Child Maltreatment in Canada: A Fact Sheet

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This webinar will further your understanding of child abuse in Canada by...

1. Providing recent estimates of the prevalence of child abuse and the co-occurrence of different types of child abuse in Canada;

2. Examining what factors are associated with the likelihood of contact with child protection organizations; and

3. Determining the relations between several types of child abuse and mental and physical health conditions in Canada using nationally representative data.
What is Child Maltreatment?

- Physical abuse
- Sexual abuse
- Emotional abuse
- Exposure to intimate partner violence (IPV)
- Physical neglect
- Emotional neglect
- Physical punishment
What is Child Abuse?

• Physical abuse
• Sexual abuse
• Emotional abuse
• Exposure to intimate partner violence (IPV)
Background

• Compared to other parts of the world (e.g., United States, United Kingdom, the Netherlands, and Mexico), the number of child maltreatment studies conducted in Canada is far fewer.

• Prior to 2012, the data used to study child maltreatment were less diverse.
Background

- **Prior to 2012,** nationally representative data on child maltreatment from the general population in Canada did not exist.

- **Prior to 2012,** data sources included:
  - Reported cases of child maltreatment
  - Community samples
  - Hospital data
  - Clinical samples
  - School-based samples
  - Provincial survey from Ontario
Why Do We Need Canadian Data?

• Without representative data, we do not have an accurate understanding of child maltreatment within the Canadian context.

• Why is that important?
  • We then need to make clinical and policy decisions without information or evidence or with only partial understanding.
  • Alternatively, we have to generalize child maltreatment data from another country to the Canadian context, which may or may not be appropriate.
Canadian Community Health Survey (CCHS) – Mental Health 2012

• Nationally representative cross-sectional survey with a focus on mental health

• Data collected from January 2012 to December 2012
  • Overall household-level response rate: 79.8%
  • Household and person response rate: 68.9%

• Sample (included the 10 provinces)
  • Study sample: $N = 25,113$ (Age 15 years and older)
Canadian Community Health Survey (CCHS) – Mental Health 2012

• **Why was this survey important?**

  - It was the first nationally representative survey in Canada to include measures of experiences of child abuse.
  
  - This means for the first time we were able to estimate the prevalence of child abuse in Canada.

  - Those asked the child abuse questions were 18 years and older.
    - Study sample: $N = 23,395$ (Age 18 years and older)
What is Child Maltreatment?

• Physical abuse
• Sexual abuse
• Emotional abuse
• Exposure to intimate partner violence (IPV)
• Physical neglect
• Emotional neglect
• Physical punishment
Canadian Community Health Survey (CCHS) – Mental Health 2012

- Physical abuse
- Exposure to IPV
- Sexual abuse
Canadian Community Health Survey (CCHS) – Mental Health 2012

- Physical abuse
- Exposure to IPV
- Sexual abuse

Childhood Experiences of Violence Questionnaire (CEVQ)

Based on items from previous surveys
CCHS 2012

• Physical abuse: Before the age of 16...
  1) How many times did an adult slap you on the face, head or ears or hit or spank you with something hard to hurt you?
CCHS 2012

• Physical abuse: Before the age of 16...
  1) How many times did an adult slap you on the face, head or ears or hit or spank you with something hard to hurt you?
     a) Never
     b) 1 or 2 times
     c) 3 to 5 times
     d) 6 to 10 times
     e) More than 10 times
CCHS 2012

• Physical abuse: Before the age of 16...

  1) How many times did an adult slap you on the face, head or ears or hit or spank you with something hard to hurt you?

    a) Never
    b) 1 or 2 times
    c) 3 to 5 times
    d) 6 to 10 times
    e) More than 10 times

    NO
    YES
CCHS 2012

• Physical abuse: Before the age of 16...

  1) How many times did an adult push, grab, shove, or throw something at you to hurt you?
CCHS 2012

• Physical abuse: Before the age of 16...

1) How many times did an adult push, grab, shove, or throw something at you to hurt you?
   a) Never
   b) 1 or 2 times
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   d) 6 to 10 times
   e) More than 10 times
CCHS 2012

• Physical abuse: Before the age of 16...

