forms of socio-economic deprivation, and which are prone to show a high incidence of social pathology (Young 1964, Elmer 1967, Gil 1970). It is well known that as a group Maoris and Pacific Islanders tend to be employed in occupations of low socio-economic status and display a relatively low level of educational attainment. Further, these groups are known to have high rates of juvenile and adult criminal offending (Duncan 1970, Jensen and Roberts 1970). This would perhaps suggest that the high incidence of child abuse amongst Maoris and Pacific Islanders is related to conditions of social and economic deprivation.

The issue of Maori and Pacific Islander child abuse is subject to a more detailed analysis in the concluding chapter of this report.

1. Using the Census definition of race described earlier.
2. Derived from the New Zealand Census, 1966, Volumes 2, 7 and 8. New Zealand Government Printer, Wellington, N.Z.

The Age, Sex, Race Distribution of the Sample

To establish the way in which race, age, and sex were related to the risk of abuse the sample was partitioned into 12 subgroups, each subgroup describing a particular combination of race, sex, and age characteristics. Table 5.2.5 shows the numbers in each subgroup, and the rate of abuse for each subgroup.¹

Table 5.2.5 RATES OF ABUSE x AGE x RACE x SEX

Sex	Age	Number of Children			Rates per 10,000		
		Maori	Non-Maori	Total	Maori	Non-Maori	Total
Male	0 - 4	13	37	50	6.45	2.71	3.19
	5 - 9	12	30	42	6.53	2.15	2.66
	10 - 16	9	12	21	4.58	0.69	1.09
Total males		34	79	113	5.84	1.76	2.23
Female	0 - 4	20	35	55	10.40	2.70	3.69
	5 - 9	20	18	38	11.02	1.35	2.51
	10 - 16	31	18	49	16.36	1.09	2.67
Total females		71	71	142	12.61	1.66	2.93
Total		105	150	255	9.17*	1.71	2.57*

* Note that the total Maori rate and the overall rate presented here differ slightly from those presented in Table 5.2.4. This occurs because 1967 population data were used in this table, and 1966 Census population data were used for Table 5.2.4.

1. For each subgroup the rate of abuse per 10,000 children at risk was obtained by applying the following formula:

$$\text{Subgroup rate} = \frac{(\text{Number of abused children in subgroup}) \times 10,000}{\text{Number of children in population subgroup}}$$

Population estimates were obtained from "Age Estimates as at 31.12.67" (op. cit.).

Examination of this table reveals three distinct patterns of abuse rates:

1. A Maori female rate that is markedly higher than other rates. In contrast to the general tendency for abuse to decline with age this rate tends to increase with age.
2. A Maori male rate which is considerably higher than the non-Maori rates, but approximately half the Maori female rate. This rate shows a general tendency to decline with age.
3. Non-Maori male and female rates that are approximately similar and show a decline with age.

These trends can be seen more clearly when presented in graphical form. This is done in Figure 5.2.

Examination of Figure 5.2 reveals a further factor related to the skewed sex distribution of the sample. Specifically, it would seem that the disproportionate numbers of adolescent and near-adolescent girls in the sample were largely accounted for by the tendency for the Maori female rate to increase with age.

The Legitimacy of the Abused Child

In agreement with the results of previous research, it was found that a considerable proportion of abused children were illegitimate¹. Of the 255 abused children, 76 (30%) were known to be illegitimate. An estimate of the expected rate of illegitimacy for the sample was obtained by taking the highest per annum rate of illegitimacy over the period 1951-1966, the

1. Since the Status of Children Act 1969, in which the legal status of the terms "legitimate" and "illegitimate" was removed, it has been customary for official documents to avoid the use of these terms. The words "illegitimate" and "illegitimacy" have been used in this report to maintain consistency with overseas research and to avoid the circuitous writing entailed by the use of the available alternatives.

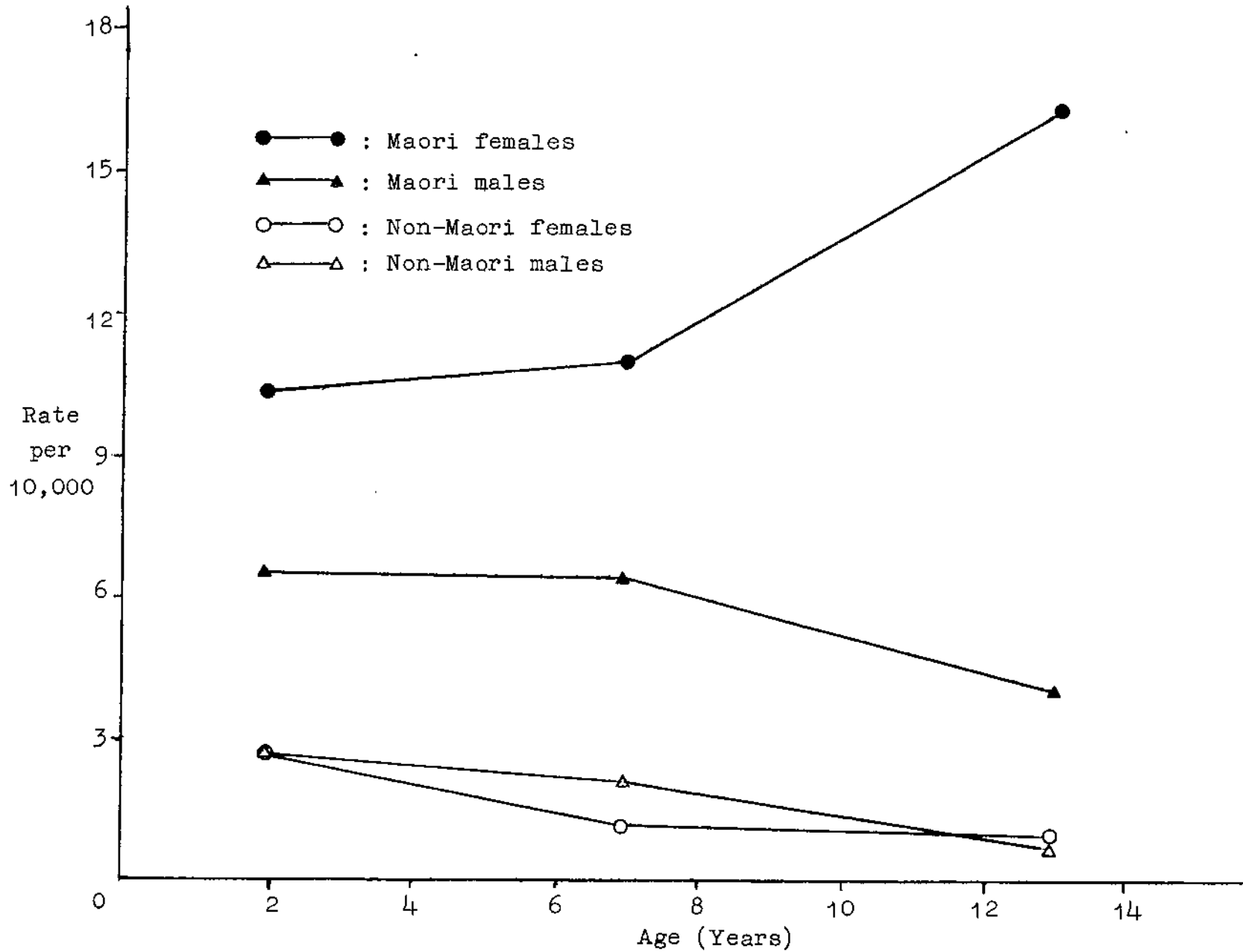


FIGURE 5.2 : RATES OF ABUSE BY AGE, SEX, AND RACE

period over which most of the survey children were born. The resulting estimate was 11.56%, based on the 1966 rates. This figure was assumed to approximate the upper limit of the rate of illegitimacy for the 0 - 16 year old population as at 1967. (It is possible, but highly unlikely, that the actual upper limit was larger than this owing to the fact that legitimacy figures for Maori children born before 1962 were not available.)

It can be seen that the number of illegitimate abused children was two to three times greater than the expected number based on the population estimate. This would suggest that the illegitimate child runs a greater risk of abuse than the legitimate child. Through use of Bayes' theorem¹, it was possible to estimate the relative risks of abuse for the legitimate and illegitimate child. Application of this theorem revealed that the legitimate child had a risk of 2.0 in 10,000 of coming to the Division's attention for abuse. In contrast the illegitimate child had the three and a half times greater

1. Bayes' theorem was applied in the following way:

1. The general form of the theorem is:

$$P(A/B) = \frac{P(B/A) P(A)}{P(B)}$$

2. For the sample data the following estimates were obtained:

(i) $P(\text{Illegitimacy/Abuse}) = 0.2980$

(ii) $P(\text{Legitimacy/Abuse}) = 1 - 0.2980$

(iii) $P(\text{Abuse}) = 0.000257$

(iv) $P(\text{Illegitimacy}) = 0.1156$

(v) $P(\text{Legitimacy}) = 1 - 0.1156$

3. Substituting the above estimates into the formula in 1. above yields two distinct equations, each equation expressing the risk of abuse conditional on a particular state of legitimacy:

(i) $P(\text{Abuse/Illegitimate}) = \frac{0.2980 \times 0.000257}{0.1156}$

= 0.00066

(ii) $P(\text{Abuse/Legitimate}) = \frac{(1 - 0.2980) \times 0.000257}{1 - 0.1156}$

= 0.00020

risk of 6.6 per 10,000 of coming to attention in this way. This result suggests that there is at least a statistical relationship between the risk of abuse and illegitimacy.

A point that must be noted is that Bayes' theorem is somewhat sensitive to variations in base rate probabilities. This point is particularly important with respect to the probability estimates used in the denominators of the calculations in the footnote. The value of 0.1456 is only an estimated value of the probability of illegitimacy for the 0 - 16 year old population as at 1967, and if this figure is in error there could be some substantial amount of variation in the estimates of risk that have been derived. This reservation means that the above figures should be treated with some caution; they are merely the best estimates of the relative risks of abuse that can be derived from the available data.

The Relationship between Race, Illegitimacy and Abuse

It is well known that illegitimacy rates amongst Maoris tend to be higher than amongst non-Maoris. In view of this relationship between race and legitimacy it is possible that the apparent relationship between illegitimacy and abuse reported above could have been accounted for by the skewed racial distribution of the sample. It was possible to test whether this was the case by examining the way in which race and legitimacy interacted in determining the risk of abuse.

The sample of abused children was divided into four groups:

1. Maori and illegitimate
2. Maori and legitimate
3. Non-Maori and illegitimate
4. Non-Maori and legitimate.

Through an application of Bayes' theorem it was possible to compute the estimated rates of abuse for each of these subgroups. (See Appendix 3.) This comparison could be made only for the children aged 0 - 5 years as figures on the Maori rates of illegitimacy are not available prior to 1962.

Table 5.2.6 shows the estimated rates.

Table 5.2.6 ESTIMATED RACE AND LEGITIMACY SPECIFIC RATES
OF ABUSE PER 10,000 OF POPULATION AGED 0 - 5 YEARS

Legitimacy	Maori	Non-Maori	Total
Legitimate	6.46	1.95	2.44
Illegitimate	11.27	8.34	9.17
Total	7.78	2.61	3.30

It can be seen that the rates of abuse tend to vary systematically with both race and legitimacy and that neither factor by itself accounts for the total variation. As far as may be judged from the table, race and legitimacy appear to bear an (approximately) additive relationship to child abuse so that the greatest risk of abuse occurs amongst Maori illegitimate children, and the least risk amongst non-Maori legitimate children.

While the above results apply only to the group of abused children who were under the age of five, it seems unlikely that there will be any marked difference in the effect for the over five year old age group. This would suggest that the high frequency of illegitimacy amongst the abused children is not a factor that can be accounted for solely by the skewed racial composition of the sample.

The Number of Children in the Abused Child's Family

Table 5.2.7 shows the total number of children in the abused child's home at the time of the assault.

Table 5.2.7 NUMBER OF CHILDREN IN THE HOME

Number of Children in the Home	Number of Cases	Percentage
One child	34	13.3%
Two children	48	18.8%
Three children	52	20.4%
Four children	32	12.5%
Five children	24	9.4%
Six children	13	5.1%
Seven children	22	8.6%
Eight children	14	5.5%
Nine or more children	11	4.3%
Not known	5	2.0%
Total	255	100.0%

A surprisingly high incidence of large families emerges from the above table - 24% of the abused children were living in family situations of six or more children, and 45% in family situations of four or more children. The mean number of children per family was estimated to be 3.91. As might be expected, there was a definite race difference in family size. For Maoris the mean number of children per family was 4.81, compared with 3.28 for non-Maoris.

The estimates quoted above appear to be higher than the estimated number of children in the New Zealand family. In 1966, the estimated number was 2.5 children per family.¹ This suggests that households in which child abuse occurs tend to have a larger than average number of children. A similar finding has been reported by Gil (1970).

1. New Zealand Census, 1966, Volume 10. New Zealand Government Printer, Wellington, N.Z.

Section 5.3 Age, Sex, Race and Injury Severity

In a previous chapter it was noted that 42 of the 255 abused children had been subject to severe abuse, in that their injuries were of a serious nature (see Section 4.2, Table 4.2.1). It is a matter of some practical importance to determine the features which distinguish cases of serious abuse from cases of non-serious abuse. An initial treatment of this topic is given in the analysis below, which examines the age, sex, and race distributions of seriously and non-seriously injured children.

A variable that has obvious face validity as a factor associated with the severity of injury is the age of the abused child. In general, it would be expected that young children would be more prone to serious injury than would older children. Inspection of the data reveals that this is in fact the case. Table 5.3.1 shows the age distribution of the seriously and non-seriously injured children.

Table 5.3.1 AGE DISTRIBUTION OF SEVERELY AND NON-SEVERELY INJURED CHILDREN

Age	Number Seriously Injured	Number Not Seriously Injured	Total	Percentage Seriously Injured
Under 1 year	14	14	28	50%
1 year	8	16	24	33%
2 years	4	18	22	18%
3 years	4	17	21	19%
4 years	3	7	10	30%
5 years	1	16	17	6%
6 years	2	15	17	12%
7 years	3	14	17	18%
8 years	1	14	15	7%
9 years	1	13	14	7%
10 years	0	10	10	0%
11 years	0	10	10	0%
12 years	0	13	13	0%
13 years	0	13	13	0%
14 years	1	13	14	7%
15 years	0	8	8	0%
16 years	0	2	2	0%
Total	42	213	255	16%

It can be seen from Table 5.3.1 that both the numbers and proportions of seriously injured children decline with age. The great majority (81%) of the seriously injured children were under six years of age compared with only 41% of the non-seriously injured children.

The strength of the relationship between these two variables can be judged both from the correlation between age and the risk of severe abuse ($r = -.86$), and the plot of these two variables (for two-year age intervals) shown in Figure 5.3.

Examination of the data on the sex of the seriously injured children revealed that 22 boys and 20 girls were seriously injured. In terms of the proportions of the total group of abused children, these figures represent 19% of all

boys compared with 14% of all girls. This difference in all probability reflects the fact that the female age distribution tends to skew toward the low-risk older age groups. (See Section 5.2, Table 5.2.1.)

Similarly, seriousness of injury appeared to bear little relationship to the race of the abused child. When the sample of abused children was partitioned into European and non-European groups, the proportions subject to severe abuse were nearly identical. (16% of Europeans were seriously injured compared with 17% of non-Europeans.) While the above result indicates that there are no overall between-race differences in the distribution of serious injury, it is of interest to note that of the 42 cases in which abused children either died or were seriously injured, 8 involved Pacific Island children. In view of the small number (19) of Pacific Island children in the sample of abused children, the number of cases of extreme abuse among this group appears to be disproportionately large. However, it is not possible to draw any firm conclusions on this issue from such a small group of cases.

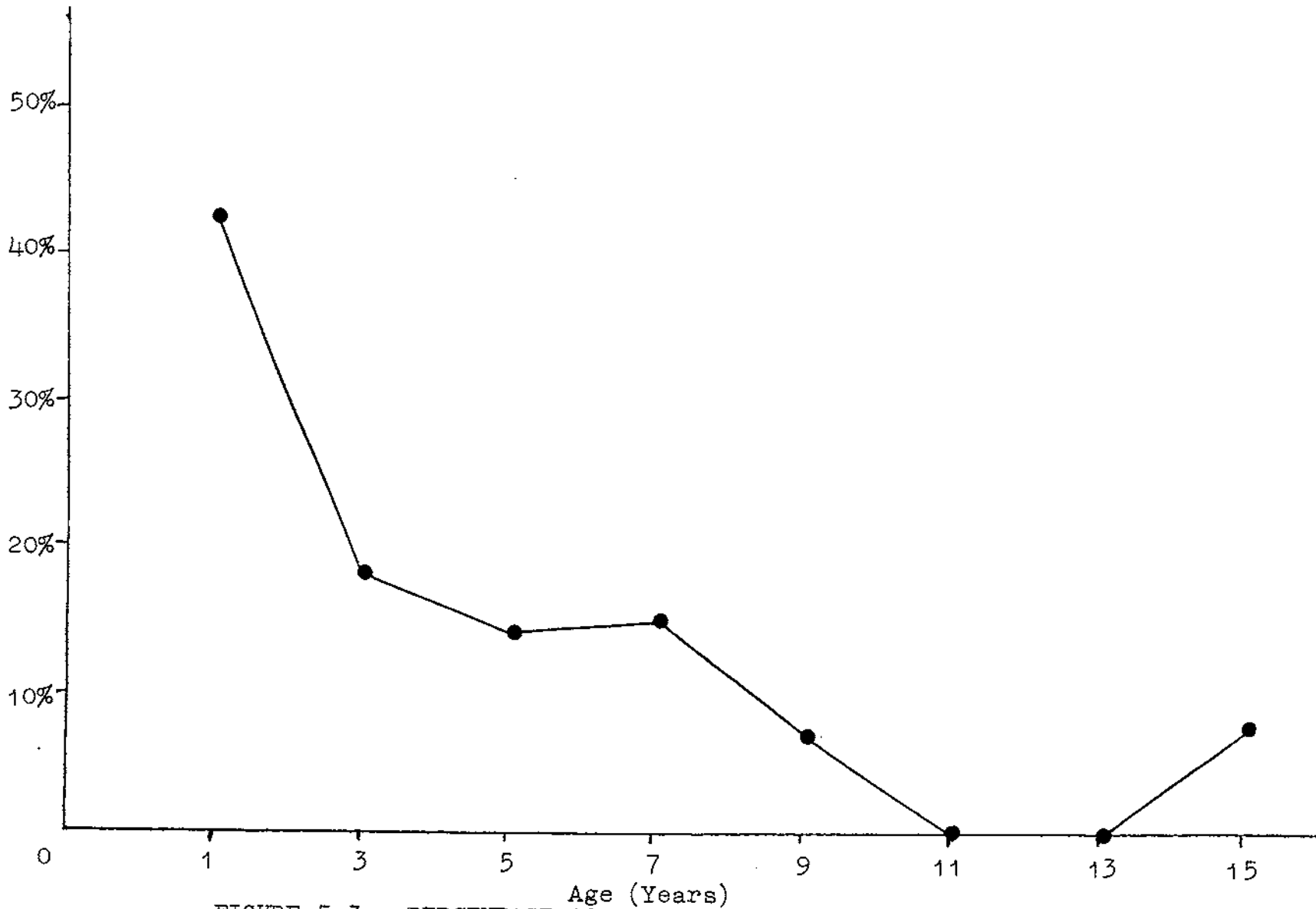


FIGURE 5.3 : PERCENTAGE OF SERIOUSLY INJURED CHILDREN BY AGE

Section 5.4 The Demographic Characteristics of Abusing Parents

In this section of the report we consider the demographic characteristics of the parent figures who were judged to have been responsible for the incidents of child abuse. Details of the method of definition of this group are given in Chapter 3, Section 3.5.

The Age and Sex of Abusing Parents

Table 5.4.1 gives the age and sex distribution of the abusing parents. This table shows the numbers of males and females in each age group expressed as a percentage of the total sample. The figures in parentheses show the numbers of cases in each cell of the table.

Table 5.4.1 AGE AND SEX DISTRIBUTION OF ABUSING PARENTS

Age in Years	Female	Male	Total
15 - 19	3.8% (9)	0.8% (2)	4.6% (11)
20 - 24	10.9% (26)	2.5% (6)	13.4% (32)
25 - 29	16.4% (39)	8.4% (20)	24.8% (59)
30 - 34	12.2% (29)	5.9% (14)	18.1% (43)
35 - 39	6.7% (16)	9.2% (22)	16.0% (38)
40 - 44	5.0% (12)	4.2% (10)	9.2% (22)
45 - 49	2.1% (5)	3.4% (8)	5.5% (13)
50 - 54	1.3% (3)	2.5% (6)	3.8% (9)
55 - 59	0.8% (2)	1.7% (4)	2.5% (6)
60 - 64	0.8% (2)	0.4% (1)	1.3% (3)
65 - 69	0.0% (0)	0.4% (1)	0.4% (1)
Not known	0.4% (1)	0.0% (0)	0.4% (1)
Total	60.5% (144)	39.5% (94)	100.0% (238)
Mean	30.99 years	36.52 years	33.18 years
S.D.	9.32	10.32	10.10

The table reveals that a greater proportion of the incidents of abuse were committed by females - 61% of the abusing

parents were female, in contrast to 39% male. This result appears to be consistent with the argument put forward earlier that females should display a greater frequency of abuse, in view of the greater contact that they have with children. In general, offending females appear to be younger than offending males, and tend to concentrate over a more narrow range of ages. These tendencies are expressed precisely by the means and standard deviations of the two samples given in the table.

The Marital Status of Abusing Parents

Table 5.4.2 shows the marital status of abusing parents at the time of the assault. This table gives figures for males, females and the total parent sample separately.

Table 5.4.2 THE MARITAL STATUS OF ABUSING PARENTS

Marital Status	Mothers	Fathers	Total
Single - never married	12.5% (18)	4.3% (4)	9.2% (22)
Legally married	78.5% (113)	89.4% (84)	82.8% (197)
No longer married -			
widowed	4.9% (7)	3.2% (3)	4.2% (10)
Not known	4.2% (6)	3.2% (3)	3.8% (9)
Total	100.0% (144)	100.0% (94)	100.0% (238)

It can be seen that the majority of parents were legally married at the time of the assault. A point of interest that emerges from the table is the difference between the proportions of unmarried males and females in the sample: 13% of offending females had never been married as opposed to 4% of offending males.

The above difference becomes even more marked when the pattern of cohabitation is considered. Table 5.4.3 shows the cohabitation patterns at the time of the assault.

Table 5.4.3 COHABITATION OF ABUSING PARENTS

Cohabitation	Mothers	Fathers	Total
Permanently with legal spouse	63.9% (92)	77.7% (73)	69.3% (165)
Permanently with <u>de facto</u> spouse	14.6% (21)	9.6% (9)	12.6% (30)
Intermittently with legal spouse	4.2% (6)	7.4% (7)	5.5% (13)
Intermittently with <u>de facto</u> spouse	4.9% (7)	4.3% (4)	4.6% (11)
No stable arrangement - short-term <u>de facto</u> associations	0.7% (1)	0.0% (0)	0.4% (1)
Living singly	10.4% (15)	1.1% (1)	6.7% (16)
Not known	1.4% (2)	0.0% (0)	0.8% (2)
Total	100.0% (144)	100.0% (94)	100.0% (238)

Abusing parents seem often to be involved in either irregular or unstable marital arrangements. Approximately 30% of the sample were living singly, in de facto relationships, or living only intermittently with their spouse. Unfortunately, it is not possible to establish the extent to which the sample is atypical in this respect as appropriate norms for the population are not available. Intuitively, it seems unlikely that a representative sample of families from the population would have produced this type of distribution of marital situations. This would perhaps imply that there is some relationship between the nature of the marital situation and the risk of abuse.

The Race of Abusing Parents

As the results on the race of the offending parents are necessarily similar to those on the abused child (see Section 5.2), they are not reported in the main body of the paper. The relevant results are shown in Appendix 5, Tables 57 and 88.

Section 5.5 The Socio-Economic Status of Abusing Families

Evidence from the literature tends to suggest that incidents of abuse concentrate in families of lower socio-economic status. In this section of the report an attempt is made to establish the strength of this relationship.

Table 5.5.1 shows a socio-economic status classification of the families of abused children. This classification is based upon the occupation of the male head of the family.

Table 5.5.1 THE SOCIO-ECONOMIC STATUS OF THE FAMILIES OF ABUSED CHILDREN

Classification	Number of Families	Percentage
Higher professional and administrative work	1	0.4%
Lower professional, technical and executive work	2	0.8%
Clerical and highly skilled work	4	1.6%
Farm management	11	4.3%
Skilled work	39	15.3%
Semi-skilled repetitive work	62	24.3%
Unskilled repetitive work	86	33.7%
Beneficiary	4	1.6%
Unemployed	6	2.4%
Not known	12	4.7%
No father in the home	28	11.0%
Total	255	100.0%

The results indicate that there is a marked tendency for abused children to come from homes in which the male head is employed in semi-skilled or unskilled work - 58% of abused children came from families of this type. In contrast, only 3% came from families in which the male head was employed in professional or clerical occupations. This result suggests that the risk of ill-treatment may be related to socio-economic status.

It is possible to examine this issue further by considering the occupational distribution of abusing males. If ill-treatment is related to socio-economic status, then it would be expected that the rate of abuse by males in the lower occupational groupings would be higher than the rate of abuse by males employed in professional and clerical work. Table 5.5.2 shows the rates¹ of abuse per 10,000 males for a set of occupational categories based upon an abbreviated version of the New Zealand Census occupational classification.

Table 5.5.2 THE OCCUPATIONAL CLASSIFICATION OF ABUSING MALES

Occupational Group	Number of Abusing Males	Number of Working Males in Population	Rate per 10,000
Professional, technical and administrative workers	3	110,810	0.27
Clerical workers	2	59,443	0.34
Wholesale and retail trade workers	1	51,258	0.20
Farmers, fisherman and hunters	14	120,685	1.16
Miners, quarrymen, etc.	1	4,233	2.36
Transport and communication workers	19	53,812	3.53
Craftsmen, process workers, labourers	49	307,076	1.60
Service, sport and related workers	0	24,871	0.00
Armed Forces	1	10,436	0.96
Not classified by occupation	4	91,383	0.44
Total	94	834,007	1.13

1. These rates were estimated in the following way:

$$\text{Rate} = \frac{(\text{Number of abusing males in occupational group}) \times 10,000}{\text{Number of males in occupation group in population}}$$

Estimates of the number of males in each occupation group were based on the data given in Table 4 of the New Zealand Census, 1966, Volume 4, New Zealand Government Printer, Wellington, N.Z.

The table clearly shows that there are marked differences in the rates of abuse by males in various occupational groups. In general, rates are highest in those groups containing a large number of unskilled and manual workers, and lowest in the white collar and professional groups.

In order to examine this relationship in a little more detail rates of abuse by occupation and race were calculated. These rates were standardised by race to take account of the skewed racial distribution of the sample of abusing fathers. Abusing fathers were partitioned into four groups:

1. Maori White Collar workers, i.e. Maori males employed in occupations described in the first three categories of Table 5.5.2.
2. Non-Maori White Collar workers.
3. Maoris working in Other Occupations, i.e., Maori males employed in other than white collar occupations excluding the "not classifiable" group.
4. Non-Maoris working in Other Occupations.

Table 5.5.3 presents the rates of abuse per 10,000 of the working male population for each of these four race and occupational groupings.

Table 5.5.3 RATES OF ABUSE PER 10,000 WORKING MALES
BY RACE

Occupational Group	Maori	Non-Maori	Total
White collar	0.00	0.27	0.27
Other occupations	9.08	0.98	1.61
Total	8.59	0.76	1.13

Examination of these occupational and race rates for offending males revealed a rather complicated set of relationships. These are summarised below:

1. Comparison of the frequency of abusing males in the two occupational groups revealed that the sample contained a significantly greater ($p < .01$) proportion of abusing males from the "other occupations" group than would be expected from the population distribution.
2. The incidence of assaults by Maori males was considerably and significantly higher ($p < .0001$) than would have been expected from the population distribution.
3. Within the non-Maori group there was clear evidence to suggest that a significantly greater ($p < .01$) proportion of assaults was committed by males from the "other occupations" group.
4. Within the Maori group it was not possible to determine whether the abuse rates varied with occupational group. Although the Maori rate of abuse in the white collar group was as small as it could be (i.e. 0.00), this was only slightly smaller than the expected proportion of Maori males (0.05) in the white collar group. Because of the small difference between the observed and expected rates it was not possible to apply a statistical test that had sufficient sensitivity to test any observed difference. Thus it is not possible to conclude with any degree of certainty whether or not child abuse is related to occupational groupings for the Maori group of abusers, although the figures would tend to indicate that this is the case.

These observed relationships suggest that the incidence of abuse amongst white collar males is in general lower than the incidence for males employed in other occupations. It must be noted, however, that owing to the method of classification used (basically a census classification), the occupational categories are extremely heterogeneous. For

example, the white collar group contains a range of occupations from the professions to basic grade clerical work. Similarly, the "other occupations" group contains such diverse occupations as airline pilot (transport and communication worker) and labourer. The distinction that may be drawn between the two groups is that the "other occupations" group contains all the semi-skilled and unskilled manual occupations. It is probably this difference that is reflected in the above comparisons of the rates.

While the results tend to suggest an association between socio-economic status (as measured by occupation) and child abuse, a number of alternative interpretations could be made. First it must be noted that the sample of cases being described was drawn from a population of cases reported to the Child Welfare Division for suspected or alleged abuse. It seems likely that this method of sampling may well have biased the results towards families of low socio-economic status. Further, it should be noted that the comparisons in rates discussed above take no account of differential fertility trends between occupational groups. The higher incidence of child abuse amongst males of the "other occupations" group may in part reflect the fact that these males come from a segment of society characterised by larger families with young children.

Despite these reservations, the authors are of the opinion that there is a relationship between socio-economic status and child abuse, and that the above results to some extent reflect this relationship.

Gil (1970) has noted a similar tendency for child abuse to concentrate in lower socio-economic groups, and in particular among families experiencing socio-economic deprivation. He suggests that this tendency can be ascribed to a variety of factors:

"The poor and members of ethnic minorities are subject to the same conditions that may cause abusive behaviour toward children in all other groups of the population. In addition, however, these people must

experience the special environmental stresses and strains associated with socio-economic deprivation and discrimination. Moreover, they have fewer alternatives and escapes than the nonpoor for dealing with aggressive impulses toward their children. Finally, there is an additional factor, the tendency toward more direct, less inhibited, expression and discharge of aggressive impulses, a tendency learned apparently through lower class and ghetto socialisation, which differ in this respect from middle class mores and socialisation" (p.139).

CHAPTER 6

THE ABUSED CHILD AND HIS FAMILY SITUATION

Section 6.1 Introduction

This chapter discusses a number of measures related to the family background of the abused child. Two major emphases run through the discussion. The first concerns the extent to which the abused child was stably attached to the abusing family. Previous research (Chesser 1952, Watt 1968) has produced evidence to suggest that separations of the child from his family, and changes in home situation, tend to be associated with incidents of child abuse. To examine this issue in detail a number of measures, including the proportion of life that the child had lived in the abusing home, the frequency of separations from this home, and the incidence of early mother/child separation among abused children, are described.

A second major area covered in the chapter is the extent to which the abusing family was adequate as a child rearing unit. The available literature on child abuse tends to suggest that abusing families frequently are subject to multiple sources of inadequacy (Young 1964, Elmer 1965, 1967, Johnson and Morse 1968, Skinner and Castle 1969, Gil 1969, 1970). To map this area of family functioning a number of measures, including the adequacy of physical care of the child, material standards in the home, and contact of the family with welfare agencies, are discussed.

In summary, the major aim of the analysis is to determine the extent to which the abused children "fitted into" the abusing families and the adequacy of these families as child rearing units. At the same time the discussion fulfils the function of giving a basic descriptive analysis of a number of salient features of the abusing family.

Section 6.2 The Nature and Stability of Parent/Child Relationships Within the Abusing Family

This section of the report describes a number of measures relating to the child's situation at the time of the survey incident and his life history prior to the incident. Some care must be taken in interpreting the life history measures, as this information could only be obtained from the Child Welfare Officer's interview with the family, and from the available case material. Because these sources are unlikely to have given a full and systematic account of the child's life history, the measures quoted should be regarded as lower limit estimates of the incidence of separations, changes in home, etc., amongst abused children.

The Relationship of the Abused Child to his Parent Figures

Table 6.2.1 shows the relationship of the child to the adults who were his parent figures at the time of the incident.

Table 6.2.1 CHILD'S HOME CIRCUMSTANCES AT THE TIME OF THE INCIDENT

Home Circumstances	Number of Children	Percentage
Living with both natural parents	128	50.2%
Living with natural mother only	21	8.2%
Living with natural mother and spouse (legal or <u>de facto</u>)	21	8.2%
Living with natural father only	1	0.4%
Living with natural father and spouse (legal or <u>de facto</u>)	29	11.4%
Living with adoptive parent(s)*	12	4.7%
Living with relatives	30	11.8%
Living with foster parent(s)	13	5.1%
Total	255	100.0%

* Includes cases awaiting Final Adoption Order, and cases adopted by relatives.

The most striking feature of the above results is the frequency with which abused children were residing in homes in which one or both natural parents were absent. Nearly 50% were residing in homes of this type. It is also of some interest to note that a sizeable group of children were living with relatives at the time of the assault. In all but three of these cases the child was of Maori or Pacific Island origin.

Not only did the sample contain a large proportion of children living with substitute parents, but also there was some evidence to suggest a relatively high incidence of fatherless homes. Of the 255 abused children, 28 (11%) came from homes in which a father figure was absent. In contrast only 2 children came from homes in which a mother figure was absent.

These results taken together indicate that the abused children frequently came from homes in which the normal child/parent constellation was disrupted. The high frequency with which abused children experienced this type of home situation strongly suggests a relationship between the nature of the home situation and the likelihood of abuse. In particular it would seem that homes in which children live with substitute parents are more prone to produce incidents of abuse. This conclusion appears to be consistent with the findings of Kroeger (1965), Simons *et al.* (1966), Skinner and Castle (1969) and Gil (1969, 1970), all of whom have reported a relatively high incidence of abuse committed by substitute parents.

Separation of the Abused Child from his Family

The survey data provided extensive information on the child's family and life history. Particular consideration was given to the frequency with which the abused child had experienced various types of separation from his family and changes in home situation. The results on these measures are discussed below.

To measure the incidence of early mother/child separation amongst the children residing with natural mothers, a rela-

tively complex method of classification was devised. The period of the first three years of the child's life was divided into three (unequal) time periods: 0-2 months; 3-12 months; 13-36 months. For each of these periods if there was a separation the event was denoted "1" and if no separation was recorded the event was denoted "0". This method of classification yields the eight patterns of separation shown in Table 6.2.2. In constructing this table the following definitions of separation were used:

1. During the first two months of life the child was deemed to have been separated from his mother if he had been separated from her for a period of 2 weeks or more.
2. During the periods 3-12 months and 13-36 months the child was deemed to have been separated if he had spent a period of greater than a month apart from his mother.

Table 6.2.2 EARLY MOTHER/CHILD SEPARATION OF CHILDREN LIVING WITH NATURAL MOTHERS

Period of Life			Number of Children	Percentage
0-2 mths	3-12 mths	13-36 mths		
1	1	1	22	12.9%
1	1	0	5	2.9%
1	0	1	2	1.2%
1	0	0	5	2.9%
0	1	1	10	5.9%
0	1	0	12	7.1%
0	0	1	13	7.6%
0	0	0	98	57.6%
Separated at some time during the first three years - period not known			3	1.8%
Total			170	100.0%

It may be seen that of the 170 abused children who were living with their natural mothers at the time of the assault, 72 or 42% were known to have experienced mother/child

separation during the first three years of life. This result appears to be consistent with Watt's (1968) contention that mother/child separation is a factor in child abuse. This argument can be tested more precisely by examining the way in which the responsibility for assault varied with separation. In general, it would be expected that if mother/child separation were a factor in child abuse, then mothers who had been separated would be more prone to be responsible for abuse than mothers who had not been separated.

To examine this, the sample of abused children who were living with natural mothers was partitioned into the four sub-groups shown in Table 6.2.3. In constructing this table the responsibility of the mother was determined by the criteria outlined in Section 3.5, and separation was defined as "at least one occasion on which the child had been separated during the first three years of life".

Table 6.2.3 RESPONSIBILITY FOR ABUSE X MOTHER/CHILD SEPARATION

	Separation	No Separation	Total
Mother responsible	70.8% (51)	49.0% (48)	58.2% (99)
Mother not responsible	29.2% (21)	51.0% (50)	41.8% (71)
Total	100.0% (72)	100.0% (98)	100.0% (170)

The figures in Table 6.2.3 indicate that cases of abuse distribute over the sub-groups in a way that supports the contention that child abuse and early separation are related variables. Of the mothers who had been separated 71% were responsible for the incident of abuse, whereas of the mothers who had not been separated 49% were responsible. Application of a chi square test of independence to these data indicated that mothers who had been separated were responsible for a significantly greater proportion of assaults ($p < .01$). The four-fold (tetrachoric) correlation coefficient between responsibility and separation was of the order of +.35.

Examination of the relationship between responsibility

and separation during the various time periods shown in Table 6.2.2 revealed that the relationship remained constant irrespective of the actual period of the separation. This result would suggest that while separation during the early years of life is a factor related to child abuse, the exact period of separation may be of little importance.

Besides displaying an atypically high incidence of early mother/child separation, abused children appeared to be prone to changes in family circumstances. Table 6.2.4 shows the length of the most recent continuous period that the child had resided with both parents who were in the home at the time of the assault. This period is expressed as a percentage of the child's life.

Table 6.2.4 LENGTH OF MOST RECENT PERIOD WITH BOTH PARENTS

Proportion of Life	Number of Children	Percentage
All of life	79	31.0%
75 - 99% of life	13	5.1%
50 - 74% of life	26	10.2%
25 - 49% of life	34	13.3%
10 - 24% of life	46	18.0%
Less than 10% of life	42	16.5%
Not all of life, but period unknown	14	5.5%
Not known	1	0.4%
Total	255	100.0%

The results are quite striking: in 69% of cases the children had not always lived with both the parent figures in the home. Very similar results were obtained when the frequency of children who had resided continuously with either one of the parent figures in the home was examined. In 55% of cases the children had not always lived with either one of the parent figures. Both these findings indicate the somewhat tenuous nature of the abused child's attachment to the abusing family.

As would be expected from the above results, the children had experienced also a large number of changes in home situation prior to the survey incident. Table 6.2.5 shows the extent of these changes. In constructing this table a change in home was defined as either a change in parent figure within the home (e.g. father deserting, step-parent arriving, etc.) or a change from one home to another (e.g. from natural parents to foster parents). It should be noted that changes of a purely temporary nature (e.g. holidays, brief hospital stays, etc.) are not included in the table.

Table 6.2.5 NUMBER OF CHANGES IN HOME PRIOR TO THE INCIDENT

Number of Changes	Number of Children	Percentage
No changes	79	31.0%
1 change	33	12.9%
2 changes	56	22.0%
3 changes	12	4.7%
4 changes	17	6.7%
5 changes	9	3.5%
6 changes	3	1.2%
7 or more changes	17	6.7%
At least one change - number not known	28	11.0%
Not known	1	0.4%
Total	255	100.0%

When taken in conjunction with the findings on early mother/child separation and the frequency of separations of the child from his family, the above result clearly conveys the impression that in general abused children are "separation prone". The general implications of this finding are discussed in detail in Chapter 8 of the report. However, to provide the reader with an indication of the type of situation in which separation and abuse interact, an illustrative case history is given below:

"David, a 2½ year old European child, was admitted to the local hospital suffering from extensive bruising

of the body, legs and genitalia, and severe under-nourishment. This was his third visit for this type of injury within a period of six months.

