Child abuse prevalence estimates in Canada; comparisons of nationally representative data from 2012 to 2022: a population-based study

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Summary

Background Up-to-date nationally representative Canadian statistics on child abuse with a focus on sex, sexual identity, and age cohorts are overdue. The objective of the current study was to examine child abuse prevalence estimates (physical abuse, sexual abuse, exposure to intimate partner violence (EIPV), and any child abuse) among adult Canadians, associations with sex (male or female), sexual identity (heterosexual, lesbian or gay, bisexual, or other), and age cohort, and to compare data from 2022 with 2012.

Methods Data were obtained from two Statistics Canada cross-sectional surveys: 1) the 2012 Canadian Community Health Survey-Mental Health (2012 CCHS-MH; n = 23,395; 18+ years) and 2) the 2022 Mental Health and Access to Care (2022 MHACS; n = 9409; 18+ years).

Findings The prevalence of any child abuse in Canada in 2022 was 34.4%, which was significantly higher compared to 2012 (32.1%; p = 0.006). Among the youngest respondents (18–27 years), the prevalence of any child abuse had also increased from 21.7% in 2012 to 26.8% in 2022 (p = 0.002). Sex and age cohort differences were noted. In addition, those identifying as other than heterosexual generally had increased odds of child abuse experiences (Adjusted Odds Ratios ranging from 1.48 to 3.12).

Interpretation The retrospective self-reported prevalence in 2022 was 2.3 percentage points higher compared to 2012. There continues to be a widespread need to develop approaches focusing on child abuse prevention and response, and to ensure that providers receive training in how to recognize and respond safely to family violence, including child abuse.

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Keywords: Child abuse; Sex; Sexual identity; Age cohorts; Nationally representative data

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Research in context

Evidence before this study

Child maltreatment (i.e., child abuse and neglect) is a major public health problem that is associated with impairment not only in childhood and adolescence, but also extends throughout the lifespan. Child maltreatment refers to child abuse and neglect together and includes physical abuse, sexual abuse, emotional abuse, emotional neglect, physical neglect, and exposure to intimate partner violence (IPV). It is estimated that every year, millions of children are abused and neglected worldwide. In 2014, the first nationally representative study of child abuse in Canada was published in the Canadian Medical Association Journal (CMAJ, 651 citations in Google Scholar to date) using data from Statistics Canada's Canadian Community Health Survey- Mental Health (2012 CCHS-MH) collected in 2012. It was found that 32% of Canadian adults had retrospectively reported experiencing physical abuse, sexual abuse, and/or exposure to intimate partner violence (IPV) in the home. This finding that 1 in 3 adult Canadians reported experiencing child abuse has been published on many child maltreatment, child welfare, and mental health community organizations websites and on webpages, in policy briefs, and in the 2016 Chief Public Health Officer Report for the Public Health Agency of Canada (PHAC). Findings from this study have furthered knowledge on the size and scope of child abuse in Canada and informed clinical practice and policy. However, the existing evidence is now out of date. We searched PubMed and SCOPUS between June 2023 and May 2024 using search terms such as ["child abuse" or "child maltreatment" or "physical abuse" or "sexual abuse" or "emotional abuse" or "neglect" or exposure to intimate partner violence" or "witnessing family violence"] AND ["sex" or "gender" or "sexual identity" or "sexual orientation"] AND ["Canada" or "Canadian"]. While the child maltreatment literature globally is large, the number of Canadian studies is fewer, and those using nationally representative data with a focus on sex and sexual identity did not exist.

Added value of this study

This study used nationally representative Canadian data to update an evidence base that was 10 years out-of-date and extended knowledge by adding a primary focus on sex and sexual identity and age/generational cohort effects. Our findings indicate that the prevalence of any child abuse in Canada in 2022 was 34.4%, which was statistically significantly higher compared to our previous study (32.1%). Among the youngest respondents (18–27 years) in 2012 compared to the youngest respondents (18–27 years) in 2022, the prevalence of any child abuse had also increased from 21.7% in 2012 to 26.8% in 2022. Sex and age cohort differences were noted. In addition, those identifying as other than heterosexual generally had increased odds of child abuse experiences (Adjusted Odds Ratios ranging from 1.48 to 3.12).

