# SOCIAL RELATIONSHIPS

# **INDICATOR #33** Incidence of Abuse/Neglect **INDICATOR #34** Incidence of Sexual Abuse

### **DEFINITIONS**

- **INDICATOR #33** Incidence of physical abuse/neglect, as reported by the Ministry of Children and Family Development.
- **INDICATOR #34** Percentage of BC students in grades 7–12 who report having experienced sexual abuse at some point during their lives.<sup>j</sup>

### **KEY MESSAGES**

- Child abuse can be physical, sexual, or emotional, and is cruel or violent treatment, especially when occurring regularly or repeatedly.<sup>1</sup> This includes physical abuse, which is bodily injury inflicted upon a child or youth such as punching, beating, kicking, biting, burning, or shaking; sexual abuse, which includes intercourse, fondling, acts of exposure, sexual soliciting, and sexual harassment; and emotional abuse, which includes exposure to domestic violence or witnessing a parent's misconduct.<sup>2</sup> Child neglect is the failure to provide shelter, safety, supervision, and/or nutritional needs for a child or youth.<sup>2</sup>
- Child abuse and neglect can have lasting and harmful outcomes, including physical and mental health problems (e.g., depression, anxiety, post-traumatic stress disorder, or chronic disease later in life) as well as reduced educational attainment and employment prospects, homelessness, and criminal activity.<sup>3–7</sup> Key factors associated with the likelihood and severity of these outcomes are the frequency, duration, and types of abuse and

neglect—the effect is cumulative—and the child's age when the mistreatment occurred.

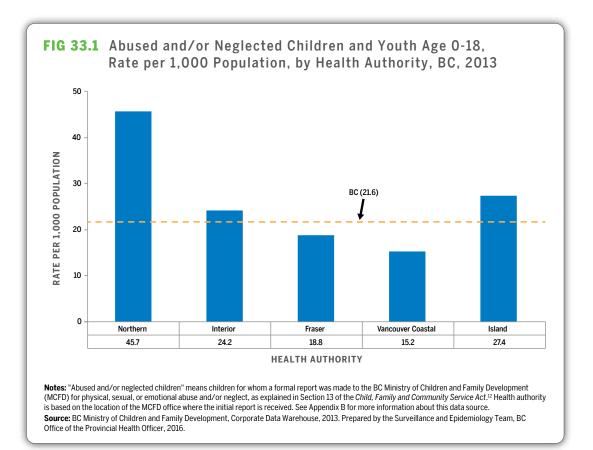
- Evidence shows that children abused and/or neglected in their families are approximately five times less likely to be securely attached to a caregiver. Children experiencing prolonged abuse and/or neglect are prone to suffer from chronic stress.<sup>8</sup>
- Among the mental health conditions strongly associated with experiencing abuse or neglect are post-traumatic stress disorders and depression. Conditions that are more moderately associated include **internalizing behaviours**, particularly for girls, such as withdrawal, depression, and eating disorders, and **externalizing behaviours**, particularly for boys, such as aggression, delinquency, and substance abuse (most notably alcohol) as youth and adults.<sup>9</sup>
- Young adults who have experienced sexual and/or physical abuse in childhood are also twice as likely to attempt suicide.<sup>10</sup>

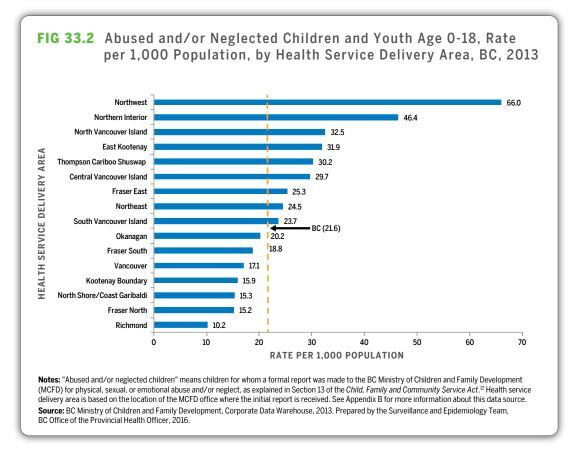
<sup>&</sup>lt;sup>1</sup> The original indicator specified that data would come from the BC Ministry of Children and Family Development (MCFD); however, it was subsequently determined that incidence of sexual abuse reported to MCFD underrepresents actual data. Therefore, during the development of the current report, the Advisory Committee changed the indicator to capture self-reported experiences of sexual abuse based on the BC Adolescent Health Survey.