1) How many times did an adult push, grab, shove, or throw something at you to hurt you?

   a) Never                           NO
   b) 1 or 2 times                    YES
   c) 3 to 5 times
   d) 6 to 10 times
   e) More than 10 times
CCHS 2012

• Physical abuse: Before the age of 16...
  1) How many times did an adult kick, bite, punch, choke, burn you, or physically attack you in some way?
CCHS 2012

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CCHS 2012

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  a) Never
  b) 1 or 2 times
  c) 3 to 5 times
  d) 6 to 10 times
  e) More than 10 times
CCHS 2012

• Physical abuse: Before the age of 16...

• Yes to one or more of the three physical abuse items would indicate yes to any physical abuse.
CCHS 2012

• Sexual abuse: Before the age of 16...

  1) How many times did an adult force you or attempt to force you into any unwanted sexual activity, by threatening you, or holding you down or hurting you in some way?

      a) Never
      b) 1 or 2 times
      c) 3 to 5 times
      d) 6 to 10 times
      e) More than 10 times
Sexual abuse: Before the age of 16...

1) How many times did an adult force you or attempt to force you into any unwanted sexual activity, by threatening you, or holding you down or hurting you in some way?

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     some way?
     a) Never
     b) 1 or 2 times
     c) 3 to 5 times
     d) 6 to 10 times
     e) More than 10 times

   NO

   YES
• Sexual abuse: Before the age of 16…

1) How many times did an adult touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing to kissing or fondling.
CCHS 2012

• Sexual abuse: Before the age of 16...

  1) How many times did an adult touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing to kissing or fondling.

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    c) 3 to 5 times
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    e) More than 10 times
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1) How many times did an adult touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing to kissing or fondling.

   a) Never

   b) 1 or 2 times

   c) 3 to 5 times

   d) 6 to 10 times

   e) More than 10 times

   **NO**

   **YES**
CCHS 2012

• Sexual abuse: Before the age of 16...

• Yes to one or both of the two sexual abuse items would indicate yes to any sexual abuse.
CCHS 2012

• Exposure to Intimate Partner Violence: Before the age of 16...

  1) How many times did you see or hear any one of your parents, step-parents or guardians hit each other or another adult in your home?
CCHS 2012

• Exposure to Intimate Partner Violence: Before the age of 16...

  1) How many times did you see or hear any one of your parents, step-parents or guardians hit each other or another adult in your home?

    a) Never
    b) 1 or 2 times
    c) 3 to 5 times
    d) 6 to 10 times
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CCHS 2012

• Exposure to Intimate Partner Violence: Before the age of 16...

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What is the Prevalence of Child Abuse in Canada?
Child abuse and mental disorders in Canada

Tracie O. Afifi PhD, Harriet L. MacMillan MD, Michael Boyle PhD, Tamara Taillieu MSc, Kristene Cheung BA, Jitender Sareen MD


Competing interests: None declared.

This article has been peer reviewed.

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ABSTRACT

Background: Nationally representative Canadian data on the prevalence of child abuse and its relation with mental disorders are lacking. We used contemporary, nationally representative data to examine the prevalence of 3 types of child abuse (physical abuse, sexual abuse and exposure to intimate partner violence) and their association with 14 mental conditions, including suicidal ideation and suicide attempts.

Methods: We obtained data from the 2012 Canadian Community Health Survey: Mental Health, collected from the 10 provinces. Respondents aged 18 years and older were asked about child abuse and were selected for the study sample (n = 23,395). The survey had a multistage stratified cluster design (household response rate 79.8%).

Results: The prevalence of any child abuse was 32% (individual types ranged from 8% to 26%). All types of child abuse were associated with all mental conditions, including suicidal ideation and suicide attempts, after adjustment for sociodemographic variables (adjusted odds ratios ranged from 1.4 to 7.9). We found a dose–response relation, with increasing number of abuse types experienced corresponding with greater odds of mental conditions. Associations between child abuse and attention deficit disorder, suicidal ideation and suicide attempts showed stronger effects for women than men.

