

## At-a-glance

# The Child Maltreatment Surveillance Indicator Framework

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### Abstract

The federal health portfolio has conducted surveillance on child maltreatment as a public health issue since the 1990s. The Public Health Agency of Canada (PHAC) is now releasing the Child Maltreatment Indicator Framework, to take its place alongside other PHAC frameworks, such as the Suicide Surveillance Indicator Framework. Based on a scoping review of existing reviews and meta-analyses, this Framework, along with the online interactive data tool, presents child maltreatment outcome indicators and risk and protective factors at the individual, family, community and societal levels, disaggregated by sex, age and other sociodemographic variables. This Framework will function as a valuable resource pertaining to an issue that affects at least one in three Canadian adults.

**Keywords:** *child maltreatment, physical abuse, exposure to intimate partner violence, neglect, emotional maltreatment, sexual abuse*

### Introduction

Child maltreatment is a public health issue, causing both immediate and long-term physical and mental health effects.<sup>1</sup> Surveillance data are key to policy and program efforts to prevent and address child maltreatment. The Public Health Agency of Canada (PHAC) is responsible for national surveillance of child maltreatment, including physical abuse, exposure to intimate partner violence, neglect, emotional maltreatment and sexual abuse.<sup>2</sup> PHAC currently collects data about child maltreatment from administrative data from child welfare agencies, proxy informant surveys and self-report surveys.

The Child Maltreatment Surveillance Indicator Framework (CMSIF) gathers available data on child maltreatment outcomes as well as risk and protective factors at the individual, family, community and societal levels to support research and policy development. The CMSIF, which is being released in this issue of Health Promotion and Chronic Disease Prevention in Canada, serves as a complement to

other indicator frameworks released by PHAC. These include the Suicide Surveillance Indicators (SSI), the Canadian Chronic Disease Indicators (CCDI), the Positive Mental Health Surveillance Indicator Framework (PMHSIF) and the Physical Activity, Sedentary Behaviour and Sleep (PASS) Indicator Framework.

### Methods

The CMSIF was developed using a scoping review method.<sup>3</sup> Article searches prioritized systematic reviews, meta-analyses and literature reviews that examined risk and protective factors related to any type of child maltreatment. References from retrieved article reviews were reviewed for additional citations. Relevant articles published in English between 2004 and 2016 and reports from public health organizations (e.g. the World Health Organization) were consulted. An initial list of approximately 45 to 50 indicators was reduced through consultations with child maltreatment surveillance experts as well as with the Family Violence Initiative member departments to verify that the final list of

### Highlights

- The Child Maltreatment Surveillance Indicator Framework complements other indicator frameworks released by the Public Health Agency of Canada and presents available data on child maltreatment outcomes and risk and protective factors at the individual, family, community and societal level.
- One-third (34.1%) of the Canadian population aged 15 years and older have experienced at least one type of childhood maltreatment.
- Physical abuse was experienced most often (27.4%), followed by exposure to intimate partner violence (10.6%) and sexual abuse (8.1%).
- Factors such as parental mental illness, substance use and past experience of family violence can put children at higher risk of child maltreatment.

indicators was relevant and actionable within a public health approach.

### Results

Data from the 2014 General Social Survey (GSS) indicate that more than one-third (34.1%) of the population aged 15 years and older have experienced at least one of the following types of childhood maltreatment: physical or sexual abuse by an adult and/or exposure to violence by parents or guardians (Table 1). Of the three types of childhood maltreatment, physical abuse was experienced most often (27.4%), followed by exposure to intimate partner violence (10.6%) and sexual abuse (8.1%).

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Because of the familial context in which most child maltreatment occurs, risk and protective factors focused on parental and/or family characteristics rather than child characteristics. Factors such as parental mental illness, substance abuse and past experience of family violence can put children at higher risk of child maltreatment.

## Conclusion

Childhood experiences are a key social determinant of health.<sup>4</sup> The CMSIF provides available evidence about contexts and risk and protective factors to help target strategies to prevent and address child maltreatment.

The CMSIF is an evergreen document; it will be reviewed periodically and updated as new data become available. An online interactive tool on the Government of Canada's Public Health InfoBase will provide breakdowns for the indicators by sex, age, province/territory, immigrant status.