Implications of all the available evidence

Child abuse remains a global public health priority. Updated child abuse data with a focus on sex and sexual identity are not only significant for informing violence prevention strategies, but these findings can contribute to the available evidence to help to guide and expand knowledge globally. Healthcare providers and other professionals working with children and families should be aware of how sex and sexual identity are related to child abuse experiences. Clinicians working with children and families should ensure that they are using evidence-based methods to recognize and safely respond to child abuse. Preventing child abuse for all children must remain a priority at the global level. A life course approach to prevention with effective trauma- and violence-informed policies and clinical practice strategies aimed at violence prevention among children and youth are needed.

Introduction

Child maltreatment, which includes abuse and neglect, is a global public health problem that is associated with impairment in childhood and adolescence, and extends throughout the lifespan.[1] It is estimated that every year, millions of children are abused and neglected worldwide.[2–4] Nationally representative Canadian data collected in 2012 indicated that 32.1% of Canadian adults reported experiencing physical abuse, sexual abuse, and/or exposure to intimate partner violence (EIPV) before the age of 16 years.[5] There is an urgent need for up-to-date prevalence data in Canada. Although advances have been made in our understanding of child abuse across the lifespan, several gaps remain, including a limited understanding of how sexual identity (i.e., heterosexual, lesbian or gay, bisexual, or other) and age cohort effects are related to child abuse experiences.

Research has found sex differences (i.e., biological attributes and assigned sex as male or female at birth) in the prevalence of different types of child abuse in Canada, with males (31%) being more likely to experience physical abuse compared to females (21.3%), and females (14.4%) being more likely to experience sexual abuse compared to males (5.8%).[5] From the limited literature on child abuse and sexual identity,[6–9] it is known that adults and youth identifying as other than heterosexual report more childhood adversity, including child abuse and neglect.[10] Yet, none of this research has been done using representative Canadian data. Up-to-date statistics on child abuse experiences in Canada are needed to inform policy and clinical efforts to

prevent and reduce violence in childhood and to improve health outcomes across the lifespan.

The study objectives were to examine: 1) updated Canadian national child abuse prevalence reported by adults in 2022, and compare these estimates to those reported ten years prior in 2012 and with a focus on the youngest respondents in each dataset; 2) national child abuse prevalence by a) sex, b) sexual identity, and c) age cohort; 3) child abuse prevalence trends for age cohorts by sex; and 4) the independent associations between sex, sexual identity, and age cohort, with physical abuse, sexual abuse, EIPV, and any child abuse after adjusting for sociodemographic characteristics in the 2022 MHACS data.

Methods

Data and sample

Data were drawn from two nationally representative Statistics Canada surveys: 1) the Canadian Community Health Survey-Mental Health (2012 CCHS-MH) collected in 2012 and 2) the Mental Health and Access to Care Survey (2022 MHACS) collected in 2022. Both the 2012 CCHS-MH (n = 25,113; aged 15 years and older; response rate = 68.9%) and 2022 MHACS (n = 9861; aged 15 years and older; response rate = 25%) had a cross-sectional survey design with multistage stratified cluster random sampling from the 10 Canadian provinces.[11,12] Interviews were conducted in-person or by telephone for the 2012 CCHS-MH data and by telephone for 2022 MHACS data, both with trained staff from Statistics Canada. Excluded from both surveys as summarized by Statistics Canada, were people living on reserves and other Indigenous settlements, full-time members of the Canadian Forces, and persons living in collective dwellings, such as institutional residences. Data for both surveys were voluntary and collected under the authority of the Statistics Act governing the use of statistics in Canada under the protection of the Government of Canada.[13] No further ethical approvals are required for secondary data analyses. Informed consent and permission to share data for the purposes of secondary data analyses were provided by all respondents. All output was vetted by Statistics Canada. Notably, the survey methods for the 2012 CCHS-MH and 2022 MHACS were similar, and the child abuse measurement was the same. Child abuse questions were only asked of respondents 18 years and older in both surveys (2012 CCHS-MH n = 23,395; 2022 MHACS n = 9409).

