



Child Maltreatment and Its Impact on Psychosocial Child Development Epidemiology

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Topic

Prevention of child maltreatment (abuse/neglect)

Introduction

Child maltreatment is a significant threat to the healthy development of children. Understanding the scope and severity of maltreatment is critical in developing clinical interventions and social policies to protect children at risk and to treat children who have already been victimized. The following article describes the incidence, prevalence and severity of child maltreatment and discusses the importance of inter-disciplinary and community-based strategies for addressing this major social problem.

Definitions

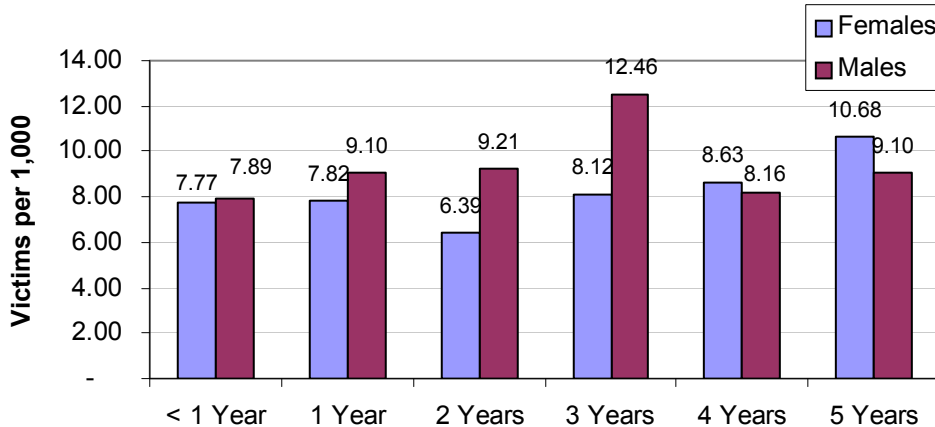
Child maltreatment is the broad term used to describe abusive and neglectful acts perpetrated by adults or older youth against children. These fall into four broad categories: physical abuse, sexual abuse, neglect and emotional maltreatment. Physical abuse ranges from severe assaults against children that can permanently injure or kill children to abusive physical punishment to shaking infants. Sexual abuse includes intercourse, fondling, acts of exposure, sexual soliciting and sexual harassment. Neglect refers to a caregiver's failure to supervise or protect a child or failure to meet a child's physical needs. The distinction between this later category, physical neglect, and family poverty is difficult to draw since most of these families live in poverty, although very few poor families are considered neglectful. Emotional maltreatment includes extreme or habitual verbal abuse (threatening, belittling, etc.), and systematic lack of nurturance or attention required for a child's healthy development. Children's exposure to family violence is increasingly being recognized as a potential form of emotional maltreatment.

Annual Incidence

Child maltreatment incidence statistics are tracked in Canada through the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), a periodical survey of cases investigated by provincial and territorial child-protection authorities. The first Canada-wide cycle of the CIS found that an estimated 135,600 child maltreatment investigations

were conducted in Canada in 1998, and that child maltreatment had been substantiated¹ for 61,200 of these children, a rate of 9.7 victims per 1000 children.¹ One-third of these children, 20,500, were under six years of age. The incidence of victimization varies by age and sex, with younger boys — two and three years old — being victimized more often than girls, whereas by age five girls were being victimized more often than boys (see bar chart).

**Incidence of substantiated maltreatment: Canada 1998
(CIS 98)**



Nearly three-quarters of children under six were victims of neglect (44%) or emotional maltreatment (29%). Abuse victimization varied significantly by sex, physical abuse (20%) being more common than sexual abuse (8%) for boys, whereas sexual abuse (15%) was more common than physical abuse (12%) for girls.

