

The Australian Child Maltreatment Study

A landmark study of the national prevalence of child maltreatment, and associated health and behavioural outcomes

Public launch of findings by the ACMS Team
Brisbane, Queensland University of Technology
Tuesday 4 April 2023



Acknowledgement of Country

We acknowledge the Turrbal and Yugara, as the First Nations owners of the lands where QUT now stands. We pay respect to their Elders, lores, customs and creation spirits. We recognise that these lands have always been places of teaching, research and learning.



On Behalf of the ACMS team



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(QUT)



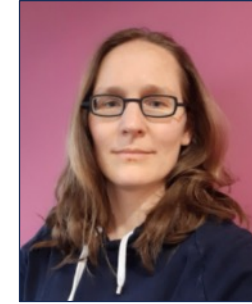
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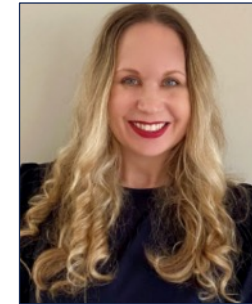
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Acknowledgments

QUT

Our funders

- National Health and Medical Research Council
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Distinguished guests

Government agencies, sector leaders, key stakeholders

Our partners

Our survey participants

Those with lived experience



Access to support

Lifeline – 13 11 14 (24 hours a day, 7 days a week)

13YARN – 13 92 76 (24 hours a day, 7 days a week) – a culturally safe crisis support line for Aboriginal and Torres Strait Islander people

1800RESPECT – 1800 737 732 (24 hours a day, 7 days a week) – for people impacted by sexual assault, domestic and family violence and abuse

Blue Knot Helpline – 1300 657 380 (9am-5pm, 7 days a week) – for adults impacted by childhood trauma including child sexual abuse

Kids Helpline – 1800 55 1800 (24 hours a day, 7 days a week)



1

Why did we need the ACMS?



Australia has not had reliable evidence at the population level about the:

1

Prevalence of each type of child maltreatment

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Exposure to domestic violence

2

Characteristics of each type of abuse and neglect

- How old are children when it begins and ends?
- Who inflicts different types of maltreatment?
- How chronic are these experiences?

3

Associated mental health disorders, health risk behaviours, physical health conditions



Incomplete and uninformed

Despite the significance of child maltreatment for social justice, lifelong health, the economy, and the community fabric, national policy has been incomplete and uninformed by the necessary epidemiological evidence.

Advancing public health, social justice, and the economy

This evidence is essential to inform better, targeted approaches to:



Prevent
child abuse and neglect



Reduce
associated health conditions and health risk behaviours



Reduce
economic cost to the nation

Findings significant across sectors serving children, families, communities:

- Early childhood education and care
- Education in primary and secondary sectors
- Child protection; family welfare; out of home care
- Health
- Justice

The annual cost of mental health disorders and suicide

\$200 to \$220 billion

Productivity Commission, 2020

Enabling a precision public health approach

ACMS findings on prevalence, characteristics, risk profiles, and associations with harmful outcomes can inform targeted prevention and response.

- Circumstances of particular need for children and youth (and girls v boys)
- How to support parents and families
- When to intervene – and when not to intervene
- Where, when and with whom our prevention dollars are best spent
- Informing policy and prevention
- Building practitioner capacity
- Building public awareness and participation
- Enabling transformational, intergenerational change




2

What the ACMS has done:

New national evidence
to inform policy and
practice



We have generated new national evidence to inform policy and practice



The first
comprehensive
nationwide study of:

1

Prevalence

The prevalence of each form of child maltreatment (and of multi-type CM)

2

Characteristics

The characteristics of these experiences (e.g., child age, sex, relation to person)

3

Mental Health

Key mental health outcomes, and health risk behaviours, through life

4

Burden of Disease

The burden of disease from maltreatment (& other health use outcomes)

How we did the ACMS



Nationwide cross-sectional survey

- Informed by systematic review and analysis
- Computer-assisted telephone interviews
- Random sample of the population

8500 Participants aged 16 and over

3500 Adolescents/young adults aged 16-24

Enables future Wave Studies, Cohort Study

5000 Adults aged 25+

1000 adults in 5 strata (25-34, 35-44, 45-54, 55-64, 65+)
Enables measurement of health through life



What we measured

Childhood experiences

Outcomes



Child maltreatment (all 5 types)

Physical abuse, Sexual abuse,
Emotional abuse, Neglect,
Exposure to domestic violence



Familial risk factors (ACEs)



Peer bullying; sibling violence

- Mental health disorders
- Physical health conditions
- Health risk behaviours
- Health service use
- Criminal justice system involvement
- Intimate partner violence in adulthood
- Educational attainment
- Income



Sophisticated design and analysis

We have discovered
which experiences are
more widespread, and
which experiences are
most harmful for a range
of life outcomes.