Interpretation: We found robust associations between child abuse and mental conditions. Health care providers, especially those assessing patients with mental health problems, need to be aware of the relation between specific types of child abuse and certain mental conditions. Success in preventing child abuse could lead to reductions in the prevalence of mental disorders, suicidal ideation and suicide attempts.
Prevalence in Canada

• 32.1% of the adult population in Canada has experienced child abuse.
  – physical abuse
  – sexual abuse
  – and/or exposure to IPV
Prevalence in Canada

- 26.1% experienced physical abuse
- 10.1% experienced sexual abuse
- 7.9% experienced exposure to IPV
Prevalence in Canada

- **Women** were more likely than men to have experienced **sexual abuse** (14.4% v. 5.8%)

- **Women** were more likely than men to have experienced **exposure to IPV** (8.9% v. 6.9%)

- **Men** were more likely than women to have experienced **physical abuse** (31% v. 21.3%)
What is the Prevalence of Experiencing More Than One Type of Child Abuse in Canada?
Research article

Relationship between child abuse exposure and reported contact with child protection organizations: Results from the Canadian Community Health Survey

Tracie O. Afifi a,b,*, Harriet L. MacMillan c,d, Tamara Taillieu e, Kristene Cheung f, Sarah Turner a, Lil Tonmyr g, Wendy Hovdestad g

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f Department of Psychology, University of Manitoba, Canada
g Surveillance and Epidemiology Division, Public Health Agency of Canada, Canada
Multiple Experiences of Child Abuse in Canada

<table>
<thead>
<tr>
<th>Child Abuse Experience</th>
<th>Whole Sample %</th>
<th>Men %</th>
<th>Women %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No child abuse</td>
<td>68.0%</td>
<td>66.1%</td>
<td>69.8%</td>
</tr>
<tr>
<td>Physical abuse only</td>
<td>16.8%</td>
<td>22.3%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Sexual abuse only</td>
<td>4.2%</td>
<td>1.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Exposure IPV only</td>
<td>1.4%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Physical abuse &amp; sexual abuse</td>
<td>3.2%</td>
<td>2.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Physical abuse and exposure IPV</td>
<td>3.7%</td>
<td>4.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Sexual abuse &amp; exposure IPV</td>
<td>0.4%</td>
<td>0.04%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Physical abuse, sexual abuse, and exposure IPV</td>
<td>2.4%</td>
<td>1.5%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Multiple Experiences of Child Abuse in Canada

• Physical abuse often occurred alone rather than with other types of abuse
  • (16.8% vs. 9.3%)  

• Exposure to IPV rarely occurred alone
  • (1.4% vs. 6.5%)  

• Similar proportions of respondents experienced sexual abuse alone as with other abuse types
  • (4.2% vs. 6.0%).
What is the Relationship between Child Abuse and Contact with Child Protection Organizations in Canada?
Contact with Child Protection Organizations in Canada

• Before the age of 16...
  • Did you ever see or talk to anyone from a child protection organization about difficulties at home?
    a) Yes
    b) No

Contact with Child Protection Organizations in Canada

- 7.6% of the adult population with a history of child abuse in Canada reported having had contact with child protection organizations.

Contact with Child Protection Organizations in Canada

• **Women** (compared to men) and being **never-married or separated/divorced** (compared to being married) were each associated with **increased likelihood** of contact with child protection organizations among those reporting a child abuse history.

• **Older age, higher education, higher household income, and country of birth other than Canada** were each associated with **decreased odds** of contact with child protection organizations among those reporting a child abuse history.

Contact with Child Protection Organizations in Canada

<table>
<thead>
<tr>
<th>Child Abuse Experiences</th>
<th>Contact with Child Protection Organizations %</th>
<th>AOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Physical Abuse</td>
<td>8.0%</td>
<td>4.4 (3.4 to 5.7)</td>
</tr>
<tr>
<td>Any Sexual Abuse</td>
<td>10.4%</td>
<td>3.6 (2.6 to 4.9)</td>
</tr>
<tr>
<td>Any Exposure to IPV</td>
<td>16.6%</td>
<td>6.8 (5.0 to 9.2)</td>
</tr>
<tr>
<td>Any Child Abuse</td>
<td>7.6%</td>
<td>4.6 (3.5 to 6.1)</td>
</tr>
</tbody>
</table>
## Contact with Child Protection Organizations in Canada

