Child Abuse and Risky Behaviors among Youths

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Background: *Child abuse is an important health issue but it is little known how abuse experiences in childhood and current health risk behaviors are related.*
Objectives: *To a) study the prevalence and characteristics of child abuse experience, b) test the hypothesis that youths with a history of child abuse would have more health risk behaviors compared to their non-abused counterparts and c) study the associations between child abuse experience, family and social risk factors, and current health risk behaviors.*
Material and Method: *A cross-sectional population survey was conducted on a sample of 488 young people aged 16-25, living in suburban community of Pathumthani Province. Measures: The standard questionnaires used consisted of 1) The Conflict Tactics Scales (CTS) for child abuse experience 2) Health risk behaviors using Diagnostic Interview Schedule (DIS), Alcohol-Use Disorder Identification Test (AUDIT), sexual risk behavior screening test, modified Youth Risk Behavior Survey Questionnaire to measure substance use, alcohol, sexual risk behaviors, other risk behaviors respectively. Linear regression was performed to estimate the independent association of abuse experience with the risky behavioral outcomes.*
Results: *Prevalence of child abuse was approximately 30% of the sampled group. Childhood physical abuse was the most common form of abuse (15%) while sexual abuse was the second most common (12%). There were strong graded relationships between the number of abusive experiences and the health risk behaviors. Factors associated with having health risk behaviors included male gender, older age, experiences of abuse, low level of parental education, friends who were involved with potential health risk activities, and no close relatives.*
Conclusion*: Child abuse was not uncommon among Thai youths. Abusive experience and some family and social factors increased the risk of risky behaviors among youth.*

Keywords: *Child abuse, Risk taking behaviors*

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Child abuse is a major social and public health concern all around the world[1]. In spite of often under report, it is well known that this problem including other kinds of child's right violation is highly distributed in Thailand[2]. Chronicity and severity of child abuse can lead to long lasting adverse mental and behavioral outcomes such as anxiety, depression, alcohol and substance use, deliberate self-harm, suicide, inappropriate sexual behaviors, antisocial behaviors and intergenerational transmission[3-7].

There has been little research on child abuse in Thailand especially epidemiological studies. The only two studies were conducted and reported by Isaranurug and colleagues (2002)[8] and Jirapramukpitak and colleagues (2005)[7]. However, there is no study on the direct linkage between history of childhood abuse including family violence and current health risk behaviors. Therefore, the findings of this study fill the gap by revealing how these two factors are related.

The objectives of this research are to a) study the prevalence and characteristics of child abuse experience, b) test the hypothesis that people with the history of child abuse would increase health risk behaviors compared to their counterparts and c) study the associations among child abuse experience, family and social risk factors and current health risk behaviors.

Material and Method

Participants

A sample group of 488 young people, aged 16-25 and living in Khukot Municipality of Pathumthani Province was recruited by door knock census. By using this sampling method, a wide range of youth was obtained.

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Method

The study is designed to use a population-based cross-sectional survey. To minimize information bias, data were collected by trained interviewers and self-reported using standard questionnaires. A structured interview was conducted to collect exposure information, *i.e.,* demographic and risk factors while Self-administered questionnaires were used in sensitive and confidential matters *i.e.* risk behaviors and child abuse experience. The term "child abuse experience" in this study is defined to include physical abuse, sexual abuse, childhood witness of maternal battling and being physical abused by own spouse.

Measures

The standard questionnaires used consist of 1) The Conflict Tactic Scales (CTS)[9,10] for child abuse experience 2) Health risk behaviors using Diagnostic Interview Schedule (DIS)[11] Alcohol-Use Disorder Identification Test (AUDIT)[12], sexual risk behavior screening test[13], modified Youth Risk Behavior Survey Questionnaire[14] to measure substance use, alcohol, sexual risk behaviors, other risk behaviors respectively.

Statistical Analysis

Prevalence of child abuse, risk factors related to child abuse and health risk behavioral outcomes were presented descriptively. The bivariate analysis was conducted to explore the association between abusive experience and health risk behaviors. The multivariate analysis using linear regression was performed in order to estimate the independent association of abuse experience with the risky behavioral outcomes having controlled for other risks factor.