3

Measuring the five types of child maltreatment:

Prevalence and
characteristics



Designing the child maltreatment questions:



Internationally leading, gold standard design

The rigour and comprehensiveness of our approach means governments and stakeholders can rely on our results.

Informed by systematic review and critical analysis

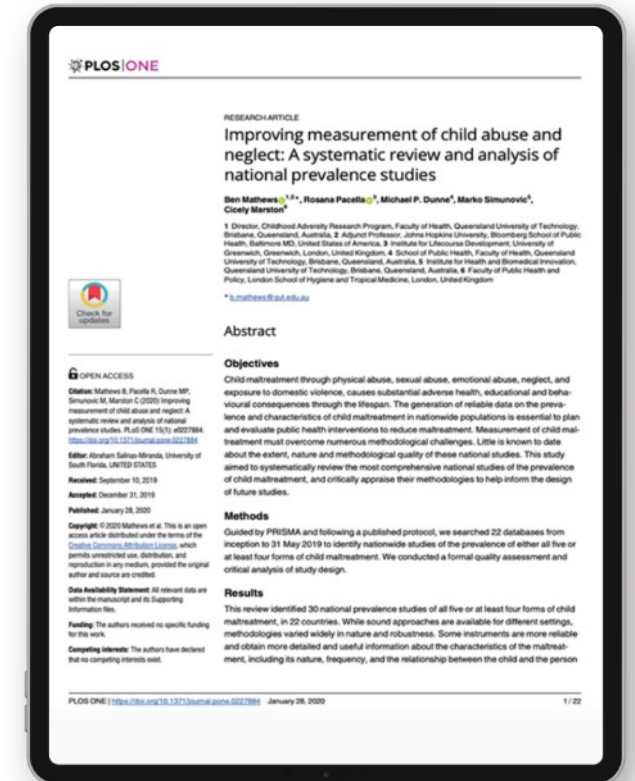
Found JVQ the best available survey instrument

2-year process: further JVQ adaptation and validation

- Deep conceptual analysis and critical appraisal
- Consultation with international panel
- Modification and enhancement
- Cognitive testing – refinement
- Pilot testing – refinement

The JVQ-R2: Adapted Version

(Australian Child Maltreatment Study)



Rigorous measurement of all maltreatment types



All 5 types

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Exposure to domestic violence