Examination of David's family background revealed a rather complicated life history marked by a series of separations and changes in home circumstances. Shortly before David was born his mother and father separated and, as his mother was unable to care for him, he spent the first two months of life in a foster home. At the end of this period he went to live with his father and his father's recently acquired de facto wife. He remained in this environment until the age of seven months, at which point his step-mother became unwilling to look after him owing to her pregnancy. He was then sent to live with his paternal grandparents who looked after him until the age of two years. At this point he returned to live with his father and step-mother.

Two months later, David appeared at the outpatients department of the local hospital with extensive bruising. Neither parent could provide an adequate explanation for the injury, and maltreatment was strongly suspected. Some time later, he again appeared at the outpatients department of another hospital, suffering from a fractured leg. Two months later his third admission to hospital occurred, this time for extensive bruising and severe under-nourishment; at the time David's weight was only 22 lbs. Hospital examination provided a diagnosis of the battered child syndrome. David was committed to the care of the Superintendent of Child Welfare and placed with foster parents."

Section 6.3 The Adequacy of the Abusing Family

A number of measures of the adequacy of the abusing family as a child rearing unit are described below. Particular attention is given to the extent to which the family provided an adequate standard of physical care of the abused child, and the extent to which the family encountered problems associated with child rearing.

Neglect of the Survey Child

A number of authors, including Chesser (1952), Zalba (1966), and Weston (1968), have suggested that child neglect and child abuse form two distinct sets of phenomena. They conclude that neglect is generally associated with conditions of ignorance or poverty, whereas child abuse tends to be a more pervasive phenomenon. While there are sound reasons for drawing such a distinction, it seems unlikely that the two sets of phenomena are entirely independent.

To establish the standard of physical care amongst the abused children, two indicators of neglect were derived. The first was the authors' qualitative assessment of the standard of care of the child; this assessment was based on the contents of the recording form and the case history material. The second measure was derived from a check list of items (Question 127 of the recording form). This list contains items on the standard of the child's nutrition, clothing and physical hygiene. Each item was assumed to be an indication of some aspect of neglect, and a simple index of the extent of neglect was obtained by summing the number of negative symptoms displayed by the child.

Table 6.3.1 shows the distribution of the 255 abused children on the qualitative assessment of standard of care. In addition, for each category in the table the mean number of negative symptoms underlined in the check list is shown.

It can be seen from the table that the mean number of negative symptoms underlined corresponds closely to the neglect ratings. Children with serious neglect ratings tended to

have large numbers of negative symptoms noted, while those receiving good or adequate care rarely had any symptoms noted. This would suggest that the rating and the check list are measuring the same factors in the child's home situation.

Table 6.3.1 NEGLECT RATINGS OF THE ABUSED CHILDREN AND
MEAN FREQUENCIES OF SYMPTOMS OF NEGLECT

Neglect Rating	Number of Children	Percen- tage	Mean Frequency of Negative Symptoms
Severe neglect - malnutrition, etc., sufficient to endanger life or health	3	1.2%	9.7
Serious neglect	24	9.4%	7.6
Signs of neglect, but not serious	39	15.3%	4.0
Some indications that care was less than adequate	61	23.9%	1.8
Care adequate	80	31.4%	0.3
Care good or excellent	38	14.9%	0.0
Not known	10	3.9%	0.0
Total	255	100.0%	2.0

The table reveals that in 50% of cases there was some indication that the standard of the child's physical care was less than adequate; in 11% of cases there was evidence to suggest that abused children were also seriously neglected. While the incidence of serious neglect in the sample is relatively small, one must also take into account that the incidence of serious neglect in the population is probably of the same order of magnitude as the incidence of ill-treatment. If this is the case, the fact that 11% of abused children were also seriously neglected suggests that children who are subject to neglect have a greater risk of being ill-treated than non-neglected children.

While the above findings suggest a relationship between neglect and child abuse, it must be noted that the two phenomena are by no means perfectly correlated, and that in a

sizeable proportion of cases there was no evidence to suggest that the abused children were living under conditions of neglect or inadequate care.

Material Standards of Families

Elmer (1967) has produced evidence to suggest that homes in which child abuse takes place often are materially inadequate. In particular, she finds that abusing families frequently experience problems associated with the management of domestic finances. The extent to which this was true of the sample of cases dealt with in the survey is examined in Table 6.3.2.

Table 6.3.2 ADEQUACY OF SUPPORT IN THE ABUSING HOME

Adequacy of Support	Number of Children	Percentage
Adequate	163	63.9%
Inadequate because of:		
1. Irregularity of income	15	5.9%
2. Insufficient basic earnings	9	3.5%
3. Breadwinner contributing an inadequate amount of earnings	19	7.5%
4. Chronic mismanagement of domestic finances	24	9.4%
5. More than one of the reasons above	4	1.6%
6. Other reasons or not known	17	6.7%
Not known whether adequate or inadequate	4	1.6%
Total	255	100.0%

The table reveals that in 35% of cases the level of financial support in the home was rated by the investigating Child Welfare Officer as being inadequate. Prominent amongst the reasons for inadequacy were "breadwinner contributing an inadequate amount of his earnings", and "chronic mismanagement of the domestic finances". In this respect it is worth noting that Elmer (1967) has reported a similar set of reasons for the material inadequacy of the abusing family.

As might be expected from the preceding results, the standards of facilities and housekeeping in a relatively large number of abusing homes were inadequate. Table 6.3.3 shows ratings of the standards of housekeeping for the homes of the survey children. These ratings are based on the authors' assessment of the available case material, and the Child Welfare Officers' responses to item 133(b) of the recording form.

Table 6.3.3 STANDARDS OF FACILITIES AND HOUSEKEEPING

Standards	Number of Children	Percentage
Very high standards	15	5.9%
Above average or high standards	55	21.6%
Average or adequate standards	95	37.3%
Below average or poor standards	56	22.0%
Very poor standards	8	3.1%
Not known	26	10.2%
Total	255	100.0%

In a sizeable proportion of cases (25%) there were some indications that the standards of housekeeping were less than adequate. While the majority of families appeared to maintain an adequate standard of housekeeping, the above result does tend to suggest that the sample contained a larger than might be expected proportion of homes in which these standards were below an acceptable level.

In addition to the relatively high frequency of financial inadequacies and shortcomings in the standard of housekeeping, there was some evidence to suggest that abusing homes were also subject to some instability in sources of income. Analysis of the survey data revealed that in 12% of cases the male breadwinner in the home experienced periods of unemployment and in a further 11% of cases a male breadwinner was absent.

Previous Contact of the Abused Child with the Child Welfare Division

A considerable proportion of the children had come to the attention of the Division prior to the survey incident. Table 6.3.4 shows the number and proportions of children coming to notice, and the reasons for this notice.

Table 6.3.4 PREVIOUS CHILD WELFARE NOTICE OF THE ABUSED CHILDREN

Previous Notice	Number of Children	Percentage
No known notice	73	28.6%
Known for:		
(a) Harmful or inadequate care (including ill-treatment, neglect, poor home conditions, etc.)	66	25.9%
(b) Behavioural, emotional or school problems	10	3.9%
(c) Other reasons (including indigency, financial assistance, illegitimate birth enquiry)	29	11.4%
(d) Both (a) and (b)	20	7.8%
(e) Both (a) and (c)	47	18.4%
(f) Both (b) and (c)	3	1.2%
(g) All of (a), (b) and (c)	7	2.7%
Total	255	100.0%

In 71% of cases the children had come to attention on at least one occasion prior to the survey incident. In a large proportion of cases (55%) the complaints had involved suggestions of harmful or inadequate care. Further, in 30% of cases the children had come to attention for more than one reason. These results underline the impression, conveyed by the other findings in the chapter, that frequently the family background of the abused child was characterised by various sources of instability and inadequacy.

Examination of the survey data also revealed that of the 255 abused children, 99 (39%) had come to the attention of the

Child Welfare Division or other agencies for incidents of alleged or suspected abuse. This finding is consistent with the comments made in Section 4.2 on the persistence of incidents of abuse.

Section 6.4 Intercorrelations of Variables

The results presented in the preceding sections describe individual properties of the abused child's family situation. However, as a number of these measures describe similar aspects of the family, it would be expected that the variables would bear some degree of relationship to each other. To examine the structure of these relationships, the data described in the chapter were subjected to a cluster analysis. Each of the variables was dichotomised using the convention that symptoms apparently positively associated with incidents of ill-treatment were scored 1, and symptoms apparently negatively related to ill-treatment were scored 0. Table 6.4.1 shows the variables and the dichotomies used in the analysis.

For each pairwise set of variables the tetrachoric correlation coefficient was computed, giving rise to the 9 x 9 matrix of intercorrelations shown in Table 6.4.2. This matrix is presented in clustered form with the selected clusters of variables represented by the triangular segments along the leading diagonal of the matrix. Clustering was carried out using the procedure described by Adcock (1954). In this method the initial cluster is formed around the largest correlation coefficient in the matrix. Variables are then selected, by inspection, so that they correlate positively with each other and with the other members of the cluster. This technique is carried out until either it is not possible to find positive correlations that meet these requirements, or until marked discontinuities in the structure of the cluster become apparent. Clustering then begins anew around the highest correlation in the matrix of residual variables. This procedure is carried out until all variables in the matrix are located within clusters, or until it is not possible to generate further clusters. As the procedure removes clusters of variables in a hierarchical fashion there is no guarantee that the initial grouping will produce the best clustering of the variables. Thus it is often necessary to shift variables between clusters. The criterion used in making these changes is that the number of high positive correlations lying outside the clusters is minimised.

Table 6.4.1 DEFINITION OF VARIABLES USED IN CLUSTER ANALYSIS

Variable Number	Variable Name	0	1	Table Ref.
1	Present parent figures	Living with both natural parents	Living with other than both natural parents	6.2.1
2	Length of most recent period with both parents	Lived in same home all of life, or not known	Had not lived in same home all of life	6.2.4
3	Changes in home situation	Fewer than median (2) number of changes in home	Median number or more changes in home	6.2.5
4	Neglect rating	Care adequate, good or excellent	Care less than adequate	6.3.1
5	Early mother/child separations	No early mother/child separation	Early mother/child separation	6.2.4
6	Adequacy of financial support	Support adequate	Support less than adequate	6.3.2
7	Standards of facilities and housekeeping	Adequate standards	Below adequate standards	6.3.3
8	Previous notice to Child Welfare	No previous notice	Previous notice	6.3.4
9	Previous notice for suspected or alleged ill-treatment	No previous notice for ill-treatment	Previous notice for ill-treatment	-

Table 6.4.2 CLUSTERED MATRIX - CHILDREN

	Variable Number									
	2	3	8	1	9	7	6	4	5	
2	x	.99	.50	.74	.25	.29	-.05	.44	.45	
3		x	.51	.37	.26	.18	.00	.25	.50	
8			x	.37	.54	.27	.14	.54	.26	
1				x	.07	.07	-.05	.17	-.39	
9					x	-.03	-.21	.10	.13	
7						x	.71	.70	.12	
6							x	.55	.07	
4								x	.36	
5										x

Table 6.4.2 shows that the interrelations of the variables can be approximated by two relatively distinct clusters. These clusters and their properties are outlined below:

Cluster 1

This cluster contains the variables 2 (Length of most recent period with both parents), 3 (Changes in home situation), 8 (Previous notice to Child Welfare), 1 (Present parent figures), and 9 (Previous notice for ill-treatment). These variables appear to describe the general stability of the child's life history, and the extent of his previous contact with the Division prior to the survey incident.

Cluster 2

This cluster contains the variables 7 (Standards of facilities and housekeeping), 6 (Adequacy of

financial support), and 4 (Neglect rating). These variables apparently relate to the adequacy of the material standards and standards of care in the abused child's home. It is noteworthy that variable 4 (Neglect rating) also shows a considerable overlap with cluster 1, indicating that it is related both to inadequate material conditions and to the stability of the child's life history.

In addition to these two clusters of variables, the matrix contains a residual variable - 5 (Early mother/child separation). This variable shows high correlations with most of the members of cluster 1, suggesting that it naturally belongs with this cluster. However, it also has a negative correlation with variable 1 which disqualifies it from entry into the cluster. This, it is suspected, is a result of an artifact of the measurement definitions. Early mother/child separation was recorded only for those children residing with natural mothers, and as a consequence all children who were not living with their natural mothers at the time of the incident were scored 0 on this variable. This condition necessarily means that the correlation between Early mother/child separation and variable 1 will be non-positive. In view of this artifact in the measures, it seems reasonable to include variable 5 in cluster 1, although for reasons of consistency and clarity this is not shown in the matrix.

The above results support the distinction, drawn in the introduction to this chapter, that the survey measures related to two general aspects of the child's family situation, i.e. the stability of the relationships within the family and the material adequacy of the family. On both of these dimensions abused children appeared to experience a high frequency of atypical or adverse family circumstances. The general trends in these data appear to be consistent with the results reported by other authors: for example, both Chesser (1952) and Watt (1968) have commented on the frequency with which abused children display separations from the abusing family. Other studies (De Francis 1963, Kroeger 1965, Simons et al. 1966, Skinner and Castle 1969,

Gil 1968, 1969, 1970) have reported apparently high frequencies of child abuse in homes where children are residing with substitute parents. Further evidence indicates that child abuse often occurs in homes experiencing various sources of material inadequacy (De Francis 1963, Johnson and Morse 1968, Gil 1969, 1970).

While the persistent association between instability of family relationships and child abuse, and inadequacy of material conditions and child abuse, has been relatively well documented, at present there is no particularly clear account of the reasons for these relationships. In Chapter 8 a number of possible explanations for the trends are examined.

CHAPTER 7

THE PARENTS OF THE ABUSED CHILDREN

Section 7.1 Introduction

This chapter presents descriptive material on the abusing and non-abusing parents. The contents of the chapter fall into two major divisions. The initial sections give a descriptive analysis of the characteristics of the abusing parents. The general aim of this analysis is to illustrate the commonly occurring characteristics of these individuals and to examine the possible ways in which these characteristics may be related to incidents of abuse. In the concluding section of the chapter, a correlational analysis of the similarities and differences between abusing and non-abusing parents is given. The aim of this analysis is to provide a general description of the interrelationship between the parent's background experiences, family situation and responsibility for abuse.

Section 7.2 The Relationship of the Abusing Parent to the Abused Child

The results presented in Section 6.2 of the report revealed that a large proportion of abused children were residing in homes with substitute parents. This trend is reflected in the frequency with which substitute parents were responsible for incidents of abuse. Table 7.2.1 shows the relationship of the abusing parent to the abused child.

Table 7.2.1 RELATIONSHIP OF THE ABUSING PARENT TO THE ABUSED CHILD

Relationship to Child	Mothers	Fathers	Total
Natural parent	64.6% (93)	74.5% (70)	68.5% (163)
Adoptive parent	2.1% (3)	2.1% (2)	2.1% (5)
Intending adoptive parent	2.1% (3)	1.1% (1)	1.7% (4)
Legal step-parent	6.3% (9)	6.4% (6)	6.3% (15)
<u>De facto</u> step-parent	5.6% (8)	4.3% (4)	5.0% (12)
Relative	11.8% (17)	9.6% (9)	10.9% (26)
Other substitute parent	7.6% (11)	2.1% (2)	5.5% (13)
Total	100.0% (144)	100.0% (94)	100.0% (238)

The results shown above are quite striking; in 32% of cases the abusing parent was a substitute parent. This apparently high incidence of abuse by substitute parents appears to be consistent with findings reported by previous authors (De Francis 1963, Kroeger 1965, Simons et al. 1966, Skinner and Castle 1969, Gil 1968, 1969, 1970). It seems to be reasonably clear from the above results that the sample of abusing parents contained a considerably larger proportion of substitute parents than one would expect from a random sample of parents drawn from the general population.

Section 7.3 The Background History of Abusing Parents

Childhood Experiences

A number of authors have put forward the view that ill-treatment, rejection, or inadequate mothering during childhood are important factors in predisposing parents to engage in child abuse (Fontana 1964, Nurse 1964, Steele and Pollock 1968). While the nature of the survey method precluded any detailed measurement of the childhood experiences of abusing parents, it was possible to gain some indication of these experiences from the check list of items in Questions 39A and 65A of the recording form and from records held by the Child Welfare Division.

Table 7.3.1 shows the frequency with which abusing parents were known to have been subject to ill-treatment or neglect during childhood; had been raised away from home or in a broken home or had lived under conditions of marital discord as a child; or had come to the attention of the Child Welfare Division during childhood. (It will be noted that no totals are given in this table as parents may fall into more than one category.)

Table 7.3.1 CHILDHOOD EXPERIENCE OF ABUSING PARENTS

Childhood Experience	Mothers	Fathers	Total
Ill-treatment or neglect	14.6% (21)	17.0% (16)	15.5% (37)
Broken home, raised away from home, or marital disharmony	30.6% (44)	25.5% (24)	28.6% (68)
Came to the attention of the Child Welfare Division	22.2% (32)	19.1% (18)	21.0% (50)

The results reveal that a sizeable proportion of abusing parents were known to have experienced unstable or adverse conditions during childhood: 16% had been subject to ill-treatment or neglect, 29% had experienced an unstable home background, and 21% had come to the attention of the Division

as children. The (relatively) high frequency of these adverse childhood experiences amongst abusing parents becomes even more striking when it is taken into account that the survey data necessarily give minimum estimates of the incidence of these events.

Although there are no population base rate data against which these estimates may be compared, in the present case such data are largely of academic interest - intuitively, it is clear that abusing parents showed a considerably higher incidence of adverse childhood experience than would be expected from a group randomly selected from the general population. This would suggest that there is some degree of association between early experience and subsequent abusive behaviour. In the light of the clinical findings reported by Steele and Pollock (1968) it seems reasonable to assume that early experience plays a predisposing role in incidents of abuse.

A further point of interest to emerge from the results is the congruence between the early experiences of the abusing parents and those of abused children. Both groups appear to have experienced a high incidence of unstable or adverse home circumstances during childhood. The structure of the data is consistent with the view that abused children tend to become abusing parents and that child abuse is a behaviour pattern that is transmitted from generation to generation of families through early social learning (Steele and Pollock 1968). This conclusion, if it is true in general, has disturbing implications as it would suggest that many of the abused children described in this study may later turn out to be abusing parents, thus perpetuating the tragic cycle of child abuse.

Adult Behaviour

As well as having a high incidence of disturbed childhood experiences, abusing parents as a group were prone to various forms of atypical or deviant behaviour as adults. Table 7.3.2 shows the frequency of criminal convictions (prior to the survey incident) amongst abusing parents.

Table 7.3.2 PREVIOUS CRIMINAL CONVICTIONS OF ABUSING PARENTS

Number of Convictions	Mothers	Fathers	Total
No known conviction	84.7% (122)	42.6% (40)	68.1% (162)
1 conviction	6.9% (10)	25.5% (24)	14.3% (34)
2 convictions	4.2% (6)	14.9% (14)	8.4% (20)
3 convictions	2.1% (3)	5.3% (5)	3.4% (8)
4 convictions	1.4% (2)	3.2% (3)	2.1% (5)
5 convictions	0.0% (0)	1.1% (1)	0.4% (1)
6 convictions	0.0% (0)	1.1% (1)	0.4% (1)
7 or more convictions	0.7% (1)	5.3% (5)	2.5% (6)
Convictions, but number not known	0.0% (0)	1.1% (1)	0.4% (1)
Total	100.0% (144)	100.0% (94)	100.0% (238)

The results are consistent with those reported by earlier studies (De Francis 1963, Young 1964, Johnson and Morse 1968, Gil 1968, 1969, 1970) in that a high proportion (32%) of abusing parents had previous criminal convictions. In this respect there appear to be quite marked differences in the incidence of criminal offending amongst males and females: 15% of abusing females had previous criminal convictions in contrast to 57% of abusing males. The reasons for this marked difference are not entirely clear, although it may be accounted for by the general difference in rates of criminal offending amongst males and females.¹ Again, although there are no base rate data against which these results may be adequately compared, it is clear that abusing males, and probably abusing females, displayed a considerably higher incidence of prior criminal offending than

1. This view is supported by the fact that the incidence of criminal prosecution is many times greater for males than females. For example in 1967 approximately 9.6 times as many males as females were convicted in the Magistrates' Courts in New Zealand. (Source: New Zealand Statistics of Justice, 1967, Department of Statistics, Wellington, N.Z., 1969.)

one would expect from a group of parents randomly selected from the general population. This would imply some degree of statistical association between incidents of child abuse and prior criminal behaviour.

In addition to a high incidence of criminal convictions, abusing mothers often displayed symptoms indicative of mental disturbance. Table 7.3.3 shows ratings of the extent to which abusing parents displayed symptoms of mental illness. These ratings must be treated with some caution as they are based on the investigating Child Welfare Officer's responses to Questions 36 and 61 of the recording form. As these ratings were made after only a limited amount of contact with the abusing parent it is possible that they are subject to considerable bias and inadequacy as measures of tendencies toward mental illness. At best the results can give only a tentative indication of the incidence of mental illness amongst abusing parents.

Table 7.3.3 SYMPTOMS OF MENTAL ILLNESS AMONGST ABUSING PARENTS

Symptoms	Mothers	Fathers	Total
Has been admitted to psychiatric hospital	9.0% (13)	3.2% (3)	6.7% (16)
Has been medically diagnosed as mentally ill	3.5% (5)	0.0% (0)	2.1% (5)
Strong indications of mental illness	17.4% (25)	4.3% (4)	12.2% (29)
Some indications of mental illness	11.8% (17)	1.1% (1)	7.6% (18)
No known indications of mental illness	58.3% (84)	91.5% (86)	71.4% (170)
Total	100.0% (144)	100.0% (94)	100.0% (238)

In 30% of cases abusing females were rated as displaying at least strong indications of some form of mental disturbance; in 13% of cases the abusing mother had been medically diagnosed as mentally ill or had been admitted to a psychiatric hospital. By contrast the incidence of mental illness amongst males was considerably lower. This would suggest that as a group abusing mothers were more prone to mental illness than were abusing fathers. It was possible to examine this issue in a little

more detail through a comparison of the observed and expected¹ incidence of mental hospital admission amongst abusing males and females. This comparison is shown in Table 7.3.4.

Table 7.3.4 EXPECTED AND OBSERVED INCIDENCE OF MENTAL HOSPITAL ADMISSION FOR ABUSING PARENTS

	Expected	Observed
Females	5.52	13
Males	4.63	3

The comparison reveals that as a group abusing mothers had a greater incidence of mental hospital admissions than would be expected from the population estimate, whereas abusing males had a slightly lower than estimated incidence of mental hospital admission. Application of chi square one sample tests to the data in Table 7.3.4 revealed that the incidence of mental hospital admission amongst abusing mothers was significantly greater ($p < .01$) than the estimated rate for the population, whereas for abusing males the observed incidence did not deviate significantly from the population estimate. This finding supports the view that amongst abusing mothers mental disturbance is a factor that is at least statistically related to incidents of child abuse. The lower incidence

1. The expected number of mental hospital admissions for the sample was estimated in the following way. An artificial population of mental hospital first admissions was created by taking the first admission rates for the years 1962 - 1967 and averaging these rates. The expected rate of admission for each year of life was estimated from this population, and then cumulated to provide an artificial "life table" of risks of mental hospital admission. The expected frequency of admission was then estimated from this life table.

First admission rates were obtained from the Medical Statistics Report, 1967, Part II, Mental Health Data, Table 18, p.34, National Health Statistics Centre, Wellington, N.Z., 1967.

amongst males may be an artifact of the survey method, as it is suspected that Child Welfare Officers frequently interviewed abusing mothers in more depth than abusing fathers. This difference in interviewing procedures could have resulted in the data for fathers being collected in a less systematic and rigorous fashion than the data for mothers, and this tendency could mean that the mental illness ratings for abusing fathers are an underestimate of the actual incidence of mental illness in the sample.

In many instances abusing parents had come to the attention of the Child Welfare Division as adults. Table 7.3.5 shows the proportions of abusing mothers and fathers coming to attention and the reasons for this notice.

Table 7.3.5 PREVIOUS NOTICE OF ABUSING PARENTS (AS ADULTS) TO THE CHILD WELFARE DIVISION

Previous Notice	Mothers	Fathers	Total
No previous notice	17.4% (25)	27.7% (26)	21.4% (51)
Known for inadequate care or supervision (1)	27.1% (39)	19.1% (18)	23.9% (57)
Known for emotional or behavioural problems of children (2)	4.2% (6)	6.4% (6)	5.0% (12)
Known for other reasons e.g. adoption or foster placement, general assistance, etc. (3)	19.4% (28)	12.8% (12)	16.8% (40)
Known for 1 and 2	11.1% (16)	14.9% (14)	12.6% (30)
Known for 1 and 3	17.4% (25)	10.6% (10)	14.7% (35)
Known for 2 and 3	1.4% (2)	6.4% (6)	3.4% (8)
Known for 1, 2 and 3	2.1% (3)	2.1% (2)	2.1% (5)
Total	100.0% (144)	100.0% (94)	100.0% (238)

The results in Table 7.3.5 show that the majority of abusing parents (79%) had come to the attention of the Child Welfare Division as adults, prior to the survey incident. In many cases this notice involved some indication of harmful or inadequate care, suggesting that abusing parents may have been

associated with previous incidents of abuse. This issue is examined further in Table 7.3.6 which shows the frequency with which abusing adults had come to the attention of the Child Welfare Division or other agencies for suspected or alleged incidents of child abuse.

Table 7.3.6 PREVIOUS NOTICE OF ABUSING PARENTS (AS ADULTS) FOR ILL-TREATMENT OR SUSPICION OF ILL-TREATMENT

Previous Notice for Ill-treatment	Mothers	Fathers	Total
No previous notice for ill-treatment	48.6% (70)	57.4% (54)	52.1% (124)
Known to Child Welfare on one or more occasions for ill-treatment	45.8% (66)	34.0% (32)	41.2% (98)
Known to some other agency for ill-treatment, but not to Child Welfare	5.6% (8)	8.5% (8)	6.7% (16)
Total	100.0% (144)	100.0% (94)	100.0% (238)

The results shown above indicate that approximately half of the abusing parents had come to official attention for alleged or suspected child abuse. This finding implies that child abuse is frequently a persistent parental behaviour that extends over a series of incidents, a result that is consistent with the conclusion (see Chapter 4) that many of the survey children had been subject to multiple incidents of abuse.

Section 7.4 The Behaviour and Personality of Abusing Parents

Some indication of the personality and temperament of abusing mothers was provided by the check list given in Question 38A of the recording form. This method of measurement is of dubious validity, as the measures derived are not based upon the results of any standardised test but upon the investigating Child Welfare Officer's assessment of the mother's personality. Further, the situation under which the measures were taken was scarcely conducive to a balanced assessment. At best, the measures can provide only tentative indications of the commonly occurring temperament patterns of abusing mothers.

The items on the check list were grouped, somewhat arbitrarily, into four areas:

1. Symptoms of anxiety. This area includes the items "anxious and worried", "nervous" and "becomes distressed at times".
2. Symptoms of depression. This area includes the items "suffers from depression, melancholia", "apathetic" and "neglects her appearance or health".
3. Symptoms of irritability. This area includes the items "things get on her nerves", "short tempered" and "tends to shout and scream".
4. Symptoms of rigid or compulsive behaviour. This area includes the items "has compulsive tendencies" and "rigid in behaviour or ideas".

Table 7.4.1 shows the frequency with which abusing mothers were described as possessing these symptoms.

Table 7.4.1 THE PERSONALITY CHARACTERISTICS OF ABUSING MOTHERS

Symptom	Frequency
Anxiety	43.8% (63)
Depression	35.4% (51)
Irritability	75.0% (108)
Rigid or compulsive behaviour	21.5% (31)

The table shows that abusing mothers frequently displayed indications of disturbed behaviour - a result which confirms the finding reported earlier that these women were prone to mental illness. Unfortunately, there are no population norms against which these results may be compared and thus it is difficult to assess the extent to which abusing mothers as a group differ from the general population. However, it was possible to carry out an ad hoc analysis of this issue through a comparison of the incidence of the various symptoms amongst abusing and non-abusing mothers. The rationale behind this comparison is that if abusing mothers show certain distinctive features then the incidence of these features should be higher amongst the abusing mothers than amongst the non-abusing mothers of abused children. Although this method of analysis is far from ideal it provides some indication of the possible factors associated with incidents of abuse.

Comparison of the abusing and non-abusing mothers on the measures shown in Table 7.4.1 produced results that were relatively meaningful and to some extent consistent with the findings noted in earlier research. The measures of depression and anxiety did not discriminate between the abusing and non-abusing mothers. The correlation between responsibility for abuse and symptoms of depression was $-.03$, and the correlation between symptoms of anxiety and responsibility was $+.09$. Neither of these correlations is significant. In contrast, irritability correlated $+.63$ ($p < .001$) with the mother's responsibility for abuse. The high correlation between symptoms of irritability and child abuse is consistent with the view that in a number of cases child abusive tendencies are associated with generalised tendencies toward

aggressive behaviour (Zalba 1967, Skinner and Castle 1969). At the same time, it must be noted that the correlation may have been inflated by the method of measurement. It is possible that in a number of cases abusing mothers were rated as irritable because they were known to have abused a child. Because of the possible lack of independence between the measures of responsibility and irritability, the result quoted above should be treated with caution.

In agreement with the comments of Skinner and Castle (1969), who have identified a group of abusing parents as being rigid and controlling, there was a moderate correlation ($r = +.41$; $p < .001$) between symptoms of rigid or compulsive behaviour and the responsibility for child abuse. This result is also intuitively supported by the presenting stories given in the tabulated data in Appendix 4. In a number of cases abusing parents put forward the view that the treatment of the child was quite justifiable in view of the child's misbehaviour. From these cases one gains the impression that one of the primary factors in the incident of abuse was the parent's rigid views with respect to methods of punishment and child rearing. Steele and Pollock (1968) have reported a similar finding and they comment on the frequency with which abusing parents are "self righteous" in justifying their treatment of children.

To measure the incidence of aggressive behaviour amongst the fathers of abused children, the investigating Child Welfare Officers recorded various aspects of the fathers' behaviour on the check list of items given in Question 64B. Table 7.4.2 shows the frequency with which abusing fathers were known to have been prosecuted for acts of violence, and the frequency with which these men were known to assault their wives.

Table 7.4.2 VIOLENCE AMONGST ABUSING FATHERS

Violence	Percentage of Abusing Fathers
Prosecuted for violence	19.1% (18)
Known to assault wife	41.5% (39)

The findings in Table 7.4.2 reveal that, as a group, abusing fathers displayed what seems to be a high incidence of violent and assaultive behaviour: 19% had been prosecuted for acts of violence and 42% were known to assault their wives. Further examination of the data revealed that, as a group, abusing fathers displayed a significantly higher incidence of aggressive behaviour than non-abusing fathers. The correlation between prosecutions for assault and responsibility for abuse was $+0.36$ ($p < .05$) and the correlation between assaults on wives and the responsibility for abuse was $+0.37$ ($p < .01$).

These results further reinforce the view that in many cases incidents of child abuse are merely a specific manifestation of generalised tendencies toward violent or assaultive behaviour.

Section 7.5 Stress Factors Associated with Abusing Mothers

Several authors have put forward the view that various sources of stress may act as precipitating conditions in incidents of abuse (Elmer 1965, 1967, Gil 1969, 1970, Court 1970). To examine the extent to which stress factors may have been related to abuse a number of indices relating to the sources of stress facing abusing mothers at the time of the survey incident are discussed below.

Stress Factors in the Mother's Home Environment

The investigating Child Welfare Officers recorded the extent to which mothers of abused children were subject to various sources of stress, using for this purpose the check list of items given in Question 38C. The items on this check list fall naturally into four areas:

1. Stresses associated with children. This area includes the items: "Demands made by young children"; "Behaviour difficulties in pre-school children"; "Behaviour difficulties in school age children"; "Sick or disabled child requiring special care"; "Personality conflict with child".
2. Stresses associated with husband. This area includes the items: "Ineffectual or unhelpful husband"; "Difficult or aggressive husband"; "Having to cope without husband"; "Instability of marriage"; "Instability of de facto arrangement".
3. Stresses associated with the mother's state of health. This area includes the items: "Physical ill-health"; "Mental ill-health"; "Pregnancy"; "Fear of pregnancy"; "Menopause".
4. Stresses associated with home and finance. This area includes the items: "Inadequate income"; "Poor management of money"; "Other financial worries"; "Difficulties with in-laws or other relatives"; "Poor or overcrowded living conditions"; "Frequent moves".

For each of these areas a simple index of the extent of stress was derived by summing the number of items checked. Table 7.5.1 shows the mean scores and standard deviations for the abusing mothers on these measures.

Table 7.5.1 SCORES OF ABUSING MOTHERS ON STRESS INDICES

Stresses Associated with:	Mean Score	Std. Dev.
Children	1.13	1.01
Husband	.89	.91
Health	.64	.73
Home and finance	.97	1.18

The results suggest that various sources of stress were prevalent in the home environment of abusing mothers. To examine this issue in a little more detail a comparison was made between abusing and non-abusing parents. The justification for this comparison follows the reasoning outlined in the preceding section. The results of this procedure revealed that abusing mothers had a significantly greater incidence of stresses associated with children and health than had non-abusing mothers. The correlation between health stresses and the responsibility for abuse was $+0.32$ ($p < .01$). The corresponding correlation between stresses associated with children and responsibility for abuse was $+0.38$ ($p < .001$). Both of these results are consistent with the view that various sources of stress may act as precipitating factors in incidents of abuse. The measures that related to the mother's husband and to the home and financial situation did not appear to discriminate between the abusing and non-abusing mothers, perhaps suggesting that these factors played a less important role in precipitating incidents of abuse. However, it is possible that these variables do not discriminate between the abusing and non-abusing mothers because the stresses associated with husband and finance could also be related to incidents of abuse perpetrated by males. As the non-abusing mothers were generally the wives of abusing males it would not be expected that under these circumstances the measures would discriminate between abusing and non-abusing mothers.

Marital Discord in Abusing Families

Elmer (1967) has noted that homes in which child abuse occurs are frequently characterised by marital disharmony. To gauge the incidence of marital disharmony amongst the families of abused children, the investigating Child Welfare Officers rated the nature of the marital situation in the abusing home. Table 35 in Appendix 5 shows the ratings used. The ratings show that in a relatively high proportion of cases there was evidence of marital discord in the abusing family: in 37% of cases the marital situation was described as inharmonious, and in 15% of the cases this disharmony was sufficiently marked for the investigating officer to describe it as severe discord.

Because these ratings were made on the basis of families rather than of individual parents, it is not feasible to compare the incidence of marital discord amongst abusing and non-abusing parents. However, the high incidence of marital discord in abusing families indicates that in a number of cases marital tensions may have acted as precipitating factors in incidents of abuse.

Pregnancy and Child Abuse

A number of authors, including Zalba (1966), Elmer (1967) and Holter and Friedman (1968), have suggested that pregnancy may be a factor that acts to precipitate child abuse. Elmer (1967) contrasted rates of pregnancy in abusing and non-abusing families and found that the incidence of pregnancy in abusing families was significantly higher. Further, she noted that in a number of cases the onset of pregnancy coincided with the onset of abuse, and that in some cases abuse ceased as soon as the mother's child-bearing ceased. The structure of the survey data is consistent with these earlier findings. Approximately 22% of the abusing mothers were either known or suspected to be pregnant at the time of the survey incident (see Appendix 5, Table 65, for details of the approximate stages of pregnancy). To examine the extent to which pregnancy may have been related

to child abuse the expected¹ rate of pregnancy for the married women in the sample was estimated. The expected proportion of pregnancies for the group of married abusing mothers was estimated to be 14.03% in comparison with the observed proportion of 24.07%. (It will be noted that this figure is slightly larger than the figure quoted earlier as it takes account of married women only.) Application of a chi square one sample test to the data revealed that the incidence of pregnancy amongst married abusing mothers was significantly ($p < .01$) greater than the estimated incidence. This result

1. An estimated rate of pregnancy for the married women in the sample was obtained in the following way. It was assumed that the per annum age specific rates of pregnancy for the female population as at 1967 were approximated by the age specific confinement rates for this group. Thus an approximation to the age specific rate of pregnancy for married women is given by:

$$\text{Estimated Rate of Pregnancy at Age X} = \frac{\text{Number of Confinements to Married Women Aged X}}{\text{Number of Married Women Aged X}}$$

However, the sample data do not relate to the per annum frequency of pregnancy for abusing mothers but rather to the frequency of pregnancy at a particular point in time during the year (i.e. the time of survey incident). Thus the per annum rates give an over-estimate of the expected incidence of pregnancy in the sample. To account for this the estimated rate was adjusted by multiplying it by the coefficient .75. The reasoning behind the adjustment was as follows. As the frequency of births throughout the year is approximately rectangularly distributed, the chance of a woman being pregnant at any particular point during the year is $9/12 = .75$, on the assumption that on the average only one pregnancy occurs during each year. The adjusted age specific rates were then used to gain an estimate of the expected frequency of pregnancy for the sample.

Sources for the estimate were:

New Zealand Vital Statistics 1967, Department of Statistics, Wellington, N.Z., 1968.

New Zealand Census 1967, Vol 2 (op.cit.)

would suggest that pregnancy is a variable that is at least statistically associated with incidents of child abuse.

A further indication of this relationship can be gained from a comparison of the incidence of pregnancy amongst abusing and non-abusing mothers. This comparison is given in Table 7.5.2.

Table 7.5.2 PREGNANCY X RESPONSIBILITY FOR ABUSE

Pregnancy	Abusing Mothers	Non-Abusing Mothers	Total
Pregnant	21.5% (31)	6.0% (5)	15.8% (36)
Not pregnant	78.5% (113)	94.0% (79)	84.2% (192)
Total	100.0% (144)	100.0% (84)	100.0% (228)

It can be seen that the relative frequency of pregnancy amongst the abusing mothers (22%) was considerably higher than amongst the non-abusing mothers (6%). A chi square test of independence applied to the data in Table 7.5.2 revealed that a significantly greater proportion ($p < .01$) of abusing mothers was pregnant. The correlation between responsibility for abuse and pregnancy was of the order of +.52.

To examine this relationship in a little more detail, an analysis was made of the case history and recording form material for the 31 pregnant abusing mothers. This examination suggested that these women could be placed into two broad groups: cases in which pregnancy appeared to play only a contributory role in the occurrence of abuse, and cases in which pregnancy appeared to be a major factor in precipitating abuse.

The first group contained 24 of the 31 pregnant abusing mothers. Most frequently in these cases pregnancy appeared to be simply one more source of stress for women facing multiple social and financial stresses. To provide an indication of the extent of these stresses a number of statistics descriptive of this group of cases are given:

In 13 cases either one or both parents had a criminal record; in 12 cases there was evidence of marital conflict; in 10 cases the family was facing heavy debts or experiencing financial difficulties; in 8 cases the standards of housekeeping were described as less than adequate; and in 8 cases the husband was known to drink heavily. These problems appeared to distribute across most of the families, and in only six cases were none of these adverse factors present.