The data gaps identified in the framework, particularly those at the community and societal level, are being addressed through active data development using surveys and administrative data.

## Conflicts of interest

The authors have no conflicts of interest to declare.

## Authors' contributions and statement

AC, SQ, GW, MS and WH were involved in the design and/or conceptualization of the work, as well as the acquisition, analysis or interpretation of the data. FB, WH and TL were involved in the interpretation of the data, as well as drafting and revising the paper.

The content and views expressed in this article are those of the authors and do not necessarily reflect those of the Government of Canada.

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TABLE 1

## CHILD MALTREATMENT SURVEILLANCE INDICATOR FRAMEWORK

### QUICK STATS, CANADA, 2019 EDITION

INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST ESTIMATE	DATA SOURCE (YEAR)
<b>OUTCOMES</b>			
Childhood maltreatment <sup>a</sup>	% of the population aged 15+ years who report experiencing, before age 15 years, any of these three types of childhood violence: physical or sexual abuse by an adult <sup>b</sup> and/or exposure to violence by parents or guardians	34.1%	GSS–Victimization (2014)
	% of the population aged 15+ years who report experiencing, before age 15 years, physical abuse by an adult <sup>b</sup>	27.4%	GSS–Victimization (2014)
	% of the population aged 15+ years who report experiencing, before age 15 years, sexual abuse by an adult <sup>b</sup>	8.1%	GSS–Victimization (2014)
	% of the population aged 15+ years who report experiencing, before age 15 years, exposure to violence by parents or guardians	10.6%	GSS–Victimization (2014)
Police-reported child maltreatment	Incidence of police-reported family violence against children aged 0–17 years	233 per 100 000 children	UCR (2016)
Out-of-home placement	% of children 14 years and under who are in foster care	0.5%	Census 2016
Injuries due to child maltreatment, ED	Proportion of ED presentations for injuries due to child maltreatment, of total eCHIRPP cases, population aged 0–17 years	146.5 per 100 000 ED cases	eCHIRPP (January 4, 2011 to June 6, 2018)
Homicides of children	Number of police-reported homicides of children aged 0–17 years by a family member, per year (% out of all homicides of children)	0.4 per 100 000 children (47.4%)	Homicide Survey (2007–2016)
<b>INDIVIDUAL-LEVEL RISK &amp; PROTECTIVE FACTORS (PARENT/CAREGIVER)<sup>c</sup></b>			
Past family violence	% of adults with children <sup>b</sup> at home who report experiencing, before age 16 years, any of these three types of childhood violence: physical abuse, sexual abuse and/or exposure to violence by parents/guardians in the home	48.1%	CCHS–Mental Health (2012)
	% of adults with children <sup>b</sup> at home who report contact with a child protection organization before age 16 years, about difficulties at home	4.1%	CCHS–Mental Health (2012)
Mental illness	% of adults with children <sup>b</sup> at home with symptoms consistent with a mood and/or anxiety disorder in the past 12 months	5.7%	CCHS–Mental Health (2012)
Stress	% of adults with children <sup>b</sup> at home who report that most days are <i>quite a bit</i> or <i>extremely</i> stressful	27.2%	CCHS–Annual (2017)
Substance use	% of adults with children <sup>b</sup> at home who report consuming 5+ alcoholic drinks (4+ for females) on one occasion 12+ times in the past 12 months	19.3%	CCHS–Annual (2017)
	% of adults with children <sup>b</sup> at home with symptoms of drug abuse/dependence, in the past 12 months	0.7%	CCHS–Mental Health (2012)
Social support	% of adults with children <sup>b</sup> at home who perceive a high level of social support	94.6%	CCHS–Mental Health (2012)
Resilience	In development – <i>parental coping skills</i>		
<b>FAMILY-LEVEL RISK &amp; PROTECTIVE FACTORS</b>			
Family relationships	% of parents/guardians of children aged 1–9 years who report characteristics associated with high family functioning	91.1%	SYC–PMK (2010–2011)
	% of Grade 6–10 students who <i>agree</i> or <i>strongly agree</i> getting the emotional help and support they need from their family	64.8%	HBSC (2013–2014)
	% of Grade 6–10 students who <i>agree</i> or <i>strongly agree</i> to having a lot of arguments with their parents	21.7%	HBSC (2013–2014)
Family stability	% of children aged 1–9 years who <i>sometimes</i> or <i>often</i> are exposed to adults or teenagers physically fighting, hitting or trying to hurt others in their home, as reported by the parent or guardian <sup>d</sup>	2.6%	SYC–Child (2010–2011)
	In development – <i>presence of a non-biological transient caregiver in the home (e.g. parent's partner)</i>		