Gold standard definitions and operational examples



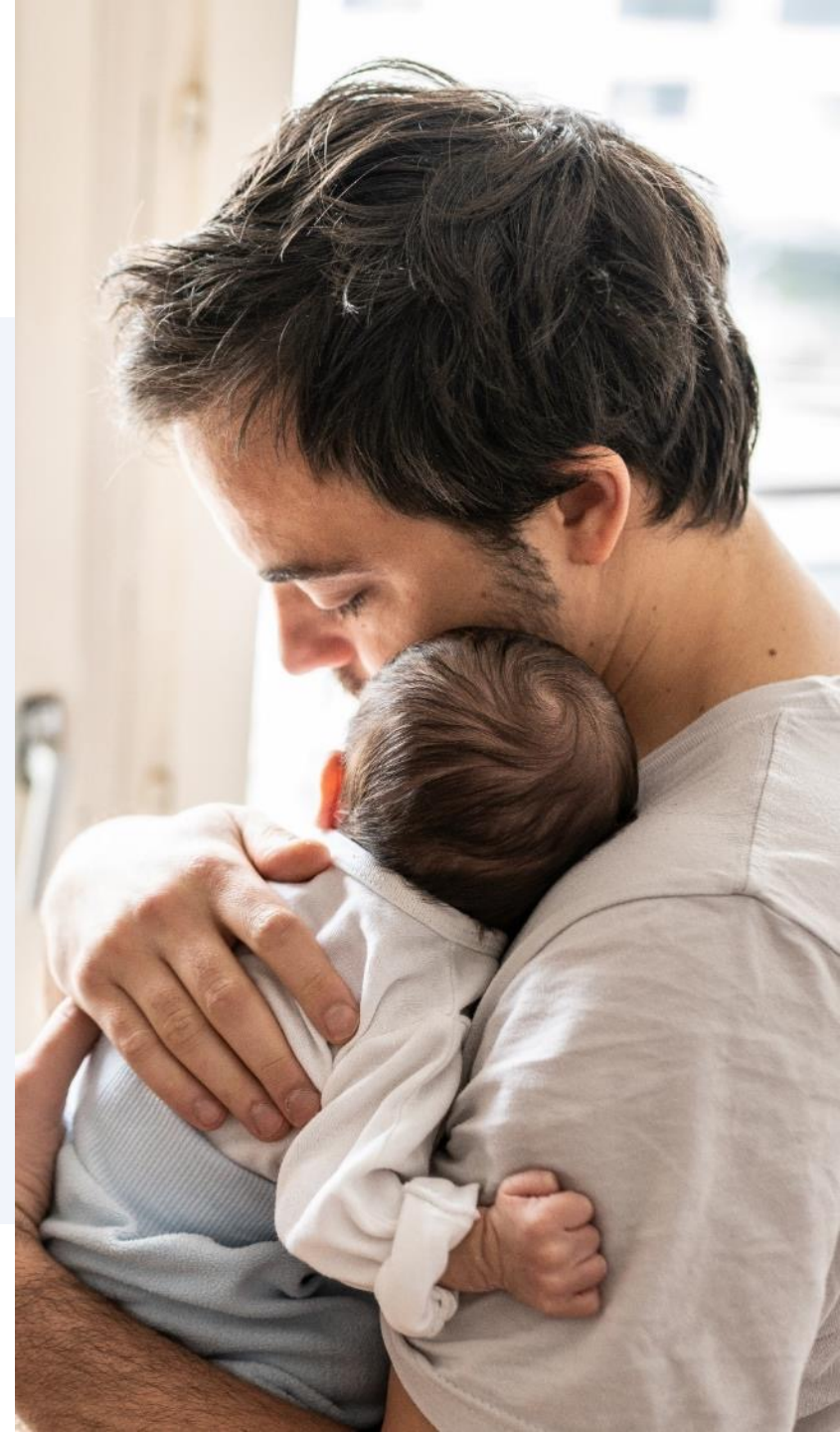
Measurement is rigorous, comprehensive, yet still conservative



Beyond existing Australian data



Beyond previous studies elsewhere



Physical abuse:

Definition

Acts of physical force by a parent/caregiver (can include those within institutions, e.g., teachers), causing injury, harm, pain, or breach of dignity, or having a high likelihood of doing so. Does not include lawful corporal punishment.

Operational examples: our two survey questions

1. Being hit, punched, kicked, or physically hurt
2. Beaten up, hit on head or face, choked, or burned



Sexual abuse:

Definition

Contact and non-contact sexual acts by any adult or child in a position of power over the victim, to obtain sexual gratification, when the child either does not have capacity to provide consent, or has capacity but does not provide consent.

Operational examples: our seven survey questions



**16 – 24
years only**

- Non-consensual sharing of sexual images
- Online grooming by adults



Emotional abuse:

Definition

Parental behaviour, repeated over time, conveying to the child they are worthless, unloved, unwanted, or only of value in meeting another's needs.

Operational examples: our three survey questions

1. Verbal hostility (insults, humiliation, calling hurtful names)
2. Rejection (saying they hate the child, don't love them, wished they were dead or had never been born)
3. Denying emotional responsiveness (consistently ignoring the child, or not showing any love or affection)

*Our calculation of the prevalence of emotional abuse only included instances where the participant experienced the behaviour over a period of weeks, months or years; we did not include those who experienced it over only a period of days: Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.



Neglect: Definition

Failure by a parent or caregiver to provide the child with the basic necessities of life, as suited to the child's developmental stage, and as recognised by the child's cultural context.

Operational examples: our three survey questions

1. Physical neglect
2. Environmental neglect
3. Medical neglect

*Our calculation of the prevalence of neglect only included instances where the participant's experience occurred over a period of weeks, months or years; we did not include those who experienced it over only a period of days: Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.



Exposure to domestic violence: Definition

Witnessing a parent being subjected to assaults, threats, or property damage by another parent/adult partner who lives in the household; includes witnessing other forms of inter-parental coercion.