Primary measurements

Child abuse

Physical abuse and EIPV were assessed in the 2012 CCHS-MH and 2022 MHACS using items adapted from the Childhood Experiences of Violence Questionnaire (CEVQ), a valid and reliable tool developed for assessing victimization.[14] Respondents aged 18 years and older were asked about child abuse that occurred before the age of 16 years. Responses were scored on an ordinal scale representing frequency of occurrence (never, 1–2 times, 3–5 times, 6–10 times or > 10 times). Binary classifications of child abuse (present/absent) were computed using the guidelines of the CEVQ as follows. Physical abuse was classified as 1 or more of the following 3 criteria: 1) being slapped on the face, head or ears, or hit or spanked with something hard (any 3 or more times); 2) being pushed, grabbed or shoved, or having something thrown at the respondent to hurt them (any 3 or more times); and 3) being kicked, bit, punched, choked, burned or physically attacked (any 1 or more times). Sexual abuse was classified as 1) experiencing attempts or being forced into unwanted sexual activity by being threatened, held down or hurt in some way, and/or 2) sexually touched meaning unwanted touching or grabbing, kissing, or fondling against the respondent's will 1 or more times. EIPV was classified as having seen or heard parents, step-parents or guardians hitting each other or another adult in the home 3 or more times.[14] Any child abuse was computed as experiencing physical abuse, sexual abuse, and/or EIPV.

Secondary measures

Sex

Respondents were asked about their sex at birth and possible responses included: male, female, refusal, or don't know.

Sexual identity

Respondents were asked about their sexual identity and could respond as heterosexual, lesbian or gay, bisexual, other, refusal, or don't know.

Age/generational cohorts

For the 2022 MHACS data, age cohorts were based on date of birth and used to form generational cohorts as follows:1) 1964 and earlier, 58 years and older (Baby Boomers/Silent Generation); 2) 1965–1979, 43–57 years old (Generation X); 3) 1980–1994, 28–42 years old (Generation Y/Millennials); and 4) 1995–2004, 18–27 years old (Generation Z).[15–17]

Covariates

Sociodemographic variables used as covariates in adjusted models included marital status, highest level of education, past year household income, current province of residence (Atlantic provinces including New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island were combined due to low statistical power), and Canadian-born status.

Statistical analysis

Descriptive statistics were used to compute child abuse prevalence estimates in both datasets. Z-tests were used

to identify differences in proportions across the two datasets. Cross-tabulations were used to examine child abuse prevalence by sex, sexual identity, age cohort, and sociodemographic variables. Logistic regression models were used to estimate the association between sex, sexual identity, and age cohort with child abuse types. Four adjusted model were computed (one for each child abuse type) while simultaneously adjusting for sex, sexual identity, age cohorts and sociodemographic variables (i.e., province, marital status, household income, education, and Canadian-born status). Weights were applied in all analyses to ensure that the estimates reflected the general Canadian population. Weights were computed by Statistics Canada to reduce the likelihood of estimation bias. Bootstrapping with Fay adjustments were applied as a variance estimation technique to account for the complex survey design. Significant models were determined with AORs (Adjusted Odds Ratios) and 95% confidence intervals (CIs) or p-values (p) < 0.05. All analyses were conducted using STATA 17 software by StataCorp LLC in Texas, USA. STROBE reporting guidelines were followed (see Supplementary Table S1).

Role of funding source
The funders provided funding for this work, but did not have a role in the execution or reporting of the study findings.

Results

Table 1 presents child abuse prevalence estimates among adults 18 years and older in the 2012 CCHS-MH and the 2022 MHACS datasets. In 2022, 34.4% of adults in Canada reported experiencing physical abuse, sexual abuse, and/or EIPV in childhood. This is significantly higher compared to 32.1% reported by Canadian adults in 2012 (p = 0.006). In 2022 compared to 2012, physical abuse (27.8% vs. 26.1%; p = 0.028) and sexual abuse (11.2% vs. 10.1%, p = 0.044) prevalence estimates were significantly higher. Statistically significant differences were not found for EIPV over the 10-year period (7.9% vs. 7.3%, p = 0.14). Table 2 presents child abuse prevalence in the youngest respondents aged 18- to 27-years in 2012 compared to the youngest respondents aged 18- to 27-years in 2022. A ten-year range was used for comparison here rather than generational age cohorts in these comparisons only. This approach allowed for the examination of the youngest respondents in each dataset and would include an age group in 2022 MHACS (i.e., 18- to 27-year-olds in 2022) that would not have been included in the 2012 CCHS-MH data collection because this cohort would have been aged 8–17 years at the time. The prevalence of self-reported child abuse among 18- to 27-year-olds significantly increased from 2012 to 2022 from 19.0% to 22.4% (p = 0.035) for physical abuse, 4.8%–7.6% (p = 0.003) for sexual abuse and 21.7%–26.8% (p = 0.002) for any child abuse. The prevalence for EIPV also increased (5.5%–6.8%), however the proportional difference was not statistically significant (p = 0.15).