<table>
<thead>
<tr>
<th>Child Abuse Experience</th>
<th>Contact with Child Protection Organizations %</th>
<th>AOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No child abuse</td>
<td>1.8%</td>
<td>1.00</td>
</tr>
<tr>
<td>Physical abuse only</td>
<td>3.9%</td>
<td>2.6 (1.8 to 3.8)</td>
</tr>
<tr>
<td>Sexual abuse only</td>
<td>4.1%</td>
<td>2.2 (1.4 to 3.5)</td>
</tr>
<tr>
<td>Exposure to IPV only</td>
<td>8.0%</td>
<td>4.6 (2.2 to 9.7)</td>
</tr>
<tr>
<td>Physical abuse &amp; sexual abuse</td>
<td>8.4%</td>
<td>5.4 (3.6 to 8.1)</td>
</tr>
<tr>
<td>Physical abuse and exposure to IPV</td>
<td>15.4%</td>
<td>9.5 (5.8 to 15.6)</td>
</tr>
<tr>
<td>Sexual abuse &amp; exposure to IPV</td>
<td>10.5%</td>
<td>5.9 (2.5 to 13.3)</td>
</tr>
<tr>
<td>Physical abuse, sexual abuse, and exposure to IPV</td>
<td>24.5%</td>
<td>15.8 (10.1 to 24.6)</td>
</tr>
</tbody>
</table>

## Contact with Child Protection Organizations in Canada

<table>
<thead>
<tr>
<th>Child Abuse Experiences</th>
<th>Contact with Child Protection Organizations %</th>
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</thead>
<tbody>
<tr>
<td>No Abuse</td>
<td>1.8%</td>
<td>1.00</td>
</tr>
<tr>
<td>1 type only</td>
<td>4.2%</td>
<td>2.7 (1.9 to 3.6)</td>
</tr>
<tr>
<td>2 types</td>
<td>12.1%</td>
<td>7.5 (5.2 to 10.9)</td>
</tr>
<tr>
<td>3 types</td>
<td>24.5%</td>
<td>15.9 (10.2 to 24.7)</td>
</tr>
</tbody>
</table>

Contact with Child Protection Organizations in Canada

- Physical abuse alone had the highest prevalence in the study (16.8%). However, it was associated with one of the lowest odds of contact with child protection organizations.

- Therefore, in addition to strategies for increased reporting, it may also be necessary to create awareness of what acts constitute physical abuse towards children.

- Increasing awareness of effective non-physical discipline alternatives for parents may also be necessary to shift societal norms and further reduce reliance on physical discipline, which has the potential to escalate into abusive acts.

Contact with Child Protection Organizations in Canada

• When sexual abuse occurred in combination with other types of child abuse, the likelihood of contact with child protection organizations increased.

• In addition, sexual abuse is often surrounded by secrecy or accompanied by threats to the child not to tell anyone. This, coupled with the fact that there are typically no physical findings associated with sexual abuse, may make detection more difficult.

• Increasing our ability to identify all child abuse experiences is important for protecting children from harm. Not only sexual abuse, but also physical abuse, could benefit from strategies to enhance detection.

Contact with Child Protection Organizations in Canada

• The findings also showed a dose–response relationship with increasing number of child abuse types corresponding with increased odds of contact with child protection organizations.

• This is an indication that the more severe cases of child abuse are more likely to be reported or become known to authorities.

What is the Relationship between Child Abuse Types and Adult Mental Conditions in Canada?
Child abuse and mental disorders in Canada

Tracie O. Afifi PhD, Harriet L. MacMillan MD, Michael Boyle PhD, Tamara Taillieu MSc, Kristene Cheung BA, Jitender Sareen MD


Competing interests: None declared.

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Background: Nationally representative Canadian data on the prevalence of child abuse and its relation with mental disorders are lacking. We used contemporary, nationally representative data to examine the prevalence of 3 types of child abuse (physical abuse, sexual abuse and exposure to intimate partner violence) and their association with 14 mental conditions, including suicidal ideation and suicide attempts.

Methods: We obtained data from the 2012 Canadian Community Health Survey: Mental Health, collected from the 10 provinces. Respondents aged 18 years and older were asked about child abuse and were selected for the study sample (n = 23 395). The survey had a multistage stratified cluster design (household response rate 79.8%).

Results: The prevalence of any child abuse was 32% (individual types ranged from 8% to 26%). All types of child abuse were associated with all mental conditions, including suicidal ideation and suicide attempts, after adjustment for sociodemographic variables (adjusted odds ratios ranged from 1.4 to 7.9). We found a dose–response relation, with increasing number of abuse types experienced corresponding with greater odds of mental conditions. Associations between child abuse and attention deficit disorder, suicidal ideation and suicide attempts showed stronger effects for women than men.