Operational examples: our four survey questions

1. Witnessing physical assault
2. Witnessing serious threats of physical assault
3. Witnessing damage to property or pets
4. Witnessing coercive control (verbal, sexual, financial, or relational)

Measuring the prevalence of child maltreatment

Each question had a Yes or No response

3 Physical abuse (2, +1 on corp. punishment)

7 Sexual abuse (5, +2 on the internet)

3 Emotional abuse

3 Neglect

4 Exposure to domestic violence

20
questions



Measuring the characteristics of child maltreatment

Important information: context, and risk factors



How old was the child when it began, and ended?



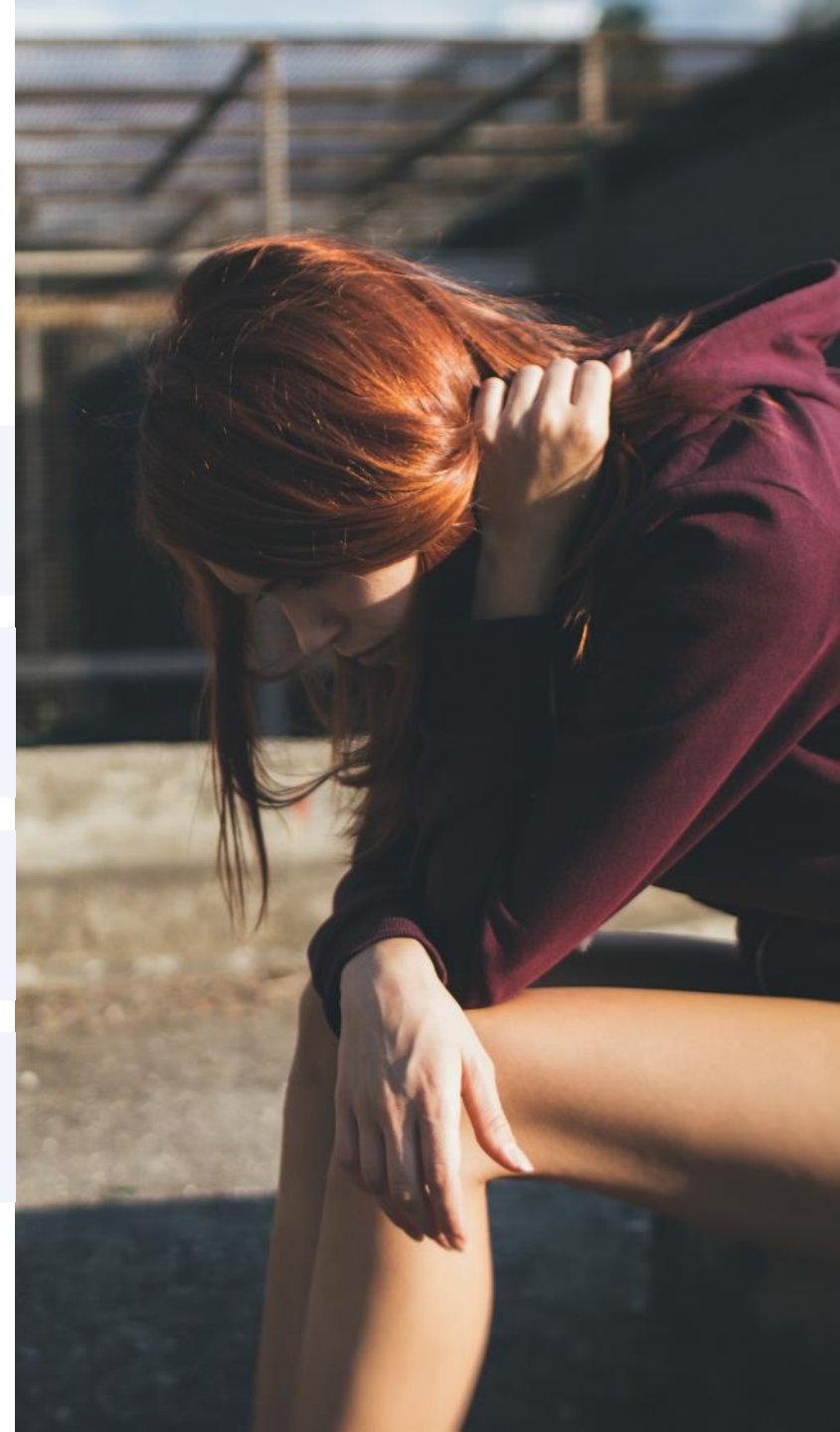
Who did the acts? (PA, SA, EA)