Results

Demographic Data

Fifty-one point four percent of the sample group was male and its mean age was 19.9 years old with SD 3.1. For its working status, 45.5% was working, 8.6% looking for a job, 46.1% unemployed either studying or being housewives or others.

Histories of abuse

The sample group reported histories of abuse as follows: 14.8% received child physical abuse, 11.9% child sexual abuse, 5.7% physical abused by own spouse, and 10% childhood witness of maternal being abused. The total number of any abuse experiences was 29.7%, which were classified into the following 4 types. 20.5% of the sample group received one type of abuse, 6.5% two types of abuse, 1.5% three types of abuse and 1.3% all types of abuse.

Family and social risk factors

The present study focused on family and social risk factors in terms of parental academic background and relationships, currently living condition and having social and family network of the sample. From this frame of investigation, the data showed that the majority of parental education (91.2%) was lower than bachelor's degree. 48.8% of them finished only primary education (grades 1-6), 14.5% lower secondary education (grades 7-9), 13.9% upper secondary education (grades 10-12) and 9.2% tertiary education. Thirty-nine point three percent of the sample reported having parental separation (widow, divorce, separation). Regarding currently living situation, the majority (91.2%) lived with their families and relatives. There were only 5.5% living with friend and only 3.3% living alone. Most of the sample (93.2%) had family intact and social networks with reports of doing some activities with their families, 44.3% were with friends; 67.6% had frequent talks with more than five relative; and 34.2% had more than five close friends. However, there were some participants reporting having poor social and family networks; having no activity with their families (6.8%), having a frequent talk with less than two relatives (32.4%) and having deviant peers suggesting to do high risk activities such as using drugs and alcohol, and going to nightclubs (59.6%).

Health risk behaviors

During last year, around one third (35%) of the sample reported cigarette smoking while one fourth (24%) affected by harmful alcohol consumption. Illegal drug use was reported 8.4% and 15.6% of the sample reported having sexual risk behaviors. To sum up, the majority (55.3%) reported no health risk behavior whereas 18%, 15.2%, 10.3% and 1.2% of the sample reported that they committed one, two, three and four health risk behaviors, respectively.

An association between abusive experience and health risk behaviors

The findings of this study confirmed the hypothesis that sample individuals with history of child abuse committed more health risk behaviors compared to their counterparts (OR 2.1, 95% CI 1.4-3.3). Moreover, the researchers found the dose-response relationship. In other words, the more types of abuse ones have,

the higher number of the health risk behaviors committed as shown in Table 1 (Test for trend, F = 3.44, p = 0.0088).

Factors influence health risk behaviors

The multivariate linear regression analysis was conducted to explore factors influencing health risk behaviors. It was found that the significant factors included an increasing the numbers of abuse type (coefficient 0.2, 95% CI 0.1-0.3), male sex, older age, lower level of parental education, deviant peers and no close relatives as seen in Table 2.

Discussion

The present study sampled youths who actually lived in a community as participants rather than youths from an educational center or institution or work place. The reason for this was that their characteristics were various. In addition, the authors used the standardized measures which have already been tested and accepted in Thai population rather than developing new measures. The results were discussed in an order relative to the aims of this project.

Table 1. Relationships between the numbers of abuse experience and health risk behaviors

Number of abuse's type	Any health risk behaviors (%)	OR (95% CI)
none	38.7	1
1 type	55.6	2.0 (1.2-3.3)
2 types	53.1	1.8 (0.8-3.9)
3 types	81.8	7.1 (0.8-60.1)
4 types	83.3	7.9 (0.8-74.2)

The prevalence and characteristics of child abuse experience

Prevalence of any abuse experiences in this study was approximately 30%. The results confirmed several reviews[1,2,7,8,15] that child abuse in Thailand is not uncommon. Childhood physical abuse was the most common form among other types of abuse while sexual abuse was the second most common with the prevalence of about 15% and 12% respectively. It may be difficult to compare the prevalence of abuse across the studies due to the use of various operational definitions and contexts. For example, the prevalence of physical abuse in Asian studies varies from 6.6% to 76.7%[7].