Interpretation: We found robust associations between child abuse and mental conditions. Health care providers, especially those assessing patients with mental health problems, need to be aware of the relation between specific types of child abuse and certain mental conditions. Success in preventing child abuse could lead to reductions in the prevalence of mental disorders, suicidal ideation and suicide attempts.
Child Abuse and Mental Conditions in Canada

- **Mental Disorders** (Lifetime)
  - Based on the Composite International Diagnostic Interview (CIDI) and DSM-IV-TR criteria
  - Depression, bipolar disorder, generalized anxiety disorder (GAD), alcohol abuse/dependence, drug abuse/dependence

- **Self-Reported Mental Health Conditions** (Current)
  - Long-term health condition diagnosed by a health professional lasted or expected to last 6 months or more
  - Obsessive-compulsive disorder (OCD), panic disorder, PTSD, phobias, attention deficit disorder (ADD), eating disorders, learning disability
Child Abuse and Mental Conditions in Canada

• **Suicidal Ideation**
  – Asked if respondent ever seriously thought about committing suicide or taking his or her own life
    a) Yes
    b) No

• **Suicide Attempts**
  – Asked if respondent had ever attempted suicide or tried to take his or her own life
    a) Yes
    b) No
Child Abuse and Mental Conditions in Canada

• When adjusting for sociodemographic variables, all types of child abuse were associated with increased odds of all mental conditions.

• After further adjustment for other child abuse types and mental disorders, most CIDI and several self-reported mental conditions remained associated with physical abuse and sexual abuse.

• There was a general trend of increasing number of child abuse types experienced corresponding with greater odds of mental conditions, indicating a dose–response relationship.
Child Abuse and Mental Conditions in Canada

Adjusted Odds Ratios (AOR-1)

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Child Abuse</th>
<th>Any Child Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>2.9</td>
<td>3.6</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>3.6</td>
<td>3.4</td>
</tr>
<tr>
<td>GAD</td>
<td>2.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Alcohol Abuse/Dependence</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Drug Abuse/Dependence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AOR-1 (odds ratios adjusted for age, sex, visible minority status, Canadian born status, education, income, marital status and province)

Afifi, T.O. et al., 2014, CMAJ, 186, E324-E332
Adjusted Odds Ratios (AOR-1)

- OCD: 3.0
- Panic Disorder: 2.2
- PTSD: 4.4
- Phobias: 3.2
- ADD: 2.2
- Eating Disorders: 4.7
- Learning Disability: 1.7

AOR-1 (odds ratios adjusted for age, sex, visible minority status, Canadian born status, education, income, marital status and province)

Afifi, T.O. et al., 2014, CMAJ, 186, E324-E332
Child Abuse and Mental Conditions in Canada

Adjusted Odds Ratios (AOR-1)

- **Suicidal Ideation**
  - No Child Abuse: Reference Group
  - Any Child Abuse: 4.1

- **Suicide Attempts**
  - No Child Abuse: Reference Group
  - Any Child Abuse: 6.1

AOR-1 (odds ratios adjusted for age, sex, visible minority status, Canadian born status, education, income, marital status and province)

Afifi, T.O. et al., 2014, CMAJ, 186, E324-E332
Child Abuse and Mental Conditions in Canada

Adjusted Odds Ratios (AOR-1)

<table>
<thead>
<tr>
<th></th>
<th>Any Mental Disorder</th>
<th>Suicidal Ideation</th>
<th>Suicide Attempts</th>
<th>Any Self-Report Mental Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Group</td>
<td>2.6</td>
<td>3.2</td>
<td>3.4</td>
<td>1.7</td>
</tr>
<tr>
<td>No Child Abuse</td>
<td>4.0</td>
<td>5.0</td>
<td>7.5</td>
<td>2.8</td>
</tr>
<tr>
<td>One Type</td>
<td>8.3</td>
<td>13.8</td>
<td>27.2</td>
<td>6.8</td>
</tr>
<tr>
<td>Two Types</td>
<td></td>
<td></td>
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AOR-1 (odds ratios adjusted for age, sex, visible minority status, Canadian born status, education, income, marital status and province)

Afifi, T.O. et al., 2014, CMAJ, 186, E324-E332
Do Sex Differences Exist in the Associations between Child Abuse and Adult Mental Conditions in Canada?
Child Abuse and Mental Conditions in Canada

• Significant sex-related effects were only noted between ADD and exposure to IPV and any child abuse with effects being greater for women.