Disclosure (PA, SA) –
ever disclosed; age; to whom; support



How many times did it happen? (PA, SA, EDV);
or over what period did it happen? (EA, Neglect)



4

Measuring the mental health and behavioural outcomes of child maltreatment



Mental health outcomes and health risk behaviours

Mental health

Measured with the MINI (Mini International Neuropsychiatric Interview)

Diagnostic data

1. Major depressive disorder
2. Generalized anxiety disorder
3. Post-traumatic stress disorder
4. Alcohol use disorder



Mental health outcomes and health risk behaviours

Health Risk Behaviours

1. Tobacco use
2. Alcohol use (sub-clinical)
3. Cannabis dependence
4. Self-harm
5. Suicide attempts

Results of the Australian Child Maltreatment Study



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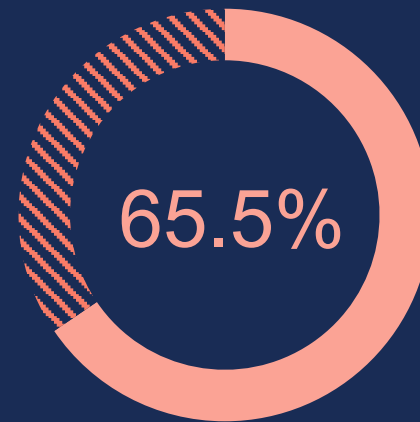
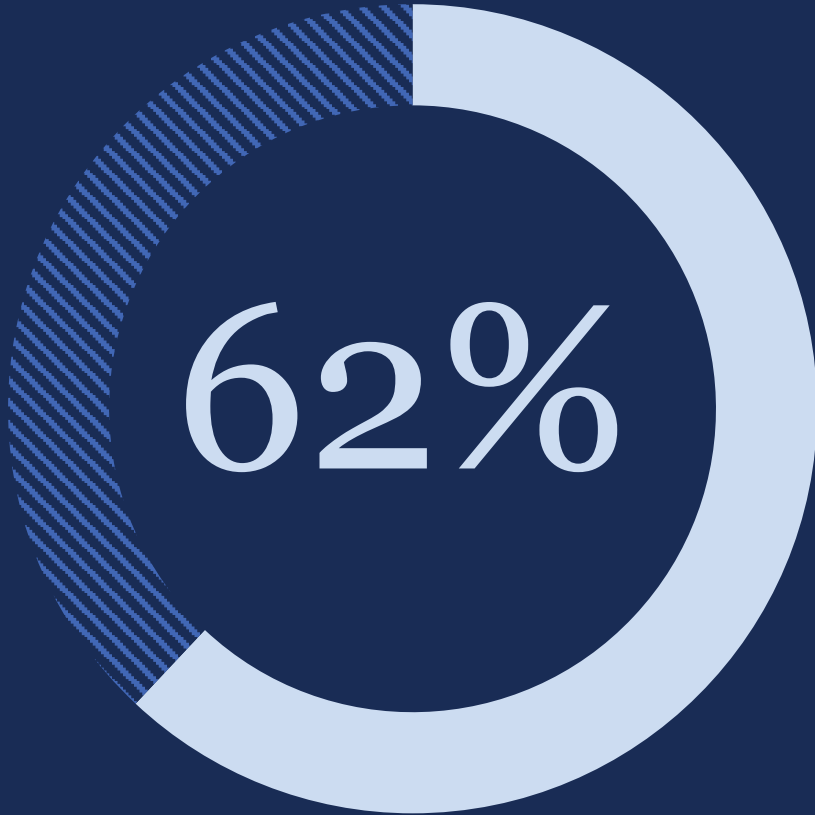
The prevalence of child maltreatment, and trends by sex and age group



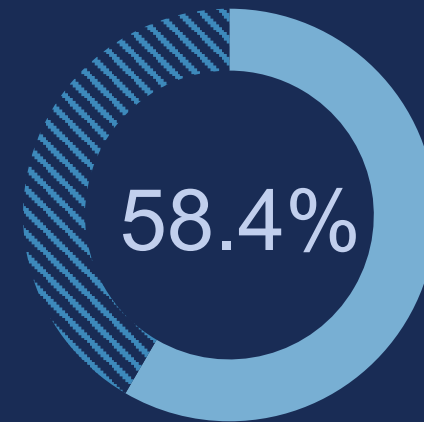
Child maltreatment is disturbingly common