Participants with the history of child abuse would commit more health risk behaviors compared to their counterparts

The results confirmed the hypothesis of this study and findings of previous studies[16-19] that having abusive experience put someone at higher risks of behaviors with graded response relationships.

The associations among child abuse experience, family and social risk factors, and current health risk behaviors.

As mentioned above, there was a dose response relationship between abusive experience and health risks behaviors. For other risks factors, male sex and lower parental education also increased health risk behaviors. This was in line with the previous study[20] which reported the association between several risk taking behaviors of youth and male sex and parental incomes less than 30,000 baht per month. The lower income may imply low level of education.

In addition, the present study found an association between having deviant peers and increasing health risk behaviors which replicated several previous research studies conducted in both Thailand

Table 2. Factors influence health risk behaviors

Variables	Coefficient (95% CI)
The number of abuse types (the higher number compared to the lower number)	0.2 (0.1-0.3)
Gender (male compared to female)	0.9 (0.7-1.1)
Age (the older age compared to the younger age)	0.07 (0.04-0.09)
Level of primary parental education (primary or no education compared to high school or higher education)	0.3 (0.1-0.5)
The number of deviant peers (having deviant peers compared to no deviant peer)	0.5 (0.3-0.6)
The number of close relatives (no close relatives compared to having close relatives)	0.7(0.2-1.2)

and other countries. For example, Norton and colleagues (1998)[21] reported alcohol consumption and cigarette smoking within peer groups influenced this usage in their adolescent samples which might be a result of peer influence rather than peer selection. Pattanakamjorn (1998)[22] studied amphetamine use behavior and its relative factors in Thai students. The result showed statistically significant ($p = 0.005$) that participants with amphetamine addiction had more amphetamine addicted friends compared to just amphetamine abusive but not addicted participants. An American study conducted by Simon-Morton and colleagues (2001)[23] also reported an association between having deviant peers and cigarette smoking and alcohol use in lower secondary school students. All these studies are based on the social learning theory[24].

Moreover, a report of having no close relative associating with an increase in health risk behaviors in the present study was also relevant to a prior study. Petraitis and colleagues (1998)[25] found that having not any close senior kin put someone at higher risk of substance use behavior.

However the present study did not find a statistically significant relationship of doing any activities with family members and a decrease in health risk behaviors. This finding might be explained that joining any family activities could not reflect either good family relationships or positive parenting patterns which are actually the protective factors for misconduct behaviors[23]. In addition, parents may play less influent role in shaping desirable behaviors of their older sons or daughters. A study of Pattanakamjorn (1998)[22] demonstrated that 58% of adolescents with amphetamine use reported having happy families while 20% reported not having any family problems. This evidence proved that most adolescents with substance use were not always from broken or discordant families.

Limitation

Because of the cross-sectional study design, the associations found in the present study could not illustrate the directions of relationships and also the cause and effect among variables could not be explored. In addition, only some family and social risk factors were studied so the present research project could not provide the whole explanation of how all risk factors of child abuse and health risk behaviors are related.

Implication

The present study may be beneficial for policy implications which are as follows: a) needs assessment of the families with history of domestic violence is crucial especially the needs of the affected children. Knowing the children' s needs and the levels of family and social supporting systems would help to prevent re-abusive experience and health risk behaviors in the future, b) early detection of youth with conduct problems or substance use behaviors by schools or communities are also important in order to set the effective prevention programs for the high risk groups which would be better than giving individual treatment only due to peer influence and 3) parent training programs and enhancing good parents-child relationships may be more important than encouragement of parents spending purposeless time with their children or just doing family activities together.

Conclusion

In summary, prevalence of child abuse is not uncommon in Thailand. Child abuse experience and some family and social risk factors increased health risk behaviors in youth. There was also a dose-response relationship between histories of abuse and health risk behaviors.