• Sex-related effects were also found for several child abuse types and suicidal ideation and suicide attempts, with higher prevalence noted among women in all cases.
Child Abuse and Mental Conditions in Canada

• Child abuse is an important public health problem globally, including in Canada.

• All health care providers should be aware of the relation between child abuse and certain mental disorders.

• Success in preventing child abuse could lead to reductions in the prevalence of mental disorders.
What is the Relationship between Child Abuse Experiences and Adult Physical Health in Adulthood in Canada?
Child abuse and physical health in adulthood

by Tracie O. Afifi, Harriet L. MacMillan, Michael Boyle, Kristene Cheung, Tamara Taillieu, Sarah Turner, and Jitender Sareen

Abstract

Background: A large literature exists on the association between child abuse and mental health, but less is known about associations with physical health. The study objective was to determine if several types of child abuse were related to an increased likelihood of negative physical health outcomes in a nationally representative sample of Canadian adults.

Data and methods: Data are from the 2012 Canadian Community Health Survey—Mental Health (n = 23,395). The study sample was representative of the Canadian population aged 18 or older. Child physical abuse, sexual abuse, and exposure to intimate partner violence were assessed in relation to self-perceived general health and 13 self-reported, physician-diagnosed physical conditions.

Results: All child abuse types were associated with having a physical condition (odds ratios = 1.4 to 2.0) and increased odds of obesity (odds ratios = 1.2 to 1.4). Abuse in childhood was associated with arthritis, back problems, high blood pressure, migraine headaches, chronic bronchitis/emphysema/COPD, cancer, stroke, bowel disease, and chronic fatigue syndrome in adulthood, even when sociodemographic characteristics, smoking, and obesity were taken into account (odds ratios = 1.1 to 2.6). Child abuse remained significantly associated with back problems, migraine headaches, and bowel disease when further adjusting for mental conditions and other physical conditions (odds ratios = 1.2 to 1.5). Sex was a significant moderator between child abuse and back problems, chronic bronchitis/emphysema/COPD, cancer, and chronic fatigue syndrome, with slightly stronger effects for women than men.

Interpretation: Abuse in childhood was associated with increased odds of having 9 of the 13 physical conditions assessed in this study and reduced self-perceived general health in adulthood. Awareness of associations between child abuse and physical conditions is important in the provision of health care.

Keywords: Child abuse, chronic disease, health status, obesity, smoking.
Child Abuse and Physical Health in Canada

- **13 Self-Reported Physical Health Conditions** (Current)
  - Long-term health conditions diagnosed by a health professional lasted or expected to last 6 months or more
    - asthma
    - arthritis (excluding fibromyalgia)
    - back problems (excluding fibromyalgia and arthritis)
    - high blood pressure
    - migraine headaches
    - chronic bronchitis/emphysema/chronic obstructive pulmonary disease (aged 35+)
    - diabetes
    - epilepsy
    - heart disease
    - cancer
    - stroke
    - bowel disease (Crohn’s disease, ulcerative colitis, irritable bowel syndrome, bowel incontinence)
    - chronic fatigue syndrome

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Child Abuse and Physical Health in Canada

• All types of child abuse were associated with an increased likelihood of having a physical health condition.

• All types of child abuse were associated with increased odds of obesity in adulthood
  – Physical abuse (AOR = 1.2; 95% CI = 1.1 to 1.4)
  – Sexual abuse (AOR = 1.4; 95% CI = 1.1 to 1.6)
  – Exposure to IPV (AOR = 1.3; 95% CI = 1.1 to 1.6)
Child Abuse and Physical Health in Canada

- Child Abuse
- Arthritis
- Back problems
- High blood pressure
- Migraine headaches
- Chronic bronchitis/emphysema/COPD
- Cancer
- Stroke
- Bowel disease
- Chronic fatigue syndrome

Increased likelihood after adjusting for SES variables, smoking, and obesity

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Child Abuse and Any Physical Health Condition in Canada

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Any Child Abuse and Physical Health Conditions in Canada

Adjusted Odds Ratio (AOR-1)

AOR-1 = adjusted for sociodemographic variables (age, sex, visible minority status, country of birth, education, household income, and marital status), smoking, and obesity

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Any Child Abuse and Physical Health Conditions in Canada