62% of Australians have experienced 1 or more types of maltreatment



Females



Males

We now know the prevalence of each type of child maltreatment in Australia



Physical
abuse



Sexual
abuse



Emotional
abuse

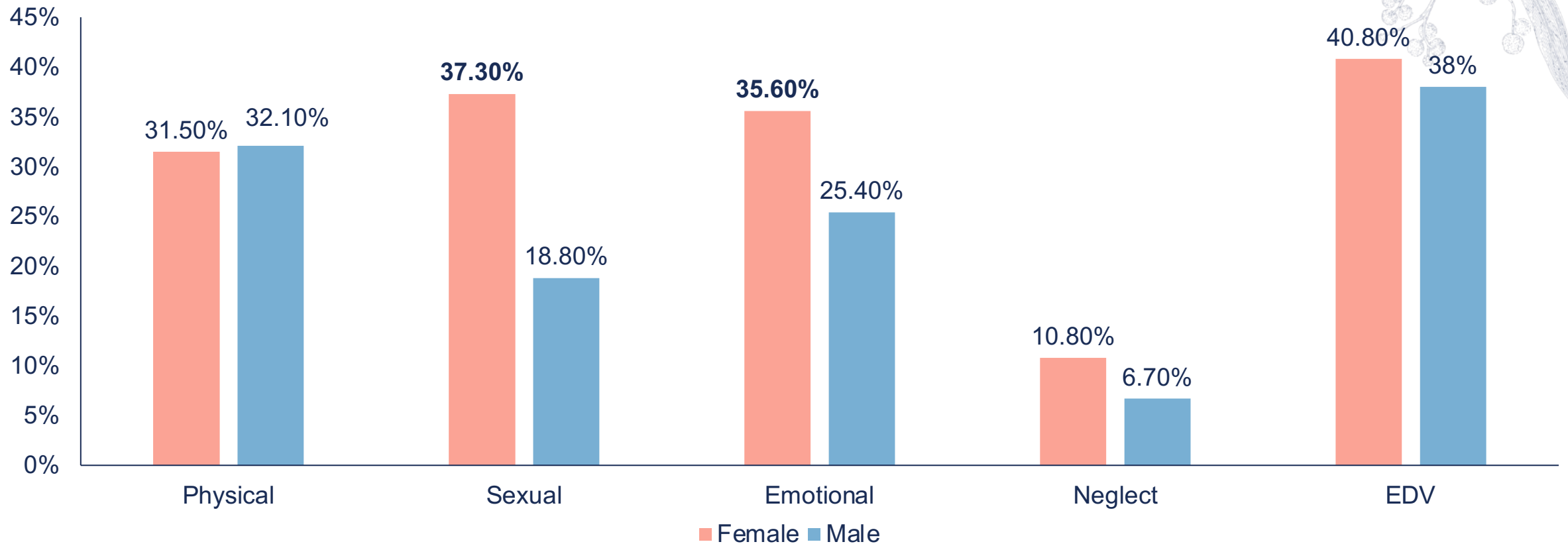