Table 3 presents the child abuse prevalence data by sex, sexual identity, age cohorts, and covariates and associations between for sex, sexual identity, and age cohorts and child abuse types, while simultaneously adjusting for all independent variables and covariates. Some statistically significant differences were noted for covariates including province, household income, education, and Canadian born for some child abuse types. In the adjusted model, females were more likely to experience sexual abuse (AOR = 3.08, 95% CI = 2.55–3.71, p < 0.0001) and were less likely to experience physical abuse (AOR = 0.58, 95% CI = 0.51–0.66, p < 0.0001) and any child abuse (AOR = 0.84, 95% CI = 0.75–0.94, p = 0.002) compared to males. EIPV was not significantly different between males and females in the adjusted model (p = 0.12). For sexual identity, identifying as bisexual and other

	2012 CCHS-MH whole sample	2022 MHACS whole sample	Proportional difference
	% (95% Confidence Interval)	% (95% Confidence Interval)	p-value
Physical abuse	26.1 (25.1–27.1)	27.8 (26.6–29.0)	0.028*
Sexual abuse	10.1 (9.5–10.8)	11.2 (10.4–12.1)	0.044*
Exposure to intimate partner violence	7.9 (7.3–8.6)	7.3 (6.6–7.9)	0.14
Any child abuse	32.1 (31.0–33.2)	34.4 (33.2–35.7)	0.006**
Number of child abuse types			
No abuse	68.0 (66.9–69.1)	66.0 (64.8–67.2)	0.019*
1 Type only	22.3 (21.4–23.3)	24.0 (22.9–25.1)	0.031*
2 Types	7.3 (6.8–7.9)	7.9 (7.2–8.7)	0.23
3 Types	2.4 (2.1–2.7)	2.1 (1.8–2.5)	0.33

Percentages are based on weighted numbers. Proportional Difference based on z-test comparing two proportions. Sample includes individuals 18 years and older for comparison with the 2012 sample with the 2022 sample. CCHS-MH, Canadian Community Health Survey- Mental Health; MHACS, Mental Health Access to Care Survey. *Statistically significant p < 0.05; **p < 0.01.

Table 1: **Prevalence of child abuse types in Canada in 2012 CCHS-MH and 2022 MHACS.**

compared to heterosexual, had increased odds of physical abuse (AOR = 1.94 [95% CI = 1.41–2.67, p < 0.0001] and AOR = 3.12 [95% CI = 1.68–5.80, p < 0.0001], respectively), those identifying as lesbian or gay, bisexual, and other had increased odds of experiencing sexual abuse (AORs ranging from 2.40 to 2.81), those identifying as bisexual had increased odds of experiencing EIPV (AOR = 2.05; 95% CI = 1.29–3.26, p = 0.003), and those identifying as lesbian or gay, bisexual, or other had increased odds of any child abuse (AORs ranging from 1.48 to 2.66). For age cohorts, compared to the youngest Generation Z (ages 18–27 years old), all older generations had increased odds of experiencing physical abuse (AORs ranging from 1.40 to 2.11), sexual abuse (AORs ranging from 1.79 to 2.70), and any child abuse (AORs ranging from 1.56 to 2.19). Statistically significant differences were not found for EIPV across age cohorts (Millennial p = 0.50; Gen X p = 0.78; Baby Boom/Silent Gen p = 0.83).

Fig. 1 provides trends for child abuse experiences by sex and age cohorts using four display panels. Trends indicate an overall downward trend from Generation X to Generation Z for males and females for physical abuse, sexual abuse, and any child abuse. The trend is not noted for EIPV. Sex differences remain across age cohorts, with the difference narrowing for physical abuse and any child abuse, but less so for sexual abuse.