In the remaining group of seven cases, pregnancy appeared to play a more specific role in the occurrence of abuse. In these cases pregnancy appeared to induce changes in the mother's mood or personality. These mothers claimed that particularly in the later stages of pregnancy they became irritable or depressed, and that this had affected their behaviour. In four cases there was evidence to link successive pregnancies with successive incidents of abuse.

Section 7.6 Intercorrelations of Variables

Thus far the analysis has been limited to a description of the abusing parents, with material on the non-abusing parents introduced occasionally for comparison purposes. In this section of the report an initial analysis of the similarities and differences between abusing and non-abusing parents is made. This analysis has two purposes: first, to identify the features which distinguish the abusing parent from the non-abusing parent and, second, to illustrate some of the properties of abusing families.

Data for Mothers

The variables over which the mothers of abused children were measured were dichotomised using the convention that symptoms believed to be positively associated with abusive tendencies were assigned the value 1, and symptoms believed to be negatively associated with these tendencies were assigned the value 0. Table 7.6.1 shows the conventions used in making these dichotomies. For each possible pair of variables the tetrachoric correlation coefficient was computed giving rise to the 16 x 16 matrix of intercorrelations shown in Table 7.6.2. The variables in this matrix are presented in clustered form, with the selected clusters of variables arranged along the leading diagonal of the matrix. Prior to clustering, the coefficients in the matrix were rationalised to maximise the number of high positive coefficients. This process involved reversing the dichotomy in variable 2 (Mother's relationship to child) so that natural mothers received the score 1 and substitute mothers received the score 0.

Inspection of the matrix reveals that the properties of the variables may be approximated by three clusters:

Cluster 1

This comprises the variables 6 (Notice to Child Welfare as a child), 8 (Neglect or ill-treatment during childhood), 7 (Broken home / raised away from home / parental disharmony), 2 (Relationship to the child), 3 (Previous convictions), 5 (History of mental illness)

and 16 (Stresses associated with home and finance). All of these variables appear to be related to some general set of conditions descriptive of the adequacy and stability of the mother's childhood and subsequent adult behaviour.

Cluster 2

This comprises the variables 15 (Stresses associated with health), 4 (Pregnancy), 13 (Stresses associated with children), 1 (Responsibility for abuse) and 11 (Irritability). These measures appear to be most related to conditions of stress facing the mother at the time of the incident.

Cluster 3

This comprises the variables 10 (Depression), 9 (Anxiety) and 14 (Stresses associated with husband). This cluster of variables seems to describe the mother's emotional state at the time of the survey incident, a view that is reinforced by the finding that variable 5 (History of mental illness) shows quite high correlations with the members of this cluster.

Residual variable

In addition to the three clusters described above, the matrix also contains the residual variable 12 (Rigidity).

Examination of these results suggests that the responsibility for abuse is most closely related to the measures contained in cluster 2. Abusing mothers had a higher incidence of pregnancy, stresses associated with children, and stresses associated with health than did the non-abusing mothers. Not surprisingly, these measures also showed relatively high correlations with the mother's rated level of irritability. This pattern of results is consistent with the view that various sources of stress act as precipitating conditions in incidents of abuse (Elmer 1964, 1967, Gil 1969, 1970, Court 1970). The result gives one the impression that in a number of cases abusing mothers were women harassed by multiple sources of stress arising from child rearing and

Table 7.6.1 DEFINITIONS OF VARIABLES - MOTHERS

Variable Number	Variable Name	0	1
1	Responsibility for abuse	Not responsible	Responsible
2	Relationship to child	Natural mother	Not natural mother
3	Previous prosecutions	No prosecutions	Prosecutions
4	Pregnancy	Not pregnant	Known or suspected to be pregnant
5	History of mental illness	No strong indications of mental illness	Strong indications of mental illness
6	Notice to Child Welfare as a child	No notice as a child	Notice as a child
7	Broken home/raised away from home/parental disharmony during childhood	No broken home, etc., during childhood	Home broken, etc., during childhood
8	Neglect/ill-treatment during childhood	No known neglect or ill-treatment during childhood	Neglect or ill-treatment during childhood
9	Anxiety	No symptoms of anxiety	Symptoms of anxiety
10	Depression	No symptoms of depression	Symptoms of depression
11	Irritability	No symptoms of irritability	Symptoms of irritability
12	Rigidity	No symptoms of rigidity	Symptoms of rigidity
13	Stresses associated with children	No stress symptoms - children	Stress symptoms - children
14	Stresses associated with husband	No stress symptoms - husband	Stress symptoms - husband

Table 7.6.1 DEFINITIONS OF VARIABLES - MOTHERS (Continued)

Variable Number	Variable Name	0	1
15	Stresses associated with health	No stress symptoms - health	Stress symptoms - health
16	Stresses associated with home and finance	No stress symptoms - home and finance	Stress symptoms - home and finance

Table 7.6.2 CLUSTERED MATRIX - MOTHERS

	Variable Number															
	6	8	7	3	2	5	16	15	4	1	11	13	10	9	14	12
6	x	.91	.80	.73	.36	.29	.25	.05	-.02	.14	.31	.21	.20	-.10	.10	.03
8		x	.86	.47	.43	.24	.50	-.04	-.07	.08	.33	.18	.23	-.20	.07	.02
7			x	.45	.47	.44	.48	.23	.24	.16	.39	.39	.19	.03	.23	-.03
3				x	.36	.20	.16	-.03	-.24	.16	.30	.16	.06	-.06	.25	.02
2					x	.50	.39	.23	-.05	-.22	.17	.18	.46	.12	.45	-.01
5						x	.41	.79	-.04	.20	.44	.08	.47	.25	.30	.12
16							x	.36	.16	.01	.17	.30	.32	.28	-.54	.00
15								x	.75	.32	.47	.26	.47	.30	-.30	.08
4									x	.52	.20	.14	-.11	-.16	-.05	-.34
1										x	.63	.38	-.03	.09	.03	.41
11											x	.46	.30	.14	.35	.41
13												x	.16	.33	.22	.23
10													x	.35	.32	.02
9														x	.22	.01
14															x	.09
12																x

child bearing, and that these sources of stress may have reduced their tolerance for frustration and finally resulted in the incident of abuse.

Somewhat surprisingly, the measures in cluster 1 do not appear to show a close relationship to the responsibility for abuse. This implies that the life history and backgrounds of abusing mothers were similar to those of non-abusing mothers. In view of the results discussed in Section 7.3 this finding would suggest that the mothers of abused children were generally prone to have experienced unstable backgrounds. There are several possible explanations for this result:

1. De Francis (1963) has observed that abusing families show features that are common to the inadequate family in any community: criminality, drinking problems, mental illness, etc. In view of this, it is possible that the high incidence of adverse life experiences amongst the mothers of abused children may reflect the fact that they were drawn from a section of the community in which these sources of inadequacy and atypicality are a relatively common occurrence.
2. Steele and Pollock (1968) have pointed out that there is often a tendency for abusing parents to marry someone who has a similar inadequate background. If this is the case the high incidence of adverse or unstable background factors may have a different significance for abusing and non-abusing mothers. For abusing mothers these factors may be related to some set of conditions which predispose these individuals to engage in abuse, whereas for non-abusing mothers these factors may be related to the selective effects of marriage to abusing males.
3. A third possibility that must be taken into account is that the high incidence of unstable life histories amongst abusing mothers may be the consequence of biases introduced by the sampling method. It seems plausible to assume that families displaying manifest sources of inadequacy would be more likely to

come to attention for incidents of child abuse than would more adequate families.

The remaining variables in the matrix do not appear to relate to the responsibility for abuse in any systematic way, with the exception of the residual variable (rigidity). The high correlation between symptoms of rigidity and the responsibility for abuse, and the lack of correlation of this variable with the other variables in the matrix would suggest that the measure of rigidity is related to some general dimension, not adequately measured by the survey results, that discriminates between the responsible and non-responsible mothers.

Data for Fathers

Using the conventions described in the preceding section, the data for fathers of abused children were reduced to dichotomous form. Table 7.6.3 shows the nature of the dichotomies. For each possible pair of variables the tetrachoric correlation coefficient was computed giving the 9 x 9 matrix of intercorrelations shown in Table 7.6.4. Following the earlier presentation, this matrix is presented in clustered form. Prior to clustering, the coefficients in the matrix were rationalised to maximise the number of high positive coefficients. This involved reversing the dichotomy on variable 2 so that natural fathers received the score 1 and substitute fathers received the score 0.

Table 7.6.3 DEFINITION OF VARIABLES - FATHERS

Variable Number	Variable Name	0	1
1	Responsibility	Not responsible for abuse	Responsible for abuse
2	Relationship to child	Natural father	Not natural father
3	Previous prosecutions	No prosecutions	Prosecutions
4	History of mental illness	No strong indications of mental illness	Strong indications of mental illness
5	Notice to Child Welfare as a child	No known notice as a child	Notice as a child
6	Broken home/raised away from home/parental disharmony during childhood	No broken home, etc., during childhood	Home broken, etc., during childhood
7	Neglect/ill-treatment during childhood	No known neglect or ill-treatment during childhood	Neglect or ill-treatment during childhood
8	Previous prosecutions for assault	No prosecution for assault	Prosecutions for assault
9	Assaults wife	No known assaults on wife	Assaults wife

Table 7.6.4 CLUSTERED MATRIX - FATHERS

	Variable Number									
	3	8	7	5	6	1	9	2	4	
3	x	.90	.61	.77	.29	.24	.48	.21	.01	
8		x	.49	.21	.09	.36	.61	.17	.11	
7			x	.66	.76	.75	.35	.04	.30	
5				x	.67	.05	.27	.20	-.35	
6					x	.29	.37	.37	.55	
1						x	.37	.14	.20	
9							x	.60	.46	
2								x	.56	
4										x

Inspection of the matrix reveals that the variables may be organised into a single cluster and a pair of residual variables:

Cluster 1

This contains the variables 3 (Previous prosecution), 8 (Prosecution for assault), 7 (Neglect or ill-treatment during childhood), 5 (Notice to Child Welfare as a child), 6 (Broken home, etc.), 1 (Responsibility for abuse) and 9 (Assaults wife). These measures all seem to describe the extent to which the father's childhood was unstable and the extent of deviant behaviour during adulthood.

Residual variables

In addition, the matrix contains the residual variables 2 (Relationship to the child) and 4 (History of mental illness). These variables show quite a close relationship to some of the variables in cluster 1, particularly to variable 9, but do not seem to belong to the cluster because of the low and

negative relationships they show with some of the cluster members.

The results for the fathers of abused children appear to differ in structure from the results for mothers. While the nature of the mother's life history shows little relationship to the responsibility for abuse, abusing fathers appear to have a significantly higher incidence of adverse childhood experiences, criminal offending, prosecutions for assault, and assaults on wives than do non-abusing fathers. This series of results suggests that the responsibility for abuse, amongst fathers, is most related to a number of sources of behavioural deviance. This conclusion appears to be consistent with Gil's (1970) contention that one of the main factors in the aetiology of child abuse is "deviance or pathology in areas of physical, social, intellectual, and emotional functioning on the part of caretakers" (p. 135).

The differences in the structure of the data for fathers and mothers might indicate differences in the factors that are associated with child abuse. It would seem that, for abusing mothers, stress factors play a large role in precipitating abuse. On the other hand, for abusing fathers various sources of personal deviance appear to play an important role. This result might imply different theories of the causation of abuse for males and females. It would seem that child abuse by females is more likely to be related to situational stresses, whereas abuse by males is more likely to be related to social or behavioural deviance. This difference may be accounted for by the differences in contact that males and females have with children. In general females have far more contact with children and are in charge of the day to day care of the children to a greater extent than males. Under these conditions of close contact with children, it would be expected that situational stress factors would form an important class of precipitating conditions. On the other hand, the more limited amount of contact that males have with children would imply that situational factors play a relatively minor role in precipitating abuse, and that various forms of individual pathology would be more important factors.

Concluding Comment

The aim of the analysis given above has been to map the broad differences and similarities between abusing and non-abusing parents within the abusing family. However, the conclusions drawn are based on the assumption that abusing parents may be treated as a homogeneous group of individuals who are influenced by a number of common variables. This is no doubt an oversimplification of the situation, as it is likely that abusing parents fall into a number of types and that the factors involved in abuse differ for each type. The absence of a typology from the analysis would suggest that the comparisons given above are somewhat insensitive and that the presence of a number of effects in the data may be obscured by the lack of a developed system for classifying abusing parents.

It should also be noted that the correlations quoted are for the sample of parents of abused children. These correlations should not be taken as estimates of the corresponding values for the general population owing to the atypical nature of the sample. In particular, the differences that have emerged between the abusing and non-abusing parents are properties of the sample of the parents of abused children; they are not properties of the population of abusing and non-abusing parents in general.

CHAPTER 8

CONCLUSIONS

Section 8.1 Introduction

The preceding account provides an essentially descriptive analysis of incidents of abuse coming to attention during the survey year. Because of the large number of measures taken in the survey, the treatment of the data has been extensive rather than intensive. This approach was adopted as it was seen to be desirable to present an overall picture of the survey results prior to carrying out any detailed analysis of the data. One consequence of this has been that it was not possible to examine all the issues raised in the course of the analysis in any great depth. However, despite the sometimes superficial treatment of the data, the survey results do indicate a number of broad trends in the circumstances associated with incidents of abuse. These trends are described in the subsequent sections of this chapter.

Prior to this discussion it is worth reiterating a caution that has been mentioned throughout the analysis. Owing to the inevitable biases in the sample it is often difficult to determine the extent to which apparent trends in the results are a consequence of these biases (see Sections 2.2 and 3.2) and the extent to which the trends reflect true effects associated with incidents of abuse. The subsequent sections of this chapter are written under the assumption that the survey results are measuring genuine trends associated with ill-treatment but, where sample bias is liable to influence the results to any great extent, the effects of this bias are taken into account. Because the extent of bias in the survey results is unknown the conclusions drawn must necessarily be treated as tentative.

Section 8.2 The Incidence and Characteristics of Abuse

The survey results suggest that, in comparison with other sources of childhood injury, child abuse is not a problem of major social importance in New Zealand. During the survey year, fewer than 3 children in every 10,000 in the 0-16 age group came to the attention of the Child Welfare Division for incidents in which there was evidence of abuse. Even for the high risk (under 1 year old) group the incidence was only 4.5 per 10,000 children. Further, the bulk of incidents coming to attention involved only relatively minor injuries, and of the 255 abused children only 44 were hospitalised as a consequence of abuse. By way of comparison, in the same year 2,401 children in the 0-14 age group were admitted to hospital suffering from the effects of road accidents and a further 2,131 from accidental poisonings in the home.¹ The data obtained in the survey give a lower limit estimate of the incidence of child abuse (see Section 5.1) but even if the survey estimate were scaled up by a factor of 10, child abuse would still only account for about one tenth of the hospitalisations resulting from road accidents and accidental poisonings. While it is not the authors' intention to underplay the tragedy of child abuse, the above comparisons do make it clear that child abuse is only a minor source of injury or danger to New Zealand children. This conclusion is consistent with the view put forward by Gil (1970) who finds that sensational reports have greatly exaggerated the importance of child abuse as a source of childhood injury and death.

These incidence comparisons do not, however, take into account the "human costs" of child abuse. While the most immediate manifestation of child abuse is physical injury, it is almost inevitable that physical ill-treatment of a child by its parents will result in some form of emotional or psychological injury. It is not as easy to gauge psychological injury as it is to gauge physical injury, but the survey

1. Medical Statistics Report, Part III - Hospital and Selected Morbidity Data, 1967, Department of Health, Wellington, N.Z., 1970.

results suggest that one consequence of child abuse is to predispose the abused individual to ill-treat his own children. Further, the incidence figures do not take into account the fact that child abuse is, in a majority of cases, a repeated and persistent parental behaviour. (In 73% of survey cases there were indications that the child had been abused more than once.) Thus while only a small minority of children are abused these children often have been abused several times.

The persistence with which abuse occurs, coupled with the psychological and emotional harm likely to be caused by it, would suggest that although child abuse is limited to only a small proportion of the child population it must be a matter for grave concern.

Age and Sex Differences in Reporting Rates

In agreement with the findings from earlier studies (De Francis 1963, Schloesser 1964, Simons et al. 1966, Skinner and Castle 1969, Gil 1968, 1969, 1970) there was a marked tendency for child abuse to concentrate in the under five year old age group. In general, rates of abuse showed a marked and significant tendency to decline with age. Some of the possible explanations for this association between age and the risk of abuse are described below:

1. Steele and Pollock (1968) have suggested that ill-treatment is often precipitated by the child's inability to meet unrealistically high parental standards of behaviour. As pre-school children are relatively "unsocialised" it seems possible that their behaviour will be more likely to precipitate parental aggression.
2. In general, pre-school children have a greater degree of contact with their parents, and make greater demands for attention. This increased degree of contact could well increase the probability that abuse will take place.
3. Because child abuse is frequently a persistent parental behaviour, one might expect that a number

of children having a high risk of ill-treatment would be separated from the abusing parent at an early age through the intervention of welfare or law enforcement agencies. This in turn could tend to depress the rate of abuse in the older age groups.

4. It may be suggested that attitudes towards the striking of children tend to vary with the child's age: striking of a young child is liable to provoke censure, whereas the equivalent treatment meted out to an older child is liable to be upheld in the name of discipline. Because of this differential sensitivity to the use of violence on children of various ages, it seems possible that ill-treatment of younger children may be more readily reported.
5. Finally, one must take into account the fact that susceptibility to injury tends to vary with age. Thus, it would be expected that proportionately more young children showing frank symptoms of ill-treatment would come to the attention of hospitals and doctors.

Analysis of the sex composition of the sample revealed that females had a greater risk of abuse than did males and that this was accounted for by a high rate of abuse amongst Maori adolescent and near adolescent girls. The analysis indicated that there were three distinct patterns of abuse rates:

1. A rate for Maori females that was higher than for other groups, and which showed a general tendency to increase rather than decrease with age.
2. A Maori male rate which was lower than the Maori female rate but higher than the non-Maori rates. This rate showed a general decline with age.
3. Non-Maori male and female rates which were approximately equivalent and which showed a general decline with age.

This interaction between age, sex, race and the rate of child abuse is not entirely explicable. However, the results suggest that adolescent and pre-adolescent Maori females are the group of children most likely to come to notice for harsh treatment. The reasons for this tendency remain to be examined.

Race Differences in Reporting Rates

A striking result to emerge from the analysis was the differential in rates of abuse for various racial groups. It will be recalled that the reported incidence of abuse amongst Maori children was six times greater than amongst European children, and that the incidence amongst Pacific Island children was nine times greater than amongst European children. The reason for these marked differences is not known but a number of speculative explanations may be put forward:

1. Gil (1970) has suggested that the risk of abuse is influenced by culturally defined norms and practices of child rearing. In particular, he argues that child rearing practices which favour the use of physical punishment also tend to encourage incidents of child abuse. Thus it seems possible that the differences in rates of abuse noted above may reflect differences in child rearing practices. The available evidence, although somewhat sketchy, tends to support this view. Earle (1958), in an analysis of child rearing in a Maori community, described punishment practices for the 6-13 year old group as being both frequent and capricious. Using the Stewart Emotional Response test she also found that punishment and aggression appeared to occupy a significant place in the lives of these children. Schwimmer (1964) comments adversely on the frequency with which Maori parents smack their children, although he suggests that this is a European introduced practice. Ritchie and Ritchie (1970), in an analysis of child rearing practices in New Zealand, found that Maori mothers tended more to use physical methods of punishment

than did European mothers. In particular, they noted that Maori mothers living in small towns tended to be the most punitive.

This evidence is by no means unequivocal but the general trend in the findings suggests that the use of physical methods of punishment in Maori families tends to be greater than in European families. While the difference in child rearing practices between Maoris and Europeans is in the expected direction, it does not seem reasonable to believe that this difference by itself is sufficient to account for the large differential in child abuse rates between the two groups.

2. The high incidence of child abuse amongst Maori and Pacific Island families is consistent with the results reported by Gil (1970) that in the U.S.A. rates of abuse amongst ethnic minorities tend to be high. This tendency he attributes to the conditions of social and economic deprivation that these groups experience. While it is doubtful whether this explanation can be applied with the same degree of confidence to the New Zealand situation, it is commonly recognised that in comparison to the European segment of New Zealand society, Maoris and Pacific Islanders tend to be socially, educationally and economically disadvantaged. For example, Maoris tend to be employed in manual occupations more frequently than Europeans and generally receive lower incomes. The 1966 New Zealand Census¹ shows that while 40% of the non-Maori labour force was employed in white collar and professional occupations, only 9% of the Maori labour force worked in these occupations. Further, in 1966, 53% of the non-Maori male labour force earned incomes in excess of

1. New Zealand Census of Population and Dwellings, 1966,
 Volumes 4 & 8, New Zealand Government Printer, Wellington,
 N.Z.

§2,200 while only 27% of the Maori male labour force fell into this income bracket. In addition, the general level of Maori educational attainment is lower than that of Europeans - in 1966, whereas 41.8% of non-Maori school leavers possessed School Certificate or higher qualifications, only 8.7% of Maori school leavers possessed such qualifications¹. It is also known that the rates of adult and juvenile offending are higher for Maoris and Pacific Islanders than for Europeans (Jensen and Roberts 1970, Duncan 1970). These indicators, when taken together, strongly give the impression that Maoris (and by implication Pacific Islanders) form a segment of New Zealand society which is subject to relative social and economic deprivation. In view of this evidence and Gil's comments on the role of these factors in the occurrence of child abuse, it seems likely that the social and economic level of Maoris and Pacific Islanders contributes to their apparently high incidence of child abuse.

3. It is frequently asserted that one of the effects of the impact of European culture and of increasing urbanisation upon the Maori people has been to disrupt traditional practices and community cohesion. If this is the case, one would expect to find the present day Maori family in a state of transition and consequent disruption. There is a certain amount of evidence to support this view.

For example, examination of the Children's Court statistics² reveals that the incidence of family problems and breakdowns leading to a complaint under the Child Welfare Act is considerably higher for Maori families than for European families: in 1967 Maori children were involved in 38% of

1. Education Statistics of New Zealand, Part II, 1967, Department of Education, Wellington, N.Z.

2. These statistics were obtained from unpublished data held by the Child Welfare Division, Department of Education, N.Z.

complaints of Indigency, 51% of complaints of Neglect, 41% of Detrimental Environment complaints, and 54% of Not Under Proper Control complaints (in which there was no element of misbehaviour). In addition, of all children committed to the care of the Superintendent of Child Welfare in 1967, 46% were Maori. As Maori children constituted only 12% of the 0-16 year old population at that time, it is clear that the incidence of family problems, breakdowns, and inadequacy for the Maori population was considerably higher than for the European population. It seems reasonable to presume that at least some portion of this high incidence of problems is accounted for by a breakdown in traditional methods of child rearing and family structure. By the same line of reasoning it seems likely that the high incidence of Maori child abuse is to some extent a consequence of disruption and disorganisation in family structure.

4. Finally, the possible effects of sampling bias on the results must be taken into account. The authors have noted that, particularly in recent years, there has been a tendency to identify Maoris and Pacific Islanders as groups prone to social problems. One effect of this process could well have been to bring cases of Maori and Pacific Island child abuse to official attention more readily than cases of European child abuse. This might imply that a considerable proportion of the difference may be accounted for by biases in reporting procedures.

While the above listing is by no means exhaustive it indicates some of the factors that are likely to be associated with the large differential in the rates of abuse. It is unlikely that any one of the proposed explanations will prove to be a sufficient account of the large differences. Rather, it would seem likely that the differences noted involve a diverse set of factors including variations in child rearing methods, social and economic factors, the effects

of a predominantly European society on traditional methods of child rearing and family structure, and variations in reporting and recording procedures. The exact contribution of each of these factors remains to be worked out.

Socio-Economic Differences in Reporting Rates

There was a marked tendency for child abuse to concentrate in families of lower socio-economic status. Only 3% of the abused children came from families in which the male head was employed in white collar or professional work. Further, the occupational distribution of abusing males showed a marked tendency to skew toward non white collar occupations. This tendency persisted when the racial composition of the sample was taken into account. The reasons for this association between socio-economic status and child abuse are not entirely clear although a series of hypotheses, similar in structure to those used to account for the race differences, may be suggested:

1. In view of Gil's (1970) comments, discussed earlier, on the role of child rearing practices in child abuse, it seems possible that the higher rate of abuse amongst families of lower socio-economic status may reflect a class related difference in child rearing practices. There is some evidence to support this view. Newson and Newson (1963), who studied child rearing practices in Nottingham, found that there was a greater tendency for families of lower socio-economic status to use physical methods of punishment than there was for the members of professional families. However, they did not find any difference in the use of severe punishment for the two groups. Gil (1970) attributes the association between child abuse and socio-economic status, in part, to the less inhibited, more aggressive, methods of child rearing associated with lower class families.

While this evidence is not conclusive, it does suggest that the use of physical methods of punish-

ment amongst families of lower socio-economic status is more frequent than amongst other families. This higher incidence of physical punishment amongst families of lower socio-economic status could well act to increase the risk of abuse.

2. A further view that merits consideration is that families of lower socio-economic status are more prone to child abuse because they are more prone to various sources of social and financial stress.
3. Steele and Pollock (1968) have suggested that the association between child abuse and socio-economic status may largely be artifactual. They note that the association is strongest in those studies using social welfare agency or public hospital samples, while in their own research they found no tendency for child abuse to be associated with socio-economic status.

This difference, they suggest, can be attributed to biases in the sampling procedures. They argue that results obtained from social welfare agency records or from public hospitals tend to be biased toward the inclusion of families of lower socio-economic status. Thus, as the present study is based upon social welfare agency data, there is a possibility that to some extent the high incidence of reported child abuse in families of lower socio-economic status is a consequence of sample biases.

Section 8.3 The Family Circumstances of Abused Children

A number of measures taken in the survey revealed that the abused children frequently experienced unstable or adverse home backgrounds. It will be recalled that nearly half of these children were residing in homes from which one or both natural parents were absent; in two thirds of cases the children had experienced at least one change in home circumstances; nearly a third were illegitimate; the incidence of early mother/child separation amongst children residing with natural mothers appeared to be very high, and showed a positive correlation with the mother's responsibility for abuse; and the majority of abused children had been previously known to the Child Welfare Division, often for suspected or alleged incidents of abuse. These variables formed a cluster of interrelated conditions in the home backgrounds of abused children.

The reason for this association between instability of family relationships and child abuse is not yet clear although it is consistent with the findings of Chesser (1952) and Watt (1968). A number of possible interpretations of the result are given below:

1. Zalba (1966), Steele and Pollock (1968), Gluckman (1968), and Gil (1970) have suggested that a common factor in cases of child abuse is the rejection of the child by one or both of his parents. Although the survey obtained no direct measure of parental rejection, the pattern of results described above suggests that a number of the abused children had been rejected by their parents.
2. Steele and Pollock (1968) have suggested that child abuse reflects a breakdown in what they describe as the "mothering function". This they define as "the process in which an adult takes care of an infant; that is, a theoretically mature, capable, self-sufficient person caring for a helpless, needy, dependent, immature individual" (p.113). The high incidence of changes in home circumstances and separations from the family in the backgrounds of

abused children, coupled with the high frequency with which these children were known to the Child Welfare Division, are all highly indicative of a generalised malfunctioning in the child rearing practices of the abusing family.

3. A number of authors (De Francis 1963, Young 1964, Elmer 1964, 1965, 1967, Johnson and Morse 1968, Skinner and Castle 1969, Gil 1969, 1970) have commented on the high frequency with which incidents of child abuse concentrate in families displaying multiple sources of social and economic inadequacy. In view of these findings, and the general impression conveyed by the survey results, it seems likely that inadequate conditions of this type could be linked with the high frequency of unstable family circumstances.
4. A further view that bears some consideration is that the high incidence of separations and changes in family circumstances may have acted as a precipitating factor in incidents of child abuse by weakening the bond of affection between parent and child. While there is no direct evidence available to support this view, the correlation between early mother/child separation and responsibility for abuse is consistent with this line of reasoning.

The explanations given above are not mutually exclusive and there is a considerable amount of overlap between the arguments. Further, at present there is not sufficient evidence available to determine the extent to which these explanations provide an adequate and accurate account of the survey findings.

A second series of results to emerge from the analysis concerned the comparatively high frequency with which abusing families experienced various forms of material and financial inadequacy. In 50% of cases there was some indication that the care of the abused child was less than adequate and in 11% of cases there were signs of serious neglect; in 35% of cases the level of financial support in the abusing home was described as less than adequate; in 25% of cases the standards

of housekeeping and facilities were judged to be inadequate; in 12% of cases the male breadwinner experienced regular or sporadic periods of unemployment, and in a further 11% of cases a male breadwinner was absent from the home.

These variables appear to cluster into a group of conditions related to the general material standards of the abusing families. The comparatively high frequency with which symptoms of material inadequacy were present is consistent with Gil's (1970) argument that economic and material inadequacy are important predisposing factors in incidents of abuse. At the same time, while the frequency of inadequate material conditions amongst abusing families is high enough to be noteworthy, by no means all the families displayed these circumstances.

Section 8.4 The Characteristics of Abusing Parents

The results in Chapter 7 suggest that the variables listed below may act as either predisposing or precipitating factors in incidents of child abuse.

1. Adverse or Unstable Childhood Experiences

A relatively high proportion of abusing parents had experienced inadequate, unstable or adverse conditions during childhood: 16% had been neglected or ill-treated, 29% came from broken or unstable homes and 21% were known to the Child Welfare Division during childhood. This pattern of results supports the view that adverse experiences during childhood act as predisposing factors in child abuse (Fontana 1964, Nurse 1964, Steele and Pollock 1968). The survey data also suggest that abusing parents often tend to replicate the inadequate conditions they experienced during childhood for their own children. These results are consistent with the view that child abuse is a pattern of child rearing that is transmitted from generation to generation of families (Steele and Pollock 1968). If this is the case, one of the most important long term approaches to the treatment of child abuse is through the early detection and treatment of abusing families, so that the deleterious effects on the child's subsequent parental behaviour may be reduced. A programme of this type is difficult to implement, as present research provides few indications of the way in which abusing families should be treated. A number of workers in the field, notably Davoren (1968) and Steele and Pollock (1968), have proposed the use of persistent, although sympathetic, methods of case work and psychotherapy. There are, however, no "hard" data to support these claims and the efficacy of these procedures remains to be properly assessed. Polansky and Polansky (1968) argue forcibly that removal of the child from the abusing home is the preferred method of treatment. In our opinion it is likely to be both inefficient and

incorrect to adhere to either of these opposed views too strongly. Rather they should be seen as different strategies for dealing with cases of abuse depending upon the circumstances of the case. It seems to be highly unlikely that all parents will be susceptible to case work or psychotherapy, or alternatively that the behaviour of all child abusers will remain intractable. This would suggest that the optimum method of dealing with child abuse is through the development of diagnostic devices for predicting the extent to which the abusing adult's behaviour can be modified.

2. Atypical or Deviant Behaviour as an Adult

A large proportion of abusing parents displayed behaviour suggestive of personal pathology or deviance: 57% of abusing fathers and 15% of abusing mothers had criminal records, nearly 80% of abusing parents had come to the attention of the Child Welfare Division as adults, and 30% of abusing mothers displayed symptoms indicative of mental illness or disturbance. These findings, which are consistent with those reported in earlier research (De Francis 1963, Young 1964, Johnson and Morse 1968, Skinner and Castle 1969, Gil 1969, 1970), suggest that in many cases child abuse is part of a persistent pattern of unstable or deviant behaviour. This finding has been commented upon in earlier research. Skinner and Castle (1969) suggest that a substantial proportion of abusing parents are characterised by "essentially anti-social behaviour of the predominantly aggressive type" (p.16). Gil (1970) suggests that one of the major factors in child abuse is deviance or pathology in areas of physical, social, intellectual and emotional functioning.

At the same time it is possible that the high incidence of atypical behaviour amongst abusing parents is less directly related to incidents of child abuse than the arguments given above might

suggest. This view is supported by the fact that measures of deviant behaviour do not appear to discriminate significantly between abusing and non-abusing mothers (of abused children). Further, although abusing and non-abusing fathers differ in this respect the correlations between the responsibility for abuse and various forms of deviant behaviour are not particularly high. Thus it is possible that the high incidence of atypical behaviour amongst abusing parents is more a characteristic of the sample of abusing families than of abusing parents in particular.

3. Tendencies Toward Aggressive Behaviour

The survey results suggested that a sizeable proportion of abusing parents were characterised by generally irritable or aggressive behaviour: 75% of abusing mothers were rated as being irritable or short-tempered, 19% of abusing males had convictions for assault, and 41% were known to have assaulted their wives. On all of these measures the incidence of violent or aggressive behaviour for abusing parents was significantly higher than for non-abusing parents. This finding suggests that the abusing parents often had a low tolerance for frustration and often exhibited a tendency to resolve their frustrations by physical means. It seems reasonable to assume that for parents of this type child abuse is merely a specific manifestation of a generalised tendency toward violent or aggressive behaviour.

4. Stress Factors

The variables which best distinguished between abusing and non-abusing mothers (of abused children) were those relating to the various sources of stress facing the mother at the time of the survey incident. Abusing mothers had a higher incidence of pregnancy, stresses associated with child rearing, and stresses associated with health, than did non-abusing mothers. This evidence points to stress

as being an important precipitating factor in a number of incidents of abuse. This conclusion appears to be consistent with those drawn by earlier authors (Elmer 1965, 1967, Gil 1969, 1970, Court 1970).

It is particularly interesting to note that the stress variable associated most closely with child abuse is the pregnancy of the mother. This result is congruent with the finding reported by Elmer (1967) that, of a series of stress measures taken on abusing and non-abusing families, the variable which discriminated between the two groups most efficiently was the pregnancy of the mother. The analysis presented in the report indicates that pregnancy may be related to child abuse in at least two ways. In the bulk of cases pregnancy appeared to be a further source of stress for mothers facing multiple social and financial difficulties. In a few cases pregnancy appeared to play a more specific role in precipitating abuse by inducing changes in the mother's mood and personality.

The correlation between the presence of various stresses and child abuse would suggest that one of the ways in which the risk of abuse may be reduced is through case work with families facing obvious stresses and difficulties.

5. Rigidity of Behaviour

The survey data also provided limited evidence to suggest that there is an association between rigidity in behaviour or ideas and child abuse. A significantly greater proportion of abusing mothers were described as rigid or compulsive in their behaviour. This finding is congruent with the comments of Zalba (1967) and Skinner and Castle (1969) who have suggested that rigid, authoritarian tendencies of the abusing parents often act as predisposing conditions in incidents of child abuse. This conclusion is also supported by the presenting

stories given by many abusing parents, who claimed that the treatment of the child was justified because of his misdemeanours.

Male - Female Differences

The frequency of child abuse was greater amongst females than amongst males: 61% of abusing parents were mothers. The higher incidence of child abuse by females is probably accounted for, to some extent, by the greater contact that women have with children.

The cluster analysis of the data suggested that the factors involved in abuse by males and females differed. Briefly, the variables which distinguished abusing mothers from non-abusing mothers were those relating to the extent of stresses faced by the mother at the time of the survey incident. On the other hand, the variables that discriminated between the abusing and non-abusing males appeared to relate more to various sources of instability and personal deviance. These variables did not discriminate between abusing and non-abusing females. Although the results given are obviously biased by the atypical nature of the sample on which the comparisons are made, they do suggest that the factors involved in abuse by males and females differ in importance. It would seem that abuse by males is far more likely to be related to various sources of personal inadequacy and instability than abuse by females. Females appear to be responsive to various sources of stress in the immediate home environment. While no equivalent stress measures were taken for the fathers, the structure of the data tends to imply that social pathology and deviance are more important factors in abuse for males than they are for females and that, by implication, stress accounts for a larger proportion of abuse by females. In the authors' opinion these differences can best be accounted for by variations in the contact that males and females have with children. In general, females assume the major responsibility for child rearing and thus have considerably more contact with children than do males. Under these circumstances it would be expected that various sources of stress in the home would act as strong precipitating conditions. On the other hand, the lesser contact that males have with

children would imply that sources of personal inadequacy and instability act as predisposing conditions in child abuse by males more frequently than in child abuse by females.

Classification of Abusing Parents

The results described above suggest that a variety of factors are associated with incidents of abuse: adverse childhood experiences, atypical or deviant behaviour, tendencies toward aggressive or violent behaviour, rigidity of behaviour or ideas, and various forms of stress. It is clear from the results that abusing parents are not an homogeneous group of individuals with respect to these variables. This would imply that an important step in the analysis of the data is the development of some method for classifying parents according to the factors involved in abuse. At present there is no generally accepted classification of abusing parents, although a number of classifications have been tentatively proposed (Bryant et al. 1963, Delsordo 1963, Zalba 1967, Skinner and Castle 1969, Gil 1970).

The absence of a classificatory scheme from the present study has two major implications for the results. First, it must be realised that all of the conclusions reported apply to abusing parents "on the average". Thus in many instances, although the data reveal statistically significant effects, these effects are often limited to a small proportion of the sample. For example, only a minority of abusing males show generalised aggressive behaviour. Second, the fact that the analysis does not incorporate a typology of abusing parents may mean that a number of important relationships in the study have been obscured, and that the sensitivity of the reported comparisons has been reduced.

Section 8.5 Concluding Comment

In common with most research in the social sciences, this report raises more questions than it answers. Further, the descriptive treatment in the report does not deal with a number of important issues relating to the prevention and treatment of child abuse.

From a practical point of view, the most important issue associated with child abuse is the treatment and prevention of this behaviour. As we have mentioned earlier, methods for treating abusing parents are still very much in a developmental stage. Further, there has been little systematic research designed to evaluate the efficacy of these procedures. At the present stage of knowledge, experimentation with various procedures (for example, behaviour modification techniques, group therapy, psychotherapy) seems to be essential. Experimentation of this type requires that the various procedures used are systematically evaluated.

Prevention of child abuse is an area which poses difficulties if one wishes to prevent abuse before it occurs. This is because prevention requires that the small group of potentially abusing parents in the population are detected and treated. Detection of this type demands the use of very precise diagnostic procedures if it is to be at all efficient. The history of prediction methods in the social sciences would suggest that it is unlikely that such procedures can be developed. A more profitable approach would be to attempt prediction on the group of families already known to have been involved in abuse, with the aim of identifying the families in which the risk of repeated abuse is high. This would indicate the families most in need of treatment and surveillance. Some exploratory work in this area has already been carried out by Skinner and Castle (1969) who have found that families in which the first born child is abused tend to be more prone to further abuse than families in which the first born child is not abused.

A further area which deserves attention is the development of a classification of abusing parents. At present, classifi-

cations are largely based on semi-intuitive and generalised descriptions of the commonly occurring features of these adults. In recent years, considerable progress has been made in the biological and social sciences in the development of systematic numerical methods of taxonomy. It would seem a useful exercise to apply these methods to develop a classification of abusing parents. Some of the advantages of such a typology were hinted at in the previous section of the report.

Leaving aside these general issues, the report raises a number of specific questions. For example, why is it that the rate of child abuse amongst Polynesians is so much higher than amongst Europeans? Why do so many abused children experience separation from their homes, and to what extent does separation act as a precipitating factor in incidents of child abuse? Why are so many abused children illegitimate? To what extent does instability in the parent's background act as a predisposing factor in incidents of abuse? In the report we have presented a number of speculative answers to these and other questions. However, detailed research into these issues remains to be carried out.