Neglect

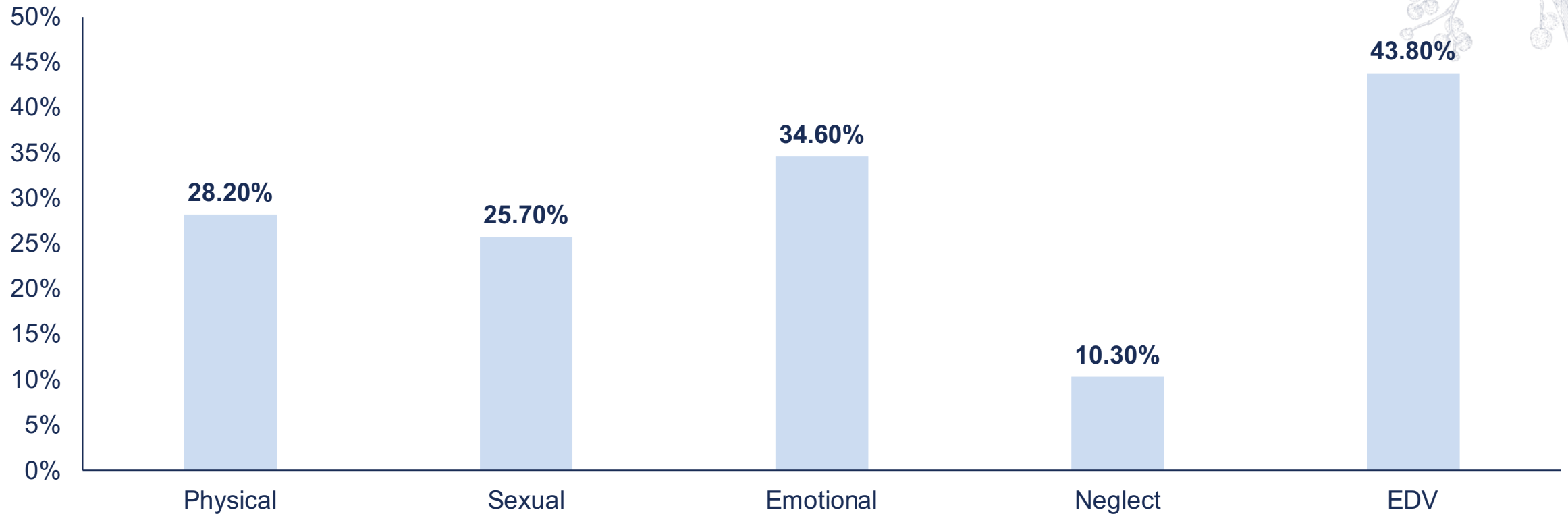


Exposure to
domestic
violence

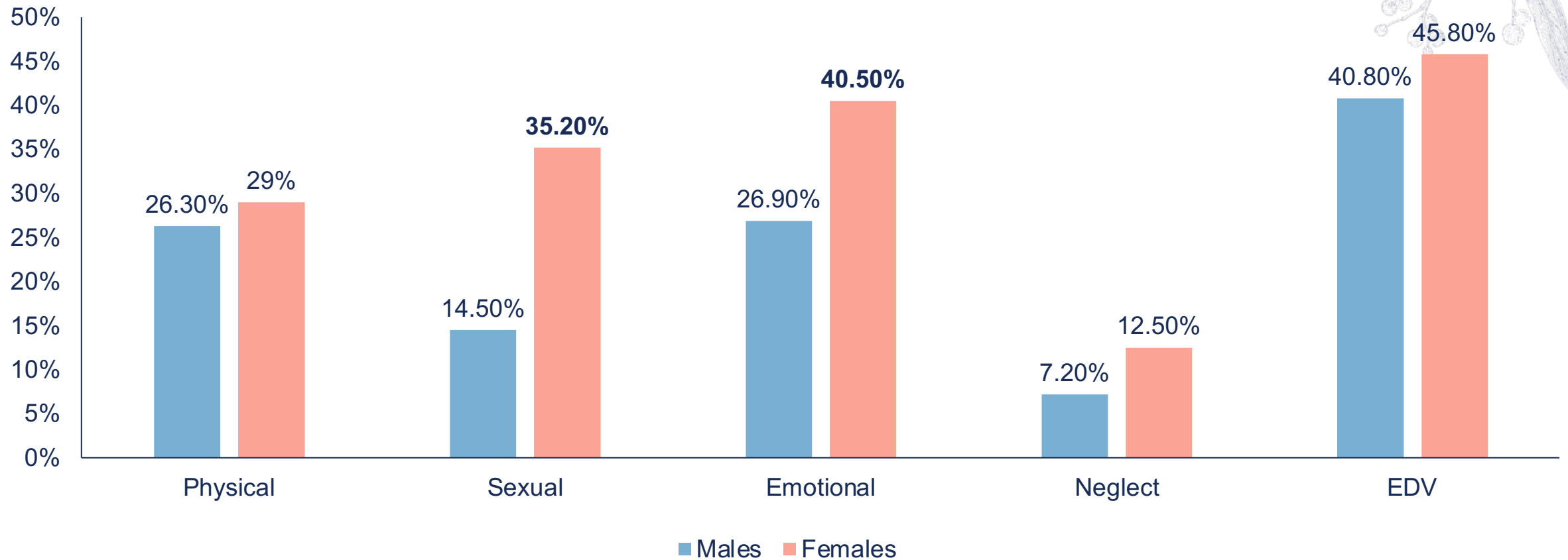
Prevalence of each maltreatment type, by sex (%)



Prevalence of each maltreatment type (youth aged 16-24)



