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Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study☆,☆☆

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ABSTRACT

Objectives: Exposure to child maltreatment is associated with physical, emotional, and social impairment, yet in Canada there is a paucity of community-based information about the extent of this problem and its determinants. We examined the prevalence of child physical and sexual abuse and the associations of child abuse with early contextual, family, and individual factors using a community-based sample in Ontario.

Methods: The Ontario Child Health Study is a province-wide health survey of children aged 4 through 16 years. Conducted in 1983, a second wave was undertaken in 1987 and a third in 2000–2001. The third wave ($N = 1{,}928$) included questions about exposure to physical and sexual abuse in childhood.

Results: Males reported significantly more child physical abuse (33.7%), but not severe physical abuse (21.5%), than females (28.2% and 18.3%, respectively). Females reported significantly more child sexual abuse (22.1%) than males (8.3%). Growing up in an urban area, young maternal age at the time of the first child's birth, and living in poverty, predicted child physical abuse (and the severe category), and sexual abuse. Childhood psychiatric disorder was associated with child physical abuse (and the severe category), while parental adversity was associated with child sexual abuse and severe physical abuse. Siblings of those who experienced either physical abuse or sexual abuse in childhood were at increased risk for the same abuse exposure; the risk was highest for physical abuse.

Conclusions: These findings highlight important similarities and differences in risk factors for physical and sexual abuse in childhood. Such information is useful in considering approaches to prevention and early detection of child maltreatment. Clinicians who identify physical abuse or sexual abuse in children should be alert to the need to assess whether siblings have experienced similar exposures. This has important implications for assessment of other children in the home at the time of identification with the overall goal of reducing further occurrence of abuse.

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Introduction

Despite increasing recognition that child maltreatment is a major public health problem, there continues to be relatively little community-based information available about the distribution and determinants of child abuse in Canada. The Canadian Incidence Study (CIS) provides important data about official reports of maltreatment (PHAC, 2010; Trocmé et al., 2005), but only a small proportion of child abuse victims come to the attention of child protection agencies (MacMillan, Jamieson, & Walsh, 2003). The Ontario Health Supplement, a 1990–1991 province-wide survey, examined the prevalence and correlates of mental health in a probability sample of residents 15 years of age and older and included questions about exposure to child physical and sexual abuse (Boyle et al., 1996; MacMillan et al., 1997; Offord et al., 1996). Although this information served to quantify the extent of the problem, it was collected retrospectively from a predominantly adult population at a single point in time. Furthermore, the Supplement was conducted more than 20 years ago. It is important to examine more recent information about the prevalence of maltreatment, and predictors of its occurrence from longitudinal studies.

Based on the ecological approach, risk factors for abuse can be divided into four categories: demographic, familial, parental, and child (Belsky & Vondra, 1989). Of the longitudinal studies examining these factors, three involve general population samples. In two, exposure to child maltreatment was measured through retrospective self-reports and official agency reports, and in one study it was measured by retrospective self-report. The first study involved 644 families who were part of a larger sample of families randomly selected in 1975 from two upstate New York counties who were re-interviewed in 1983, 1986, and 1991–1993. Brown, Cohen, Johnson, and Salzinger (1998) identified variables linked to physical abuse, including low religious attendance, poor marital quality, single parent status, welfare, low parental involvement and other maternal factors such as serious illness, low education, youth and perinatal complications. The factors associated with child sexual abuse included being female, presence of disability in a child, harsh punishment, negative life events experienced by a child, parental death, presence of a stepfather, maternal youth, maternal sociopathy, and unwanted pregnancy. The second study, the Christchurch Health and Development Study, involved a birth cohort of 1,265 children in the Christchurch, New Zealand region recruited during mid-1977 and followed at four months and then annually until age 16 and then at 18 years followed by further assessments in adulthood. The following risk factors for child sexual abuse were identified: being female, marital conflict, low parental attachment, a high level of overprotection, and parental alcohol problems (Fergusson, Lynskey, & Horwood, 1996). The third study, the National Longitudinal Study of Adolescent Health (Add Health) followed by a US national sample of 20,745 adolescents (grades 7 through 12) into young adulthood (ages 18–26 years). Hussey, Chang, and Kotch (2006) identified the associations between lower parental education and physical neglect and physical assault, and the associations between lower family income and neglect and contact sexual abuse. In this study, child maltreatment experienced by the start of the 6th grade was measured. In general, risk factors for physical abuse include those associated with psychosocial disadvantage while risk factors for sexual abuse in childhood included family dysfunction, parental absence, and/or economic disadvantage.

The Ontario Child Health Study (OCHS), a province-wide longitudinal study, included self-report questions regarding childhood abuse in the third wave when the original participants were young adults (Boyle et al., 1987; Boyle, Georgiades, Racine, & Mustard, 2007). The OCHS provides data about exposure to child abuse within a time frame closer to its occurrence than the earlier Ontario Health Supplement for most participants (more than 70% of Supplement respondents were over age 35 at the time of the survey), and prospective information on correlates. Additionally, the OCHS offers the opportunity to study childhood abuse within families. This study summarizes results from the OCHS regarding the prevalence of and risk factors for physical and sexual abuse in childhood.

Methods

The OCHS was conducted in 1983 to investigate the distribution and determinants of health status in children aged 4–16 years (Offord et al., 1987); a second wave in 1987 assessed continuity and change in health status (Offord et al., 1992); and a third wave in 2000–2001 investigated functional outcomes in young adulthood. Information was collected about children who were 4–16 years of age in 1983 for the first wave, and about the same children when they were four years older in 1987 for the second wave. By the time of the third wave, the children from the original sample were adults between the ages of 21–35 years. The target population in 1983 included all children born from January 1966 through January 1979 who resided in a household dwelling in the province of Ontario. The sampling frame was the 1981 Census; selection was made by stratified, clustered and random sampling. In 1983 and 1987, the "person most knowledgeable" (usually the mother) reported on the child. In 2000–2001, the children, now young adults, were respondents, and attempts were made to include all children who participated in 1983. Tracing, enlistment and data collection were completed by Statistics Canada. Participants gave verbal consent prior to the interview, and written consent to share the data with researchers at McMaster University. The study was approved by the Hamilton Health Sciences/McMaster University Research Ethics Board.

Participants

In the 1983 OCHS, there were 2,052 households with eligible children; 1,869 (91.1%) of these households including 3,294 children participated in the original study. Of these 3,294 children, 2,355 (71.5%) provided some information to the study