Child abuse	CCHS 2012 18–27 years old in 2012 (born between 1985 and 1994)	MHACS 2022 18–27 years old in 2022 (born between 1995 and 2004)	Proportional difference
	% (95% Confidence Interval)	% (95% Confidence Interval)	p-value
Physical abuse	19.0 (17.2–21.1)	22.4 (20.1–24.9)	0.035[a]
Sexual abuse	4.8 (4.0–5.8)	7.6 (6.1–9.4)	0.003[a]
EIPV	5.5 (4.4–6.7)	6.8 (5.5–8.4)	0.15
Any child abuse	21.7 (19.7–23.8)	26.8 (24.3–29.5)	0.002[a]

Percentages are based on weighted numbers. Proportional Difference based on z-test comparing two proportions. CCHS-MH, Canadian Community Health Survey- Mental Health; MHACS, Mental Health Access to Care Survey. [a]Statistically significant p < 0.05.

Table 2: **Prevalence of child abuse types among those 18–27 years old in 2012 CCHS-MH to those 18–27 years old in 2022 MHACS.**

Discussion

Child abuse prevalence has declined from older to younger generations in Canada. However, when examining the overall prevalence of child abuse in 2022, 34.4% of the adult population reported experiencing physical abuse, sexual abuse, and/or EIPV prior to age 16 years. This prevalence was significantly higher (up 2.3 percentage points from 32.1%) compared to data from a decade prior. The prevalence also significantly increased when comparing the youngest cohorts of 18- to 27-year-olds in 2012 to 18- to 27-year-olds ten years later in 2022 (21.7%–26.8%, p = 0.002). These findings indicate that while there have been declines in child abuse prevalence across generational cohorts, this decline has not continued over the past 10 years and may signal increased child abuse experiences in the youngest generational cohort.

The current study advances knowledge on sexual identity and child abuse at the national level in Canada. The findings indicate that individuals identifying as lesbian or gay, bisexual, and other compared to heterosexual in Canada have increased odds of experiencing child abuse. This trend is consistent with a community sample from Manitoba[10] and other North American (U.S and Canada) studies.[6–9,18–21]

Sexual identity was not included in the 2012 data. However, sex differences related to child abuse experiences found in 2012 were consistent in the 2022 data in the current study presented in Table 3.[5] As previously indicated, when comparing the youngest generation to older generations, child abuse has declined for physical abuse, sexual abuse, and any child abuse, but not for EIPV. However, an important note is that the Baby Boomer/Silent Generation prevalence may be under reported due to a possible survivor bias or a "healthy patient" effect with only the healthiest of this oldest age cohort being alive or healthy enough (i.e., still living independently) to be eligible to be included in a Statistics Canada data collection. Additionally, similar trends related to age were noted in the 2012 CCHS-MH data.[5] As well, these downward trends have been noted for sexual abuse[22,23] using a variety of data sources from the United States and Canada. These generational declines in child abuse prevalence are encouraging, however, they must be considered together with the prevalence findings of the youngest respondents in 2012 compared to the youngest respondents in 2022. When directly comparing 18- to 27-year-olds in 2012 (born in 1985–1994) to 18- to 27-year-olds in 2022 (born in 1995–2004), statistically significant proportional increases were found for physical abuse (3.4 percentage point increase) sexual abuse (2.8 percentage point increase) and any child abuse (5.1 percentage point increase) over this 10-year period. As well, the overall child abuse prevalence from full samples in 2012–2022 indicated statistically significant increases (32.1%–34.4%). While these increases are small, they are nonetheless important because they indicate that the overall sample and the youngest respondents surveyed in 2022 compared to the youngest respondents in 2012 reported a higher lifetime prevalence of child abuse. Many societal changes have occurred in the last 10 years including the "me too" movement. This may have influenced individuals' understanding of abuse and neglect or willingness to report experiences. It may also be an indication that the downward trends of lower child abuse prevalence across generations are not continuing.