As we have indicated, this report provides only a preliminary statement of our research findings and at a later date we hope to be able to present more detailed analysis on some of the issues raised above. In particular, we intend to carry out an exploratory investigation of the features associated with children having a high risk of repeated abuse, using the data from a three year follow up study of the abused children. An examination of the various methods of classifying abusing parents is also planned. Further, we hope that the findings in the report will be useful as a reference to other research workers who wish to carry out further investigation of the problem. One of our aims in writing the report was to provide a sound factual description of child abuse in New Zealand in the hope that this would stimulate and assist further research into the topic. If this aim is accomplished then one of our major goals will have been realised.

REFERENCES

Books

- Adcock, C.J. Factorial Analysis for Non-mathematicians. Melbourne: University of Melbourne Press, 1954.
- Chesser, E. Cruelty to Children. New York: Philosophical Library, 1952.
- Elmer, E. Children in Jeopardy: A Study of Abused Minors and their Families. Pittsburgh: University of Pittsburgh Press, 1967.
- Fontana, V.J. The Maltreated Child. Springfield, Illinois: Charles C. Thomas, 1964.
- Gil, D.G. Violence against Children: Physical Child Abuse in the United States. Cambridge, Massachusetts: Harvard University Press, 1970.
- Helfer, R.E. & Kempe, C.H. The Battered Child. Chicago: University of Chicago Press, 1968.
- Ritchie, J. & Ritchie, J. Child Rearing Patterns in New Zealand. Wellington, N.Z.: A.H. & A.W. Reed, 1970.
- Young, L. Wednesday's Children: A Study of Child Neglect and Abuse. New York: McGraw-Hill, 1964.

Journal articles, published reports, monographs, etc.

- Adelson, L. "Slaughter of the Innocents - a Study of Forty-six Homicides in which the Victims were Children." New England Journal of Medicine, 1961, 264:26, 1345-1349.
- Bryant, H.D., Billingsley, A., Kerry, G.A., Leefman, W.V., Merrill, E.J., Senecal, G.R., and Walsh, B.G. "Physical Abuse of Children - An Agency Study." Child Welfare, 1963, 42:3, 125-130.
- Caffey, J. "Multiple Fractures in the Long Bones of Children Suffering from Chronic Subdural Hematoma." American Journal of Roentgenology, 1946, 56, 163-173.
- Cameron, J.M., Johnson, H.R.M. & Camps, F.E. "The Battered Child Syndrome." Medicine, Science and the Law, 1966, 6:1, 2-21.
- Court, J. "Psycho-Social Factors in Child Battering." Journal of the Medical Women's Federation, 1970, 52, 99-104.

- Curtis, G. "Violence Breeds Violence - Perhaps." American Journal of Psychiatry, 1963, 120, 386-387.
- Davoren, E. "The Role of the Social Worker." in Helfer, R.E. & Kempe, C.H. (eds.), The Battered Child. Chicago: University of Chicago Press, 1968.
- De Francis, V. Child Abuse - Preview of a Nationwide Survey. Denver, Colorado: The American Humane Association, Children's Division, 1963.
- Delsordo, J. "Protective Casework for Abused Children." Children, 1963, 10, 213-218.
- Earle, M.J. Rakau Children from Six to Thirteen Years. (Victoria University College Publications in Psychology No. 11), Wellington, N.Z: Department of Psychology, Victoria University College, 1958.
- Elmer, E. The Fifty Families Study. (NIMH Tech. Rep. 880 (R 11)), Washington, D.C.: Government Printing Office, 1965.
- Gil, D.G. "Incidence of Child Abuse and Demographic Characteristics of Persons Involved." in Helfer, R.E. & Kempe, C.H. (eds.), The Battered Child. op. cit., 1968.
- _____ "Physical Abuse of Children: Findings and Implications of a Nationwide Survey." Pediatrics, 1969, 44:5, Part II, 857-864.
- _____ & Noble, J.H. "Public Knowledge, Attitudes and Opinions about Physical Child Abuse in the U.S." Child Welfare, 1969, 48:7, 395-426.
- Gluckman, L.K. "Cruelty to Children." New Zealand Medical Journal, 1968, 67, 155-159.
- Harlow, H.F. & Harlow, M.K. "The Effect of Rearing Conditions on Behaviour." Bulletin of the Menninger Clinic, 1962, 26, 213-224.
- Jensen, J. & Roberts, J. "Juvenile Offending amongst Pacific Islanders Living in New Zealand." Child Welfare Division Newsletter, 1970, 2:32, 24-27.
- Johnson, B. & Morse, H.A. "Injured Children and their Parents." Children, 1968, 15:4, 147-152.
- Kempe, C.H., Silverman, F.N., Steele, B.F., Droegemueller, W., & Silver, H.K. "The Battered-Child Syndrome." Journal of the American Medical Association, 1962, 181, 17-24.

- Kroeger, N. A Survey of Physically Abused Children Known to Selected Hospitals and Health Agencies in the Chicago Area, 1964. Publication No. 4008. Chicago: Welfare Council of Metropolitan Chicago, 1965.
- Melnick, B. & Hurley, J.R. "Distinctive Personality Attributes of Child-Abusing Mothers." Journal of Consulting and Clinical Psychology, 1969, 33:6, 746-749.
- Newson, J. & Newson, E. Infant Care in an Urban Community. London: Allen & Unwin, 1963.
- Nurse, S.M. "Familial Patterns of Parents who Abuse their Children." Smith College Studies in Social Work, 1964, 35, 11-25.
- Paulson, M.J. & Blake, P.R. "The Physically Abused Child: A Focus on Prevention." Child Welfare, 1969, 48:2, 86-95.
- Polansky, N. & Polansky, N. "The Current Status on Child Abuse and Child Neglect in this Country." Report to the Joint Commission on Mental Health for Children, U.S.A., 1968.
- Radbill, S.X. "A History of Child Abuse and Infanticide." in Helfer, R.E. & Kempe, C.H. (eds.), The Battered Child. op. cit., 1968.
- Rycroft, C. "Non-accidental Injuries." Review of The Battered Child, by R.E. Helfer & C.H. Kempe (eds.), New Society, June 20, 1968, 221.
- Schloesser, P.T. "The Abused Child." Bulletin of the Menninger Clinic, 1964, 28.
- Schwimmer, E.G. "The Sense of Belonging." in The Currie Report: A Critique, Wellington, N.Z.: The Association for the Study of Childhood, 1964.
- Simons, B., Downs, E.F., Hurster, M.M., & Archer, M. Child Abuse, a Perspective on Legislation in Five Middle Atlantic States and a Survey of Reported Cases in New York City. New York: Columbia University School of Public Health and Administrative Medicine, 1966.
- Skinner, A.E. & Castle, R.L. 78 Battered Children: a Retrospective Study. London: National Society for the Prevention of Cruelty to Children, 1969.

- Steele, B.F. & Pollock, C.B.
 "A Psychiatric Study of Parents who Abuse
 Infants and Small Children." in Helfer, R.E. &
 Kempe, C.H. (eds.), The Battered Child. op. cit.,
 1968.
- Weston, J.T. "The Pathology of Child Abuse." in Helfer, R.E.
 & Kempe, C.H. (eds.), The Battered Child. op.
 cit., 1968.
- Woolley, P.V. & Evans, W.A.
 "Significance of Skeletal Lesions in Infants
 resembling those of Traumatic Origin." Journal
of the American Medical Association, 1955, 158,
539-543.
- Zalba, S.R. "The Abused Child: I. A Survey of the Problem."
Social Work, 1966, 11:4, 3-16.
- "The Abused Child: II. A Typology for
 Classification and Treatment." Social Work,
 1967, 12, 70-79.

Unpublished manuscripts

- Duncan, L.S.W. "Crime by Polynesians in Auckland - an Analysis
 of Charges laid against Persons Arrested in 1966."
 Unpublished M.A. thesis, University of Auckland,
 1970.
- Elmer, E. "The Fifty Families Study." Unpublished mimeo-
 graphed report. The Children's Hospital of
 Pittsburgh, Pittsburgh, 1964.
- Watt, J.M. "The Clinical Problem of the Maltreated Child."
 Unpublished paper, 1968.

Public documents

New Zealand Census of Population & Dwellings 1966. Wellington,
 N.Z.: Department of Statistics.

Vol. 1. Increase & Location of Population

Vol. 2. Ages & Marital Status

Vol. 4. Industries & Occupations

Vol. 7. Race

Vol. 8. Maori Population & Dwellings

Vol.10. The New Zealand People

"Age Estimates as at 31.12.67." Mimeographed bulletin,
 Department of Statistics, Wellington, N.Z.

"1966 Population of Child Welfare Districts." Unpublished Child Welfare Research Section Report, 1971.

Medical Statistics Report - Part III - Hospital & Selected Morbidity Data 1967. Wellington, N.Z: National Health Statistics Centre.

Medical Statistics Report - Part II - Mental Health Data 1967. Wellington, N.Z: National Health Statistics Centre.

Education Statistics of New Zealand - Part II, 1967. Wellington, N.Z: Department of Education.

Interdepartmental Report on Ex-Nuptial Births. Mimeographed Report, Interdepartmental Committee on Ex-Nuptial Births, Wellington, N.Z., 1969.

New Zealand Statistics of Justice 1967. Wellington, N.Z: Department of Statistics, 1969.

APPENDIX 1

SURVEY FORM AND INSTRUCTIONS

This appendix consists of three sections:

1. The Survey Instructions

Instructions were issued to Child Welfare Officers in several stages before the survey began. The appendix presents relevant excerpts which dealt with sampling and recording procedures.

2. The Main Recording Form (RS/1)

A main recording form was completed for every first referral of a child to the Division for suspected or alleged abuse during 1967. (A shorter supplementary recording form (RS/4) was completed for every second or subsequent referral during the survey year.)

3. The Summary Form (RS/6)

At the end of the survey year a summary form was completed for each child in the survey.

EXCERPTS FROM THE SURVEY INSTRUCTIONSINTRODUCTION

"Beginning in January, and throughout the rest of the year, any officer dealing with a case involving physical ill-treatment will be required to complete a survey form and to place on an office research file relevant case material. All cases, both substantiated and unsubstantiated, will be included."

"The survey does not involve any special interviewing or visiting. It consists largely of recording information that C.W.O's gain in the course of their normal case work."

CASES TO BE INCLUDED

"Every child who is ill-treated, suspected of being ill-treated, or the subject of a complaint (substantiated or not) concerning ill-treatment is to be included. If in doubt about a case, include it."

To be more specific, research records are to be opened in all of the following circumstances:

- (i) when a complaint or information is received from any source that a child is, or may be, suffering physical ill-treatment. (Even referrals that appear on investigation to be mistaken complaints are to be included.)
- (ii) when, in the course of normal casework, officers discover signs suggesting ill-treatment (e.g. frequent bruises or cuts).
- (iii) when children already under notice for ill-treatment show some sign of further ill-treatment.
- (iv) when a child in your district dies, is seriously injured, or seriously ill in circumstances where ill-treatment or severe neglect is suspected. (Neglect cases where there is no element of

physical violence are to be included only when the neglect results in death or in danger to life.)

- (v) when a child dies or is seriously injured in a family murder or suicide."

INFORMATION TO BE RECORDED

"The information to be compiled comprises all relevant case material, and research forms to be filled in by the officer dealing with the case. No special interviewing or visiting is necessary.

I. CASE MATERIAL

This will include copies of information sheets; notes for file on visits, staff discussions, etc.; correspondence of other than a purely administrative nature; case reports; progress reports; memoranda to or from other districts, Head Office, or other Departments or agencies (excluding accounting or maintenance matters or notification slips); medical, school or other reports; J.C.P.S.* notifications; summaries prepared for case conferences; all other forms or notes of relevance."

"II. RESEARCH FORMS

The special research forms to be completed consist of the following:

- A. The Main Form (RS/1) is a lengthy collection of questions to be filled in for each child following the first notice for ill-treatment during the study period. This is done only once in the year for each child. Attached to it is a blue 'Child in the Family' guide, also to be completed by the C.W.O.

* This refers to what is currently known as the Youth Aid Section of the New Zealand Police.

B. A supplementary form ... (RS/4) is to be completed for all subsequent referrals for ill-treatment during the study period....

A subsequent referral is defined as every occasion on which a complaint is received relating to ill-treatment, or on which bruising, injury or marking suggestive of ill-treatment is observed or reported. However, if numerous minor incidents are occurring within a few days of each other, they may be summarised on one supplementary form so long as care is taken to list the date and nature of every incident.

C. A final summary form (RS/6) is to be issued later for completion at a date to be notified."

CONFIDENTIAL TO CHILD WELFARE STAFFMAIN RECORDING FORM (RS/1) FOR USE IN
1967 ILL-TREATMENT SURVEY

DISTRICT: _____ DATE RECORDING BEGUN: _____

NOTES FOR GUIDANCE

1. This recording form is not a questionnaire to be completed during enquiries or in the presence of the people involved. It is essentially a convenient way of recording information that is known to the C.W.O. after she has investigated. However, officers should familiarize themselves with the forms before visiting so that they can probe areas of special interest if given the opportunity by the course discussion takes.
2. The methods of recording are as follows:
 - (i) Where alternative answers are set out in a numbered list the appropriate number is to be circled as shown below. In all cases one of the alternatives must be circled. Example:

" 1. Yes
 ② No
 3. Not known
 4. Not applicable "
 - (ii) Where a number of statements are separated by bars, all that apply to the particular case are to be underlined. If none apply, nothing is to be underlined. Example:

"Illegitimate / adopted / State ward / home broken by death / home broken by separation, divorce or desertion / never had a home with both natural parents /"
 - (iii) Where a space is left after a question, or where there is an instruction to "specify" or "give details" this calls for descriptive or explanatory comment in the space provided.

Note: In some instances you may feel that the answers would give a distorted or incomplete impression; in other instances the circumstances may be inadequately covered by the given alternatives, or you may have difficulty in choosing between two alternatives. In such cases additional notes, in clarification or comment, can be written alongside or below the question, but these should not be regarded as a substitute for marking the alternatives given.
3. Answers to questions frequently will be not applicable or not known. This is because the same form is used for all types of cases, regardless of seriousness, child's age, or knowledge of the family. Frequent use of the "not known" category will be inevitable in cases that are closed off after the initial enquiry.
4. The form should be completed promptly while events are still fresh in mind. If the case is kept under action it may be better to wait until there is sufficient information.

The best way to deal with these cases is to fill out as many questions as you can after the initial investigation; the remaining questions are filled out as the information becomes available.

5. Facts that come to light after the form is filled out should be included as amendments and additions, provided they relate to the circumstances at the time of the appropriate referral or incident and not to subsequent events. The form should be checked a few weeks after it has been filled out in order to make such amendments.

PART I: THE CHILD

1. NAME Enter in the second line any other names the child is, or has been, known by.

Surname: Christian Names:

2. SEX

1. Male
 2. Female

3. RACE Make estimate if in doubt; otherwise, code as 10 and explain.

1. Maori - probably half or more, balance (if any) European (Pakeha).
 2. Part Maori - probably less than half, balance European.
 3. Blend of Maori with other Polynesian race(s).
 Specify
 4. Maori-Asian blend. Specify
 5. Pacific Islander. Specify
 6. European (Pakeha). (Also include here immigrants from Europe, U.S.A., etc.)
 7. European-Asian blend. Specify
 8. Chinese.
 9. Other Asian. (Include here also Malaysian, Indonesian, etc., and persons of Indian descent from Fiji.)
 Specify
 10. Other. Specify

4. AGE (at time of present referral)

..... years months. Birth date: .../.../...

5. LEGITIMACY (at birth)

1. Known to be legitimate
 2. Apparently legitimate - no evidence to contrary
 3. Illegitimate
 4. Parentage not known

6. ADOPTION

1. Known not to have been adopted
 2. To the best of your knowledge not adopted
 3. Not known (use only when 2 is definitely inappropriate)
 4. Legally adopted by relatives or close friends of parent(s). Specify relationship
 5. Legally adopted by strangers
 6. Adopted 'Maori fashion' by strangers
 7. Adopted 'Maori fashion' by relatives or close friends of parent(s).
 Specify relationship
 8. Placed for adoption, still awaiting final order at time of referral. Give details of stage reached in adoption proceedings, etc.
 Age at adoption: years months
 Circumstances of placement, and who arranged by:

7. PERSONS WHO HAVE LOOKED AFTER THE CHILD UP TO THE TIME OF THIS REFERRAL. Complete the form on the following page. No further details are required unless needed to clarify the history. If so, use the space below, but please do not use this as a substitute for the form.

LIFE HISTORY CHART*

The scale marks the child's age in years. Indicate all the adults residing with the child at any time by drawing lines along the dots. Whenever the child changes its address draw a vertical line from top to bottom of the chart. Beside the horizontal and vertical lines write any explanation necessary e.g. why parent ceased to live at home or the reason for child's change of residence. In the lower rows mark an event occurring at one point of time by an X; mark anything of some duration thus \longleftrightarrow

Age of child	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Natural mother
Adoptive mother
Foster mother
Step mother
De facto step mother
Natural father
Adoptive father
Foster father
Step father
De facto step father
Grandmother
Grandfather
Other adults (specify)
Institution or Home
Hospital
Other (specify)
<hr/>																
Family events -																
M's or F's illness
Other (specify)
<hr/>																
Child's illnesses, etc.
Onset and duration of:																
Serious neglect...
Ill-treatment

* This form is a modified version of the life history chart of the Bristol Social-Adjustment Guides - No. 4 and is reproduced by permission of the author Dr D.H. Stott and the publishers, the University of London Press Ltd.

8. PREVIOUS NOTICE (Both as an individual and as part of a family.)

Note every incident, making special mention of ill-treatment or serious neglect.) If necessary make further divisions or continue on a separate page.

A. TO CHILD WELFARE

Date	Incident and with whom living	Nature of any injuries	Action taken

B. TO POLICE

Date	Incident and with whom living	Nature of any injuries	Action taken

C. TO OTHER AGENCY

Date and Agency	Incident and with whom living	Nature of any injuries	Action taken

9. ESTIMATE OF CHILD'S INTELLIGENCE

1. Retarded or sub-normal
2. Dull; below average
3. Average
4. Bright
5. Highly intelligent
6. Estimate not possible (e.g. young baby)

10. CHILD'S PHYSICAL ATTRACTIVENESS. Ignoring superficial unpleasantness resulting from dirtiness, unkempt hair or clothing, etc., rate the child on his/her general attractiveness.

1. Highly attractive
2. More than normally attractive
3. Ordinarily attractive
4. Not as attractive as most
5. Most unattractive
6. Not known

11. MEDICAL HISTORY: ILLNESSES AND DISABILITIES

Give details of all illnesses, ages of occurrence, and disabilities. (Only brief mention need be made of anything to be dealt with in 12 or 13 below.)

Any unusual aspects of birth?

12. HAS THE CHILD AT ANY TIME BEEN ADMITTED TO HOSPITAL, OR SEEN AT OUTPATIENTS, FOR INJURIES OR SYMPTOMS SUGGESTIVE OF ILL-TREATMENT OR SERIOUS NEGLECT?

1. No information available
2. No record of such admissions
3. Yes. Details are as follows:

13. HAS A DOCTOR BEEN CONCERNED ABOUT THE CHILD?

1. No information (no enquiry made, doctor declined to comment, etc.)
Specify reason
2. Doctor not concerned
3. Yes. Details as follows:

14. IF THE SCHOOL OR ANYONE ELSE HAS BEEN CONCERNED ABOUT THE CHILD'S WELFARE GIVE BRIEF DETAILS

15. GENERAL ENERGY LEVEL AND RESPONSIVENESS:

A. FOR BABIES

1. Lethargic and inert - seldom shows interest or response to stimuli; takes no interest in surroundings.
2. Somewhat lethargic - does not readily respond to stimuli; uninquisitive, not easily interested.
3. Normally responsive and active.
4. Very active, responsive to stimuli and interested in surroundings
5. Overactive
6. Not known

B. FOR OLDER CHILDREN

1. Extremely sluggish
2. Slow in action or moves very awkwardly
3. Moves at normal pace
4. Energetic; quick
5. Overactive
6. Not known

16. DEVELOPMENT

Underline the statement in each category that most approximates the child's developmental level for its age. Use 'not known' only where there is no evidence. Do not rate as retarded simply because the child does not come up to a parent's unrealistic expectations. Inevitably you will have to rely on your own judgment. The reason for retardation is immaterial; if, for instance, it is because the child has been unduly restricted this will come out later.

	retarded	somewhat retarded	normal for age	nothing noticeable	not known
Bladder control at night					
Bowel control at night	"	"	"	"	"
Bladder control during day	"	"	"	"	"
Bowel control during day	"	"	"	"	"
Sitting, crawling, walking	"	"	"	"	"
Feeding self	"	"	"	"	"
Dressing self	"	"	"	"	"
Eating	diffi- cult	somewhat difficult	"	"	"
Demands for attention	excessive for age	somewhat excessive	"	"	"
Crying	"	"	"	"	"

(Describe anything noticeable about crying, e.g. unusually piercing, etc.)

Anything else of significance:

For older children, comment on emotional development and behaviour:

For babies, comment on temperament (e.g. how irritable, wakeful during night, demanding of attention, etc.):

PARTS II AND III: THE 'MOTHER' AND 'FATHER'

These sections are to relate to the people in the role of the child's parents in the home in which the child is living at the time ill-treatment is thought to have occurred.

If the child is living with one or both natural, adoptive, step (legal or de facto), or foster parents in circumstances where there is no other adult who could possibly be in the role of parent, this is straight-forward; these are the people to be dealt with as 'mother' and 'father'.

Where a child is living away from both parents at the time ill-treatment is thought to have occurred and is living with relatives or foster parents who are clearly in the roles of parents in the household these people are to be classified as 'mother' and 'father' regardless of the existence elsewhere of natural parents. This is to apply even if the child is only temporarily in the home.

In complicated circumstances the following procedure may help in the decision:

1. Locate the person most clearly in the role of parent. Complete the appropriate part.
2. Take his or her spouse (legal or de facto) as the other parent. Complete the appropriate part. If there is no spouse, leave this record blank.

Note: The other parent must not be anyone other than the spouse of the first parent. For instance, in the case of a child living with its grandparents and its mother, the parents must be either (depending on the circumstances) the mother only or the grandmother and grandfather. The latter choice would be made only if the grandparents were very definitely in the role of parents i.e., the child was being brought up as their own child. In a situation of this kind, if the natural mother had ill-treated the child she would be dealt with on the 'Other Person' form.

If it seems impossible to decide who these sections should be completed for, please consult the Research Section giving details of the circumstances.

PART II; THE 'MOTHER' WITH WHOM THE CHILD IS LIVING

If there is no 'mother' in the household put a cross in the box and pass directly on to Part III:

17. NAME Any other names she is, or has been, known by are to be entered in the second line.

Surname:..... Christian Names:

Maiden Name (if known)

18. RELATIONSHIP TO CHILD

1. Natural mother
2. Adoptive mother - legally adopted
3. Adoptive mother - adopted 'Maori fashion' only
4. Adoptive mother - final order not yet made
5. Legal step-mother
6. De facto step-mother
7. Foster mother - not related to child
8. Foster mother - related to child.
Specify relationship
9. Other relative. Specify
10. Other. Specify

If a foster home (7-10) show type of home by underlining: C.W. foster home / I.L.P. / unlicensed / other (specify))

19. RACE Make an estimate if necessary; otherwise code as 10 and explain.

1. Maori - probably half or more, balance (if any) European (Pakeha).
2. Part Maori - probably less than half, balance European.
3. Blend of Maori with other Polynesian race(s).
Specify
4. Maori-Asian blend. Specify
5. Pacific Islander. Specify
6. European (Pakeha). (Also include here immigrants from Europe, U.S.A., etc.)
7. European-Asian blend. Specify
8. Chinese
9. Other Asian (Include here also Malaysian, Indonesian, etc., and persons of Indian descent from Fiji.)
Specify
10. Other. Specify

20. AGE

1. years
2. Not known. Approximately years

21. COUNTRY OF ORIGIN

1. New Zealand - no evidence to the contrary
2. Australia
3. United Kingdom
4. Continent of Europe. Specify
5. Pacific Islands. Specify
6. Asia. Specify

- 7. Other. Specify
- 8. Not known

If not born in N.Z., how long has she been in N.Z.? ...yrs
 How well has she adjusted to N.Z. life?

22. MARITAL STATUS

A. LEGAL STATUS

- 1. Single - never married
 - 2. Legally married
 - 3. No longer married - widowed
 - 4. No longer married - divorced
 - 5. Not known
- } To any spouse, not necessarily the person living with at present.
- Year married:(1st marriage);(2nd marriage)

B. WITH WHOM COHABITING

- 1. Permanently with husband
- 2. Permanently with de facto husband
- 3. Intermittently with husband
- 4. Intermittently with de facto husband
- 5. No stable arrangement - short-term de facto associations
- 6. Living singly (alone or with relatives etc.) i.e. either has no husband (legal or de facto) or is not living with him.
- 7. Not known

23. NO. OF CHILDREN (OWN OR OTHERS INCLUDING THE STUDY CHILD) IN HER CARE AT REFERRAL

Pre-school: School age:

24. DISCIPLINE OF CHILDREN Use the box for additional comment. If discipline varies for different children do not circle any alternative; instead describe the differences.

- 1. Adequate; firm but kindly
- 2. Over-strict
- 3. Lax; or no discipline
- 4. Erratic or inconsistent
- 5. Not known
- 6. Not applicable (Specify why:)

25. PUNISHMENT This question frequently will overlap the later ill-treatment section. This is unavoidable.

Comment on all of the following aspects:

- A. Severity and frequency of physical punishment:

- B. Is the severity of punishment in keeping with the degree of misbehaviour?

C. Differences in punishment of different children:

D. Abnormal methods or restrictions used for control (such things as keeping a toddler in its cot all day, tying child to tree, locking child in cupboard):

26. IS THERE SOME ASPECT OF THE CHILD'S BEHAVIOUR OR HABITS THAT APPEARS PARTICULARLY TO PROVOKE THE 'MOTHER'? (e.g. refusal to eat, soiling pants, sex play, defiance, persistent crying.)

27. NUMBER OF OWN CHILDREN BORN (Include illegitimate and deceased children.)

<u>Child's name</u>	<u>Date or year of birth</u>	<u>Present whereabouts</u>
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28. 'MOTHER'S' PREVIOUS NOTICE (BOTH AS A CHILD AND AS AN ADULT)

Note all referrals and Court convictions in as much detail as possible, taking special care to mention any violence or ill-treatment. Any referral already covered in detail in the child's 'Previous Notice' section (Q.8) need be mentioned only briefly.

A. KNOWN TO CHILD WELFARE

Date	Nature of Notice and Reason	Action Taken

B. KNOWN TO POLICE

Date	Nature of Notice and Reason	Action Taken

C. KNOWN TO OTHER AGENCIES

Date	Agency	Nature of Notice and Reason	Action Taken

29. ANYTHING KNOWN AGAINST CHARACTER AND NOT COVERED IN 28. ABOVE (e.g. debts, promiscuity, rowdy parties, frequenting hotel)

30. LEVEL OF INTELLIGENCE

1. Retarded or subnormal
2. Below average, dull
3. Appears average
4. Appears above average or superior
5. No estimate possible

31. HAS SHE AT ANY TIME TO YOUR KNOWLEDGE VOLUNTARILY SOUGHT ASSISTANCE FROM ANY AGENCY OR PERSON CONCERNING THE CARE OF THE CHILD(REN)? Circle all that apply and specify circumstances, dates and action taken.

1. No
2. Yes, from Child Welfare
3. Yes, from other agency
4. Yes, from private person

Details are:

--

32. HAS SHE MADE ANY USE OF PLUNKET?

- 1. Yes
- 2. No
- 3. Not known

Give details of anything known:

33. 'MOTHER'S' ILLNESSES, PAST AND PRESENT

Mention illnesses or disabilities of other than a merely temporary nature:

34. PREGNANCY AT TIME OF PRESENT INCIDENT OR REFERRAL

- 1. Known to be pregnant
 - 2. Thought to be pregnant
 - 3. No evidence or suggestion of pregnancy; not known.
- } Approximately months

35. IF KNOWN WHETHER THIS PREGNANCY IS WANTED OR UNWANTED, give details

36. HAS SHE ANY HISTORY OF MENTAL ILLNESS?

- 1. Nothing known
- 2. Yes. Specify details:

Has she ever been admitted to a mental hospital?
 Yes/No/Not known

Approximate dates of admission:;;
 Length of stay:.....;;
 Underline whether: Voluntary/Committed/Not known

37. DRINKING Underline and specify as required

HEAVINESS: Very heavy/fairly heavy/moderate/very light/
 not known
 FREQUENCY: Very frequent/fairly frequent/occasionally/
 very seldom/not known
 EFFECT: (Specify)

38. BEHAVIOUR AND PERSONALITY

A. Underline all of the following statements that apply:
 Anxious and worried / nervous / suffers from depression,
 melancholia / apathetic / things 'get on her nerves' /
 becomes distressed at times / short-tempered /
 tends to shout and scream / withdrawn / erratic, irratio-
 nal / neglects her appearance or health / has compulsive
 tendencies / rigid in behaviour or ideas / is an isolate.

Anything else noticeable about temperament and behaviour:

B. Would you say she was under stress of some kind at the time of the incident? Yes / No / Not known

C. Underline all of the following that seem to have aggravated her situation:

Demands made by young children / pregnancy / fear of pregnancy / physical ill-health / mental ill-health / ineffectual or unhelpful husband / difficult or aggressive husband / having to cope without husband / instability of marriage / instability of de facto arrangement / inadequate income / poor management of money / other financial worries / poor or overcrowded living conditions / frequent moves / behaviour difficulties in pre-school child(ren) / difficulties with in-laws or other relatives / behaviour difficulties in school-age child(ren) / sick or disabled child requiring special care / menopause / personality conflict with child / other (specify)

39. 'MOTHER'S' LIFE HISTORY, AS FAR AS IT IS KNOWN

Underline all that are known to apply, even if only for part of childhood.

A. CHILDHOOD EXPERIENCES i.e. up to about 15 years of age

Illegitimate / adopted / State ward / home broken by death / home broken by separation, divorce or desertion / never had a home with both parents / had little or no contact with father / had little or no contact with mother / father spent period(s) in prison / mother or father spent period(s) in mental hospital / family of 'problem family' type / parental disharmony / largely brought up by other relatives / largely brought up in foster homes / spent period in a Children's Home or similar institution / received physical ill-treatment from parents, relatives, or foster parents / suffered neglect in own home / suffered neglect in home of relatives or foster parents / suffered some chronic illness / nothing known about childhood.

Anything else of significance:

B. FEELINGS ABOUT OWN CHILDHOOD AND PARENTS (if anything known)

Felt: rejected by mother / rejected by father / unwanted by adoptive or foster parents / others in family had been treated better / that father, step-father, etc. ill-treated her / that mother, step-mother, etc. ill-treated her / that life had been all right until parents separated, etc. / that life had been all right until parent remarried or took up with new mate / abused - made to work hard, go without things, etc. / family had a hard time - no money, short of necessities, etc. / suffered severe cruelty resulting in injuries / was regularly knocked about / parents stood no nonsense; not cruel, but severe in punishments / punishments were all deserved / seldom or never punished.

Anything else of significance:

C. ADULTHOOD

Note anything of significance:

40. HER VERBALIZATIONS ABOUT THE CHILD WHICH MAY REFLECT HER ATTITUDE TO IT

Record as closely as possible any comments she has made on how she feels about and reacts to the child and to aspects of its behaviour:

41. RESPONSIBILITY FOR THE RECENT INCIDENT(S) OF ILL-TREATMENT

1. Could not have been responsible: was known to be elsewhere at the time of the incident(s), someone else seen to be responsible, etc.
2. Could have been responsible, but it seems highly unlikely.
3. Might have been, might not have been - no judgment possible.
4. Suspicion that she was involved, but no conclusive evidence or admission.
5. Strong indications that she was involved, but no conclusive evidence or admission.
6. Known to have been involved, but denies it.
7. Known to have been involved, admits responsibility, but does not consider it as treatment any more severe than the child's behaviour warranted.

- 8. Known to have been involved, admits handling child roughly but not wilfully ill-treating it.
 - 9. Known to have been involved, admits ill-treatment.
 - 10. Other. Specify
-
For comment if necessary:

42. IF SHE ADMITS ILL-TREATMENT HOW DOES SHE EXPLAIN HER OWN BEHAVIOUR?

- 1. Not applicable; does not admit it.
- 2. Admits it; her explanation is as follows:

43. IF SHE WAS NOT RESPONSIBLE OR DOES NOT ADMIT RESPONSIBILITY, WHAT EXPLANATION DOES SHE GIVE FOR THE INJURIES OR INCIDENT?

- 1. Not applicable; admits it.
- 2. Her explanation is as follows:

44. YOUR (C.W.O's) VIEWS ON TRUTH OF THIS EXPLANATION (i.e. in 42. or 43.)

45. IF IT SEEMS LIKELY THAT HER HUSBAND WAS RESPONSIBLE FOR ILL-TREATMENT, HOW DID SHE REACT AND WHAT ACTION HAS SHE TAKEN?

- A. From verbal reports what is her attitude to his treatment of the child(ren)?

- B. Did she take any steps to intervene at the time(s) of ill-treatment?
1. No, she aided and abetted.
 2. No, was indifferent, turned a blind eye.
 3. Did not approve, but frightened to take action.
 4. Protected child to best of her ability.
 5. Did not know ill-treatment occurring; was not present.
 6. Not known.
 7. Not applicable - husband not responsible.
 8. Not applicable - no evidence that ill-treatment actually occurred.
- C. Do you know of any other steps she has taken to protect the child(ren) (e.g. took husband to doctor or advised this, arranged for neighbour to keep an eye on the family, asked for help or for child(ren) to be placed elsewhere).
1. Not applicable (husband not involved, or no evidence of ill-treatment).
 2. No.
 3. Yes. Specify:

PART III: THE 'FATHER' WITH WHOM THE CHILD IS LIVING

If there is no 'father' in the household put a cross in the box and pass on directly to Part IV:

46. NAME Any other names he is, or has been, known by are to be entered in the second line.

Surname: Christian Names

47. RELATIONSHIP TO CHILD

1. Natural father*
2. Adoptive father - legally adopted
3. Adoptive father - adopted 'Maori fashion' only
4. Adoptive father - final order not yet made
5. Legal step-father
6. De facto step-father
7. Foster father - not related to child
8. Foster father - related to child. Specify relationship
9. Other relative. Specify
10. Other. Specify

If a foster home (7 - 10) show type of home by underlining:

C.W. foster home / I.L.P. / unlicensed / other specify

* Is there any suggestion that he may not really be the child's natural father?

48. RACE Make an estimate if necessary; otherwise code as 10 and explain.

1. Maori - probably half or more, balance (if any) European (Pakeha)
2. Part Maori - probably less than half, balance European
3. Blend of Maori with other Polynesian race(s). Specify
4. Maori-Asian blend. Specify
5. Pacific Islander. Specify
6. European (Pakeha). (Also include here immigrants from Europe, U.S.A., etc.)
7. European - Asian blend. Specify
8. Chinese
9. Other Asian (include here also Malaysian, Indonesian, etc. and persons of Indian descent from Fiji). Specify
10. Other. Specify

49. COUNTRY OF ORIGIN

1. New Zealand - no evidence to the contrary
2. Australia
3. United Kingdom
4. Continent of Europe Specify
5. Pacific Islands Specify

- 6. Asia Specify
- 7. Other Specify
- 8. Not known

If not born in N.Z., how long has he been in N.Z.?
 years
 How well has he adjusted to N.Z. life?

50. AGE

- 1. years
- 2. Not known. Approximately years

51. USUAL OCCUPATION (If not known, enter present or recent occupation.)
 Actual job (e.g. truck driver)
 Self-employed?
 Branch of industry (e.g. freezing works, Post Office)

52. REGULARITY OF EMPLOYMENT

- 1. In steady employment - no undue frequency of change.
- 2. Always has a job, but changes frequently.
- 3. Employed fairly regularly in seasonal work - no undue unemployment.
- 4. Changes jobs frequently, has periods of unemployment.*
- 5. Frequently unemployed.*
- 6. Rarely or never works.*
- 7. Not applicable. Specify why
- 8. Not known.

*If 4, 5 or 6, give apparent reasons for unemployment:

53. MARITAL STATUS

A. LEGAL STATUS

- 1. Single - never married
 - 2. Legally married
 - 3. No longer married - widowed
 - 4. No longer married - divorced
 - 5. Not known
- To any spouse - not necessarily the person living with at present.
- Year married: (1st marriage) (2nd marriage)

B. WITH WHOM COHABITING

- 1. Permanently with wife
- 2. Permanently with de facto wife
- 3. Intermittently with wife
- 4. Intermittently with de facto wife
- 5. No stable arrangement - short term de facto arrangements
- 6. Living singly (alone or with relatives, etc.) - i.e. either has no wife (legal or de facto) or is not living with her
- 7. Not known

54. DISCIPLINE OF CHILDREN Use the box for additional comment. If discipline varies for different children, do not circle any alternative; instead describe the differences.

1. Adequate; firm but kindly
2. Over-strict
3. Lax; or no discipline
4. Erratic or inconsistent
5. Not known
6. Not applicable. (Specify why

55. PUNISHMENT This question frequently will overlap the later ill-treatment section. This is unavoidable. Comment on all of the following aspects:

A. Severity and frequency of physical punishment:

B. Is the severity of punishment in keeping with the degree of misbehaviour?

C. Differences in punishment of different children:

D. Abnormal methods or restrictions used for control (such things as keeping toddler in its cot all day, tying child to tree, locking child in cupboard)

56. IS THERE SOME ASPECT OF THIS CHILD'S BEHAVIOUR OR HABITS THAT APPEARS PARTICULARLY TO PROVOKE THE 'FATHER'? (e.g. refusal to eat, soiling pants, sex play, defiance, persistent crying)

57. 'FATHER'S' PREVIOUS NOTICE (BOTH AS A CHILD AND AS AN ADULT) Note all referrals and Court convictions in as much detail as possible, taking special care to mention any violence or ill-treatment. Any referral already noted in detail in the child's or mother's 'Previous Notice' sections (Q.8. and Q.28.) need be mentioned only briefly.

A. KNOWN TO CHILD WELFARE

Date	Nature of Notice and Reason	Action Taken

B. KNOWN TO POLICE

Date	Nature of Notice and Reason	Action Taken

C. KNOWN TO OTHER AGENCIES

Date	Agency	Nature of Notice and Reason	Action Taken

58. ANYTHING KNOWN AGAINST CHARACTER AND NOT COVERED IN 57. ABOVE (e.g. debts, rowdy parties)

59. HAS HE AT ANY TIME TO YOUR KNOWLEDGE VOLUNTARILY SOUGHT ASSISTANCE FROM ANY AGENCY OR PERSON CONCERNING THE CARE OF THE CHILD(REN)? Circle all that apply and specify circumstances, dates and action taken.

- 1. No
- 2. Yes, from Child Welfare
- 3. Yes, from other agency
- 4. Yes, from private person

Details are:

60. 'FATHER'S' ILLNESSES, PAST AND PRESENT

Mention illnesses or disabilities of other than merely a temporary nature.
--

61. HAS HE ANY HISTORY OF MENTAL ILLNESS?

- 1. Nothing known
- 2. Yes. Specify details:

Has he ever been admitted to a mental hospital?