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ประสบการณ์ถูกทารุณกรรมและพฤติกรรมเสี่ยงต่อสุขภาพในเยาวชน

ศุภรา เชาว์ปรีชา, ตะวันชัย จิรประมุขพิทักษ์

***ภูมิหลัง**: การทารุณกรรมเด็กเป็นปัญหาสำคัญ และพบได้ไม่น้อยแต่ที่ผ่านมายังไม่มีการศึกษาความสัมพันธ์โดยตรงระหว่างประสบการณ์ถูกทารุณกรรมในวัยเด็ก กับพฤติกรรมเสี่ยงต่อสุขภาพในปัจจุบันของเยาวชนไทย*

***วัตถุประสงค์**: เพื่อ 1) ศึกษาความชุกและลักษณะของประสบการณ์ถูกทารุณกรรมในวัยเด็ก 2) ทดสอบสมมติฐานว่าเยาวชนที่มีประวัติพบเห็น หรือเผชิญกับความรุนแรงมีความเสี่ยงต่อปัญหาสุขภาพจิต หรือพฤติกรรมเสี่ยงต่อสุขภาพมากกว่าเยาวชน ที่ไม่มีประสบการณ์ดังกล่าว 3) ศึกษาความสัมพันธ์ระหว่างประสบการณ์ถูกทารุณกรรมในวัยเด็ก ปัจจัยเสี่ยงด้านครอบครัวและสังคม และ พฤติกรรมเสี่ยงต่อสุขภาพในปัจจุบันของเยาวชน*

***วัสดุและวิธีการ**: เป็นการศึกษาแบบตัดขวาง ในกลุ่มตัวอย่างของประชากรอายุ 16-25 ปี ในพื้นที่เทศบาลเมืองคูคตของจังหวัดปทุมธานีในกลุ่มตัวอย่างจำนวน 488 คน แบบสอบถามประกอบด้วย: 1) แบบวัดประสบการณ์ความรุนแรงทางกายและทางเพศ ที่ดัดแปลงจาก Conflict Tactics Scales (CTS), 2) แบบคัดกรองปัญหาการดื่มสุรา (Alcohol-Use Disorder Identification Test, AUDIT) และการใช้สารเสพติดในรอบปีที่ผ่านมา (Diagnostic Interview Schedule, DIS), 3) แบบคัดกรองพฤติกรรมเสี่ยงทางเพศ, 4) แบบคัดกรองพฤติกรรมการสูบบุหรี่ ดัดแปลงจาก Youth Risk Behaviour Survey Questionnaire, วิเคราะห์ข้อมูลโดยการวิเคราะห์หลายตัวแปรแบบ linear regression*

***ผลการศึกษา**: ความชุกของประสบการณ์ถูกทารุณกรรมในวัยเด็กในการศึกษานี้ พบได้ประมาณ 30% โดยพบการถูกทำร้ายร่างกายมากที่สุด รองลงมาคือการถูกล่วงละเมิดทางเพศ ซึ่งมีความชุกราว15% และ12% ตามลำดับ ผู้ที่รายงานถึงประวัติความรุนแรงในอดีตมีความสัมพันธ์กับพฤติกรรมเสี่ยงต่อสุขภาพที่มากขึ้น โดยผู้ที่รายงานชนิดของความรุนแรงหลายชนิด มีความเสี่ยงมากกว่าผู้ที่รายงานถึงความรุนแรง เพียงประเภทใดประเภทหนึ่ง (dose-response-relationship) ผลการวิเคราะห์ตัวแปรแบบพหุถดถอยพบว่า ปัจจัยที่มีความสัมพันธ์กับพฤติกรรมเสี่ยงต่อสุขภาพประกอบด้วย อายุที่มากขึ้น เพศชาย มีประสบการณ์เกี่ยวกับความรุนแรงหลายประเภท ผู้ปกครองมีการศึกษาน้อย มีเพื่อนที่ชักชวนไปทำกิจกรรมที่เสี่ยง และการรายงานว่าไม่มีญาติพี่น้องที่สนิทสนมหรือใกล้ชิดเลย*

***สรุป**: ประสบการณ์ความรุนแรงในครอบครัว และพฤติกรรมเสี่ยงต่อสุขภาพด้านต่างๆ เป็นปัญหาที่พบบ่อยในเยาวชน ประสบการณ์ได้รับความรุนแรงในครอบครัวมีความสัมพันธ์ที่ชัดเจนกับพฤติกรรมเสี่ยงต่อสุขภาพ*