- Physical abuse and neglect are associated with ecological conditions such as lack of social support and poverty, but are most clearly linked to parental substance abuse and mental health issues such as depression. Abuse and neglect are also associated with other parent and family factors such as a parent's lack of readiness to be a parent, a parent's own experience of abuse or neglect, family structure including single-parent families and very large families, and domestic violence.<sup>11</sup>
- ► The child abuse and neglect incidence rates for a given year represent the children for whom a formal report was made to the BC Ministry of Children and Family Development (MCFD) for physical, sexual, or emotional abuse and/or neglect, as explained in Section 13 of the Child, Family and Community Service Act.<sup>12</sup> These reports are resolved through either Family Development Responses (representing about two-thirds of the incidence rate) or Child Protection Investigations (representing about one-third of the incidence rate).<sup>k</sup> Although there is a statutory obligation to report suspected abuse and neglect, some incidents go unreported and are not reflected in the data.
- ► Figures 33.1 and 33.2 reveal important geographic differences in reported abuse and neglect in BC: children and youth living in Northern Health were three times more likely to be reported as being abused or neglected than those living in Vancouver Coastal Health.

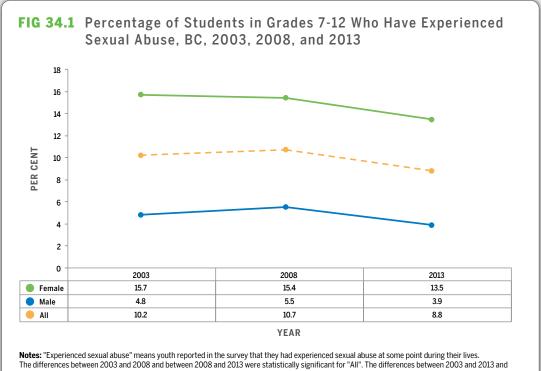
- ► Figures 34.1 to 34.3 show the percentage of BC students in grades 7–12 who self-report having experienced sexual abuse at some point during their lives. Figure 34.1 shows that there appears to be a slight downward trend emerging in the percentage of youth who have experienced sexual abuse. It also shows that the difference between the sexes is substantial, with females being more than three times as likely as males to have experienced sexual abuse.
- Similar to MCFD data regarding abuse shown in Figures 33.1 and 33.2, Figures 34.2 and 34.3 demonstrate that there are substantial geographic differences between health authorities and between health service delivery areas (HSDAs), for the percentage of youth who report having experienced sexual abuse. Within the HSDAs, the highest percentage of sexual abuse identified was in Northwest (14.0 per cent), which was more than twice the percentage of the lowest—Richmond HSDA (6.7 per cent).

<sup>&</sup>lt;sup>k</sup> Family Development Responses involve working with a family to address the issues that led to a formal report. Child Protection Investigations are full investigations into conditions that led to the formal report, and are used to resolve very serious issues. A report initially pursued via a Family Development Response can be referred to a Child Protection Investigation.