AOR-1 = adjusted for sociodemographic variables (age, sex, visible minority status, country of birth, education, household income, and marital status), smoking, and obesity

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Number of Types of Child Abuse and Physical Health in Canada

AOR-1 = adjusted for sociodemographic variables (age, sex, visible minority status, country of birth, education, household income, and marital status), smoking, and obesity

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Number of Types of Child Abuse and Physical Health in Canada

AOR-1 = adjusted for sociodemographic variables (age, sex, visible minority status, country of birth, education, household income, and marital status), smoking, and obesity

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Child Abuse and Physical Health in Canada

• A general trend emerged—as the number of types of child abuse experienced increased, so did the odds of most conditions.
Do Sex Differences Exist in the Associations between Child Abuse and Adult Physical Conditions in Canada?

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Child Abuse and Physical Health in Canada

• Sex differences were noted for back problems, chronic bronchitis/emphysema/COPD, cancer, and chronic fatigue syndrome.

• In all cases, the effects were slightly stronger for women than for men.
Child Abuse and Physical Health in Canada

- Several explanations for the relationship between child abuse and poor physical health are possible:
  
  - Infants who experience abuse have high hormonal reactivity to stress (Jaffee et al., 2014; Bugental et al., 2003).
  
  - The link between child abuse and physical health may also reflect physiologic responses to violence. Exposure to abuse may affect the hypothalamus-pituitary-adrenal axis, leading to excess secretion of cortisol and consequent physiological responses such as increased heart rate and blood pressure (Sachs-Ercsson et al. 2009; Shonkoff et al. 2009; Kendall-Tackett et al., 2009; Tarullo et al., 2006; McCrory et al., 2010).
  
  - Neuroimaging and neurochemical and proton spectroscopy data has indicated that individuals exposed to abuse and violence have acute, subacute, and chronic changes in the brain, particularly related to the hypothalamic-pituitary-adrenal axis (Keeshin et al., 2012).
Child Abuse and Physical Health in Canada

• Several explanations for the relationship between child abuse and poor physical health are possible:

  – Child abuse can also alter patterns of sleep, which may worsen physical symptoms (Chapman et al., 2011).

  – As well, child abuse and neglect are associated with alterations in the immune system—markers of systemic inflammation appear to be more common among children and adults exposed to maltreatment (Coelho et al., 2014; Matthews et al, 2014).

  – Indirect pathways between child abuse and physical health may also exist through mental conditions or physical co-morbidities.

  – Individuals exposed to maltreatment in childhood may have emotional, cognitive, and behavioural responses such as substance abuse and overeating, which may be another pathway to health problems (Sachs-Ericsson et al., 2009; Kendall-Tackett et al., 2009).
Child Abuse and Physical Health in Canada

• Health care providers may have a limited awareness of the role of child abuse in relation to physical health conditions.

• From a public health perspective, it is increasingly recognized that prevention of child abuse has major implications for reduction in mental health problems, but it is also possible that reducing child abuse may lead to better physical health outcomes.

Afifi, T.O. et al., 2016, Health Reports, 27, 10-18.
Limitations of the Studies

• Due to the cross-sectional and retrospective nature of the data, inferences regarding causation cannot be made.

• The data were all self-reported.

• The assessment of sexual abuse in the CCHS 2012 may not have been adequate to capture all sexual abuse experiences that would be harmful and/or considered illegal.

• Measures of emotional maltreatment and neglect were not included.

• Several child and family characteristics were not available in the data such as family poverty, parental substance abuse, and parental mental health problems.
Summary

• 32% of the adult population in Canada has experienced child abuse.

• 7.6% adults with a child abuse history reported contact with a child protection organization.

• Child abuse has robust associations with all mental conditions including suicide ideation and attempts.

• Experiencing abuse in childhood was associated with increased odds of having 9 of the 13 physical conditions in adulthood.

• From a public health standpoint, these findings highlight the urgent need to make prevention of child abuse a priority in Canada.
Moving Forward...

• We need to continue to invest in nationally representative data on child maltreatment in Canada.

• We need to add measures of neglect and emotional maltreatment to surveys in Canada.

• We need to also assess child and family characteristics such as family poverty, parental substance abuse, and parental mental health problems.

• We need to assess child abuse along with indicators of health, education, justice, and gender-identity.
Thank You!
References