Yes / No / Not known

Approximate dates of

admission;;

Length of stay;;

Underline: Voluntary / Committed / Not known

62. DRINKING Underline and specify as required

HEAVINESS: Very heavy / fairly heavy / moderate /
very light / not known

FREQUENCY: Very frequent / fairly frequent / occasionally /
very seldom / not known

EFFECT: (Specify)

63. LEVEL OF INTELLIGENCE

- 1. Retarded or subnormal
- 2. Below average; dull
- 3. Appears average
- 4. Appears above average or superior
- 5. No estimate possible

64. BEHAVIOUR AND PERSONALITY CHARACTERISTICS

A. Would you say he was under stress of some kind at the time of the incident? Yes / No / Not known.
If 'yes' give details:

B. Violence Underline all that apply:

Assaults wife / assaults other female relatives / assaults male relatives or friends / assaults own children without provocation / violent towards children only when provoked by their misbehaviour / violent only when he has been drinking / never or rarely physically violent / has been prosecuted for assault / gets into fights when he has been drinking / picks on weaker people only.

C. Anything else noticeable about 'father's' temperament and behaviour:65. 'FATHER'S' LIFE HISTORY, AS FAR AS IT IS KNOWN

Underline all that are known to apply, even if only for part of childhood:

A. CHILDHOOD EXPERIENCES, i.e. up to about 15 years of age.

Illegitimate / adopted / State ward / home broken by death / home broken by separation, divorce or desertion / never had a home with both parents / had little or no contact with father / had little or no contact with mother / father spent period(s) in prison / mother or father spent period(s) in mental hospital / family of 'problem family' type / parental disharmony / largely brought up by other relatives / largely brought up in foster homes / spent period in a Children's home or similar institution / suffered some chronic illness / received physical ill-treatment from parents, relatives or foster parents / suffered neglect in own home / suffered neglect in home of relative or foster parent / nothing known about childhood.

Anything else of significance:

B. FEELINGS ABOUT OWN CHILDHOOD AND PARENTS (if anything known)

Felt: rejected by mother / rejected by father / unwanted by adoptive or foster parents / others in family had been treated better / that father, step-father, etc. ill-treated him / that mother, step-mother, etc. ill-treated him / that life had been all right until parents separated, etc. / life all right until parent remarried or took up with new mate / abused - made to work hard, go without things, etc. / family had a hard time - no money, short of necessities, etc. / suffered severe cruelty resulting in injuries / was regularly knocked about / parents stood no nonsense; not cruel, but severe in punishments / punishments were all deserved / seldom or never punished.

Anything else of significance?

C. ADULTHOOD

Note anything of significance:

66. HIS VERBALIZATIONS ABOUT THE CHILD WHICH MAY REFLECT HIS ATTITUDE TO IT

Record as closely as possible his comments on how he feels about and reacts to the child and to aspects of its behaviour

67. RESPONSIBILITY FOR THE RECENT INCIDENT(S) OF ILL-TREATMENT

1. Could not have been responsible; was known to be elsewhere at the time of the incident(s); someone else seen to be responsible; etc.
2. Could have been responsible, but it seems highly unlikely.
3. Might have been, might not have been - no judgment possible.
4. Suspicion that he was involved, but no conclusive evidence or admission.
5. Strong indications that involved, but no conclusive evidence or admission.
6. Known to have been involved, but denies it.
7. Known to have been involved, admits responsibility, but does not consider it as treatment any more severe than the child's behaviour warranted.
8. Known to have been involved, admits handling child roughly but not wilfully ill-treating it.
9. Known to have been involved, admits ill-treatment.
10. Other. Specify

For comment if necessary:

68. IF HE ADMITS ILL-TREATMENT, HOW DOES HE EXPLAIN HIS OWN BEHAVIOUR?

1. Not applicable; does not admit it.
2. Admits it; his explanation is as follows:

69. IF HE WAS NOT RESPONSIBLE OR DOES NOT ADMIT RESPONSIBILITY, WHAT EXPLANATION DOES HE GIVE FOR THE INJURIES OR INCIDENT(S)?

1. Not applicable; admits it.
2. His explanation is as follows:

70. YOUR (C.W.O.'S) VIEWS ON TRUTH OF THIS EXPLANATION (i.e. in 68. or 69.)

71. IF IT SEEMS LIKELY THAT HIS WIFE WAS RESPONSIBLE FOR ILL-TREATMENT, HOW DID HE REACT AND WHAT ACTION HAS HE TAKEN?

A. From verbal reports what is his attitude to her treatment of the child(ren)?

B. Did he take any steps to intervene at the time(s) of ill-treatment?

1. No, he aided and abetted.
2. No, he was indifferent, turned a blind eye.
3. Did not approve, but frightened to take action.
4. Protected child to best of his ability.
5. Did not know ill-treatment occurring; was not present.
6. Not known.
7. Not applicable - wife not responsible.
8. Not applicable - no evidence of ill-treatment.

C. Do you know of any other steps he has taken to protect child(ren) (e.g. took wife to doctor or advised this, arranged for neighbour to keep an eye on family, asked for help or for child(ren) to be placed elsewhere, etc.)?

1. Not applicable (wife not responsible; or no evidence of ill-treatment).
2. No.
3. Yes. Specify

PART IV: PERSON OTHER THAN 'MOTHER' OR 'FATHER' WHO ILL-TREATED OR WAS SUSPECTED OF ILL-TREATING THE CHILD

This Part is to be completed for any person, adult or child, who was suspected of ill-treating the child and who has not already been dealt with as 'mother' or 'father'. If there is no 'other person' put a cross in the box and pass directly to Part V:



72. NAME Any other names he/she is, or has been, known by are to be entered in the second line

Surname: Christian names:

Maiden name (if known):

73. RELATIONSHIP TO CHILD

1. Parent (natural, adoptive, or step).
Specify
2. Grandparent. Specify maternal/paternal
3. Aunt or uncle. Specify maternal/paternal
4. Brother or sister
5. Other relative. Specify
6. Other. Specify

74. RACE Make an estimate if necessary; otherwise code as 10 and explain:

1. Maori - probably half or more, balance (if any) European (Pakeha).
2. Part Maori - probably less than half, balance European.
3. Blend of Maori with other Polynesian race(s).
Specify
4. Maori-Asian blend. Specify
5. Pacific Islander. Specify
6. European (Pakeha). (Also include here immigrants from Europe, U.S.A., etc.)
7. European-Asian blend. Specify
8. Chinese.
9. Other Asian (include here also Malaysian, Indonesian, etc. and persons of Indian descent from Fiji).
Specify
10. Other. Specify

75. SEX

1. Male
2. Female

76. AGE

1. years.
2. Not known. Approximately years.

77. MARITAL STATUS

1. Single - never married.
 2. Legally married.
 3. No longer married - widowed
 4. No longer married - divorced
 5. Not known.
- } To any spouse - not necessarily the person living with at present.

78. COUNTRY OF ORIGIN

1. New Zealand - no evidence to the contrary
2. Australia
3. United Kingdom
4. Continent of Europe Specify
5. Pacific Islands Specify
6. Asia Specify
7. Other Specify
8. Not known

If not born in N.Z., how long has he/she been in N.Z.?

..... years

How well has he/she adjusted to N.Z. life?

79. WHAT WERE THE CIRCUMSTANCES IN WHICH HE/SHE CAME TO BE IN A POSITION TO ILL-TREAT THE CHILD?80. WHAT PREVIOUS CONTACT HAS THIS PERSON HAD WITH THE CHILD, AND HOW OFTEN DID HE/SHE COME INTO CONTACT WITH IT?81. WHAT EVIDENCE IS THERE THAT THIS PERSON ACTUALLY DID ILL-TREAT THE CHILD?82. DOES HE/SHE ADMIT ILL-TREATMENT?

1. Yes
2. No
3. Not known

83. IF ADMITTED, WHAT EXPLANATION DOES HE/SHE OFFER?

1. Not applicable, does not admit it.
2. Admits it; explanation is as follows:

84. IF NOT ADMITTED, WHAT EXPLANATION DOES HE/SHE GIVE FOR THE INCIDENT(S) OR INJURIES?

1. Not applicable; admits it.
2. Explanation is as follows:

85. YOUR (C.W.O'S) VIEW ON TRUTH OF THIS EXPLANATION (i.e. in 83. or 84.)

86. PREVIOUS NOTICE (BOTH AS A CHILD AND AS AN ADULT)

Note all referrals and court convictions in as much detail as possible taking special care to mention any violence or ill-treatment.

A. KNOWN TO CHILD WELFARE

Date	Nature of Notice and Reason	Action Taken

B. KNOWN TO POLICE

Date	Nature of Notice and Reason	Action Taken

C. KNOWN TO OTHER AGENCIES

Date	Agency	Nature of Notice and Reason	Action Taken

87. ANYTHING KNOWN AGAINST CHARACTER AND NOT COVERED IN 86. ABOVE (e.g. debts, rowdy parties, frequenting hotels, excessive drinking, promiscuity)

88. LEVEL OF INTELLIGENCE

- 1. Retarded or subnormal
- 2. Below average; dull
- 3. Appears average
- 4. Appears above average or superior
- 5. No estimate possible

89. IF A WOMAN, IS SHE PREGNANT?

- 1. Known to be pregnant
 - 2. Thought to be pregnant
 - 3. No evidence or suggestion of pregnancy; not known
- } Approximately months

90. IF KNOWN WHETHER THIS PREGNANCY IS WANTED OR UNWANTED
give details:

91. HAS HE/SHE ANY HISTORY OF MENTAL ILLNESS?

- 1. Nothing known
- 2. Yes. Specify details:

Has he/she ever been admitted to a mental hospital?

Yes / No / Not known.

Approximate dates of

admission:;;

Length of stay:.....;;

Underline: Voluntary / Committed / Not known

92. DRINKING Underline and specify as required.

HEAVINESS: Very heavy / fairly heavy / moderate /
very light / not known

FREQUENCY: Very frequent / fairly frequent / occasionally /
very seldom / not known

EFFECT: (Specify)

93. BEHAVIOUR AND PERSONALITY

- (i) Would you say that he/she was under stress of some kind at the time of the incident? Yes / No /
Not known

(ii) FOR WOMAN

A. Underline all of the statements that apply:

Anxious and worried / nervous / suffers from depression, melancholia / apathetic / things 'get on her nerves' / becomes distressed at times / short-tempered / tends to shout and scream / withdrawn / erratic, irrational / neglects her appearance or health / has compulsive tendencies / is an isolate / rigid in behaviour or ideas.

Anything else noticeable about temperament and behaviour:

B. Underline all of the following that seem to have aggravated her situation:

Demands made by young children / pregnancy / fear of pregnancy / physical ill-health / mental ill-health / ineffectual or unhelpful husband / difficult or aggressive husband / having to cope without husband / instability of marriage / instability of de facto arrangement / inadequate income / poor management of money / other financial worries / poor or overcrowded living conditions / frequent moves / behaviour difficulties in pre-school child(ren) / difficulties with in-laws or other relatives / sick or disabled child requiring special care / menopause / behaviour difficulties in school-age child(ren) / personality conflict with child / other (specify)

(iii) FOR MAN

Violence: Underline all that apply

Assaults wife / assaults other female relatives / assaults male relatives or friends / assaults own children without provocation / violent towards children only when provoked by their misbehaviour / violent only when he has been drinking / never or rarely physically violent / has been prosecuted for assault / gets into fights when he has been drinking / picks on weaker people only

Anything else noticeable about his temperament and behaviour:

PART V: THE HOUSEHOLD AND CIRCUMSTANCES OF
PRESENT ILL-TREATMENT

94. CHILD'S STATUS AT TIME OF INCIDENT (This refers to C.W. status at the time the incident occurred, not status resulting from present referral)
Circle all that apply.
1. Nil
 2. Miscellaneous referral already under action
 3. Needy Family or Preventive Supervision
 4. Legal Supervision
 5. State ward (Actual status
 6. Court enquiry
 7. J.C.P.S. referral
 8. Adoption placement
 9. I.L.P placement
 10. Illegitimate birth enquiry
 11. Other. Specify
95. WHEN DID THE INCIDENT(S) LEADING TO NOTICE TAKE PLACE?
Time of day:..... a.m./p.m. Date:
96. PERSON(S) ALLEGED OR SUSPECTED OF BEING RESPONSIBLE FOR ILL-TREATMENT
Name:..... Relationship
..... to child:
97. WHO FIRST NOTICED SOMETHING AMISS AND TOOK ACTION RESULTING IN THIS REFERRAL?
98. HOW DID THEY COME TO NOTICE IT?
99. WHAT WAS IT THAT CONCERNED THEM SUFFICIENTLY TO TAKE ACTION?
100. WHO DID THEY REPORT IT TO?
101. IF NOT TO A C.W.O., BY WHAT SEQUENCE DID C.W. COME TO BE INFORMED?

102. IN PARTICULAR, WHO FIRST NOTIFIED CHILD WELFARE OF THE INCIDENT(S)?

1. Neighbour
 2. Person responsible for the incident.
Specify
 3. Relative. Specify
 4. Discovered by C.W.O. during other enquiries (i.e. not reported to her).
 5. Maori Welfare Officer
 6. Police
 7. Doctor or hospital
 8. School or Visiting Teacher
 9. Public Health, District or Plunket Nurse
- } Underline appropriate one
10. Other. Specify
 11. Not applicable - C.W. not notified (came to notice from press report, etc.)

103. WAS THERE ANYONE WHO KNEW OF THE ILL-TREATMENT WHO WAS IN A POSITION TO HAVE NOTIFIED THE POLICE OR DIVISION SOONER? e.g. school, neighbour, occupant of house.

1. No.
2. Not applicable. Does not appear to have been any ill-treatment.
3. Not known.
4. Yes. Details as follows:

104. WAS THE CHILD SEEN BY A DOCTOR?

1. Yes, before referred to the Police or C.W.
2. Yes, at about the same time as referral.
3. Yes, following referral.
4. Not seen until after death.
5. Not seen by doctor at all.
6. Not known.

105. ON WHOSE INITIATIVE WAS CHILD SEEN BY DOCTOR? i.e. who took child to hospital, called doctor, ensured that parent got medical help, etc.

1. Person(s) inflicting ill-treatment or injury.
2. Husband or wife of person inflicting ill-treatment.
Specify
3. Other relative. Specify
4. C.W.O.
5. Police
6. School
7. Other agency. Specify
8. Other. Specify
9. Not known
10. Not applicable - not seen by doctor.

106. WHERE THERE WAS A SPECIFIC INJURY, HOW SOON AFTER INJURY WAS IT REPORTED?

- a) to Child Welfare hours or days
 - b) to Police " " "
 - c) to Doctor " " "
 - d) to Other agency " " "
- (Specify agency

107. EVIDENCE THAT SOME ILL-TREATMENT HAS ACTUALLY OCCURRED

- 1. Absolutely no evidence - seems highly unlikely.
- 2. Child possibly was ill-treated, but it appears unlikely.
- 3. Cannot judge either way.
- 4. No conclusive evidence, but ill-treatment seems likely.
- 5. Almost certain that child ill-treated, but conclusive evidence lacking.
- 6. Conclusive evidence that child was ill-treated.

108. NATURE OF INJURIES, IF ANY

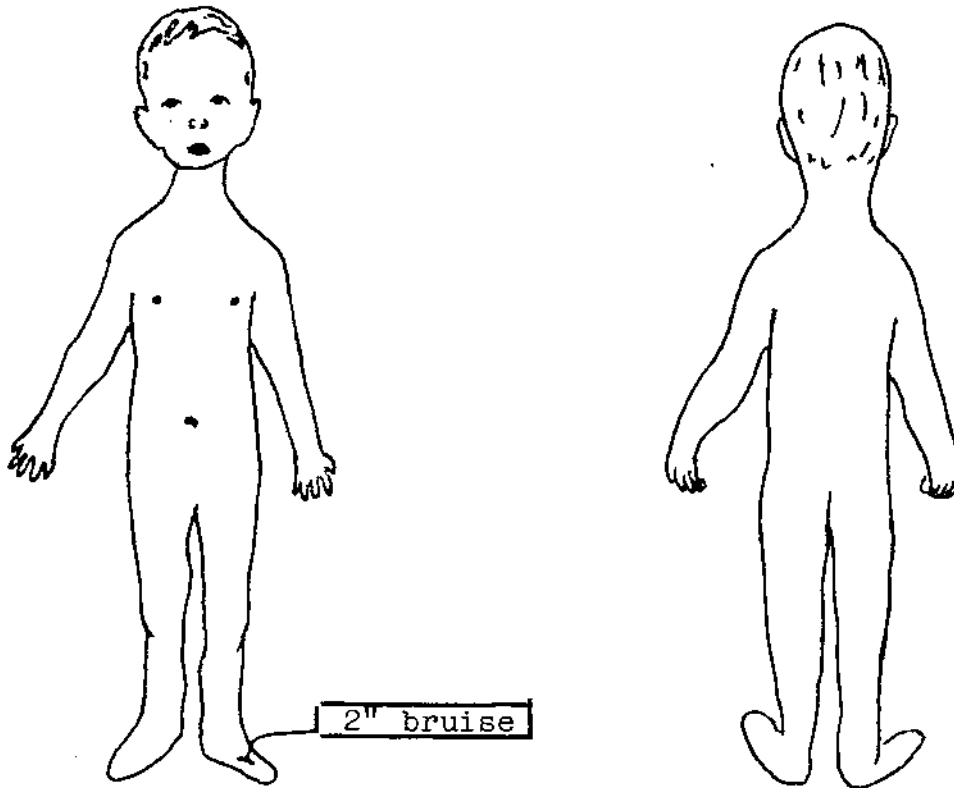
A. Underline all that have applied in this or previous incidents:

minor bruising/extensive bruising/abrasion(s)/cut(s)/weal(s)/laceration(s)/scald(s)/burn(s)/swelling(s)/fracture(s)/dislocation(s)/scar(s)/.....

B. Give details of present injuries, parts of body injured (e.g. 'bruises and lacerations to buttocks', 'small cut over right eye') and age of injuries.

C. Way in which injuries incurred, and implements used
(e.g. beaten with stick)

109. DISTRIBUTION OF PRESENT INJURIES Please indicate on figures all marks and injuries on child's body - labelling as shown.



110. SERIOUSNESS OF PRESENT INJURIES

1. Died.
2. Serious and permanent, but not fatal, injuries.
3. Serious, but probably not permanent, injuries.
4. Injuries not very serious.
5. No injuries.

111. HOSPITALISATION (i.e. at time of, or following, present incident)

1. Not applicable - child died before admission.
2. Not admitted to hospital.
3. Admitted to hospital. Reasons for admission were:

112. CAUSE OF DEATH

1. Died as result of specific injuries before admission to hospital.
2. Died in hospital as result of specific injury or injuries.
3. Died before admission to hospital from other causes (e.g. neglect or illness) not arising from injuries.

4. Died in hospital from other causes not arising from injuries.
5. Not known.
6. Not applicable.

113. POST MORTEM

1. Not applicable.
2. No Post Mortem held following death.
3. Post Mortem held. If known, give details of Post Mortem findings on injuries, predisposing and immediate causes of death, etc., and duration of ill-treatment.

114. X-RAYS FOR INJURIES FOLLOWING PRESENT INCIDENT

1. Child x-rayed: no evidence of injuries, either recent or old.
 2. Child x-rayed: evidence of recent injuries only.
 3. Child x-rayed: evidence of old injuries only.
 4. Child x-rayed: evidence of both old and recent injuries.
 5. Child not x-rayed.
 6. Not known.
- Areas of body x-rayed:
- Date of x-ray Provide copy of medical reports if available. Otherwise note here whatever details you know of the findings:

115. IMMEDIATE REMOVAL OF CHILD FROM THE HOME (i.e. within approx. 24 hours of incident or referral to Child Welfare)

1. Not removed.
2. Not removed because the person thought to be responsible was no longer in the house.
3. Voluntarily removed by family or given up by foster parents.
4. Removed on warrant.
5. Admitted to hospital.
6. Not applicable - child deceased.
7. Other. Specify

116. PROPOSED OVERSIGHT OF CHILD IN HOME FOLLOWING INITIAL INVESTIGATIONS

1. Not applicable (on warrant, deceased, in hospital, etc.) Specify
2. No oversight proposed because circumstances altered so as to make it unnecessary. Specify
3. No oversight proposed because circumstances did not appear to warrant it.
4. No oversight proposed because unacceptable to parents. (If also not warranted, code as 3.)
5. No oversight proposed for some other reason. Specify
6. Alternative arrangements made with some other agency or person to oversee. Specify agency and reason
7. Some brief C.W. oversight proposed.
8. Routine C.W. oversight proposed. (Include here children already in care.)
9. Other arrangements for oversight. Specify

117. INITIATION OF CHILDREN'S COURT ACTION FOLLOWING THIS REFERRAL (Do not count Court action arising from subsequent referrals that occurred in the interim before this form was completed.)

1. Not applicable (child deceased, already a State ward, etc.)
2. No Children's Court action initiated as considered unnecessary.
3. No Children's Court action initiated for want of sufficient evidence.
4. No Children's Court action initiated for some other reason. Specify
5. Children's Court action initiated following this incident. Specify date on which decision made to take Children's Court action

118. PRECIPITATING REASON FOR ILL-TREATMENT (i.e. what triggered off the incident on the day that the injury was incurred, e.g. father enraged when child would not stop crying.)

1. Not applicable - no ill-treatment indicated.
2. Not applicable - no specific incident, ill-treatment over some time.
3. No precipitating reason known.
4. Precipitating reason was as follows:

119. HAD THE PERSON(S) THOUGHT TO BE RESPONSIBLE BEEN DRINKING AT ALL ON THE DAY(S) THE INCIDENT(S) OCCURRED?

1. No.
2. Yes. Give details
3. Not known whether drinking OR not known who responsible.
4. Not applicable - no specific incident(s), or no evidence of ill-treatment.

120. UNDERLYING REASONS

C.W.O.'s views on underlying reasons for ill-treatment:

121. PATTERN OF ILL-TREATMENT

1. Present ill-treatment appears to be an isolated incident.
2. Appears to be part of a persistent or episodic pattern of abuse.
3. Pattern not known.
4. Not applicable - no ill-treatment indicated.

122. WHERE PERSISTENT ILL-TREATMENT (KNOCKING ABOUT, ROUGH HANDLING, ETC.) OCCURRED, FOR HOW LONG HAD IT BEEN GOING ON?

1. Not applicable - no indication of persistent ill-treatment.
2. Not known.
3. Details of occurrence and injuries are as follows:

123. WHERE THE CASE INVOLVED SERIOUS NEGLECT RATHER THAN ACTUAL VIOLENCE, FOR HOW LONG HAD THE CHILD BEEN NEGLECTED?

1. Not applicable - no indication of serious neglect.
2. Not known.
3. Details are as follows:

124. IF THE CHILD WAS LIVING IN A FOSTER HOME, DID THE DIVISION HAVE ANY KNOWLEDGE OF THE PLACEMENT PRIOR TO THE REFERRAL OR INCIDENT?

1. Not applicable - not in foster home.
2. Placement was not known to Child Welfare.
3. Yes, placement known to Child Welfare. Give details:

125. IF NOT LIVING WITH ONE OR BOTH NATURAL PARENTS, BRIEFLY EXPLAIN WHY

126. IF ADOPTED (LEGALLY) BUT NOT LIVING WITH ONE OR BOTH ADOPTIVE PARENTS, BRIEFLY EXPLAIN WHY

127. NEGLECT OF THE CHILD UNDER STUDY Underline any of the following that are true of the child. Use blanks for additional signs if necessary:

Clothing: dirty / old and shabby / all 'hand-me-downs' / ragged or torn / not warm enough for the weather / too small, outgrown / not enough clothing / / nothing noticeable / well clothed.

Nutrition: general signs of malnutrition / vitamin deficiency / rickets / scurvy / underweight / / nothing noticeable / well nourished.

Hygiene: lice in hair / hair dirty and unkempt / child generally dirty / sores or other skin complaints / nappy rash / / nothing noticeable / clean.

Other: untreated injuries / untreated illness / untreated sores / made to work too hard / / nothing noticeable.

128. 'PARENTS' RELATIONSHIP

A. Comment on 'parents' relationship:

B. Rate on the following scale:

1. Severe discord - signs perhaps in frequent desertion, extreme incompatibility, frequent fighting and/or assault.
2. General lack of harmony - indicated perhaps by continual bickering, bitterness, lack of co-operation.
3. Relationship merely satisfactory.
4. Harmonious relationship.
5. Not known.
6. Not applicable.

129. OTHER ADULTS USUALLY LIVING IN HOUSEHOLD (Do not include 'mother' and 'father')

<u>Relationship to child</u>	<u>Approx. age</u>
.....
.....
.....

130. NUMBER OF CHILDREN THOUGHT BY C.W.O. TO HAVE BEEN ILL-TREATED

Number Ages;.....;.....;.....

131. TOTAL NUMBER OF CHILDREN LIVING IN THE HOME (include those not ill-treated)

Pre-school children: School-age children:

132. DISCRIMINATION AMONG THE CHILDREN IN THE HOUSEHOLD

If ill-treatment appears to be confined to one or only some of the children in the home, are there any characteristics or circumstances that set this child or children apart from the rest? Give details:

133. HOME IN WHICH CHILD WAS LIVING AT THE TIME OF INCIDENT

(a) Location of the house

1. State Housing area
2. Other normal town residential area
3. Substandard town residential area
4. Congested but not substandard residential area
5. Semi-rural, outskirts of town
6. Small town
7. Rural
8. Isolated rural
9. Maori pa or settlement
10. Industrial camp; hydroelectric construction camp, mill forest, etc.
11. Other. Specify

(b) Comment on the standards of facilities and house-keeping (cleanliness, meals, orderliness)

(c) Comment on stability of residence (i.e. how often they move house).

(d) Who mainly has earned the living and supported the household?

1. Husband
2. Wife
3. Other relative. Specify
4. Other person. Specify
5. Not known
6. Not applicable. Note source of income

(e) If child is in a foster home or with relatives, is board paid?

1. Not applicable
2. Not known
3. No - as far as known no arrangements made for payment.
4. No, because parent fails to pay as arranged or expected.
5. Yes, but insufficient or too infrequent to satisfy foster parents.
6. Yes, no complaints.

(f) How well is family supported?

1. Inadequately, poorly
2. Adequately

(g) If inadequately or poorly (1. above) what is the reason?

1. Irregularity of income
2. Insufficient basic earnings of breadwinner
3. Breadwinner contributes an inadequate amount of earnings; remainder, otherwise adequate, spent outside home.
4. Chronic mismanagement or extravagance in home.
5. Unusual but essential expenditure (e.g. for medical treatment, special diet, maintenance of other family, travelling, etc.)
6. Other. Specify
7. Not known

Circle all that apply. If more than one, code here main reason

(h) Supervision of child(ren) during the day

1. Restrictive control
2. Whereabouts known most of time, but not over-restrictive
3. Little interest in whereabouts
4. Indifference to whereabouts
5. Not known
6. Not applicable - child too young.

- (i) Are children left alone?
 (i) at night: (ii) during day:
 1. Never 1. Never
 2. Very rarely 2. Very rarely
 3. Sometimes 3. Sometimes
 4. Frequently 4. Frequently
 5. Not known 5. Not known

134. MAORITANGA If either 'parent' has some Maori blood underline any of the following that are appropriate:
 Attendance at Maori gatherings / house open to relatives and friends 'Maori fashion' / Maori spoken a great deal in the family / Maori history often spoken of, especially reference to own tribe / living in an almost entirely Maori community / children given away to relatives to fulfil an obligation imposed by Maori tradition / young children cared for mainly by older children in the family / Maori foods frequently eaten /

135. ADJUSTMENT TO CITY LIFE IF MOVED FROM THE COUNTRY

136. HAVE ANY RELATIVES TO YOUR KNOWLEDGE BEEN UNDER NOTICE FOR ILL-TREATMENT; EITHER AS THE CHILD ILL-TREATED OR AS THE PERSON DOING THE ILL-TREATING?

1. No
 2. Yes. Specify:

<u>Name and Relationship to Child</u>	<u>Date</u>	<u>Details</u>
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137. FOR THE CHILD WHO HAD AT ANY TIME BEEN GIVEN AWAY OR PLACED WITH RELATIVES OR FRIENDS

A. Circumstances at time of ill-treatment:

1. Not applicable - never given away as far as is known.
 2. Had been given away and still away at the time of incident.
 3. Had been given away but had returned to parents by time of incident.
 4. Other. Specify

Note: Sections B-E can be skipped for all children coded 1. in A.

B. Reasons why child given away or placed with relatives:

Note: Sections C-E can be skipped for all children coded
2. in A.

C. Reasons why child returned home:

D. Parents' feelings about its return:

E. What difficulties did the child show in readjusting to
its own home?

138. OTHER THAN INSTANCES WHERE THE CHILD WAS ACTUALLY GIVEN AWAY, DID THE PARENTS MAKE ANY UNSUCCESSFUL ATTEMPTS TO GIVE THE CHILD AWAY?

1. Not applicable
2. None known of
3. Yes. Details are:

139. CHILD'S EXPLANATION

State what the child has said as explanation of its injuries or treatment at home:

140. IF THE CHILD HAS BEEN UNDER NOTICE PREVIOUSLY FOR ILL-TREATMENT WERE YOU PREVENTED FROM TAKING ACTION THAT YOU CONSIDERED AT THE TIME TO BE DESIRABLE IN THE CHILD'S INTERESTS?

1. Yes
2. Not sure
3. No
4. Not applicable

If 1. or 2., what was this action?

And in what way were you prevented? (e.g. witness or doctor declined to give evidence, Court dismissed the case, etc.)

141. IF CHILD WAS LIVING WITH ITS NATURAL MOTHER AT TIME OF INCIDENT OR REFERRAL, GIVE DETAILS OF ANY SEPARATIONS OF CHILD AND MOTHER DURING FIRST THREE YEARS OF LIFE

(Include period spent in hospital following birth if mother returned home before baby.)

1. Not applicable - child not living with natural mother. (If not applicable, skip rest of question.)
- A. During first two months
 1. Not known
 2. No separations
 3. Separations, as described below
- B. During rest of first year
 1. Not known
 2. No separations
 3. Separations, as described below
- C. During second or third year
 1. Not known
 2. No separations
 3. Separations, as described below

Details

Circumstances	Reason	Period	Child's Age

142. FOR ADDITIONAL COMMENT

Comment on any other aspects of the case that you feel are relevant and which have not been covered elsewhere in the form:

CONFIDENTIAL TO
CHILD WELFARE STAFF

1967 ILL-TREATMENT SURVEY
FINAL SUMMARY FORM (RS/6)
COMPLETED AT END OF SURVEY YEAR

One of these forms is to be filled in for every child in the survey. The questions refer to events since the first survey "referral".

1. CHILD'S SURNAME Christian names
2. DATES OF ILL-TREATMENT "REFERRALS"
 First Survey referral
 Subsequent referrals
3. CHILD WELFARE CONTACT SINCE FIRST INVESTIGATION (i.e. immediately after first referral)
 1. No contact since first investigation
 2. One visit
 3. Several visits. State approx. number
 4. Placed on preventive supervision
 5. Other. Specify
4. LONG TERM PHYSICAL EFFECTS OF ILL-TREATMENT
 1. No present effects
 2. Child still suffering ill-effects, but likely to be only temporary. Give details
 3. Effects likely to be prolonged or permanent. Give details
 4. Not known
5. IF IN EACH INCIDENT THE EVIDENCE OF ILL-TREATMENT WAS INCONCLUSIVE DOES IT NOW APPEAR TO YOU THAT ILL-TREATMENT OCCURRED?
 1. Yes
 2. No
 3. Still not sure whether inflicted or accidental
 4. Still not sure whether to define the actions as ill-treatment or as somewhat severe punishment, neglect, etc.
 5. Not applicable - evidence for ill-treatment was strong from the start.
6. NOTIFICATION TO POLICE AND PROSECUTION (This question refers to the first or any subsequent survey "referral")
 1. Not notified
 2. Not known whether notified
 3. Police knew of incident, but did not contemplate prosecution
 4. Police knew of incident, but not known whether they contemplated prosecution

- 5. Police contemplated prosecution but it did not eventuate. Give reason
- 6. Prosecution pending. Details below
- 7. Prosecution eventuated. Details below

<u>Name(s) of Person(s)</u> <u>Charged</u>	<u>Charge</u>	<u>Plea</u>	<u>Date</u>	<u>Sentence</u>
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7. WAS A PROBATION OR PSYCHIATRIC REPORT PREPARED FOR THE COURT? (Underline)

Probation: Yes / No / Not known / Not applicable
 Psychiatric: Yes / No / Not known / Not applicable

8. HAS THE CHILD BEEN AWAY FROM "HOME" FOR ANY PERIOD SINCE THE FIRST SURVEY "REFERRAL"? (Include periods in hospital, on warrant, etc.)

- 1. No
- 2. Not known
- 3. Yes, is still away. Describe the circumstances of the child's removal and its present whereabouts
- 4. Yes, but has since returned "home". Describe the circumstances of the child's removal and return

9. PRESENT STATUS OF CHILD

- 1. No status
- 2. On preventive status
- 3. Under legal supervision
- 4. State ward. (Actual status))
- 5. On warrant, or temporary admission
- 6. Other. Specify
- 7. Not applicable - child dead

10. CHILDREN'S COURT APPEARANCE (FOR ANY REASON) SINCE DATE OF FIRST SURVEY "REFERRAL"

- 1. Not applicable - not taken to Children's Court
- 2. Final hearing still pending
- 3. Case dismissed or withdrawn
- 4. Discharged
- 5. Legal supervision
- 6. Committed
- 7. Other. Specify

NOTE: If there has been more than one court appearance, code for the first one and give details of subsequent appearances.

11. LEGAL COMPLAINT OR CHARGE IN CHILDREN'S COURT (Circle all that apply to the above coded appearance)

1. Detrimental environment
 2. Neglect
 3. Indigency
 4. Not under proper control
 5. Breach of a supervision order
 6. Charge. Specify
 7. Not applicable - no Court appearance
-

APPENDIX 2

ILLUSTRATIVE CASE HISTORIES

The appendix is in two sections, as follows:

1. Case histories providing examples of the type of evidence required in classifying cases on the abuse rating. Six case histories are given, one for each rating category.
2. Case histories providing examples of the basis on which ratings-of parents' responsibility were made. Six case histories are given.

For full details of the methods involved in making these ratings see Section 3.5 of the main report.

ILLUSTRATIVE ABUSE RATINGSCase 1: "Child definitely ill-treated"

Child A (half Rarotongan, half Samoan, male, aged 1 year) came to the attention of the Division during an illegitimate birth enquiry for a younger child. The investigating Child Welfare Officer noticed that this older child had second degree burns on the forehead and chest; further medical examination revealed that he had a fractured leg and a linear fracture of the skull. The child's father stated that the injuries had been inflicted by the child's mother. This accusation was denied by the mother who claimed that the burns were caused by the child being pushed against a heater by his older brother, and by the child sitting under a hot water tap in the bath. She was unable to account for the unattended leg and skull fractures. Because of the nature of the injuries, the mother's failure to account for them, and evidence of earlier abuse the case was categorised as "Child definitely ill-treated".

Case 2: "Child very likely to have been ill-treated"

Child B (Maori, male, aged 9 years) came to the attention of the Division following a complaint from a neighbour that the child had been beaten with a chain. Investigation revealed that he had sustained severe and extensive bruising on the left forearm. These injuries were consistent with his having been beaten with a chain, and the boy confirmed this explanation. However, his father, who had administered the beating, denied using a chain and claimed that a strap had been used. In view of the slight possibility that the injuries could have occurred accidentally while the boy was being punished, the case was categorised as "Child very likely to have been ill-treated".

Case 3: "Child likely to have been ill-treated"

Child C (Part Maori, male, aged 2 years) was brought to the attention of the Division by the doctor who treated him

at hospital for extensive fractures of the skull, superficial scratches and bruises about the head and back, a swollen elbow and a burn on one foot. Both parents claimed that these injuries were the result of the child falling off his tricycle and being hit on the head with a piece of pipe wielded by another child. The doctor, however, was of the opinion that the child had been ill-treated. Because of this, and the parents' failure to account for all of the boy's injuries, the case was categorised as "Child likely to have been ill-treated".

Case 4: "Child possibly ill-treated"

Child D (European, female, aged 6 months) was brought to the attention of the Division when her mother was admitted to hospital for psychiatric reasons. The child, who was admitted with her mother, had an ulcerated area inside her mouth which appeared to be consistent with having a feeding bottle forced into the mouth. The mother claimed that the injury was the result of a fall. The medical staff of the hospital considered this explanation to be inconsistent with the injury. However, as the injuries could have been caused by rough handling rather than deliberate abuse the case was classified as "Child possibly ill-treated".

Case 5: "Child unlikely to have been ill-treated"

Child E (Part Maori, male, aged 2 years) came to the attention of the Division following a complaint from the Public Health Nurse that she had seen the child's mother treating him in a callous fashion (pushing him away with her foot); she was also concerned by the fact that the child was running around the house naked on a cold winter's day. Both parents denied any suggestion of ill-treatment, and there were no injuries present upon the child. Although the mother conceded that she sometimes became impatient with the child, the complaint seemed to relate to rough handling rather than to ill-treatment and the case was categorised as "Child unlikely to have been ill-treated".

Case 6: "No evidence of ill-treatment"

Child F (Maori, male, aged 5 months) came to the attention of the Division following a complaint by a neighbour that the child was being ill-treated. Investigation revealed no injury upon the child, and the family situation appeared to be both happy and relaxed. The investigating Child Welfare Officer was of the opinion that the complaint was malicious. In view of this the case was categorised as "No evidence of ill-treatment".

ILLUSTRATIVE RESPONSIBILITY RATINGSCase 1

Child A (Maori, female, aged 14 years) was seen by the Child Welfare Officer during routine enquiries. The girl was found to have old bruising on the thighs and behind the ear, burn scars on the legs and a scratch on the cheek. Further medical examination revealed a healing fracture of the left shoulder. Investigation of the case revealed that the injuries had occurred 10 weeks earlier, when the girl's mother had beaten her unconscious with a piece of wood and a mop handle; no explanation for the burn scars was offered. When approached, the mother admitted ill-treating the child. There was no suggestion that the girl's father was in any way implicated in the abuse. The following ratings were given to the case:

Mother - "Known to have been involved; admits ill-treatment"

Father - "Could not have been responsible".

Case 2

Child B (Maori, female, aged 3 years) was found to have marked abrasions on her forehead, and tufts of hair appeared to have been pulled from her scalp. The mother explained these injuries by saying that the child had fallen over; later, however, she conceded that she had become "very scratchy" with the child during her pregnancy, and admitted treating her roughly. The child's father appeared to be completely indifferent to the investigation, and there was no reason to believe that he was in any way involved in ill-treatment. The responsibility ratings for the case were:

Mother - "Known to have been involved; admits rough handling but denies ill-treatment"

Father - "Highly unlikely that responsible".

Case 3

Child C (Maori, male, aged 7 years) was referred to the Division by the headmaster of his school because of a 3 inch bruise on the top of his head. The child claimed that his mother had beaten him severely with a broom for failing to do his work around the home. The mother admitted that she could not tolerate the child and was of the opinion that he deserved the beating as a punishment for his laziness. There was no father in the home. The case was rated as:

Mother - "Admits responsibility but considers action justifiable".

Case 4

Child D (Part Maori, male, aged 11 years) was found to have a substantial bruise on the ribs consistent with having been kicked. The boy claimed that the injury had been inflicted by his foster father. The foster mother also conceded that the foster father treated the child harshly. However, the foster father (who a year earlier had thrown a bucket of hot water over the boy, causing severe scalding) denied ill-treatment. The case was rated as:

Mother - "Could not have been responsible"

Father - "Known to have been involved, but denies this".