It is difficult to make direct comparisons between incidence rates in Canada and in other countries because of differences in reporting and investigation procedures. The rate of victimization reported in the United States in 1998 was 12.9 per 1000 children, whereas in the three largest states in Australia, the rate of victimization for the same year ranged from 5.1 to 5.9 per 1000 children.²

Childhood Prevalence

Prevalence studies have typically measured rates of victimization during childhood, as opposed to incidence statistics that measure rates of victimization during a specific year. The most extensive child maltreatment prevalence data available in Canada is from a population health survey of residents 15 years of age and older conducted in Ontario in 1990.³ Thirty-one percent of males and 21.1% of females reported that they had been physically abused during their childhood, while 12.8% of females and 4.3% of males reported a history of sexual abuse. The study did not identify at what point during childhood respondents had been abused. The rates of sexual victimization reported in the

¹ In another 29,700 cases maltreatment could not be substantiated, but remained suspected, and in the remaining 44,700 cases maltreatment was unsubstantiated.

Ontario Health Supplement are somewhat lower than rates reported in other countries, which cluster around 20% for females and 3 to 11% for males.⁴

Injury and Death

Most cases of maltreatment reported to child welfare services involve situations where children have already suffered from some sort of emotional harm, or are at significant risk of being injured or suffering some type of emotional harm. Physical injuries due to maltreatment, however, are relatively rare. The 1998 CIS found that physical injuries were noted in 15% of the 20,500 cases of substantiated maltreatment involving newborns to five-year-olds.² In many instances these were bruises and scrapes that did not require medical attention. Severe injuries requiring medical attention were noted in 5% of cases involving children one to five years old, and in 17% of cases involving infants under one. Shaken baby syndrome, a difficult-to-detect form of abuse involving subdural hematoma, was noted in an estimated 300 of the 20,500 cases of substantiated maltreatment involving newborns to five-year-olds.

Severe abuse leading to injuries is of particular concern in situations involving young children because of the elevated risk of permanent harm or death during the first three years of life. Children under five are at highest risk of being killed by a parent: Two-thirds of children from birth to 17 who are killed by a family member are five or under, and 29% are infants under one year of age.⁵ Children under three are most often killed by shaking (35%) or strangulation (29%), whereas older children and youth are more likely to be killed by firearms. Rates of child homicides in Canada have not changed significantly over the past 20 years.

Trends

Child maltreatment is becoming a health problem of growing concern. As a result of greater public awareness, reports of suspected child abuse and neglect are increasing across Canada. While national trend data are not yet available in Canada, reports from provinces and territories consistently document an increase in investigations.⁶ In Ontario, the province for which the most detailed trend statistics are available, the number of substantiated reports of maltreatment nearly doubled in five years, from 12,300 cases in 1993 to 24,400 cases in 1998.⁷ This increase has primarily been driven by domestic violence cases, which represented less than 2% of cases in 1993, but accounted for nearly a quarter of all cases of substantiated maltreatment in 1998. In sharp contrast, reports of child sexual abuse decreased by 48% between 1993 and 1998. The increase in cases of exposure to domestic violence has primarily been driven by a dramatic shift in the response of the police, health professionals and schools, who account for nearly 90% of all domestic violence reports. The decrease in reports of child sexual abuse is more difficult to interpret. Some argue that this reflects an actual decrease in rates of sexual victimization, attributable to extensive prevention, detection and prosecution efforts. Others are concerned that children and non-offending parents are increasingly hesitant to report victimization.

Implications for Policy and Practice

Child maltreatment is a major health problem, affecting over 60,000 children a year across Canada. Abused and neglected children are at very high risk of developing long-term social, emotional and cognitive problems. The response to these children has, however, been fragmented. Beyond the universal introduction of mandatory reporting laws across Canada, few treatment and prevention programs have been systematically developed to meet the needs of these children. An examination of rates of victimization reveals a diverse population, ranging from cases of severe physical abuse requiring urgent response to complex cases of neglect and exposure to domestic violence, where the role of child protection authorities may need to be reconceptualized. Under the continued pressure of increasing caseloads, child welfare service-providers are seeking more effective models for collaborating with other service-providers.⁶

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