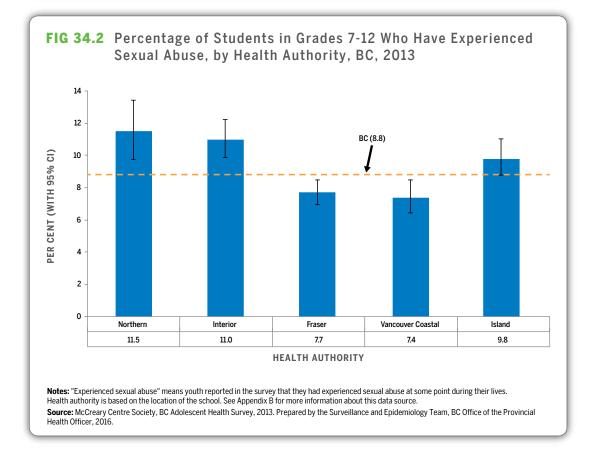


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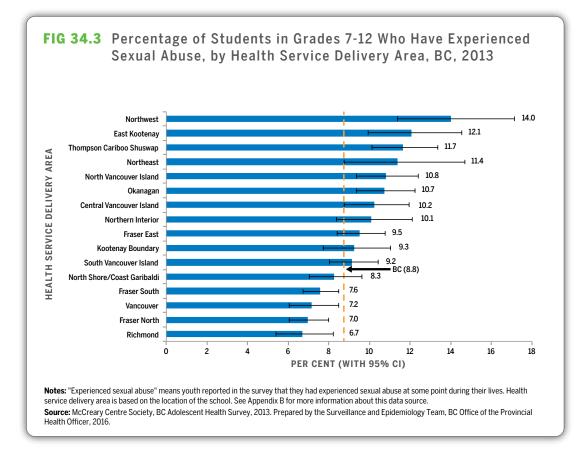


between 2008 and 2013 were statistically significant for females and males, but the difference between 2003 and 2008 was statistically significant for males only. See Appendix B for more information about this data source.

Source: McCreary Centre Society, BC Adolescent Health Survey, 2003, 2008, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.



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#### REFERENCES

- <sup>1</sup>Definition of *abuse* in English [Internet]. Oxford dictionaries. Oxford: Oxford University Press; 2016; [cited 2016 Jun 07]. Available from http://www.oxforddictionaries.com/definition/english/abuse.
- <sup>2</sup> Pivak J. Child and youth health and well-being indicators project: appendix H social relationships evidence review [prepared for the Office of the Provincial Health Officer and the Canadian Institute for Health Information]. Ottawa, ON: Canadian Institute for Health Information; 2011.
- <sup>3</sup>Walsh CA, Jamieson E, MacMillan H, Boyle M. Child abuse and chronic pain in a community survey of women. J Interpers Violence. 2007 Dec;22(12):1536-54.
- <sup>4</sup>Boden JM, Horwood LJ, Fergusson DM. Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes. Child Abuse Negl. 2007 Oct;31(10):1101-14.
- <sup>5</sup> Gilbert R, Spatz Widon C, Browne K, Fergusson D, Webb E, Janson S. Burden and consequences of child maltreatment in highincome countries. Lancet. 2009 Jan 3;373(9657):68–81.
- <sup>6</sup>Lamont A. Effects of child abuse and neglect for children and adolescents. National Child Protection Clearinghouse Resource Sheet. Melbourne: Australian Institute of Family Studies; 2010 Apr.
- <sup>7</sup>Wilson C. The emergence of trauma-informed child welfare systems. CW360°: Trauma-informed Child Welfare Practice. 2013 Winter:12-13.
- <sup>8</sup>Van IJzendoorn MH, Bakermans-Kranenburg MJ. Attachment security and disorganization in maltreating families and orphanages. Encyclopedia on Early Childhood Development. Netherlands: Centre of Excellence for Early Childhood Development; 2009.
- <sup>9</sup>Hornor G. Child sexual abuse: consequences and implications. J Pediatr Health Care. 2010 Nov-Dec;24(6):358-64.
- <sup>10</sup>Wegman HL, Stetler C. A meta-analytic review of the effects of childhood abuse on medical outcomes in adulthood. Psychosom Med. 2009 Oct 1;71(8):805-12.
- <sup>11</sup> McCoy ML, Keen SM. Child abuse and neglect. New York: Psychology Press, Taylor and Francis Group; 2009.
- <sup>12</sup> Child, Family and Community Service Act [RSBC 1996, c.46, s.13] [statute on the Internet]; [cited 2016 Jun 30]. Available from: http://www.bclaws.ca/civix/document/id/complete/statreg/96046\_01.