	Physical abuse		Sexual abuse		Exposure to IPV		Any child abuse	
	%	AOR (95% CI)	%	AOR (95% CI)	%	AOR (95% CI)	%	AOR (95% CI)
Sex								
Male	32.7	1.00	5.8	1.00	6.6	1.00	36.0	1.00
Female	23.1	0.58*** (0.51–0.66)	16.3	3.08*** (2.55–3.71)	7.9	1.17 (0.96–1.43)	33.0	0.84** (0.75–0.94)
Sexual identity								
Heterosexual	27.1	1.00	10.5	1.00	7.0	1.00	33.7	1.00
Lesbian or gay	36.0	1.43 (0.93–2.20)	18.1	2.40** (1.41–4.10)	9.3	1.52 (0.77–3.02)	42.6	1.48*(1.00–2.19)
Bisexual	37.6	1.94*** (1.41–2.67)	22.5	2.64*** (1.78–3.92)	13.2	2.05** (1.29–3.26)	47.1	2.08*** (1.52–2.84)
Other	50.6	3.12*** (1.68–5.80)	25.3	2.81** (1.40–5.62)	9.0	1.40 (0.59–3.30)	55.5	2.66** (1.44–4.90)
Age cohorts								
18–27 years (Born 1995–2004; Generation Z)	22.4	1.00	7.6	1.00	6.8	1.00	26.8	1.00
28–42 years (Born 1980–1994, Generation Y)	29.4	1.72*** (1.36–2.18)	10.2	1.79** (1.25–2.57)	6.5	0.88 (0.61–1.28)	34.9	1.69*** (1.36–2.11)
43–57 years (Born 1965–1979, Generation X)	32.7	2.11*** (1.65–2.70)	13.8	2.70*** (1.88–3.88)	7.6	1.06 (0.71–1.57)	40.0	2.19*** (1.74–2.76)
58+ years old (Born before 1964, Baby Boomer & Silent Generation, born before 1945)	26.0	1.40** (1.10–1.79)	11.9	2.04*** (1.41–2.94)	7.8	0.96 (0.66–1.39)	34.1	1.56*** (1.24–1.96)
Province								
Atlantic Canada	26.3	0.81 (0.60–1.08)	12.6	0.92 (0.62–1.37)	8.1	1.03 (0.66–1.59)	33.7	0.82 (0.62–1.07)
Quebec	21.3	0.63*** (0.53–0.74)	10.4	0.80* (0.64–1.00)	6.1	0.75* (0.57–0.98)	28.3	0.66*** (0.57–0.77)
Ontario	29.2	1.00	11.7	1.00	7.6	1.00	36.1	1.00
Manitoba	25.9	0.84 (0.60–1.17)	8.8	0.71 (0.43–1.17)	5.4	0.66 (0.35–1.26)	31.9	0.82 (0.60–1.12)
Saskatchewan	21.8	0.63* (0.41–0.96)	10.7	0.98 (0.53–1.81)	4.0	0.53 (0.26–1.11)	31.0	0.77 (0.52–1.12)
Alberta	31.8	1.1 (0.90–1.35)	9.2	0.77 (0.56–1.06)	7.3	0.97 (0.70–1.34)	35.6	0.96 (0.79–1.16)
British Columbia	34.1	1.24* (1.04–1.47)	13.0	1.07 (0.82–1.39)	8.9	1.15 (0.86–1.53)	41.3	1.22* (1.03–1.44)
Marital status								
Married or Common-law	27.5	1.00	10.5	1.00	7.1	1.00	34.5	1.00
Widowed, separated or divorced	29.8	1.19 (0.98–1.45)	15.3	1.13 (0.88–1.46)	9.4	1.12 (0.83–1.50)	38.0	1.12 (0.94–1.34)
Single or never married	27.2	1.07 (0.89–1.28)	10.5	1.16 (0.90–1.51)	6.4	0.81 (0.60–1.11)	32.4	1.03 (0.87–1.23)
Household income								
$39,999 or less	28.8	1.00	15.4	1.00	10.5	1.00	37.8	1.00
$40,000–$99,999	28.7	1.04 (0.85–1.28)	11.9	0.84 (0.64–1.11)	7.2	0.73* (0.54–0.98)	35.7	0.97 (0.80–1.17)
$100,000–$149,999	26.7	0.9 (0.72–1.13)	9.7	0.70* (0.51–0.96)	7.0	0.71* (0.51–0.99)	32.5	0.82 (0.67–1.02)
$150,000 or more	27.0	0.8 (0.71–1.13)	9.7	0.66** (0.48–0.90)	6.0	0.58** (0.41–0.83)	33.1	0.83 (0.67–1.02)
Education level								
Less than high school	31.8	1.00	12.0	1.00	11.5	1.00	39.9	1.00
High school diploma	28.0	0.85 (0.64–1.13)	11.5	0.96 (0.64–1.45)	7.1	0.60* (0.39–0.91)	34.4	0.81 (0.62–1.06)
Some post-secondary	27.5	0.83 (0.63–1.08)	11.6	0.93 (0.63–1.36)	6.8	0.60* (0.40–0.89)	34.2	0.78 (0.61–1.00)
Bachelor, University Diploma or above bachelor	27.0	0.82 (0.62–1.07)	10.4	0.86 (0.59–1.26)	7.0	0.64* (0.42–0.96)	33.7	0.78* (0.60–1.00)
Canadian born								
Yes	28.6	1.00	11.7	1.00	7.1	1.00	35.3	1.00
No	26.1	0.81** (0.71–0.92)	10.0	0.86 (0.71–1.04)	7.7	1.08 (0.88–1.33)	32.7	0.83**(0.74–0.94)