Case 5

Child E (Part Maori, female, aged 8 years) came to the attention of the Division following a complaint from a neighbour that she was being ill-treated. The child displayed old bruising to the arms, legs, face and temples. The child's school had also noted bruising and had suspected ill-treatment. However, both the father and mother denied that the bruises were the result of abuse. The investigating Child Welfare Officer was of the opinion that the injuries were inflicted by the mother. The ratings given were:

Mother - "Strong suspicion of involvement - no conclusive evidence"

Father - "Unable to judge whether responsible".

Case 6

Child F (European, male, aged 7 years) came to the attention of the Division suffering from substantial bruising to the legs, arms and forehead. On one occasion the boy claimed that the injury had been caused by his mother hitting him, but he later said he had fallen over. Both the mother and the father stated that the child had fallen. This, however, seemed unlikely in view of the fact that the bruising on the boy's legs appeared to be consistent with a beating with a stick or strap. The following ratings were given:

Mother - "Strong indications of involvement - no conclusive evidence"

Father - "Highly unlikely that responsible".

APPENDIX 3

THE RELATIONSHIP BETWEEN RACE, LEGITIMACY AND ABUSE

1. Introduction

The survey results reveal that the sample contained disproportionately high frequencies of Maori children and illegitimate children. It is well known that in New Zealand race and legitimacy are correlated variables. In view of this it seems possible that the high frequency of illegitimacy amongst abused children may be accounted for by the skewed racial composition of the sample. It was possible to examine this issue by computing, from Bayes' theorem, the a posteriori probabilities of abuse conditional on various race and legitimacy characteristics.

The sample was partitioned into four sub-groups:

Maori and legitimate,
Maori and illegitimate,
Non-Maori and legitimate,
Non-Maori and illegitimate.

For each sub-group the probability of abuse conditional on the characteristics of that sub-group was computed. The computation method used is outlined below.

2. Notation

Let:

M and M' denote the states Maori and Non-Maori respectively;

L and L' denote the states legitimate and illegitimate respectively;

M.L, M.L', M'.L, M'.L' denote the possible combinations of race and legitimacy;

A denote the event "abused";

P(X) denote the unconditional probability of the event X;

P(X/Y) denote the probability of the event X conditional on the event Y.

3. Estimation Equations

Substitution of the above terms into Bayes' theorem yields eight distinct equations for the risk of abuse conditional on various combinations of race and legitimacy. These equations are given below:

$$1) P(A/M.L) = \frac{P(M.L/A) P(A)}{P(M.L)}$$

$$2) P(A/M.L') = \frac{P(M.L'/A) P(A)}{P(M.L')}$$

$$3) P(A/M'.L) = \frac{P(M'.L/A) P(A)}{P(M'.L)}$$

$$4) P(A/M'.L') = \frac{P(M'.L'/A) P(A)}{P(M'.L')}$$

$$5) P(A/M) = \frac{[P(M.L/A) + P(M.L'/A)] P(A)}{P(M)}$$

$$6) P(A/M') = \frac{[P(M'.L/A) + P(M'.L'/A)] P(A)}{P(M')}$$

$$7) P(A/L) = \frac{[P(M.L/A) + P(M'.L/A)] P(A)}{P(L)}$$

$$8) P(A/L') = \frac{[P(M.L'/A) + P(M'.L'/A)] P(A)}{P(L')}$$

4. Probability Estimates

Estimates for the probabilities on the right hand sides of equations 1-8 were derived from the survey data and existing population information. These estimates were made only for children aged 0 - 5 years in 1967 as information on Maori legitimacy trends is not available prior to 1962.

The survey data yielded the following (relative frequency) estimates:

$P(M.L/A)$	=	0.188
$P(M.L'/A)$	=	0.123
$P(M'.L/A)$	=	0.459
$P(M'.L'/A)$	=	0.230
$P(A)$	=	0.00033*

Estimates of the terms $P(M.L)$, $P(M.L')$ were obtained from existing population data.** These estimates were based on 1967 population figures and gave an upper limit estimate of the incidence of illegitimacy amongst Maori and Non-Maori children aged 0 - 5 years in 1967.

$P(M.L)$	=	0.096
$P(M.L')$	=	0.036
$P(M'.L)$	=	0.777
$P(M'.L')$	=	0.091

5. Estimated Rates of Abuse

Substitution of the above estimates into equations 1-8 gave estimates of the probability of abuse conditional on race and legitimacy characteristics. These probabilities, expressed as rates per 10,000 children aged 0 - 5 in 1967, are given in the table below.

* Estimate based on "Age Estimates as at 31.12.67".
Mimeographed Bulletin, Department of Statistics, Wellington,
N.Z.

** "Inter-departmental Report on Ex-Nuptial Births".
Mimeographed report, Inter-departmental Committee on Ex-Nuptial
Births, N.Z. Government, 1969.

ESTIMATED RATES OF ABUSE PER 10,000 OF POPULATION
AGED 0 - 5 YEARS, BY RACE AND LEGITIMACY

	Maori	Non-Maori	Total
Legitimate	6.46	1.95	2.45
Illegitimate	11.27	8.34	9.17
Total	7.78	2.62	3.30

For discussion of these results, and their implications, see Section 5.2 of the main report.

APPENDIX 4

PRESENTING SYMPTOMS IN CASES OF CHILD ABUSE

This appendix describes the injuries sustained by each of the 255 abused children. The cases are grouped into five categories of injury severity, based on the classification described in Section 4.2. The five categories are as follows:

1. Cases in which the child died, directly or indirectly as a result of abuse.
2. Cases involving serious injury with permanent effect.
3. Cases involving serious injury without permanent effect.
4. Cases involving non-serious injury.
5. Cases in which there were no injuries present at the time of the investigation.

For each case, data on the child's age, sex and race are given together with a brief description of the nature of the injuries, the parent figures' explanations of the incident, and the outcome of the incident in terms of medical treatment.

Two comments on the contents of this appendix are pertinent. First, it must be noted that the description of injuries is not always based on a medical diagnosis, as these were sometimes not available. In such cases the description is based on the investigating Child Welfare Officer's account of the injuries. These statements varied considerably in the detail with which the injuries were described, and as a consequence the descriptions given here are somewhat uneven.

A second point that should be noted is that in a number of cases the reported injuries were relatively minor. These cases were classified as incidents of abuse in accordance with Gil's (1968) definition of child abuse which takes into account minimal as well as fatal or serious injury (see Section 2.1).

1. INJURIES RESULTING IN DEATH (N = 7)

Race, Sex, Age	Type of Injury	Explanation	Outcome
Pacific Islander Male 3 yrs	Brain haemorrhage, extensive bruising to face, arms, legs and buttocks. Healing fractures of collar bone and elbow.	Parents claimed the child fell out of a window.	Child died
Maori Female 11 mths	Head injury and brain haemorrhage. Small bruises to head, back and legs. Three fractures in left arm and fractured left leg.	Foster mother claimed the child fell off a bed.	Child died
Maori Female 3 yrs	Extensive bruising to body and subdural haemorrhage.	Mother admitted ill-treatment.	Child died
Pacific Islander Female 4 yrs	Bruising to left eye and back of the head, allegedly caused by a fall. Bruising to arms, legs and buttocks, healing fractures of two ribs and healing blister on left heel.	Father admitted punishing the child but denied that he was overly severe or that he caused her death.	Child died
Part Maori Female 9 mths	Extensive bruising all over body, large bruise on abdomen in the shape of an adult hand, pin pricks on buttocks, scalds and scabies.	Parents offered no explanation.	Child died
European Male 11 mths	Subdural haemorrhage and bruising on cheek and above eye.	Mother hit the child's head on the floor because he would not eat.	Child died
European Female 3 yrs	Fractured skull, fractured jaw, broken ribs, bruising to stomach, buttocks, left arm and face.	Father admitted losing control and beating the child severely.	Child died

2. SERIOUS INJURY WITH PERMANENT EFFECT (N = 5)

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 1 yr	Multiple fractures of right parietal bone and occipital bones on both sides. Haematoma on back of head and lump on right frontal parietal region. Healing fracture to left arm several weeks old. Bruises and abrasions to body. Small haemorrhage in right eye. Bite mark on tongue.	Mother claimed that the head injury was caused by a plastic toy thrown by another child.	Hospitalised.
Maori Female 7 mths	Brain haemorrhage. Neighbour stated that mother had repeatedly struck the baby's head on the floor.	Mother initially claimed that she had shaken the baby, but later stated that her pre-school child had struck the infant's head on the floor.	Hospitalised.
Maori Male 5 mths	Brain damage, and bruising over right eye.	Mother stated that the child had struck his head on the cot or the floor.	Hospitalised.
Pacific Islander Male 6 yrs	Extensive bruising to body and both cheeks. Complete destruction of all tissues down to the muscle of the left elbow. Beaten with a piece of firewood.	Mother claimed the injuries were the result of a hot water burn.	Hospitalised.
Part Maori Male 2 mths	Brain haemorrhage and bruise on cheek. Injury method unknown.	Parents denied ill-treatment.	Hospitalised.

3. SERIOUS INJURY WITHOUT PERMANENT EFFECT (N = 30)

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 8 yrs	Extensive burn to forearm, resulting from the application of a hot iron.	Mother punished the child for burning one of his sibs.	No medical treatment.
Part Maori Male 3 mths	Doctor reported that the child had fractures of the legs, ribs and arms. Presumed due to rough handling and direct ill-treatment.	Parents considered their daughter may have been responsible.	Hospitalised.
European Female 3 mths	Multiple fractures of femur and tibia. Bruising to the arms and legs. Fractured ribs (healing).	Parents could not explain injuries.	Hospitalised.
Part Maori Male 1 yr	Fractured skull (some weeks old), fractured lower left forearm, bruises to face and knees.	Parents claimed the child fell down steps.	Hospitalised.
European Female 5 mths	Clot of blood on brain, bruised face and chin. Injury method unknown.	Parents stated that the child fell off a table.	Hospitalised.
Maori Female 14 yrs	Bruising to left thigh, scratched left cheek (healed), burn scars to lower left leg. Painful left ear and shoulders. Healing shoulder fracture. Mother had beaten child on one occasion with a piece of wood and on another with a mop handle.	Mother admitted assaulting child.	Treated by general practitioner (G.P.)
European Male 9 yrs	Deep-seated bruising to the buttocks, arms and legs. Beaten with broom handle.	Mother lost her temper when child soiled.	Hospitalised.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Pacific Islander Female 4 yrs	Abrasions to the face. Sores on the face, scalp and chin. Black eye, bruises on trunk and arms. Fractures to the shoulder bone, lower end of the humerus, cheek bone and jaw bone. Burned tongue and palate. Beaten with belt.	Mother said she was attempting to toilet train the (mentally retarded) child.	Hospitalised.
Part Maori Male 2 yrs	Extensive skull fracture. Numerous bruises on head and back. Possible fractured arm. Burned foot and abrasions.	Foster parents stated that the child fell off a tricycle, or was hit by another child.	Hospitalised.
European Female 7 mths	Bruised cheek, split upper lip, fractures of the ribs and both arms. Doctor considered that the fractures had been deliberately inflicted.	Parents stated that the fractures resulted from a fall.	Hospitalised.
European Female 2 mths	Fractured skull, fractures to both legs, bruising around the eyes and down the side of the head.	Father stated that he ill-treated the child during an epileptic attack.	Hospitalised.
Part Maori Male 1 yr	Multiple bruises and abrasions to facial region, legs, arms and back. Child beaten with closed fist.	Mother admitted smacking the child for persistently demanding attention.	Hospitalised.
European Female 1 yr	Spiral fractures of the femur and tibia, apparently the consequence of the child's legs having been twisted.	Mother stated that the child had fallen.	Hospitalised.
European Male 1 yr	Three fractures in lumbar region of spine, fractured ribs, and multiple bruises.	Mother said that the child had fallen when the car was stopped abruptly.	Hospitalised.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Pacific Islander Male 1 yr	Second degree burns to forehead, chest, and left elbow. Recent fracture of lower leg. Linear fracture of left parietal region.	Mother stated that the burns resulted from the child falling against a heater.	Hospitalised.
Pacific Islander Male 7 yrs	Whole back from neck to mid-thighs bluish-black with bruising. Bruised swollen area over lumbar region. Bruises over front of chest, external genitals, inner thighs, entire arms to hands, left and right temples, right cheek. Lump on left side of head above ear, three linear scratches on chest and one on neck. Beaten with leather strap.	Mother stated that this was justifiable punishment.	Treated by G.P.
European Male 5 yrs	Two fractures to the right forearm. Multiple bruises on head, body and limbs. Linear marks under chin and on throat. Abrasions over sacrum and on abdomen. Beaten with stick, hand, shoe and strap.	Father admitted thrashing child.	Treated by G.P.
Maori Female 11 mths	Fractured skull. Injury method not known.	Mother denied all knowledge of the cause of the fracture. She suggested that the child was often with relatives who may have been responsible.	Hospitalised.
Maori Female 2 yrs	Fracture of the right parietal bone of skull; healing fractures of the left forearm and right leg. Evidence of malnutrition, and rickets.	Foster mother admitted making no effort to feed child if she refused what was prepared.	Hospitalised.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 4 mths	Suspected brain damage, linear fracture to the skull, slight bruising to scalp, swollen eyelids. Child struck on the head with fist.	Mother stated that the father had struck the child on the head.	Hospitalised.
European Male 1 yr	Fractured shaft of left femur.	Child slipped and fell.	Hospitalised.
Maori Male 4 yrs	Bruising and swelling to forehead, left buttock, upper thigh and left forearm. X-rays showed fracture of the shaft of the left ulna, left fifth metacarpal and possible chip fracture of the head of the left radius.	Stepfather admitted hitting the child.	Treated at Casualty Dept.
Maori Female 7 yrs	Bruise and abrasion under left eye. Bruising to back of hand. Sore left buttock, knee and ankles with swellings on both feet. Bowing of tibiae and multiple lumps on shins. The child alleged that her father had beaten her.	Father gave no explanation.	Hospitalised.
Part Maori Male 7 yrs	Numerous infected sores; suppuration from both ears. 6" burn on right side of chest, wounds on back of head, on back and foot. 4 healing toe fractures, and incisor tooth broken. Child said that the head wound was caused by his father beating him with a belt buckle.	Both stepfather and mother denied knowledge of the child's condition.	Hospitalised.
Maori Female 3 yrs	Fractured left radius.	Mother admitted hitting the child.	Treated at Casualty Dept.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 1 yr	Fractured elbow. Large haematoma on head. Black eyes. Two infected burns on wrist. Bruising and sores on legs. Undernourished.	Parents claimed that the child often fell off tables and chairs.	Hospitalised.
Maori Female 2 yrs	Head badly marked with bruises. Large frontal haematoma. Large dark bruise over nasal bridge, extending around eyes. Swelling on back of head. Extensive bruising of perineum extending down side of right thigh. Multiple blisters and broken skin down anterior aspect of lower left leg, and blisters on sole of right foot and on right calf. Beaten with hearth broom and mother's fist. The blisters had the appearance of individual burns.	Mother stated that her retarded child's vomiting and whining got her down and that she hit her with a hearth brush and later hit her with her fist.	Hospitalised.
Fijian-European Female 2 yrs	Extensive bruising and scratching down both arms and both legs. Beaten with stick and hand.	Mother argued that the child deserved punishment.	Hospitalised.
European Male 2 mths	First degree burns to thighs, abdomen and penis. Consistent with having been immersed in hot water.	Mother first claimed that injuries were due to nappy rash and later that her husband was responsible.	Hospitalised.
Maori Male 6 yrs	Bruises and abrasions all over body. Evidence of earlier injuries - lumps on head, scars and a broken arm.	Parents claimed that the child fell out of tree.	Treated at Casualty Dept.

4. NON-SERIOUS INJURY (N = 182)

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Female 1 yr	Widespread discrete bruises over entire body and scratches on chest. Doctor considered these injuries to be the result of indiscriminate hitting.	Mother stated that the child irritated her and she could not control herself.	Hospitalised.
Part Maori Female 1 yr	Bruised forehead and cheeks, apparently caused by knuckles.	Mother claimed the child fell.	No medical treatment.
European Female 2 yrs	Widespread bruising to the face, back, legs and arms. Old burns on hands, and scratches on head and neck.	Mother (mentally disturbed) admitted handling the child roughly.	Seen by G.P.
European Male 1 yr	Extensive bruising and attempted strangulation by mother.	Mother admitted ill-treatment.	Not known.
European Female 14 yrs	Black eye and bruised legs, caused by thrashing with electric light cord.	Father admitted beating the child for misbehaviour.	No medical treatment.
Part Maori Male 1 yr	Bruises on face and upper legs. Scratches on neck. Hit and grabbed with hand.	Mother stated that she used the child as a scapegoat for her frustrations.	No medical treatment.
Maori Female 8 yrs	Extensive bruising to the knees, thighs and buttocks. Large haematoma on left thigh. Hit with a strap.	Mother stated that the father punished the child and was justified in doing so.	No medical treatment.
European Male 6 yrs	Bleeding nose received from being pushed against a wall.	Mother admitted rough treatment but denied ill-treating the child.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Female 10 mths	Bleeding nose. Bruising to forehead, side of face and behind both ears. Swollen cheeks. Struck with hand or hard object.	Mother admitted hitting the child with her hand.	Seen by G.P.
Maori Male 3 yrs	Two lumps on forehead.	Mother stated father ill-treated the child. Father claimed that the child fell out of bed.	Seen by G.P.
Maori Female 8 yrs	Bruises on legs and buttocks.	Mother believed the child deserved punishment.	No medical treatment.
Maori Male 13 yrs	Bruises on shoulder and arm, cut on head, weals on back. Beaten with stick.	Mother admitted beating child because 'he made her mad'.	Treated at Casualty Dept.
Part Maori Female 7 yrs	Extensive bruising to face. Evidence that the child had been struck with a broom, an electric flex, and a hand.	Foster mother claimed the child injured herself.	Seen by G.P.
Part Maori Male 4 yrs	Bruises on face and ankles. Evidence that the child had been hit with a broom, an electric flex, and a hand.	Foster mother claimed the child fell over.	Seen by G.P.
Part Maori Male 8 yrs	Extensive bruising to face. Evidence that the child had been hit with a broom, an electric flex and a hand.	Foster mother claimed the child was bruised while playing football.	Seen by G.P.
Part Maori Female 6 yrs	Extensive bruising to face. Evidence that the child had been hit with a broom, an electric flex and a hand.	Foster mother denied that the child had been bruised.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Part Maori Female 5 yrs	Burns, possibly 2nd degree, on the fingers of the right hand. Head teacher referred case because the child's sister also displayed severe burns.	De facto stepmother claimed that the child may have burned her hand on a toaster or the stove. Otherwise no explanation offered.	Seen by G.P.
Part Maori Female 6 yrs	Severe burns to fingers and palm of right hand. Child initially said that her mother put a hot iron on her hand; later she stated that it was an accident.	Mother claimed that the child had accidentally burned her hand on the stove.	Seen by G.P.
European Female 4 yrs	Bruises on buttocks and legs. Beaten with a stick.	Mother admitted losing control; was not fully aware of her actions.	Seen by G.P.
European Male 1 yr	Bruises on buttocks. Beaten with a stick.	Mother admitted losing control; was not fully aware of her actions.	Seen by G.P.
Maori Female 11 yrs	Broom marks on back of legs, grab mark on arm, scratches on face.	Mother realised punishment was harsh, but felt that this was often the only way of controlling a difficult child.	No medical treatment.
European Male 9 yrs	Cut on back of head. Bruising to posterior aspects of body, and weals on buttocks and upper legs.	Mother admitted punishing retarded child for sex play.	No medical treatment.
Maori Male 2 yrs	Extensive bruising to both legs. Right arm bruised and swollen. Mother hit the child with a stick.	Mother admitted ill-treatment.	Seen by G.P.
European Female 2 yrs	Bruising to buttocks and legs. Injury method unknown. Natural mother suspected.	Mother claimed foster mother was responsible.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Pacific Islander Female 2 yrs	Swelling and bruising to forehead, right side of face and back of head. Some hair pulled out. Bruising to knee and leg.	Mother admitted losing her temper and hitting the child, but claimed a fall had caused some of the injuries.	Seen at Casualty Dept.
Maori Female 13 yrs	2" bruise on inside of right knee. Hit with walking stick.	Mother claimed that the child fell over and cut herself when playing.	No medical treatment.
Maori Female 7 yrs	Old healing scratches and small cut on face. Possible that both father and mother had beaten the child with their hands.	Nothing admitted. Parents did not consider their punishment over-severe.	No medical treatment.
Maori Female 10 yrs	Bruising, swelling and cut on back of head. Beaten with a broom.	Mother admitted ill-treatment.	Seen by G.P.
Part Maori Female 12 yrs	Bruising to one elbow. Beaten with wooden implement.	Mother admitted punishment.	No medical treatment.
European Male 3 mths	Bruises over right forehead, left cheek and back. Struck with mother's hand.	Mother admitted handling the child roughly.	Seen by G.P.
Part Maori Female 8 mths	Extensive bruising to face and right leg. Struck by father.	Mother claimed her de facto husband hit the child because she was crying.	Seen by G.P.
Maori Female 9 yrs	Swollen painful right wrist. Struck with hearth brush.	Children claimed mother was responsible.	Seen by G.P.
Maori Female 10 yrs	Swelling on head, bruised arm and wrist. Hit with hearth brush.	Children claimed mother was responsible.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Part Maori Female 5 yrs	Thumb-shaped bruise on neck. Injury occurred when child struggled against mother's grasp.	Mother admitted losing her temper and injuring the child.	No medical treatment.
European Female 5 mths	Severe bruise on upper left thigh. Parents claimed that the child was beaten by the woman caring for her.	The woman caring for the child claimed that child had fallen over a rubbish bin.	Not known.
European Male 7 yrs	Extensive bruising and lacerations to back. Beaten with a stick by aunt.	Aunt admitted ill- treatment.	No medical treatment.
Part Maori Female 7 yrs	1½" haematoma on left parietal region of skull. Bruising to cheek, arms, legs and buttocks. Slapped, and beaten with a broom. Father also threw the child onto a bed causing her to strike her head on a window sill.	Foster father admitted taking his frustrations out on the child.	Seen by G.P.
Maori Female 13 yrs	Bruised mouth and two broken teeth. Father struck the child who broke her teeth when she fell to the floor.	Father admitted beating the child.	Treated by dentist.
Maori Female 14 yrs	Bruised eye and back, cut lip. Beaten by mother and father.	Both parents considered that the punishment was justified.	No medical treatment.
Part Maori Male 11 yrs	Bruising and weals upon the thighs. Beaten with a stick.	Father admitted punish- ment.	No medical treatment.
European Female 3 yrs	Small bruises at the base of the spine. One month-old scar.	Mother admitted lashing out at the child in anger.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 5 mths	Numerous minor bruises (location unspecified).	Mother could provide no explanation for bruises.	Seen by G.P.
Maori Female 10 yrs	Bruises on the back of the head. Father hit the child with his fist and knocked her to the floor.	Father admitted striking the child.	No medical treatment.
Part Maori Male 2 yrs	Severe bruising on the head, and blackened eyes.	Both parents stated that the child fell over.	No medical treatment.
Maori Male 9 yrs	Extensive bruising to left hand and arm up to elbow. Allegedly caused by the father beating the child with a chain.	Father admitted beating the child with a strap.	No medical treatment.
Maori Male 11 yrs	Bruises and cuts on the back of the head. Foster father threw the child into a creek causing him to hit his head on a rock.	Foster father admitted throwing the child into a creek.	No medical treatment.
Maori Female 14 yrs	Bruising to base of nose and around eyes. Apparently struck by father when he was drunk.	Father stated that he pushed the child, causing her to fall over.	Seen by G.P.
Maori Male 2 yrs	Swollen and bruised left leg.	Mother reported that the father had pulled the child off the toilet roughly, causing injury to the leg.	Seen by G.P.
Maori Male 9 yrs	Multiple bruises, abrasions and cuts on face, cut on head, and bruised wrist. Allegedly was bent over a cupboard door and beaten with a hair brush.	Parents claimed that an older daughter was responsible.	Hospitalised

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 2 yrs	Swellings on forehead, back and lower legs. Bruising to left eye and right arm. Beaten with stick and hand.	Mother claimed the child had been punished but not ill-treated.	Seen by G.P.
Maori Female 14 yrs	Bruises on the face and a bloodshot eye. Child punched and kicked by father.	Father stated that the child deserved chastisement.	Seen by G.P.
European Male 2 yrs	Triangular burn on cheek. Evidence suggested that the burn was inflicted.	Mother claimed that the child fell off the couch on to the floor, receiving a carpet burn on the face.	No medical treatment.
European-Asian Female 5 yrs	Severe bruising and abrasions over the left eye. Bruises on the neck, and scratches behind the ears and on the neck. Injury method not known.	Mother claimed the child often fell.	Seen by G.P.
Part Maori Male 10 yrs	Bruising to the buttocks. Strapped with a belt.	Father admitted strapping the child.	No medical treatment.
European Male 3 yrs	6" long bruise to the lower right back. Struck by mother with a knife.	Mother admitted chastising child.	Seen by G.P.
Maori Male 5 yrs	Red mark on ear. Beaten with a stick.	Mother admitted striking the child, but claimed that she had hit his ear accidentally.	No medical treatment.
Maori Female 5 yrs	A cut and a haematoma on scalp. Bruising to abdomen, buttocks, left eye and right side of face. Hit with a bottle and a leather belt.	Father admitted thrashing the child, but stated that the head injury was accidentally caused by a sibling.	Seen by G.P.
European Female 9 yrs	Bruising and weals to upper leg, arms and back.	Mother admitted losing her temper and beating the child.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 7 yrs	Bruises to both calves, left arm and left temple. Child stated he fell, but the nature of the bruising and past history indicated ill-treatment.	Both parents stated that the child fell.	No medical treatment.
Part Maori Male 5 yrs	Bruising to the lower region of the back and also fading marks on the temples.	Parents offered no explanation.	No medical treatment.
Maori Male 5 yrs	Weals on the backs of both legs. Hit with a strap.	Father admitted ill-treatment.	No medical treatment.
Maori Female 13 yrs	Minor bruising to the back, and scars on the shoulder and forehead. Child had been struck with stones, rubber hose and boot.	Father stated that the child needed the 'devil thrashed out of her'.	No medical treatment.
European Female 4 yrs	Buttocks black with bruises. Struck by mother's hand.	Mother not seen as she was admitted to mental hospital immediately after the incident.	Seen by G.P.
European Male 12 yrs	Large bruise to right buttock and two weals to the right thigh. Beaten with a doubled electric jug cord.	Father justified beatings on the grounds of his religious beliefs.	Seen by G.P.
European Female 5 yrs	Abrasion to the head, apparently the result of being struck with a hair brush. Old bruises on buttocks.	Stepmother claimed the injury was accidental.	No medical treatment.
European Male 11 yrs	Left foot and ankle swollen, the result of being struck with a broom handle.	Father considered the treatment was justified in view of the boy's <u>misbehaviour</u> .	Seen by G.P.

Race, Sex, Age	Type of injury	Explanation	Outcome
Maori Female 10 mths	Large bite mark on right cheek.	Child bitten at party by female gatecrasher who was reported to have been overcome with emotion while cuddling the baby.	No medical treatment.
European Female 14 yrs	Extensive bruising of and slight abrasions to the buttocks. Beaten with hearth brush.	Parents felt that punishment was justified.	No medical treatment.
Maori Female 11 yrs	Scars and abrasions on the face, shoulders and back. Small burns on the forearms. Injuries were consistent with having been beaten with a stick.	Mother claimed that the girl had fallen off a horse, scratched herself on a fence, and burnt herself while smoking.	Seen by G.P.
Maori Female 10 yrs	Minor bruising to face. Child hit with hand.	Father slapped the child when she shamed him in front of his friends.	No medical treatment.
Part Maori Female 15 yrs	Small swelling on head, red mark on the back of the neck, small abrasion on the shoulder. Three weals on back of left leg. Father knocked the girl over several times.	Father stated that the child deserved the beating for misbehaviour.	No medical treatment.
Maori Female 13 yrs	Bruises to face and nose. Hit with hand.	Father admitted hitting the child.	Seen by G.P.
Maori Female 6 yrs	Bruises on right buttock and upper thigh. Thrashed with the buckle end of a belt.	Father admitted beating his daughter and considered this to be justifiable punishment.	Seen by G.P.
Part Maori Male 2 yrs	Bruises to buttocks. Beaten with hand.	Mother admitted ill-treatment.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 8 yrs	Numerous old bruises to the head, arms, trunk and thighs. Fresh scratches on the chin, neck and chest. Small laceration below eye. Fresh bruises on the right upper arm and left wrist. Severe bruising of both buttocks and back of right thigh. Beaten with a stick.	Mother admitted beating the child.	Seen by G.P.
European Male 7 yrs	Minor bruising on buttocks. Hit with metal end of vacuum cleaner hose.	Father admitted punishing the child.	No medical treatment.
European Male 8 yrs	Slight bruising to left arm and to base of spine. Hit with rope and metal end of vacuum cleaner hose.	Father admitted punishing the child.	No medical treatment.
Maori Male 5 yrs	Bruising below left eye. Hit with jandal.	Mother denied the child's story that she had hit him. Claimed he must have knocked himself.	No medical treatment.
European Male 1 yr	Very slight bruising at hair line and on right side of throat. Struck with open hand.	Father denied the assault.	Seen by G.P.
European Male 9 yrs	Blisters on fingers of both hands. Father held the child's hands against a boiling electric jug.	Mother at first stated that the child was accidentally burned. The father later admitted punishing the child for stealing.	Seen by G.P.
Pacific Islander Male 9 yrs	Bruising and swelling on head.	Father admitted punishing the child.	Seen at Casualty Dept.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 4 yrs	Minor bruising to the legs and buttocks. Father beat the child with a stick.	Father admitted beating the child.	Seen by G.P.
Maori Female 6 yrs	Minor swelling and bruising on the lips. Struck with hand.	Father admitted beating the child.	No medical treatment.
European Male 1 yr	Bruising on buttocks.	Separated parents accused each other of the ill-treatment.	Seen by G.P.
Part Maori Male 6 yrs	Bruises to chest, face, leg and arm. Extensive scratches on back.	Mother stated that the injuries were accidental.	No medical treatment.
European Male 1 yr	Bruise to the side of the neck.	Mother stated that the injury was inflicted by another child.	No medical treatment.
Maori Female 9 yrs	Extensive abrasions and bruising to the shoulders. Lesser bruising on back and buttocks. Beaten with a hose.	Mother admitted losing self-control following the child's stealing and persistent lying.	Seen by G.P.
Maori Female 3 yrs	Abrasion on forehead and some hair pulled out. Probable that mother hit the child.	Mother claimed that the child fell down the steps.	Seen by G.P.
Maori Male 7 yrs	School teacher reported a black eye and a bruised leg. Beaten with a stick or hearth brush.	The mother justified her treatment of the child by her belief in the Biblical text 'Spare not the rod'.	Not known.
Maori Female 14 yrs	Small cut on the side of the head. Hit with a broom.	Mother admitted hitting the child unnecessarily.	No medical treatment.
Part Maori Female 1 yr	Swollen foot and bruises on the head. Beaten with hand.	Mother claimed that the child fell off a table.	Hospitalised.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 4 yrs	Bruises to legs, buttocks, arms and eye.	Mother claimed that the child had experienced a series of falls.	Seen by G.P.
European Female 15 yrs	Extensive bruising to hand and to both lower legs. Thrashed with a belt.	Father admitted losing his temper when the child refused to explain her whereabouts.	No medical treatment.
Maori Male 10 yrs	Bruises on the back and the buttocks.	Mother admitted that she had lost her patience and hit the child.	Seen by G.P.
European Female 12 yrs	Small cut on the face, and marks on buttocks and legs. Struck with a hose by her father.	Father denied ill-treatment. Both the mother and the child stated that the father was responsible.	No medical treatment.
European Male 5 yrs	Deep cut on scalp. Thrown across the room, and hit his head on a door.	Father admitted ill-treatment; blamed his epileptic condition.	Treated at Casualty Dept.
Pacific Islander Female 5 yrs	Large bruise across bridge of nose. Injury method unknown.	Mother claimed that the child was hit by another child. Father said that she had either knocked her face against something or had fallen.	No medical treatment.
Pacific Islander Female 15 yrs	Bruised lip, swollen right eye and concussion, caused by several blows to the head with a plastic toy cricket bat.	Father admitted beating the child.	Child hospitalised.
Maori Male 2 yrs	Bruising caused by mother hitting the child.	Mother admitted striking the child.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Pacific Islander Female 7 yrs	Bleeding nose and bruising to cheek. Father hit child with his hand.	Father admitted losing his temper and striking the child.	No medical treatment.
Maori-Islander Female 13 yrs	Bruises to upper arm, wrist and lower part of back. Father had struck child with a broom.	Father admitted ill-treatment but claimed provocation.	Seen by G.P.
Maori Male 11 yrs	Fingernail scratches on face; small burn caused by lighted cigarette.	Child alleged that step-mother had scratched and burned his face. Allegations denied by stepmother.	No medical treatment.
European Male 9 yrs	Weals and bruising on left thigh, calf and hand. Thrashed with an electric jug cord.	Mother admitted punishing the child.	Seen by G.P.
European Female 6 yrs	Extensive superficial bruising to right thigh and buttock. Struck with a piece of wood.	Mother (in need of psychiatric treatment) admitted losing control and beating the child.	Seen by G.P.
Maori Female 12 yrs	Bruises on both arms. Struck with a hearth brush.	Foster mother admitted beating the child.	No medical treatment.
Maori Female 14 yrs	Small lump and cut on the scalp. Father struck the child with a piece of wood.	Father admitted striking the child but claimed it was an accident.	Seen by G.P.
Maori Female 6 yrs	Bruised and bleeding hands. Struck by mother with electric flex.	Mother admitted striking the child.	No medical treatment.
Pacific Islander Female 1 yr	Bruising to the upper thighs. Beaten with a stick.	Mother denied ill-treating the child. She claimed that the child had fallen.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 10 yrs	Cigarette burn on the neck. Evidence that the child was also struck and kicked.	Father admitted ill-treatment.	Seen by G.P.
Maori Male 3 yrs	Badly bruised about the face, arm and lower legs. Multiple linear scratches on both buttocks. Malnutrition.	Mother first stated that the child fell. Later she admitted ill-treatment.	Hospitalised.
European Male 6 yrs	Extensive bruising to thighs and upper right arm. Some abrasions. Beaten with an electric cord.	Mother stated that the father had beaten the child.	No medical treatment.
European Female 2 yrs	Extensive bruising to entire body.	Mother claimed that the child had been stung by a bee.	Seen by G.P.
Part Maori Female 9 yrs	Bruising to the upper legs, buttocks, back and forearms.	Father admitted punishing the child for stealing.	No medical treatment.
Maori Female 15 yrs	Black eye and marks on the back. Beaten with an electric cord.	Father admitted punishing the child.	No medical treatment.
Part Maori Female 8 yrs	Bruising on the temples and small bruises on the lower arms and legs. Possibly hit with a strap.	Parents claimed that the child was hurt at school.	No medical treatment.
Maori Female 8 yrs	School reported that the child was bruised.	Grandmother suspected, but not interviewed as the child was returned to her parents.	Not known.
Maori Female 7 yrs	Injured thumb and bruised eye. Bruising upon legs.	Mother offered no explanation.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 2 yrs	Severe bruising to the side of the jaw, also bruising to the trunk, limbs, face and genitalia.	Mother claimed that the child fell over frequently.	Hospitalised.
Maori Female 6 yrs	Wound on scalp, scars on face and back. Child said to have been beaten with a block of wood. Knife was thought to have caused the facial scars.	Mother admitted beating the child with a block of wood.	Seen by G.P.
Part Maori Male 1 yr	Abrasions to the face and lower trunk.	Aunt claimed that the injuries were incurred when she and the child's mother were fighting. Mother claimed that the injuries were inflicted by aunt.	No medical treatment.
Maori Male 10 yrs	Bruising to nose and backs of hands. Father had struck the child with the heel of a shoe.	Father admitted beating the child.	Seen by G.P.
Maori Female 1 yr	Extensive bruising reported.	Father stated that he had smacked the child.	No medical treatment.
European Female 3 yrs	Extensive bruise on back.	Mother stated that the child fell over.	Seen by G.P.
Maori Female 12 yrs	Scratched about face, swollen mouth and cut lips, cauliflower ear, open sores on knees, and swollen feet and ankles. Doctor's opinion was that child had been recently 'struck about the face with a blunt object.'	Mother claimed that the child fell over and hurt her face.	Seen by G.P.
European Male 7 yrs	One tooth knocked out by father's fist.	Father admitted striking the child.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 8 yrs	Bruising and swelling extending from the ankle to the groin. Hit with a slipper and a stick.	Foster mother admitted beating the child.	Seen by G.P.
European Male 10 mths	Bruises and red weals on the buttock. Slight swelling on the arm, and light bruising on the inside of thigh. Struck with open hand.	Parents admitted being too 'heavy-handed'.	Seen by G.P.
Maori Male 8 mths	Three small cuts between the left eye and the side of the nose. Father threw a bread knife at the baby.	Father admitted assaulting the baby.	Not known.
European Male 6 yrs	Six strap marks across the back, and a black eye. Beaten with a leather strap.	Mother admitted that she had strapped the child.	Seen by G.P.
Maori Female 12 yrs	Lumps and abrasions on the head. Healing abrasions on the forehead and skull.	Mother stated that the child fell off her bicycle.	No medical treatment.
Maori Female 5 yrs	Bruise on forehead. Mother suspected.	Parents not seen.	No medical treatment.
Maori Male 7 yrs	Badly bruised about the lower legs and arms. Weals and bruises over back and hips. Child beaten by father.	Father admitted ill-treatment of the child.	Treated at Casualty Dept.
Pacific Islander Female 8 yrs	Small mark under left eye and a faint bruise on right cheek.	Mother claimed the child fell.	No medical treatment.
Pacific Islander Female 10 yrs	4" laceration on scalp, contusion on upper lip and bruising on left forearm. Child stated she was struck with a frying pan.	Mother claimed that the child had fallen.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 9 yrs	Bruising and abrasions on thighs. Struck with an electric jug cord.	Father admitted hitting the child for making a noise.	Hospitalised.
Maori Male 2 yrs	Swollen and bleeding lips, and bruise over right eye.	Father hit the child for disobedience.	No medical treatment.
Maori-Islander Female 14 yrs	Bruises on right shin, thigh and buttock and on abdomen. Beaten with a rubber hose.	Mother admitted punishing the child for mis-spending lunch money.	Seen by G.P.
Maori Male 3 yrs	Bruises to buttocks and lower back. Beaten with a coal shovel.	Father admitted losing his temper.	Seen by G.P.
Maori Female 4 yrs	Bruising to buttock, calf and inside of right leg. Beaten with a coal shovel.	Father admitted losing his temper.	Seen by G.P.
European Male 3 mths	Bruises on left side of the face and on the buttocks. Child tossed onto a couch, ostensibly in play, and smacked.	Mother's employer smacked the child when it cried.	Seen by G.P.
European Female 12 yrs	Slight abrasion to right armpit. Foster mother allegedly pushed the child over a chair.	Foster mother claimed she intended to punish the child for smoking.	No medical treatment.
European Male 14 yrs	Bruise on the left arm. Hit with a broom handle.	Father claimed that the child deserved punishment.	No medical treatment.
European Female 10 yrs	Extensive bruising over the entire posterior portion of the body. Beaten with a leather strap.	Father admitted punishing the child for absconding.	Seen by G.P.
Maori Female 13 yrs	Small cut over eye. Hit with a ruler.	Mother admitted treating the child harshly.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Part Maori Male 5 yrs	Severe bruising on posterior parts of body and left forearm. Diagonal bruising and abrasions across the back. Beaten with a stick and a strap.	Mother admitted punishing the child because he kept running away.	Seen by G.P.
European Female 6 yrs	Bruising down one leg. Struck with hand.	Mother not interviewed but she was suspected as she had been implicated in past incidents.	No medical treatment.
Pacific Islander Female 12 yrs	Bruises to head, face, body and legs, and welts on the trunk. Child tied up and beaten with a piece of wood and a rubber hose.	Father admitted losing his temper and beating the child.	Hospitalised.
Part Maori Male 5 yrs	Black eye, bumps on the head, marks on the thighs and buttocks, and scratches and bruises on the lower legs.	Mother admitted finding it necessary to chastise the child frequently.	No medical treatment.
European Female 12 yrs	Weals and bruises to legs, arms, back and face. Beaten with a broom handle and a cricket bat.	Mother admitted ill-treatment.	No medical treatment.
Part Maori Male 3 yrs	Cut over forehead, sores and scars on legs. Injury method not known. Ill-treatment and neglect both suspected.	Mother blamed an older child.	Seen by G.P.
Part Maori Male 5 yrs	Bruising. Beaten with a brush.	Mother admitted to a neighbour that she had beaten the child.	No medical treatment.
Maori Female 2 wks	Extensive bruising to face.	Mother said that the child rolled off a couch.	Hospitalised for general health.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Female 2 yrs	Bruising to cheek, base of spine, and hip. Neighbours alleged that the mother had punched the child.	Mother claimed that the child often fell.	No medical treatment.
Maori Male 15 yrs	Bruises and scratches to face. Struck by hand.	Father lost his temper over the boy's persistent delinquent behaviour.	No medical treatment.
Part Maori Male 15 yrs	Upper lip cut and swollen. Struck with fist.	Father admitted hitting the child.	No medical treatment.
European Male 8 yrs	Reddened areas on legs and arms. Strapped.	Mother struck the child when questioning him about stealing.	No medical treatment.
Maori Female 3 yrs	Bruising to face, arms, back, legs and buttocks. Swelling to lower right leg. Beaten with a stick.	Mother admitted punishing the child.	Seen by G.P.
Pacific Islander Female 3 yrs	Extensive bruising to back, buttocks, right leg, left arm, right wrist and both temples. Lacerated inside lower lip. Beaten with a stick and hand on several occasions.	Mother admitted beating the child.	Seen by G.P.
Maori-Asian Male 13 yrs	Bruising to stomach, and bleeding nose. Assaulted by guest and struck with fist, knee and open hand.	Offender admitted assaulting the child.	Not known.
Maori-Asian Male 12 yrs	Bruised face and bleeding nose. Assaulted by guest and beaten with open hand.	Offender admitted assaulting the child.	Not known.
Part Maori Male 11 yrs	Bruising to left lower ribs. Child alleged father kicked him.	Father denied responsibility.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Female 3 yrs	Severe bruising to buttocks and upper thighs. Beaten by father.	Father said he had punished the child for misbehaviour. He did not consider the treatment excessive.	No medical treatment.
Maori Female 16 yrs	Bruises to the left upper arm and the centre of the back and a cut on the back of the head. Struck with a coat-hanger and a bottle.	Stepmother admitted ill-treatment.	Seen by G.P.
European Male 5 yrs	Severe bruising on both legs and buttocks.	Grandmother admitted punishing the child for misbehaviour. Did not consider the child was ill-treated.	Seen by G.P.
European Male 6 yrs	Large bruise under the eye. Struck with hand.	Father admitted losing control.	No medical treatment.
Maori Male 5 yrs	Large bruise and several red marks on the lower back. Struck with an electric jug cord.	The child had soiled - mother lost her temper and lashed out at him with the jug cord.	Seen by G.P.
European Male 4 yrs	Bruising to cheek and thumb. Abrasions on the nose.	Both parents denied ill-treatment. They claimed that the child had fallen over.	Seen by G.P.
European Female 3 mths	Minor cuts to head and heel, superficial bruising. Thrown through window and landed in garden.	Mother claimed father threw the child during a dispute.	Seen by G.P.
European Male 9 yrs	Bruising to buttocks and thighs. Uncle thought to have strapped the child.	No explanation.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Male 8 yrs	Healing weals on the buttocks and face. Beaten with a stick.	Mother first claimed her husband was responsible and then said she had done it. She appeared to be protecting her husband.	Seen by G.P.
European Male 12 yrs	Severe bruising to buttocks. Struck with the heel of a shoe.	Mother denied striking the child.	Seen by G.P.
Pacific Islander Male 6 yrs	Bruising on the face and leg.	Mother and siblings claimed that the child's injuries were the result of falls. Child said that mother struck him with the iron.	No medical treatment.
European Female 11 yrs	Bruise around eye. Apparently struck with hand.	Parents denied ill-treatment, although they admitted that the child suffered the backlash from her brother's behaviour and punishment.	No medical treatment.
European Male 9 yrs	Deep cut behind ear, weals across lower back and skin lifted on back. Strapped with a heavy leather belt.	Father admitted punishing the child for being late home.	Seen by G.P.
Maori Female 12 yrs	Welts on the legs, buttocks and arms. Beaten with a garden hose.	Father claimed that the girl had provoked him because she kept running away from home and was not attending school regularly.	Seen by G.P.
Maori Female 8 yrs	Swelling to the right upper arm and healing weals. Beaten with a stick.	Foster mother initially stated that she had told her husband to punish the child. Later she admitted that she had beaten the child.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Female 3 yrs	Numerous bruises around the forehead. Injury method not known.	Mother initially stated that the child had fallen out of the window. Later she said the child had fallen off her bicycle.	Not known.
Maori Female 13 yrs	Minor bruising. Struck with an electric jug cord.	Mother admitted losing her temper and beating the child.	No medical treatment.
Maori Male 7 yrs	Injuries not specified. Family doctor stated that the child had been neglected and beaten.	Father hit the child when provoked.	Seen by G.P.
Maori Male 3 yrs	Small bruise on the face, bruising on thigh.	Mother admitted beating the child.	No medical treatment.
Maori Female 8 yrs	Open gash (1") on head. Hit with piece of wood thought to have had a nail in it.	Mother admitted losing control over some small incident.	Seen by G.P.
Maori Female 13 yrs	Bruising to the hip.	Mother admitted hitting the child.	No medical treatment.