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INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST ESTIMATE	DATA SOURCE (YEAR)
Parenting	% of children aged 1–9 years who <i>sometimes, often or always</i> experience physical punishment as a form of discipline, as reported by the parent or guardian <sup>d</sup>	0.5%	SYC–Child (2010–2011)
	In development – <i>caregiver’s low awareness of children’s needs and/or developmental stages</i>		
Caregiver burden	% of adults with children <sup>b</sup> at home who report that caring for family is the main contributor of their day-to-day stress	18.1 %	CCHS–Annual (2016)
	In development – <i>special needs of a child that may increase caregiver burden</i>		
Early childbearing	% of first-born live births to mothers under the age of 20 years	5.3%	CVSB (2015)
Household income	% of the population under the age of 18 years in economic families living below low-income cut-offs, after tax	7.4%	CINS (2016)

#### COMMUNITY-LEVEL RISK & PROTECTIVE FACTORS

Services availability & accessibility	In development – <i>community-based services for parents and families</i>		
Social environment	% of parents/guardians of children aged 1–9 years who are involved in volunteer organizations (school or church groups, community or ethnic associations)	33.9%	SYC–PMK (2010–2011)
	In development – <i>residential instability and/or neighbourhood impoverishment</i>		
Physical environment	In development – <i>proximity to outlets that sell alcohol</i>		

#### SOCIETAL-LEVEL RISK & PROTECTIVE FACTORS

Healthy public policy	In development – <i>formal support systems for families</i>		
Cultural & social norms	In development – <i>social/cultural beliefs regarding physical punishment as discipline for raising and educating children</i>		
Inequality	In development – <i>children’s rights</i>		

**Abbreviations:** CCHS–Annual, Canadian Community Health Survey – Annual Component; CCHS–Mental Health, Canadian Community Health Survey – Mental Health; CINS, Canadian Income Survey; CVSB, Canadian Vital Statistics – Birth Database (excluding Quebec); eCHIRPP, electronic Canadian Hospitals Injury Reporting and Prevention Program; ED, emergency department; GSS, General Social Survey; HBSC, Health Behaviour in School-aged Children; SYC–Child, Survey of Young Canadians – Child questionnaire; SYC–PMK, Survey of Young Canadians – Person Most Knowledgeable questionnaire; UCR, Uniform Crime Reporting Survey.

**Note:** “In development” refers to measures where their data source is currently not available or where more research is needed to identify a promising measure and data source.

<sup>a</sup> The estimates in this indicator framework were calculated in a manner consistent with those from the Statistics Canada report *Family violence in Canada: a statistical profile, 2015*,<sup>5</sup> using a slightly different version of the database. All positive responses to all childhood maltreatment questions were counted as indicating maltreatment. In contrast, the original analysis rules for the *Childhood Experiences of Violence Questionnaire* (CEVQ)<sup>6</sup> include all positive responses, except for two of the physical abuse subtypes (the less severe ones) and exposure to intimate partner violence if it occurred less than three times.

<sup>b</sup> An adult is defined as a person 18+ years; a child is defined as a person under 18 years.

<sup>c</sup> Parental characteristics, not child characteristics, were considered as risk or protective factors for child maltreatment. This is based on a public health perspective that parental risk factors may represent potential outcomes of child maltreatment (such as prenatal substance abuse or violence).

<sup>d</sup> In the SYC–Child, the person answering these questions is confirmed at the beginning of the questionnaire to be the Person Most Knowledgeable (PMK) about the questions. “Parent/guardian” is used here for simplicity.