MHACS, Mental Health Access to Care Survey; IPV, intimate partner violence; MHACS data are not representative of Provinces. Atlantic provinces were collapsed due to small sample size in some provinces. AOR, Adjusted Odds Ratios; 95% CI, 95% Confidence Interval. AOR models are adjusted for all variables in the table simultaneously in one model. *p < 0.05 **p < 0.01 ***p < 0.001.

Table 3: **The prevalence and associations between sociodemographic characteristics and child abuse types in the 2022 MHACS.**

While the reasons for these differences in prevalence cannot be proven with these data, the findings have important public health implications and require ongoing attention. More research is need with new data collections and analyses to examine how these trends will continue to evolve over time.

Limitations of the current study should be noted when interpreting the findings. First, the respondents recall of child abuse experiences were retrospective in nature. However, evidence does indicate that retrospective recall of childhood adversity provides valid and reliable data.[24–27] Second, only three of the five child maltreatment types were assessed; not included were emotional abuse or neglect. Third, the measure of EIPV is limited; for example, it does not include children's exposure to coercive and controlling behaviour

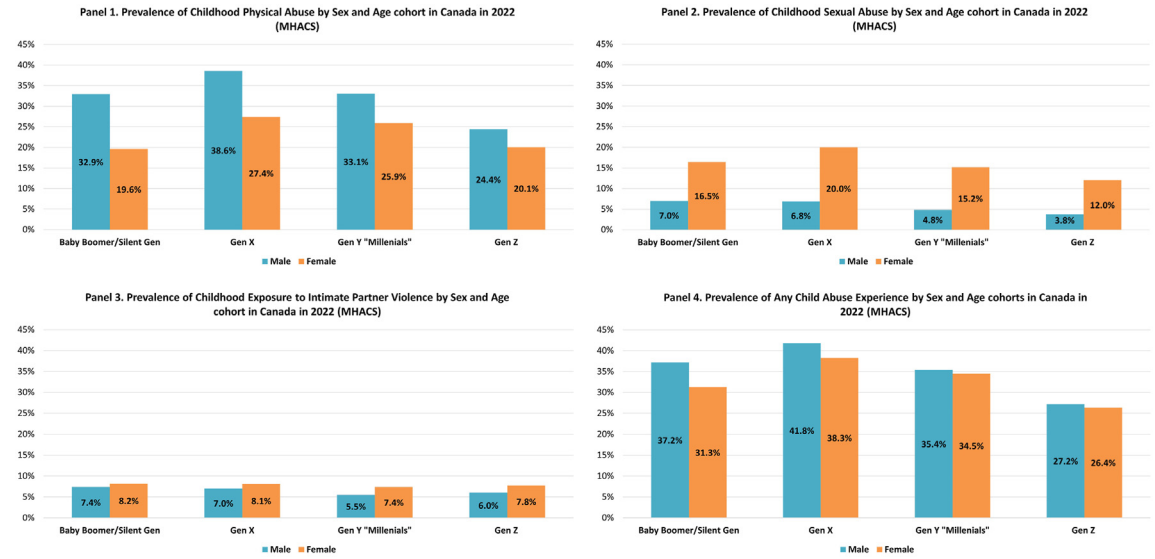

Fig. 1: Prevalence of child abuse types by sex and age cohorts in Canada. Blue, Male; Orange, Female; MHACS, Mental Health Access to Care Survey.