5. NO INJURIES (N = 31)

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Male 3 yrs	A relative reported to Child Welfare that the child had been severely strapped with a belt. No injuries present.	Father denied ill-treatment.	No medical treatment.
Part Maori Female 1 yr	Neighbour reported bruises on buttocks. Not evident when later visited but the mother was suspected of having ill-treated older children previously.	Parents not questioned.	No medical treatment.
European Male 11 yrs	No injuries. Mother reported father's rough treatment - striking the child with his fists on several occasions.	Father admitted losing his temper.	Seen by G.P.
European Male 14 yrs	Bleeding nose (according to neighbour's report). Hit by father's fist.	Father admitted hitting the child.	No medical treatment.
European Male 6 yrs	Mother reported that on one occasion the father had beaten the child with a stick; and on another, with a hose. No injuries present at time of referral.	Father admitted ill-treatment; blamed his epileptic condition.	No medical treatment.
European Female 16 yrs	The child reported that her mother had beaten her and attempted to throttle her. No injuries present.	Mother admitted that she had given the child a severe hiding.	No medical treatment.
European Male 3 yrs	Mother complained that the child's father had been becoming increasingly severe in his punishment methods. Family doctor reported no injuries.	Father admitted being over-severe but felt that punishment was good for the child.	Seen by G.P.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Female 15 yrs	Mother reported case to Child Welfare as husband (already known for ill-treatment of other children) had begun treating the child harshly and apparently on one occasion had attempted to throttle her.	Father stated that the children needed disciplining.	No medical treatment.
Maori Female 3 wks	No injury present at time of investigation. Case came to Child Welfare attention when the father pleaded guilty in court to assaulting the baby.	Father said that although he had threatened to kill the child he did not in fact injure her.	Not known.
Maori Female 12 yrs	It was suspected that the child had been beaten with an electric heater cord. At time of referral there were no injuries, although the child reported that she had been beaten severely on previous occasions.	Father stated that the child needed discipline.	No medical treatment.
Maori Male 11 yrs	School reported that they believed the child to be harshly treated. There were no injuries present at time of enquiry, but both parents were known to strap the child frequently.	Parents felt that strapping was the only way to prevent the child from stealing.	No medical treatment.
European Female 2 mths	No injuries present. Mother claimed that father hit the child on the head with his closed fist.	Father said that he was drunk at the time.	No medical treatment.
Maori Male 2 yrs	No specific injuries. Public Health Nurse reported case to Child Welfare as the child seemed to be badly treated (had suffered from malnutrition at 3 mths) and was not making progress.	Mother denied ill-treating the child, but admitted that her daughter was harsh with him.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
European Female 3 yrs	Mother complained that the child's father had been becoming increasingly severe in his punishment methods. Family doctor reported no injuries.	Father admitted being over-severe but felt that punishment was good for the child.	Seen by G.P.
European Female 14 yrs	Child reported that she had been kicked and beaten by her father. No injuries evident.	Mother claimed that the father ill-treated the child when he was drunk.	No medical treatment.
Maori Male 8 yrs	At time of referral no specific incident or recent injury. Cauliflower ear, broken teeth and scars had brought the child to attention.	Parents said that the child was clumsy and frequently fell over.	Seen by G.P.
European Female 2 yrs	Mother called Child Welfare Officer as she feared that she might harm the child. No injuries present at the time of referral.	Mother stated that she had thrashed the child severely.	Seen by G.P.
European Male 1 yr	Report that mother often hit the child and that child had sustained minor bruising in past. No injuries apparent when investigated.	Mother denied that she hit the baby.	No medical treatment.
Part Maori Male 1 yr	Neighbour reported that the child was frequently thrashed. No injuries present when examined at a later date by Child Welfare Officer.	Mother admitted bruising the child.	Not known.
Part Maori Female 3 yrs	Passer-by reported seeing the mother beat the child about the face and pull her hair. No injuries evident.	Mother felt that the child deserved the treatment.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Maori Male 3 yrs	Neighbours reported that the child was harshly treated by his mother. No injuries apparent, but the child had a history of ill-treatment.	Mother denied ill-treatment on this occasion.	No medical treatment.
Maori Female 14 yrs	No evidence of injury at the time of investigation. Child ran away from home and was reported to be afraid of the beatings she received. Allegations that the child was beaten with a broom handle by father and step-mother.	Both parents admitted harsh treatment.	Seen by G.P.
European Female 1 yr	No injuries present at the time of referral. Grandmother alleged that the father had ill-treated the child, and there were bruises present on a younger brother.	Father admitted nothing.	No medical treatment.
European Male 7 yrs	Reported ill-treatment over a long period. No injury present at time of investigation.	Mother denied that she ill-treated the child.	No medical treatment.
Maori Female 14 yrs	No evidence of injury at time of referral. A relative who witnessed a severe thrashing instructed the child to report the incident.	Mother admitted that both parents were too harsh on the child.	No medical treatment.
Maori Male 2 yrs	No injuries present at the time of referral. Child's adult sister alleged that the child was sometimes bruised. Mother was reported to have hit the child on the buttocks.	Mother (mentally sub-normal) was incapable of verbalizing on her relationship with child.	No medical treatment.

Race, Sex, Age	Type of Injury	Explanation	Outcome
Part Maori Female 13 yrs	No specific injury. Child's aunt reported continued mental and physical cruelty by the step-mother. Old facial scars and marks on the body were said to have been inflicted by hand and an electric cord.	Step-mother felt that punishment was justified in view of the child's behaviour.	No medical treatment.
European Female 5 yrs	Grandmother reported that mother had beaten the child severely causing bruising to her thigh and a black eye. When seen later by Child Welfare Officer there was no evidence of injury.	Mother admitted causing bruised thigh by smacking the child. Black eye was said to have been the result of an accident.	No medical treatment.
Maori Female 15 yrs	No injuries. Evidence presented in court that father had knocked the child unconscious in the past.	Father admitted normal chastisement.	No medical treatment.
European Female 7 yrs	Child was reported to be bruised on thighs. Neighbours reported this case after continual beatings over a long period of time.	Parents claimed punishment was justified.	No medical treatment.
European Female 13 yrs	School reported beatings. No injuries present on investigation. The child had a history of ill-treatment at the hands of the father.	Mother admitted that father still ill-treated the child.	No medical treatment.

APPENDIX 5

RAW DATA TABLES

The tables below provide a complete set of raw data for the survey. These tables are presented for two reasons. First, they supplement and expand upon the data given in the main report; many of the tables in the appendix are not discussed in the report. Second, the tables provide a basic description of the non-abused children and their parent figures; these tables are not discussed in the report except where they are used for purposes of comparison.

In most cases the categories in the table are self-explanatory. However, where tables or categories require some explanation this is given in a note accompanying the table.

All tables are referenced by the question number of the item in the recording form to which they relate. It should be noted that the categories in the tables often differ from the source item in the recording form.

To aid in the location of tables relating to particular variables, an index of tables is provided. The index is presented in order of table number.

The tables are subdivided into three sections:

1. Tables descriptive of the child and the incident.

This group of tables describes the various characteristics of the 363 children at the time of the most serious incident that occurred during the survey year. Children are divided into two groups - abused children and non-abused children - following the classification method outlined in Section 3.5.

2. Tables descriptive of the mother figures.

This group of tables shows the results of a number of measures taken on the mother figures of both the abused and non-abused children. Mother figures

are divided into three groups - mothers who were deemed responsible for abuse, mothers of abused children who were deemed not responsible for the abuse, and mothers of non-abused children.

3. Tables descriptive of the father figures.

These tables give descriptive data on the father figures of the children in the sample. Following the conventions used in the tables describing mother figures, the fathers are divided into three groups - responsible fathers, non-responsible fathers, and fathers of non-abused children.

See Section 3.6 of the report for a full specification of the samples used.

In the interests of layout a number of abbreviations have been used throughout the appendix. In the child's section:

- A Refers to abused children.
- NA Refers to non-abused children.

In the parents' sections:

- R Refers to responsible parents - i.e. those parents deemed to be responsible for abuse.
- NR Refers to non-responsible parents - i.e. those parents of abused children deemed not to be responsible for the abuse.
- NA Refers to the parent figures of non-abused children.

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9	Physical Attractiveness
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THE CHILD AND THE INCIDENT

Table 1 SEX (Q. 2)

Sex	A	NA	Total
Male	113	56	169
Female	142	52	194
Total	255	108	363

Table 2 RACE (Q. 3)

Race of Child	A	NA	Total
Maori, $\frac{1}{2}$ or more, balance European	101	39	140
Part Maori, probably less than half, balance European	38	18	56
Maori - Polynesian blend	2	0	2
Maori - Asian blend	2	0	2
Samoan - full	6	3	9
Cook Islander - full	5	1	6
Other Pacific Islander; or any Pacific Island blend not covered above	8	6	14
Chinese or other Asian; or European - Asian blend	1	3	4
European	92	38	130
Total	255	108	363

Table 3 AGE DISTRIBUTION OF CHILDREN UNDER ONE YEAR (Q. 4)

Age	A	NA	Total
Under 1 month	2	0	2
1 month	1	1	2
2 months	3	0	3
3 months	4	3	7
4 months	1	1	2
5 months	5	3	8
6 months	1	1	2
7 months	2	0	2
8 months	2	1	3
9 - 11 months	7	3	10
Total	28	13	41

Table 4 AGE DISTRIBUTION OF ALL SURVEY CHILDREN (Q. 4)

Age	A	NA	Total
Under 1 year	28	13	41
1 year	24	10	34
2 years	22	14	36
3 years	21	12	33
4 years	10	11	21
5 years	17	5	22
6 years	17	4	21
7 years	17	6	23
8 years	15	3	18
9 years	14	7	21
10 years	10	5	15
11 years	10	7	17
12 years	13	2	15
13 years	13	5	18
14 years	14	1	15
15 years	8	2	10
16 years	2	1	3
Total	255	108	363

Table 5 LEGITIMACY (Q. 5)

Legitimacy at Birth	A	NA	Total
Known to be legitimate	141	56	197
Apparently legitimate - no evidence to the contrary	35	11	46
Illegitimate	76	40	116
Parentage not known	3	1	4
Total	255	108	363

Table 6 ADOPTIVE STATUS (Q. 6)

Adoptive Status	A	NA	Total
Not adopted	214	86	300
Apparently not adopted	18	8	26
Not known whether adopted	2	0	2
Legally adopted by relatives/friends	7	5	12
Legally adopted by strangers	3	7	10
Placed for adoption, awaiting final order at time of referral	5	1	6
Legally adopted by one parent and spouse	6	1	7
Total	255	108	363

Table 7 AGE AT ADOPTION (Q. 6)

Age at Adoption (i.e. Final Order)	A	NA	Total
Under 1 year	3	5	8
1 year	6	2	8
2 years	2	2	4
3 years	1	2	3
4 years	1	0	1
5 - 6 years	0	0	0
7 - 9 years	1	1	2
10 - 12 years	2	0	2
13 years and over	0	0	0
Age not known	0	1	1
Not applicable - final order not yet made	5	1	6
Not applicable - child not adopted	234	94	328
Total	255	108	363

N.B. The figures given in Tables 8 - 11 should be treated with caution as the ratings of intelligence, physical development, etc., were made by the investigating officer often after only brief contact with the child. Further, it is well known that personal ratings of traits such as intelligence are prone to unreliability.

Table 8 INTELLIGENCE (Q. 9)

Intelligence Estimate	A	NA	Total
Retarded or sub-normal	16	3	19
Dull; below average	66	12	78
Average	121	62	183
Bright	14	12	26
Highly intelligent	1	0	1
Estimate not possible (e.g. young baby)	37	19	56
Total	255	108	363

Table 9 PHYSICAL ATTRACTIVENESS (Q. 10)

Attractiveness	A	NA	Total
Highly attractive	4	1	5
More than normally attractive	31	8	39
Ordinarily attractive	161	85	246
Not as attractive as most	41	8	49
Most unattractive	3	0	3
Not known	15	6	21
Total	255	108	363

Table 10 ENERGY LEVEL AND RESPONSIVENESS (Q. 15)

Energy Level and Responsiveness	A	NA	Total
Lethargic or extremely sluggish	10	1	11
Somewhat lethargic, or slow and awkward	36	9	45
Normally responsive and active	141	68	209
Very active, energetic	27	14	41
Overactive	13	3	16
Not known	28	13	41
Total	255	108	363

Table 11 PHYSICAL DEVELOPMENT (Q. 16)

Physical Development	A	NA	Total
One negative response checked	50	20	70
Two negative responses checked	18	4	22
Three or more negative responses checked	26	5	31
Nil or not known	161	79	240
Total	255	108	363

N.B. Codings in Table 11 were based on the number of negative features of the child's physical development that were underlined in Question 16 of the recording form.

Table 12 ILLNESSES AND DISABILITIES (Q. 11)

Illnesses and Disabilities	A	NA	Total
Major physical disability	6	4	10
Physical disability of a less serious nature	11	5	16
Major chronic illness	9	0	9
Chronic illness of a less serious nature	8	3	11
Both physical disability and chronic illness	2	0	2
None of the above, but has had illnesses or suffered the effects of inadequate care	52	11	63
Stated to be healthy always	47	28	75
No negative indications, but little known	120	57	177
Total	255	108	363

Table 13 THE CHILD'S PRESENT HOME (Q. 7)

Present Home	A	NA	Total
Both natural parents	128	63	191
Natural mother only	21	9	30
Natural mother and spouse or <u>de facto</u> spouse (not natural father)	21	7	28
Natural father only	1	1	2
Natural father and spouse or <u>de facto</u> spouse (not natural mother)	29	3	32
Adoptive parent(s)	12	12	24
Foster parent(s) (not related to child)	13	2	15
Other relatives	30	11	41
Total	255	108	363

Table 14 THE CHILD'S FIRST HOME (Q. 7)

First Home	A	NA	Total
Both natural parents	188	83	271
Natural mother only	24	9	33
Natural mother and spouse or <u>de facto</u> spouse (not natural father)	3	0	3
Natural father only	1	0	1
Natural father and spouse or <u>de facto</u> spouse (not natural mother)	2	0	2
Adoptive parent(s)	12	11	23
Foster parent(s) (not related to child)	10	1	11
Other relatives	11	2	13
Institution, Children's Home, etc.	1	1	2
Not known	3	1	4
Total	255	108	363

N.B. The following three tables (15, 16, 17) present data on changes in home situation and the period of life that the child had lived in the present home setting. In these three tables a change is said to have occurred if the child or either one of the parent figures left or entered the home. Note also that Tables 16 and 17 relate only to the latest continuous period that the child had lived with the parent figure(s).

Table 15 CHANGES IN HOME PRIOR TO INCIDENT (Q. 7)

Changes in Home Situation	A	NA	Total
No changes	79	55	134
1 change	33	10	43
2 changes	56	9	65
3 changes	12	3	15
4 changes	17	5	22
5 changes	9	0	9
6 changes	3	0	3
7 or more changes	17	8	25
Changes in situation, but number not known	28	16	44
Not known	1	2	3
Total	255	108	363

Table 16 MOST RECENT PERIOD THAT CHILD HAD LIVED WITH
(BOTH) THE PRESENT PARENT FIGURE(S) (Q. 7)

Period	A	NA	Total
All of life	79	55	134
Present period represents 90-99% of life	6	2	8
" " " 75-89% " "	7	0	7
" " " 50-74% " "	26	2	28
" " " 25-49% " "	34	8	42
" " " 10-24% " "	46	18	64
" " " 0- 9% " "	42	14	56
Not all of life, but proportion not known	14	6	20
Not known	1	3	4
Total	255	108	363

Table 17 TIME CONTINUOUSLY IN PRESENT HOME SETTING (Q. 7)

Time in Present Home	A	NA	Total
Under 1 month	8	2	10
1 month - 2 months	21	5	26
3 months - 11 months	56	23	79
1 year	46	22	68
2 - 4 years	47	27	74
5 - 9 years	43	10	53
10 years or more	20	11	31
Not known	14	8	22
Total	255	108	363

N.B. In the following two tables (18 and 19) a broader definition of the present home applies, in that a change is said to have taken place only when the child or both the present parent figure(s) left or entered the home. Note that Table 18 relates only to the latest continuous period that the child had lived with either one of the present parent figures.

Table 18 MOST RECENT PERIOD THAT CHILD HAD LIVED WITH EITHER PARENT (Q. 7)

Period	A	NA	Total
All of life	113	69	182
Present period represents 90-99% of life	6	2	8
" " " 75-89% " "	7	0	7
" " " 50-74% " "	18	3	21
" " " 25-49% " "	25	4	29
" " " 10-24% " "	42	16	58
" " " 0- 9% " "	35	5	40
Not all of life, but proportion not known	7	7	14
Not known	2	2	4
Total	255	108	363

Table 19 RELATIONSHIP OF PRESENT HOME TO FIRST HOME (Q. 7)

Relationship	A	NA	Total
Lived all of life in first home	113	69	182
In first home at time of incident, but had been away in the past	80	22	102
In first home at time of incident, not known whether away in the past	2	1	3
Not in first home at the time of the incident	57	15	72
First home not known	3	1	4
Total	255	108	363

Table 20 EARLY MOTHER/CHILD SEPARATION (Q. 141)

Separations in First Three Years of Life	A	NA	Total
Not applicable - child not living with natural mother at time of incident	85	29	114
No known separation during first three years	98	62	160
Separated during 1st 2 mths of life (1)	5	0	5
" " 3rd-12th " " " (2)	12	2	14
" " 2nd and " " (3) 3rd yrs	13	3	16
" " 1 and 2	5	1	6
" " 1 and 3	2	0	2
" " 2 and 3	10	6	16
" " 1, 2 and 3	22	4	26
Separated, but periods not known	3	1	4
Total	255	108	363

TABLE 21 PREVIOUS NOTICE TO CHILD WELFARE (Q. 8A)

Nature of Previous Notice	A	NA	Total
No previous notice to Child Welfare	73	40	113
Known for placement, indigence, financial assistance, etc. (1)	29	17	46
Known for inadequate or harmful care, neglect, abuse, etc. (2)	66	22	88
Known for behaviour, delinquency, school problems, etc. (3)	10	6	16
Known for 1 and 2	47	21	68
Known for 1 and 3	3	0	3
Known for 2 and 3	20	2	22
Known for 1, 2 and 3	7	0	7
Total	255	108	363

Table 22 PREVIOUS NOTICE IN PRESENT HOME SITUATION
(Q. 8A)

Previous Notice to Child Welfare	A	NA	Total
No previous notice in this home	78	42	120
Previous notice in this home for ill-treatment only	26	7	33
Previous notice in this home for both ill-treatment and other reasons	51	5	56
Previous notice in this home for other reasons only	100	54	154
Total	255	108	363

Table 23 PREVIOUS NOTICE FOR ILL-TREATMENT OR SUSPICION
OF ILL-TREATMENT (Q. 8A, 8C)

Previous Notice for Ill-Treatment	A	NA	Total
No previous notice for ill-treatment	156	93	249
Known to Child Welfare on one occasion for ill-treatment	36	10	46
Known to Child Welfare on more than one occasion for ill-treatment	44	2	46
Known to some other official agency for ill-treatment, but not to Child Welfare	19	3	22
Total	255	108	363

Table 24 PREVIOUS CHILD WELFARE STATUS OR
CONTACT (Q. 8A)

Status or Contact	A	NA	Total
State ward	9	1	10
Had been under legal supervision	15	6	21
Had been under preventive supervision for 2 years or more	23	2	25
Had been under preventive supervision for less than 2 years	27	11	38
None of the above, but regular or frequent contact with Child Welfare	31	5	36
None of the above, but in irregular or intermittent contact with Child Welfare	49	26	75
One single informal contact in past	23	15	38
Illegitimate birth enquiry only	5	2	7
Not applicable (no previous notice)	73	40	113
Total	255	108	363

Table 25 NUMBER OF CHILDREN IN THE HOME (Q. 131)

Number of Children in the Home	A	NA	Total
1 child	34	11	45
2 children	48	27	75
3 children	52	9	61
4 children	32	20	52
5 children	24	19	43
6 children	13	9	22
7 children	22	2	24
8 children	14	5	19
9 or more children	11	2	13
Not known	5	4	9
Total	255	108	363

Table 26 BIRTH ORDER OF SURVEY CHILD (Q. 27)

Birth Order	A	NA	Total
Not applicable - child not living with natural mother	85	29	114
First born	53	26	79
Second born	40	22	62
Third born	19	10	29
Fourth born	17	6	23
Fifth born	8	5	13
Sixth born	10	3	13
Seventh born	6	1	7
Eighth or later born	6	3	9
Birth order not known	11	3	14
Total	255	108	363

Table 27 OCCUPATIONAL STATUS OF THE CHILD'S FATHER
FIGURE (Q. 51)

Occupational Status	A	NA	Total
Higher professional and administrative	1	0	1
Lower professional, technical and executive	2	0	2
Clerical and highly skilled	4	6	10
Farm management	11	5	16
Skilled work	39	11	50
Semi-skilled repetitive work	62	26	88
Unskilled repetitive work	86	32	118
Beneficiary	4	8	12
Unemployed	6	2	8
Not known	12	6	18
Not applicable - no father in the home	28	12	40
Total	255	108	363

Table 28 REGULARITY OF EMPLOYMENT OF CHILD'S FATHER
FIGURE (Q. 64 B)

Regularity of Employment	A	NA	Total
In steady employment	138	47	185
Always has a job, but changes frequently	22	1	23
Employed in seasonal work - no undue unemployment	9	10	19
Changes jobs frequently, has periods of unemployment	21	11	32
Frequently unemployed	7	1	8
Never or rarely works	2	0	2
Not known (or not applicable)	28	26	54
Not applicable - no father in the home	28	12	40
Total	255	108	363

Table 29 ADEQUACY OF FINANCIAL SUPPORT OF THE FAMILY
(Q. 133 f and g)

Adequacy of Support	A	NA	Total
Support adequate	163	64	227
Support inadequate, because of:			
1. irregularity of income	15	0	15
2. insufficient basic earnings	9	6	15
3. breadwinner's contribution inadequate	19	5	24
4. chronic mismanagement or extravagance	24	7	31
5. other reasons	12	15	27
6. more than one of the above reasons	4	2	6
7. not known why inadequate	5	1	6
Not known whether inadequate	4	8	12
Total	255	108	363

N.B. The assessments in Table 29 are based on judgments, made by the investigating officer, recorded in Questions 133 (f) and (g) of the main form.

Table 30 STANDARDS OF FACILITIES AND HOUSEKEEPING IN
THE HOME (Q. 133 b)

Standards of Facilities and Housekeeping	A	NA	Total
Very high standards	15	4	19
Above average or high standards	55	11	66
Average or adequate standards	95	52	147
Below average or poor standards	56	31	87
Very poor standards	8	0	8
Not known	26	10	36
Total	255	108	363

N.B. The rating in Table 30 is based upon the authors' assessment of the investigating officer's comments about the standard of facilities and housekeeping in Question 133 (b) of the recording form.

N.B. Tables 31 and 32 relate to the physical care of the survey child and are extracted from the data in Question 127 of the recording form. Table 31 gives a count of the number of items indicative of neglect underlined by the investigating officer. The rating in Table 32 is based upon the authors' assessment of the extent of neglect as evidenced, not only by Question 127, but also by a number of other questions (e.g. Q. 123, Q. 8 and Q.s 11 - 14).

Table 31 NEGLECT OF SURVEY CHILD - ITEM COUNT (Q. 127)

Neglect - Number of Negative Signs	A	NA	Total
No negative signs underlined	118	74	192
1 " " "	35	14	49
2 " " "	31	8	39
3 " " "	26	5	31
4 - 5 " " "	18	6	24
6 - 10 " " "	19	1	20
11- 15 " " "	8	0	8
Total	255	108	363

Table 32 NEGLECT OF SURVEY CHILD - RATING (Q. 127)

Neglect	A	NA	Total
Signs of severe neglect (malnutrition, etc.) serious to the extent of danger to life or health	3	0	3
Serious neglect	24	1	25
Signs of neglect, but not serious, e.g. dirty, poor diet	39	6	45
Indications that care less than adequate	61	32	93
Care adequate	80	41	121
Good or excellent physical care	38	23	61
Not known	10	5	15
Total	255	108	363

Table 33 MAORI TRADITIONS IN THE FAMILY (Q. 134)

Maori Traditions	A	NA	Total
Not applicable - neither parent has any Maori blood	106	49	155
No items checked	61	20	81
1 item checked	34	21	55
2 items checked	16	5	21
3 " "	22	1	23
4 " "	12	4	16
5 " "	4	7	11
6 or more items checked	0	1	1
Total	255	108	363

N.B. The data in Table 33 relate to the number of items underlined in Question 134 of the recording form.

Table 34 LOCATION OF THE HOUSE (Q. 133 a)

Location	A	NA	Total
State housing area	52	20	72
Other normal town residential area	96	38	134
Substandard town residential area	21	10	31
Congested, but not substandard, residential area	10	3	13
Semi-rural, outskirts of town	17	4	21
Small town	18	14	32
Rural	23	7	30
Isolated rural	8	9	17
Maori pa or settlement	7	1	8
Industrial camp, forest camp, etc.	2	2	4
Not known	1	0	1
Total	255	108	363

Table 35 PARENTS' MARITAL RELATIONSHIP (Q. 128)

Marital Relationship	A	NA	Total
Severe marital discord	38	14	52
General lack of harmony	57	20	77
Satisfactory	63	11	74
Harmonious relationship	39	21	60
Not known or not applicable	58	42	100
Total	255	108	363

Table 36 ABUSE RATING (Q. 107)

Abuse Rating	A	NA	Total
Child definitely ill-treated	99	0	99
Almost certain that child ill-treated	75	0	75
Child likely to have been ill-treated	81	0	81
Unable to judge whether ill-treatment or punishment	0	28	28
Unable to judge whether ill-treatment or rough handling, accident, etc.	0	7	7
Unable to judge whether any ill-treatment at all	0	27	27
Unlikely to be ill-treatment, more likely to be punishment	0	14	14
Unlikely to be ill-treatment, more likely to be rough handling, accident, etc.	0	7	7
Unlikely to be ill-treatment, more likely to be nothing	0	18	18
No ill-treatment indicated	0	7	7
Total	255	108	363

N.B. Table 36 presents the abuse rating used to partition the sample of children into "abused" and "non-abused" groups. See Chapter 3 of the report for full details of the methods used in making the ratings.

Table 37 CHILD'S CHILD WELFARE STATUS AT THE TIME OF THE INCIDENT (Q. 94)

Child's Status	A	NA	Total
Nil	154	85	239
Miscellaneous referral already under action	22	6	28
Needy family or preventive supervision	43	11	54
Legal supervision	11	2	13
State ward	9	0	9
Court enquiry	0	1	1
Youth Aid referral	4	0	4
Adoption placement	5	1	6
Licensed foster home placement	6	2	8
Illegitimate birth enquiry	1	0	1
Total	255	108	363

Table 38 NOTIFICATION SOURCE (Q. 102)

Notification of Incident to Child Welfare	A	NA	Total
Neighbour	22	28	50
Parent(s)	28	2	30
Other relatives	18	23	41
Discovered by C.W.O. during other enquiries	14	6	20
Maori Welfare Officer	3	3	6
Police	29	4	33
Doctor or hospital	27	10	37
School or Visiting Teacher	53	11	64
Public Health, District, or Plunket Nurse	16	9	25
Other persons or agencies (or not known)	36	11	47
Not applicable - Child Welfare not notified (e.g. came to attention from press report, etc.)	9	1	10
Total	255	108	363

Table 39 SERIOUSNESS OF PRESENT INJURIES (Q. 110)

Seriousness	A	NA	Total
Died	7	0	7
Serious and permanent, but not fatal, injuries	5	1	6
Serious, but not permanent, injuries	30	7	37
Injuries not very serious	182	23	205
No injuries	31	77	108
Total	255	108	363

Table 40 MOST SERIOUS PRESENT INJURY (Q. 108)

Most Serious Injury	A	NA	Total
Head injuries	19	3	22
Fractures, dislocations	15	4	19
Burns, scalds and other serious injuries	13	3	16
Bruising, cuts, abrasions, etc.	177	21	198
No injuries	31	77	108
Total	255	108	363

Table 41 FREQUENCY OF VARIOUS TYPES OF INJURIES (Q. 108)

Type of Injury	A	NA	Total
Head injury	19	3	22
Fractures or dislocations	26	4	30
Burns, scalds, etc.	20	3	23
Bruising, cuts, abrasions, etc.	209	23	232

N.B. There are no totals to Table 41 as individual cases can fall into more than one category.

Table 42 INJURIES OF DIFFERENT AGES (Q. 108)

Age of Present Injuries	A	NA	Total
Not applicable - no injuries	31	77	108
Injuries all of same age	166	29	195
Injuries possibly of different ages	20	2	22
Injuries definitely of different ages	38	0	38
Total	255	108	363

Table 43 LONG-TERM PHYSICAL EFFECTS OF PRESENT INJURIES
(Summary form Q. 4)

Long-term Physical Effects	A	NA	Total
No long-term effects	233	105	338
Child still suffering effects but likely to be temporary only	2	1	3
Effects likely to be prolonged or permanent (includes deaths)	15	1	16
Not known	5	1	6
Total	255	108	363

Table 44 HOSPITALISATION (Q. 111)

Hospitalisation	A	NA	Total
Not admitted to hospital	211	98	309
Admitted to hospital	44	10	54
Total	255	108	363

Table 45 MEDICAL ATTENTION (Q. 104)

Was the Child Seen by a Doctor?	A	NA	Total
Seen before referral to Child Welfare	61	13	74
Seen at about the same time as referral	16	6	22
Seen following referral	64	9	73
Not seen until after death	3	0	3
Not seen by a doctor at all	100	75	175
Not known whether seen	11	5	16
Total	255	108	363

Table 46 PERSON RESPONSIBLE FOR OBTAINING MEDICAL ATTENTION (Q. 105)

Person Responsible	A	NA	Total
Parent(s)	53	16	69
Relatives	7	3	10
Child Welfare Officer	43	6	49
Police	10	2	12
School	4	0	4
Other agency	12	0	12
Other	12	1	13
Not known who referred	3	0	3
Not applicable - not seen by doctor	111	80	191
Total	255	108	363

Table 47 X-RAYS (Q. 114)

X-rays	A	NA	Total
Child not x-rayed	191	96	287
Not known whether x-rayed	16	8	24
X-rayed - no evidence of injury	15	0	15
X-rayed - evidence of recent injuries only	13	4	17
X-rayed - evidence of old injuries only	8	0	8
X-rayed - evidence of old and recent injuries	11	0	11
X-rayed - results not known	1	0	1
Total	255	108	363

Table 48 PREVIOUS INJURIES (Q. 8, 11, 12 and 13)

Previous Injuries	A	NA	Total
No known previous injuries	121	95	216
Previous injuries including fractures, head, or internal injuries, etc.	35	2	37
Previous injuries (excluding the above) including burns, scalds, etc.	6	0	6
Previous injuries (excluding both the above categories) including bruises, abrasions, etc.	56	5	61
Nothing specific known, but evidence suggesting injuries had occurred	37	6	43
Total	255	108	363

N.B. The actions recorded in Tables 49 - 52 were not, in all instances, necessarily the result of ill-treatment. In some cases action would have been taken as a consequence of neglect or generally inadequate care.

Table 49 IMMEDIATE REMOVAL FROM HOME (Q. 115.)

Immediate Removal	A	NA	Total
Not removed	142	94	236
Not removed because person responsible no longer in home	3	0	3
Voluntarily removed by family or given up by foster parents	32	5	37
Removed on warrant	31	2	33
Admitted to hospital	38	6	44
Not applicable (child deceased)	5	0	5
Child under Child Welfare care - removed from home	4	1	5
Total	255	108	363

Table 50 PROPOSED OVERSIGHT (Q. 116)

Proposed Oversight	A	NA	Total
Not applicable (on warrant, deceased, in hospital, etc.)	77	5	82
None proposed as circumstances altered	23	2	25
None proposed as circumstances did not warrant it	14	32	46
None proposed because unacceptable to parents	5	3	8
None proposed for some other reason	2	3	5
Alternative arrangements made with other person or agency to oversee	17	7	24
Some brief Child Welfare oversight proposed	26	22	48
Routine Child Welfare oversight proposed	91	33	124
Other arrangements for oversight	0	1	1
Total	255	108	363

Table 51 CHILDREN'S COURT ACTION (Q. 117)

Court Action	A	NA	Total
Not applicable (child deceased, already State ward, etc.)	15	0	15
No action initiated as considered unnecessary	115	92	207
No action initiated for want of sufficient evidence	34	8	42
No action initiated for other reasons	30	6	36
Action initiated	61	2	63
Total	255	108	363

Table 52 NOTIFICATION TO POLICE AND PROSECUTION
(Summary Form, Q. 6)

Notification to Police	A	NA	Total
Police apparently not notified	119	82	201
Not known whether police notified	5	3	8
Police knew of incident but prosecution did not eventuate	93	20	113
Prosecution eventuated	38	3	41
Total	255	108	363

Table 53 PATTERN OF ILL-TREATMENT (Q. 121 and 122)

Pattern	A	NA	Total
Not applicable - no evidence of ill-treatment, rough handling, etc.	0	47	47
Appears to be an isolated incident	43	10	53
Pattern not known	51	41	92
Appears persistent or episodic over most of life	42	5	47
Appears persistent or episodic over small proportion of life	69	1	70
Appears persistent or episodic, but period of life not known	50	4	54
Total	255	108	363

N.B. The ratings in Table 53 are based on the investigating officer's assessment of the pattern of behaviour to which the child was being subjected. Thus for some of the non-abused children the categorization should be interpreted as describing the pattern of punishment or rough handling, not necessarily ill-treatment.