experienced by a parent. Therefore, EIPV is underestimated in this study. Fourth, 2022 MHACs did not include representative data from the territories or among Indigenous communities. Fifth, data on ethnicity were not collected with adequate detail, which limited the utility of including ethnicity as a covariate and led to the decision not to include it in the analyses. Sixth, the response rate for the 2022 MHACS data was low at 25%. Weights were computed to allow data to be nationally representative based on several sociodemographic characteristics. However, it is important to note that weighting data to be representative may have its limits when response rate is low due to the inability to account for other factors beyond sociodemographic variables that may be related to child abuse and/or decisions to participate in the data collection. Finally, gender identity information was collected in the 2022 MHACS, but could not be included in the current study due to inadequate statistical power.

Future directions should continue to prioritize ongoing nationally representative data collection on child maltreatment within health surveys.[28] Such data collection should also include all five types of child maltreatment (physical, sexual, emotional abuse, neglect, and EIPV) and use of valid, reliable measures across all types.[28] Future child maltreatment data collections should also include children and youth younger than 18 years old. Research has indicated that children and youth as young as 10 years old can be safely included in child abuse research without experiencing distress.[29] In addition, children and youth should be included in child abuse research because it is the child's human right to have their voices heard.[30,31] It is also recommended that future work include gender identity, which requires collecting larger samples or using over sampling methods to obtain adequate power for analyses.

All children and youth have the right to live free from all forms of violence[32] Promoting and maintaining safe environments for all children is essential to ensure health and well-being. Findings from this study confirm that it is necessary to have safeguards in place for children and youth who identify with a sexual identity other than heterosexual to reduce the likelihood of experiencing child abuse. From a public health perspective, this would include investments in education and parenting resources that normalize and accept all sexual identities and remove any tolerance for violence against children and youth. Preventing child abuse for all children must remain a priority in Canada. More effective trauma- and violence-informed policies and clinical practice strategies aimed at violence prevention among children and youth are needed at the provincial-, territorial-, and national-level in Canada.

Our findings indicate that in 2022, 34.4% of the adult population in Canada have experienced physical abuse, sexual abuse, and/or EIPV before the age of 16 years, and that sex, sexual identity, and age cohort are significantly associated with these experiences. Using a life course approach, child maltreatment (including abuse and neglect) has been described as a social determinant of mental health that could be a modifiable target as a means of intervention to reduce poor mental health and promote well-being.[33–35] Evidence-based primary prevention recommendations that target child maltreatment across the lifespan include pre- and post-natal

support, early home visits programs, parental leave, positive parenting interventions, income support, addressing intimate partner violence, and school-based programs.[33–35] In addition, healthcare providers and other professionals working with children and families should be aware of how prevalent child abuse is within the Canadian context, and how sex and sexual identity are related to these experiences. Clinicians working with children and families should ensure that they are using evidence-based methods to recognize and safely respond to child abuse.[36,37]

Contributors

Tracie Afifi developed the research questions, designed and supervised the analysis, interpreted the findings and wrote and revised sections of the manuscript. Julie-Anne McCarthy, Ana Osorio, and Lauren MacGowan designed and conducted the statistical analysis and wrote and revised sections of the manuscript. Tamara Taillieu, Ashley Stewart-Tufescu, Jitender Sareen, Harriet MacMillan, Lil Tonmyr, Ian Colman, Mark Ferro, Kelly Anderson, and Jordan Edwards developed the research questions, designed the statistical analysis, interpreted the findings, and edited and revised the manuscript. Authors accessing and verifying the data include Afifi, McCarthy, Osorio, and MacGowan. All authors accept responsibility for the submitted publication. Career stage and gender were considered in the authorship order.

Data sharing statement

The data are housed at Statistic Canada Research Data Centres in Canada. The authors are not authorized to share the data. However, the process to gain permission to access the data can be provided by contacting a Statistics Canada Research Data Centre.

Declaration of interests

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Appendix A. Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.lana.2025.101072.

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