Table 54 CHILD'S EXPLANATION OF THE INCIDENT (Q. 139)

Child's Explanation	A	NA	Total
Not applicable or not known, e.g. child too young, not asked, etc.	119	78	197
Child would not comment	11	2	13
Child explained incident away (i.e. offered an explanation other than that of infliction by an adult)	10	9	19
Child blamed some person	102	17	119
Conflicting stories from child	13	2	15
Total	255	108	363

Table 55 DISTRICT OF REFERRAL (Cover of main form)

District	A	NA	Total
Kaitaia	0	0	0
Whangarei	14	5	19
Takapuna	6	1	7
Auckland	31	30	61
Otahuhu	25	10	35
Pukekohe	5	2	7
Paeroa	0	3	3
Hamilton	18	4	22
Rotorua	12	1	13
Tauranga	6	2	8
Whakatane	0	1	1
Taumarunui	3	2	5
Gisborne	6	2	8
Wairoa	1	6	7
Napier	2	0	2
Hastings	9	5	14
New Plymouth	4	4	8
Wanganui	21	14	35
Palmerston North	16	2	18
Masterton	11	3	14
Lower Hutt	12	2	14
Wellington	8	0	8
Blenheim	1	1	2
Nelson	3	1	4
Greymouth	2	1	3
Christchurch	20	1	21
Timaru	6	2	8
Dunedin	9	0	9
Invercargill	4	3	7
Total	255	108	363

THE MOTHER FIGURES

Table 56 AGE (Q. 20)

Age	R	NR	NA	Total
15 - 19 years	9	4	5	18
20 - 24 years	26	12	16	54
25 - 29 years	39	15	22	76
30 - 34 years	29	19	17	65
35 - 39 years	16	12	12	40
40 - 44 years	12	9	5	26
45 - 49 years	5	6	0	11
50 - 54 years	3	4	1	8
55 - 59 years	2	1	2	5
60 - 64 years	2	1	1	4
65 - 69 years	0	0	0	0
Not known	1	1	0	2
Total	144	84	81	309

Table 57 RACE (Q. 19)

Race	R	NR	NA	Total
Maori, $\frac{1}{2}$ or more, balance European	67	32	29	128
Part Maori - probably less than $\frac{1}{2}$, balance European	8	3	8	19
Maori - Polynesian blend	1	0	0	1
Maori - Asian blend	0	0	0	0
Samoan - full	3	3	4	10
Cook Islander - full	4	2	1	7
Other Pacific Islander; or any Pacific Island blend not specified above	1	2	2	5
Chinese or other Asian; or European - Asian blend	0	0	3	3
European	60	42	34	136
Total	144	84	81	309

Table 58 COUNTRY OF ORIGIN (Q. 21)

Country of Origin	R	NR	NA	Total
New Zealand	123	72	70	265
Australia	3	0	1	4
United Kingdom	8	3	1	12
Europe	1	1	0	2
Samoa	4	3	4	11
Cook Islands	4	2	2	8
Other Pacific Island, or Pacific Island unspecified	0	2	2	4
Asia	0	1	1	2
Other	0	0	0	0
Not known	1	0	0	1
Total	144	84	81	309

Table 59 MARITAL STATUS (Q. 22 A)

Marital Status	R	NR	NA	Total
Single - never married	18	3	7	28
Legally married	113	77	70	260
No longer married (widowed)	7	1	1	9
No longer married (divorced)	0	0	0	0
Not known	6	3	3	12
Total	144	84	81	309

Table 60 COHABITATION PATTERN (Q. 22 B)

Cohabitation Pattern	R	NR	NA	Total
Permanently with husband	92	65	61	218
Permanently with <u>de facto</u> husband	21	5	9	35
Intermittently with husband	6	7	4	17
Intermittently with <u>de facto</u> husband	7	4	0	11
No stable arrangement - short term <u>de facto</u> associations	1	0	0	1
Living singly	15	3	7	25
Not known	2	0	0	2
Total	144	84	81	309

Table 61 MOTHER'S RELATIONSHIP TO CHILD (Q. 18)

Relationship of Mother to Child	R	NR	NA	Total
Natural mother	93	64	60	217
Adopted mother - legally adopted	3	2	9	14
Adopted mother - final order not yet made	3	2	1	6
Legal step-mother	9	4	2	15
<u>De facto</u> step-mother	8	2	0	10
Foster mother (not related)	11	1	2	14
Relative	17	9	7	33
Total	144	84	81	309

Table 62 PERIOD CHILD HAS LIVED WITH MOTHER (Q. 7)

Period	R	NR	NA	Total
All of life	44	45	55	144
Total of 90-99% of life	10	7	3	20
Total of 75-89% of life	16	6	2	24
Total of 50-74% of life	26	8	2	36
Total of 25-49% of life	11	8	3	22
Total of 10-24% of life	13	7	5	25
Total of 0- 9% of life	12	2	3	17
Not all of life, but proportion not known	10	1	7	18
Not known	2	0	1	3
Total	144	84	81	309

Table 63 RELATIONSHIP OF CHILD'S BIRTH TO PARENTS'
MARRIAGE (Q. 22 A and 27)

Relationship of Birth/Marriage	R	NR	NA	Total
Not applicable - not child's parent	51	20	21	92
Not applicable - parents never married to one another	20	7	13	40
Child born prior to marriage	7	4	2	13
Child apparently conceived before marriage	5	7	6	18
Child conceived and born since marriage	48	31	27	106
Relationship of birth date and marriage date not known	13	15	12	40
Total	144	84	81	309

Table 64 NUMBER OF CHILDREN BORN TO MOTHER FIGURE (Q. 27)

Number of Children Born	R	NR	NA	Total
None	7	1	3	11
1 child	23	11	11	45
2 children	22	12	18	52
3 children	24	6	7	37
4 children	13	11	12	36
5 children	8	10	10	28
6 children	7	9	2	18
7 children	6	4	1	11
8 or more children	21	13	12	46
Not known	13	7	5	25
Total	144	84	81	309

Table 65 PREGNANCY AT TIME OF INCIDENT (Q. 34)

Pregnancy	R	NR	NA	Total
No evidence to suggest pregnant	113	79	67	259
Known to be pregnant, 0-3 months	8	2	3	13
" " " " , 4-6 months	10	0	6	16
" " " " , 7-9 months	9	2	2	13
" " " " , time not known	1	0	2	3
Thought to be pregnant, 0-3 months	1	0	1	2
" " " " , 4-6 months	0	0	0	0
" " " " , 7-9 months	1	0	0	1
" " " " , time not known	1	1	0	2
Total	144	84	81	309

Table 66 NUMBER OF MOTHER'S CHILDREN WHO HAVE DIED
(PRIOR TO THE SURVEY INCIDENT) (Q. 27)

Number of Children who have Died	R	NR	NA	Total
None, or none known	127	75	72	274
1 child	15	8	8	31
2 children	0	1	1	2
3 children	1	0	0	1
4 children	0	0	0	0
5 children	1	0	0	1
Total	144	84	81	309

Table 67 MOTHER'S BEHAVIOUR AND PERSONALITY (Q. 38 A)

Categories Checked	R	NR	NA	Total
Anxious and worried	38	25	20	83
Nervous	33	17	14	64
Becomes distressed at times	38	12	12	62
Things 'get on her nerves'	72	16	17	105
Short-tempered	81	12	21	114
Tends to shout and scream	62	15	16	93
Suffers from depression, melancholia	29	14	8	51
Neglects her appearance or health	22	21	8	51
Apathetic	16	12	5	33
Has compulsive tendencies	17	3	2	22
Rigid in behaviour or ideas	20	4	5	29
Erratic, irrational	36	15	9	60
Withdrawn	8	9	3	20
Is an isolate	21	9	3	33
No items checked at all	16	26	33	75

N.B. Table 67 records the frequency with which various items in Question 38 A of the recording form were underlined as being applicable by the investigating officer.

Note that no totals are shown for the table as individual cases can fall into more than one category.

N.B. The following four tables (68 - 71) present data on possible stressful conditions associated with the mother's situation. The method used in obtaining the data was for the investigating officer to underline the relevant stress situations in the check-list in Question 38 C of the recording form.

For the purposes of analysis the items in the check-list were grouped into four areas. The areas concerned, and the individual items to which they relate, are as follows:

Stress factors associated with children. Items included were "demands made by young children / behaviour difficulties in pre-school children / behaviour difficulties in school age children / sick or disabled child requiring special care / personality conflict with child".

Stress factors associated with the mother's husband. Items included were "ineffectual or unhelpful husband / difficult or aggressive husband / having to cope without husband / instability of marriage / instability of de facto arrangement".

Stress factors associated with the mother's health. Items included were "pregnancy / fear of pregnancy / physical ill-health / mental ill-health / menopause".

Stress factors associated with the home and financial situation. Items included were "inadequate income / poor management of money / other financial worries / poor or overcrowded living conditions / frequent moves / difficulties with in-laws or other relatives".

The following four tables present data on the number of items checked in each of these four stress areas.

Table 68 STRESS FACTORS ASSOCIATED WITH CHILDREN (Q. 38 C)

Items Checked	R	NR	NA	Total
None of the 5 items checked	45	47	44	136
1 checked	52	25	19	96
2 checked	34	8	14	56
3 checked	9	4	4	17
4 checked	4	0	0	4
5 checked	0	0	0	0
Total	144	84	81	309

Table 69 STRESS FACTORS ASSOCIATED WITH HUSBAND (Q. 38 C)

Items Checked	R	NR	NA	Total
None of the 5 items checked	59	36	48	143
1 checked	51	28	17	96
2 checked	25	17	9	51
3 checked	9	3	6	18
4 checked	0	0	1	1
5 checked	0	0	0	0
Total	144	84	81	309

Table 70 STRESS FACTORS ASSOCIATED WITH HEALTH (Q. 38 C)

Items Checked	R	NR	NA	Total
None of the 5 items checked	71	58	60	189
1 checked	56	18	15	89
2 checked	16	7	6	29
3 checked	0	1	0	1
4 checked	1	0	0	1
5 checked	0	0	0	0
Total	144	84	81	309

Table 71 STRESS FACTORS ASSOCIATED WITH HOME AND FINANCE (Q. 38 C)

Items Checked	R	NR	NA	Total
None of the 6 items checked	68	40	46	154
1 checked	37	16	17	70
2 checked	22	17	7	46
3 checked	10	6	8	24
4 checked	6	3	2	11
5 checked	1	2	1	4
6 checked	0	0	0	0
Total	144	84	81	309

Table 72 CHILDHOOD EXPERIENCES (Q. 39 A)

Type of Experience	R	NR	NA	Total
Illegitimate	2	3	1	6
Adopted	6	1	2	9
State ward	10	4	1	15
Home broken	32	14	14	60
Brought up away from home	23	11	5	39
Problem family	17	11	7	35
Parental disharmony	15	9	7	31
Ill-treatment	11	5	1	17
Neglect	14	6	4	24
Chronic illness	4	2	2	8
No items checked at all	95	59	58	212

N.B. Table 72 records the frequency with which various items (or groups of items) in Question 39 A of the recording form were underlined as being applicable by the investigating officer. Note that no totals are shown for the table as individual cases can fall into more than one category.

Items in the recording form were collapsed in the following way:

Home broken refers to the items "home broken by death / home broken by separation, divorce or desertion / never had a home with both parents / had little or no contact with father / had little or no contact with mother / father spent periods in prison / mother or father spent period(s) in mental hospital".

Brought up away from home refers to the items "largely brought up by other relatives / largely brought up in foster homes / spent period in a Children's Home or similar institution".

Each of the remaining items in Table 72 relates to one corresponding item in Question 39 A of the recording form.

Table 73 DISCIPLINE OF CHILDREN (Q. 24)

Mother's Discipline	R	NR	NA	Total
Adequate; firm but kindly	5	13	16	34
Over-strict	27	3	6	36
Lax; or no discipline	1	9	5	15
Erratic or inconsistent	44	23	15	82
Discipline different for different children	43	7	8	58
Not known	24	29	31	84
Total	144	84	81	309

Table 74 SEVERITY OF MOTHER'S PUNISHMENT (Q. 25 A)

Severity of Punishment	R	NR	NA	Total
Severe	101	13	11	125
Not severe	7	19	18	44
Punishes, but severity not known	14	8	18	40
No punishment	1	10	3	14
Not known whether mother punishes	21	34	31	86
Total	144	84	81	309

Table 75 DIFFERENCES IN PUNISHMENT OF CHILDREN (Q. 25 C)

Differences in Punishment	R	NR	NA	Total
Survey child only punished more harshly	50	9	9	68
Differences, but not only the survey child punished more harshly	14	4	4	22
Not applicable, not known, or no known differences	80	71	68	219
Total	144	84	81	309

Table 76 DRINKING (Q. 37)

Heaviness	and	Frequency	R	NR	NA	Total
Heavy	and	frequent	17	6	4	27
Heavy	and	occasional	1	0	0	1
Heavy	and	not known	0	2	2	4
Moderate	and	frequent	3	5	0	8
Moderate	and	occasional	25	13	8	46
Moderate	and	not known	0	1	0	1
Not known	and	frequent	3	3	1	7
Not known	and	occasional	6	7	2	15
Not known	and	not known	89	47	64	200
Total			144	84	81	309

Table 77 HISTORY OF MENTAL ILLNESS (Q. 36)

Mental Illness	R	NR	NA	Total	
Has been admitted to psychiatric hospital	13	7	6	26	
Has been medically diagnosed as mentally ill, but not admitted to psychiatric hospital	5	2	1	8	
Claims or strong indications that she is mentally ill or in need of psychiatric treatment	25	8	4	37	
Nothing serious, but some indications mentioned	17	7	3	27	
No known indications of mental illness	84	60	67	211	
Total		144	84	81	309

N.B. The coding in Table 77 was derived from the authors' assessment of the investigating officer's response to Question 36 of the recording form.

Table 78 INTELLIGENCE (Q. 30)

Intelligence Estimate	R	NR	NA	Total
Retarded or sub-normal	4	4	3	11
Below average; dull	42	27	14	83
Appears average	83	45	50	178
Appears above average or superior	8	2	4	14
No estimate possible	7	6	10	23
Total	144	84	81	309

N.B. These ratings are based upon the investigating officer's assessment of the mother's intelligence, not upon the results of any standardised test.

Table 79 NOTICE TO CHILD WELFARE AS A CHILD OR ADOLESCENT (Q. 28 A)

Notice as a Child	R	NR	NA	Total
No known notice	112	70	72	254
Known for placement, indigence, financial assistance, etc. (1)	3	0	1	4
Known for inadequate or harmful care, neglect, abuse, etc. (2)	7	0	2	9
Known for behaviour, emotional or school problems, delinquency, etc. (3)	9	7	3	19
Known for 1 and 2	4	1	0	5
Known for 1 and 3	0	1	0	1
Known for 2 and 3	5	4	1	10
Known for 1, 2 and 3	2	1	1	4
Under notice, but reason not known	2	0	1	3
Total	144	84	81	309

Table 80 NOTICE AS AN ADULT FOR ILL-TREATMENT OR SUSPICION OF ILL-TREATMENT (Q. 28)

Previous Notice	R	NR	NA	Total
No previous notice for ill-treatment	70	55	65	190
Known to Child Welfare on one occasion for ill-treatment	33	9	11	53
Known to Child Welfare on more than one occasion for ill-treatment	32	13	3	48
Known to Child Welfare for ill-treatment, but number of occasions not known	1	1	0	2
Known to some other agency for ill-treatment, but not to Child Welfare	8	6	2	16
Total	144	84	81	309

Table 81 NOTICE TO CHILD WELFARE AS AN ADULT FOR OTHER THAN ILL-TREATMENT (Q. 28 A)

Previous Notice	R	NR	NA	Total
No previous notice	25	22	32	79
No notice other than ill-treatment (see Table 80)	15	7	6	28
Known for inadequate care or supervision (1)	24	7	6	37
Known for emotional or behavioural problems of children (2)	6	7	2	15
Known for other reasons, e.g. adoption or foster placement, general assistance, etc. (3)	28	16	15	59
Known for 1 and 2	16	9	3	28
Known for 1 and 3	25	8	14	47
Known for 2 and 3	2	6	2	10
Known for 1, 2 and 3	3	2	0	5
Under notice, but reason not known	0	0	1	1
Total	144	84	81	309

N.B. The following three tables (82, 83 and 84) present data on the offending history of the mother figure. Note that Table 82 does not include cases where guilt was not established, i.e. cases dismissed or withdrawn. Tables 83 and 84 include cases dismissed or withdrawn.

Table 82 NUMBER OF PREVIOUS PROSECUTIONS (Q. 28 B)

Number of Prosecutions	R	NR	NA	Total
No known prosecutions	122	75	69	266
1 prosecution	10	4	6	20
2 prosecutions	6	2	4	12
3 prosecutions	3	2	2	7
4 prosecutions	2	1	0	3
5 prosecutions	0	0	0	0
6 prosecutions	0	0	0	0
7 or more prosecutions	1	0	0	1
Total	144	84	81	309

Table 83 PREVIOUS PROSECUTIONS FOR CARE OF CHILDREN (Q. 28 B)

Prosecutions for Care	R	NR	NA	Total
Never prosecuted for care of children	139	84	80	303
Prosecuted for ill-treatment or neglect, received a custodial sentence*	2	0	1	3
Prosecuted for ill-treatment or neglect, received a non-custodial sentence	2	0	0	2
Was charged but the case was dismissed or withdrawn	1	0	0	1
Total	144	84	81	309

* Prison or Borstal

Table 84 PREVIOUS PROSECUTIONS FOR OFFENCES (OTHER THAN FOR CARE OF CHILDREN) (Q. 28 B)

Most Serious Sentence	R	NR	NA	Total
No prosecutions of this type	122	75	67	264
Prison	1	1	2	4
Borstal	2	2	0	4
Committed to Child Welfare care	3	3	0	6
Probation, or Child Welfare Supervision	9	1	7	17
Magistrates Court fine, other non-custodial, non-supervisory sentence	5	1	2	8
Children's Court fine, other non-custodial, non-supervisory sentence	0	0	0	0
Discharged, dismissed or withdrawn	2	1	3	6
Total	144	84	81	309

Table 85 PROSECUTION AND SENTENCE ARISING FROM SURVEY INCIDENT (Summary form Q. 6)

Prosecution and Sentence	R	NR	NA	Total
Not applicable - not prosecuted	129	84	81	294
Prison, 1 year or more	2	0	0	2
Prison, 3 months to under 1 year	1	0	0	1
Prison, less than 3 months	1	0	0	1
Borstal	0	0	0	0
Probation	7	0	0	7
Fined	0	0	0	0
Convicted	4	0	0	4
Dismissed or withdrawn	0	0	0	0
Total	144	84	81	309

Table 86 MOTHER'S RESPONSIBILITY FOR INCIDENT (Q. 41)

Responsibility Rating	R	NR	NA	Total
Could not have been responsible	0	53	19	72
Could have been responsible, but highly unlikely	0	17	19	36
May or may not have been responsible; no judgement possible	0	14	15	29
Suspicion of involvement, but no conclusive evidence	18	0	12	30
Strong indications of involvement, but no conclusive evidence	51	0	1	52
Known to have been involved, but denies it	3	0	0	3
Known to have been involved, considers her action was justifiable	21	0	8	29
Known to have been involved, admits rough handling, but denies ill-treatment	16	0	7	23
Known to have been involved, admits ill-treatment	32	0	0	32
Not responsible on this occasion, but has been responsible for recent incidents	3	0	0	3
Total	144	84	81	309

N.B. Table 86 presents data on the authors' judgements of the responsibility of the mother figures for the incident under investigation. See Chapter 3 for details of the methods used in making these judgements.

THE FATHER FIGURES

Table 87 AGE (Q. 50)

Age	R	NR	NA	Total
15 - 19 years	2	0	1	3
20 - 24 years	6	12	8	26
25 - 29 years	20	22	10	52
30 - 34 years	14	27	16	57
35 - 39 years	22	20	18	60
40 - 44 years	10	13	9	32
45 - 49 years	8	6	5	19
50 - 54 years	6	2	2	10
55 - 59 years	4	5	2	11
60 - 64 years	1	0	2	3
65 - 69 years	1	0	0	1
Not known	0	2	1	3
Total	94	109	74	277

Table 88 RACE (Q. 48)

Race	R	NR	NA	Total
Maori, $\frac{1}{2}$ or more, balance European	41	40	27	108
Part Maori, probably less than $\frac{1}{2}$, balance European	8	3	0	11
Maori - Polynesian blend	0	0	0	0
Maori - Asian blend	0	1	0	1
Samoaan - full	2	4	3	9
Cook Islander - full	2	2	1	5
Other Pacific Islander; or any Pacific Island blend not specified above	1	2	1	4
Chinese or other Asian; or European - Asian blend	0	1	3	4
European	40	55	38	133
Not known	0	1	1	2
Total	94	109	74	277

Table 89 COUNTRY OF ORIGIN (Q. 49)

Country of Origin	R	NR	NA	Total
New Zealand	78	91	59	228
Australia	2	0	1	3
United Kingdom	6	5	5	16
Europe	3	2	0	5
Samoa	2	5	3	10
Cook Islands	2	3	1	6
Other Pacific Island, or Pacific Island unspecified	1	1	2	4
Asia	0	0	2	2
Other	0	1	0	1
Not known	0	1	1	2
Total	94	109	74	277

Table 90 MARITAL STATUS (Q. 53 A)

Marital Status	R	NR	NA	Total
Single - never married	4	6	2	12
Legally married	84	95	68	247
No longer married (widowed)	3	1	0	4
No longer married (divorced)	0	3	2	5
Not known	3	4	2	9
Total	94	109	74	277

Table 91 COHABITATION PATTERN (Q. 53 B)

Cohabitation Pattern	R	NR	NA	Total
Permanently with wife	73	84	58	215
Permanently with <u>de facto</u> wife	9	18	8	35
Intermittently with wife	7	3	5	15
Intermittently with <u>de facto</u> wife	4	3	0	7
No stable arrangement - short term <u>de facto</u> associations	0	0	0	0
Living singly	1	0	2	3
Not known	0	1	1	2
Total	94	109	74	277

Table 92 FATHER'S RELATIONSHIP TO CHILD (Q. 47)

Relationship of Father to Child	R	NR	NA	Total
Natural father	70	73	55	198
Adoptive father - legally adopted	2	3	8	13
Adoptive father - final order not yet made	1	4	1	6
Legal stepfather	6	3	2	11
<u>De facto</u> stepfather	4	6	1	11
Foster father (not related)	2	7	2	11
Relative	9	13	5	27
Total	94	109	74	277

Table 93 PERIOD CHILD HAS LIVED WITH FATHER (Q. 7)

Period	R	NR	NA	Total
All of life	38	40	50	128
Total of 90-99% of life	11	3	4	18
Total of 75-89% of life	7	14	1	22
Total of 50-74% of life	8	19	1	28
Total of 25-49% of life	7	13	4	24
Total of 10-25% of life	12	8	4	24
Total of 0- 9% of life	4	7	3	14
Not all of life, but proportion not known	6	5	6	17
Not known	1	0	1	2
Total	94	109	74	277

Table 94 RELATIONSHIP OF CHILD'S BIRTH TO PARENTS'
MARRIAGE (Q. 53 A and 27)

Relation of Birth/Marriage	R	NR	NA	Total
Not applicable - not child's parent	24	36	19	79
Not applicable - parents never married to one another	6	10	8	24
Child born prior to marriage	4	5	2	11
Child apparently conceived before marriage	6	9	7	22
Child conceived and born since marriage	33	36	26	95
Relationship of birth date and marriage date not known	21	13	12	46
Total	94	109	74	277

Table 95 OCCUPATION (Q. 51)

Father's Occupation	R	NR	NA	Total
Professional, technical, executive, administrative work	3	0	1	4
Clerical work	2	1	2	5
Wholesale and retail trade work	1	2	2	5
Farmers, fishermen, hunters, etc.	14	11	10	35
Miners, quarrymen, etc.	1	1	0	2
Workers in transport and communi- cations	19	14	20	53
Craftsmen, process workers, labourers	49	63	29	141
Service, sports and related workers	0	3	1	4
Armed Forces	1	1	0	2
Unemployed, pensioners, not known, etc.	4	13	9	26
Total	94	109	74	277

Table 96 REGULARITY OF EMPLOYMENT (Q. 52)

Regularity of Employment	R	NR	NA	Total
In steady employment	56	69	42	167
Always has a job, but changes frequently	12	8	1	21
Employed in seasonal work - no undue unemployment	4	3	6	13
Changes jobs frequently, has periods of unemployment	11	9	7	27
Frequently unemployed	3	3	1	7
Never or rarely works	1	1	0	2
Not known (or not applicable)	7	16	17	40
Total	94	109	74	277

Table 97 FATHER'S OCCUPATIONAL STATUS (Q. 51)

Occupational Status	R	NR	NA	Total
Higher professional and administrative	1	0	0	1
Lower professional, technical and executive	2	0	0	2
Clerical and highly skilled	2	2	5	9
Farm management	6	2	5	13
Skilled work	13	22	10	45
Semi-skilled repetitive work	31	25	22	78
Unskilled repetitive work	34	45	22	101
Beneficiary	3	0	3	6
Unemployed	2	4	2	8
Not known	0	9	5	14
Total	94	109	74	277

Table 98 BEHAVIOUR AND PERSONALITY - VIOLENCE (Q. 64 B)

Type of Behaviour	R	NR	NA	Total
Has been prosecuted for assault	18	9	10	37
Assaults wife	39	23	13	75
Assaults other female relatives	1	0	0	1
Assaults male relatives or friends	5	0	0	5
Assaults own children without provocation*	17	0	0	17
Violent towards children only when provoked by their misbehaviour*	43	4	8	55
Picks on weaker people only	6	1	1	8
Gets into fights when he has been drinking	10	3	4	17
Violent only when he has been drinking	16	6	5	27

*These items should be treated with some caution, as it is suspected that while some Child Welfare Officers rated the fathers' behaviour only prior to the survey incident, others included the survey incident in the rating. Because of this the results given have a somewhat ambiguous interpretation.

N.B. Table 98 records the frequency with which various items in Question 64 B of the recording form were underlined as being applicable by the investigating officer. Note that no totals are shown for the table as individual cases can fall into more than one category.

Table 99 CHILDHOOD EXPERIENCES (Q. 65 A)

Type of Experience	R	NR	NA	Total
Illegitimate	2	1	0	3
Adopted	3	1	1	5
State ward	3	3	1	7
Home broken	22	9	9	40
Brought up away from home	10	7	5	22
Problem family	8	3	1	12
Parental disharmony	6	3	2	11
Ill-treatment	12	1	1	14
Neglect	7	1	0	8
Chronic illness	1	2	2	5
No items checked at all	59	91	62	212

N.B. Table 99 records the frequency with which various items (or groups of items) in Question 65 A of the recording form were underlined as being applicable by the investigating officer. Note that no totals are shown for the table as individual cases can fall into more than one category.

Items in the recording form were collapsed in the following way:

Home broken refers to the items "home broken by death / home broken by separation, divorce or desertion / never had a home with both parents / had little or no contact with father / had little or no contact with mother / father spent periods in prison / mother or father spent period(s) in mental hospital."

Brought up away from home refers to the items "largely brought up by other relatives / largely brought up in foster homes / spent period in a Children's Home or similar institution."

Each of the remaining items in Table 99 relates to one corresponding item in Question 65 A of the recording form.

Table 100 DISCIPLINE OF CHILDREN (Q. 54)

Father's Discipline	R	NR	NA	Total
Adequate; firm but kindly	2	26	13	41
Over-strict	25	3	3	31
Lax; or no discipline	2	11	3	16
Erratic or inconsistent	18	19	11	48
Discipline different for different children	31	3	5	39
Not known	16	47	39	102
Total	94	109	74	277

Table 101 SEVERITY OF FATHER'S PUNISHMENT (Q. 55 A)

Severity of Punishment	R	NR	NA	Total
Severe	65	9	12	86
Not severe	6	15	12	33
Punishes, but severity not known	9	5	11	25
No punishment	0	17	3	20
Not known whether father punishes	14	63	36	113
Total	94	109	74	277

Table 102 DIFFERENCES IN PUNISHMENT OF CHILDREN (Q. 55 C)

Differences in Punishment	R	NR	NA	Total
Survey child only punished more harshly	21	3	2	26
Differences, but not only the survey child punished more harshly	13	3	3	19
Not applicable, not known, or no known differences	60	103	69	232
Total	94	109	74	277

Table 103 DRINKING (Q. 62)

Heaviness	and	Frequency	R	NR	NA	Total
Heavy	and	Frequent	40	26	21	87
Heavy	and	Occasional	1	2	0	3
Heavy	and	Not known	5	1	0	6
Moderate	and	Frequent	4	6	3	13
Moderate	and	Occasional	11	12	4	27
Moderate	and	Not known	0	0	1	1
Not known	and	Frequent	0	3	2	5
Not known	and	Occasional	3	4	2	9
Not known	and	Not known	30	55	41	126
Total			94	109	74	277

Table 104 HISTORY OF MENTAL ILLNESS (Q. 61)

Mental Illness	R	NR	NA	Total
Has been admitted to psychiatric hospital	3	0	4	7
Has been medically diagnosed as mentally ill, but not admitted to psychiatric hospital	0	0	0	0
Claims or strong indications that he is mentally ill or in need of psychiatric treatment	4	5	1	10
Nothing serious, but some indications mentioned	1	0	2	3
No known indications of mental illness	86	104	67	257
Total				94 109 74 277

N.B. The coding in Table 104 was derived from the authors' assessment of the investigating officer's response to Question 61 of the recording form.

Table 105 INTELLIGENCE (Q. 63)

Intelligence Estimate	R	NR	NA	Total
Retarded or sub-normal	3	1	0	4
Below average; dull	21	19	15	55
Appears average	57	66	40	163
Appears above average or superior	1	3	0	4
No estimate possible	12	20	19	51
Total	94	109	74	277

N.B. These ratings are based upon the investigating officer's assessment of the father's intelligence, not upon the results of any standardised test.

Table 106 NOTICE TO CHILD WELFARE AS A CHILD OR ADOLESCENT (Q. 57 A)

Notice as a Child	R	NR	NA	Total
No known notice	76	90	65	231
Known for placement, indigence, financial assistance, etc. (1)	2	1	0	3
Known for inadequate or harmful care, neglect, abuse, etc. (2)	1	0	0	1
Known for behaviour, emotional or school problems, delinquency, etc. (3)	10	16	7	33
Known for 1 and 2	1	1	0	2
Known for 1 and 3	0	0	2	2
Known for 2 and 3	2	1	0	3
Known for 1, 2 and 3	1	0	0	1
Under notice, but reason not known	1	0	0	1
Total	94	109	74	277

Table 107 NOTICE AS AN ADULT FOR ILL-TREATMENT OR SUSPICION OF ILL-TREATMENT (Q. 57)

Previous Notice	R	NR	NA	Total
No previous notice for ill-treatment	54	60	61	175
Known to Child Welfare on one occasion for ill-treatment	13	24	9	46
Known to Child Welfare on more than one occasion for ill-treatment	17	21	3	41
Known to Child Welfare for ill-treatment, but number of occasions not known	2	0	0	2
Known to some other agency for ill-treatment, but not to Child Welfare	8	4	1	13
Total	94	109	74	277

Table 108 NOTICE TO CHILD WELFARE AS AN ADULT FOR OTHER THAN ILL-TREATMENT (Q. 57 A)

Previous Notice	R	NR	NA	Total
No previous notice	26	26	30	82
No notice other than ill-treatment (see Table 107)	8	8	5	21
Known for inadequate care or supervision (1)	10	19	5	34
Known for emotional or behavioural problems of children (2)	6	5	2	13
Known for other reasons, e.g. adoption or foster placement, general assistance, etc. (3)	12	18	12	42
Known for 1 and 2	14	8	3	25
Known for 1 and 3	10	22	13	45
Known for 2 and 3	6	2	3	11
Known for 1, 2 and 3	2	1	0	3
Under notice, but reason not known	0	0	1	1
Total	94	109	74	277

N.B. The following three tables (109, 110 and 111) present data on the offending history of the father figure. Note that Table 109 does not include cases where guilt was not established i.e. cases dismissed or withdrawn. Tables 110 and 111 include cases dismissed and withdrawn.

Table 109 NUMBER OF PREVIOUS PROSECUTIONS (Q. 57 B)

Number of Prosecutions	R	NR	NA	Total
No known prosecutions	40	63	44	147
1 prosecution	24	15	14	53
2 prosecutions	14	9	3	26
3 prosecutions	5	5	6	16
4 prosecutions	3	6	0	9
5 prosecutions	1	3	1	5
6 prosecutions	1	1	1	3
7 or more prosecutions	5	6	3	14
Prosecutions, but number not known	1	1	1	3
Not known whether any prosecutions	0	0	1	1
Total	94	109	74	277

Table 110 PREVIOUS PROSECUTIONS FOR CARE OF CHILDREN (Q. 57 B)

Prosecutions for Care	R	NR	NA	Total
Never prosecuted for care of children	89	106	73	268
Prosecuted for ill-treatment or neglect, received a custodial sentence*	3	1	1	5
Prosecuted for ill-treatment or neglect, received a non-custodial sentence	2	2	0	4
Was charged but the case was dismissed or withdrawn	0	0	0	0
Total	94	109	74	277

*Prison, borstal or detention centre.

Table 111 PREVIOUS PROSECUTIONS FOR OFFENCES (OTHER THAN FOR CARE OF CHILDREN) (Q. 57 B)

Most Serious Sentence	R	NR	NA	Total
No prosecutions of this type	42	61	45	148
Prison	12	15	6	33
Borstal, detention centre, periodic detention	1	2	0	3
Committed to Child Welfare care	0	0	0	0
Probation, or Child Welfare Supervision	12	12	6	30
Magistrate's Court fine, other non-custodial, non-supervisory sentence	19	15	12	46
Children's Court fine, other non- custodial, non-supervisory sentence	1	1	0	2
Discharged, dismissed, or withdrawn	5	2	3	10
Other sentence	1	0	0	1
Not known	1	1	2	4
Total	94	109	74	277

Table 112 PROSECUTION AND SENTENCE ARISING FROM SURVEY INCIDENT (Summary Form, Q. 6)

Prosecution and Sentence	R	NR	NA	Total
Not applicable - not prosecuted	76	108	71	255
Prison, 1 year or more	1	0	0	1
Prison, 3 months to under 1 year	5	0	0	5
Prison, less than 3 months	1	0	0	1
Borstal, or detention centre	0	0	0	0
Probation	6	0	2	8
Fined	2	0	0	2
Convicted	2	0	0	2
Dismissed or withdrawn	1	1	1	3
Total	94	109	74	277

Table 113 FATHER'S RESPONSIBILITY FOR INCIDENT (Q. 67)

Responsibility Rating	R	NR	NA	Total
Could not have been responsible	0	48	26	74
Could have been responsible, but highly unlikely	0	44	19	63
May or may not have been responsible, no judgement possible	0	17	7	24
Suspicion of involvement, but no conclusive evidence	7	0	3	10
Strong indications of involvement, but no conclusive evidence	15	0	1	16
Known to have been involved, but denies it	3	0	0	3
Known to have been involved, considers his action was justifiable	29	0	13	42
Known to have been involved, admits rough handling, but denies ill-treatment	17	0	5	22
Known to have been involved, admits ill-treatment	23	0	0	23
Not responsible on this occasion, but has been responsible for recent incidents	0	0	0	0
Total	94	109	74	277

N.B. Table 113 presents data on the authors' judgements of the responsibility of the father figures for the incident under investigation. See Chapter 3 for details of the methods used in making these judgements.

APPENDIX 6

"OTHER PERSONS" INVOLVED IN INCIDENTS OF ABUSE

In addition to the parent figures involved in incidents of abuse, 24 persons other than the child's parent figures were associated with responsibility for survey incidents. This appendix gives a brief description of the characteristics of these other persons. The tables present data on their sex, age, race, relationship to the child, and responsibility rating.

They are separated into three groups - those responsible for abuse, those not responsible for abuse, and a residual group associated with incidents of non-abuse. This follows the categorisation used for the child's parent figures, as outlined in Section 3.5 of the report.

The abbreviations used in the tables follow those given in Appendix 5.

Table 1 RESPONSIBILITY OF OTHER PERSONS (Q. 81 and 82)

Responsibility Rating	R	NR	NA	Total
Could not have been responsible	0	0	0	0
Could have been responsible, but highly unlikely	0	1	1	2
May or may not have been responsible, no judgement possible	0	6	3	9
Suspicion of involvement, but no conclusive evidence	3	0	1	4
Strong indications of involvement, but no conclusive evidence	3	0	0	3
Known to have been involved, but denies it	0	0	0	0
Known to have been involved, considers action was justifiable	3	0	0	3
Known to have been involved, admits rough handling, but denies ill-treatment	0	0	0	0
Known to have been involved, admits ill-treatment	3	0	0	3
Not responsible on this occasion, but has been responsible for recent incidents	0	0	0	0
Total	12	7	5	24

N.B. Table 1 presents data on the authors' judgements of the responsibility of the other persons for the incident under investigation. See Chapter 3 for details of the methods used in making these judgements.

Table 2 SEX (Q. 75)

Sex	R	NR	NA	Total
Male	5	0	4	9
Female	7	7	1	15
Total	12	7	5	24

Table 3 AGE (Q. 76)

Age	R	NR	NA	Total
10 - 14 years	2	1	1	4
15 - 19 years	3	1	1	5
20 - 24 years	2	2	0	4
25 - 29 years	1	2	2	5
30 - 34 years	2	0	0	2
35 - 39 years	0	0	1	1
40 - 44 years	1	0	0	1
45 - 49 years	0	0	0	0
50 - 54 years	0	0	0	0
55 - 59 years	0	0	0	0
60 - 64 years	0	0	0	0
65 - 69 years	0	0	0	0
Not known	1	1	0	2
Total	12	7	5	24

Table 4 RACE (Q. 74)

Race	R	NR	NA	Total
Maori, $\frac{1}{2}$ or more, balance European	5	4	1	10
Part Maori - probably less than $\frac{1}{2}$, balance European	0	1	0	1
Maori/Polynesian blend	0	0	0	0
Maori/Asian blend	0	0	0	0
Samoan - full	0	0	2	2
Cook Islander - full	0	0	0	0
Other Pacific Islander; or any Pacific Island blend not specified above	0	0	0	0
Chinese or other Asian; or European/Asian blend	0	0	0	0
European	6	2	1	9
Not known	1	0	1	2
Total	12	7	5	24

Table 5 RELATIONSHIP TO CHILD (Q. 73)

Relationship to Child	R	NR	NA	Total
Natural parent	2	4	0	6
Adoptive parent	0	0	0	0
Legal step-parent	0	0	0	0
<u>De facto</u> step-parent	0	0	0	0
Foster parent (not related)	0	1	0	1
Relative	6	1	4	11
Other	4	1	1	6
Total	12	7	5	24

N.B. The 6 natural parents and the 1 foster parent included in Table 5 are parents who were in some way implicated in incidents of abuse but who were not in the role of "parent figure" in the home in which the child was living.

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