Prevalence of each maltreatment type by sex (youth aged 16-24)



Maltreatment is chronic, not isolated



Physical abuse

88% >1 time
62% >6 times
19% >50 times

Median:
9.5x

Sexual abuse

78% >1 time
42% >6 times
11% >50 times

Median:
3.5x

Emotional abuse

~80% >years

Median:
years

Neglect

~75% >years

Median:
years

EDV

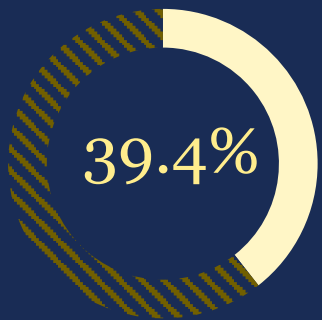
89% >1 time
65% >6 times
32% >50 times

Median:
11.8x

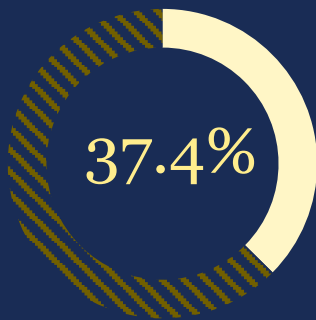
Prevalence of multi-type maltreatment

2 in 5

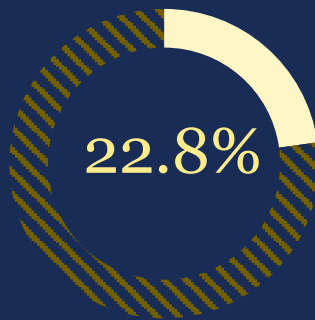
Australians have experienced multi-type maltreatment (2 or more types)



Any MTM



No CM



**Single-type
Maltreatment**

1 in 4

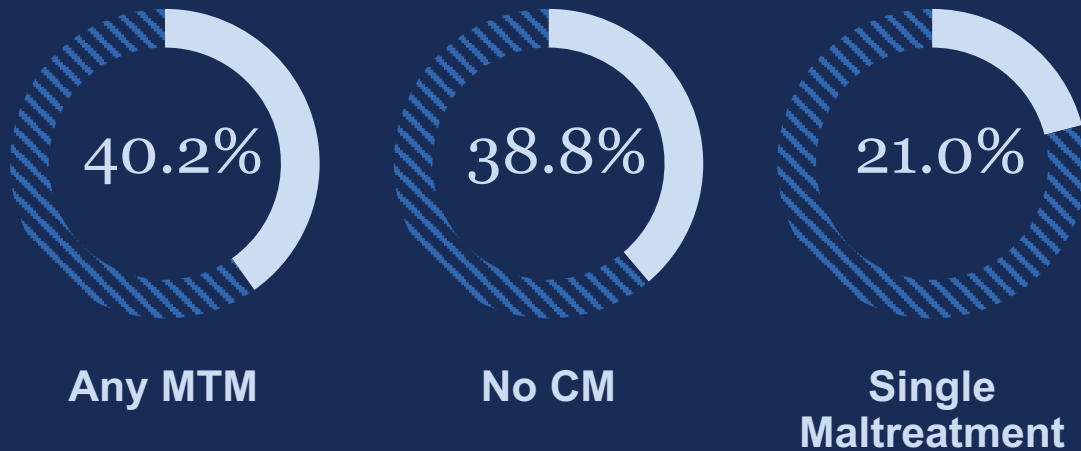
Almost 1 in 4 have experienced 3-5 types of maltreatment (23.3%)



Prevalence of multi-type maltreatment (youth aged 16-24)

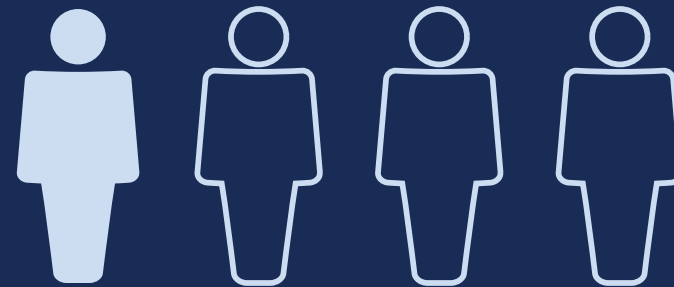
2 in 5

Australians have experienced multi-type maltreatment (2 or more types)



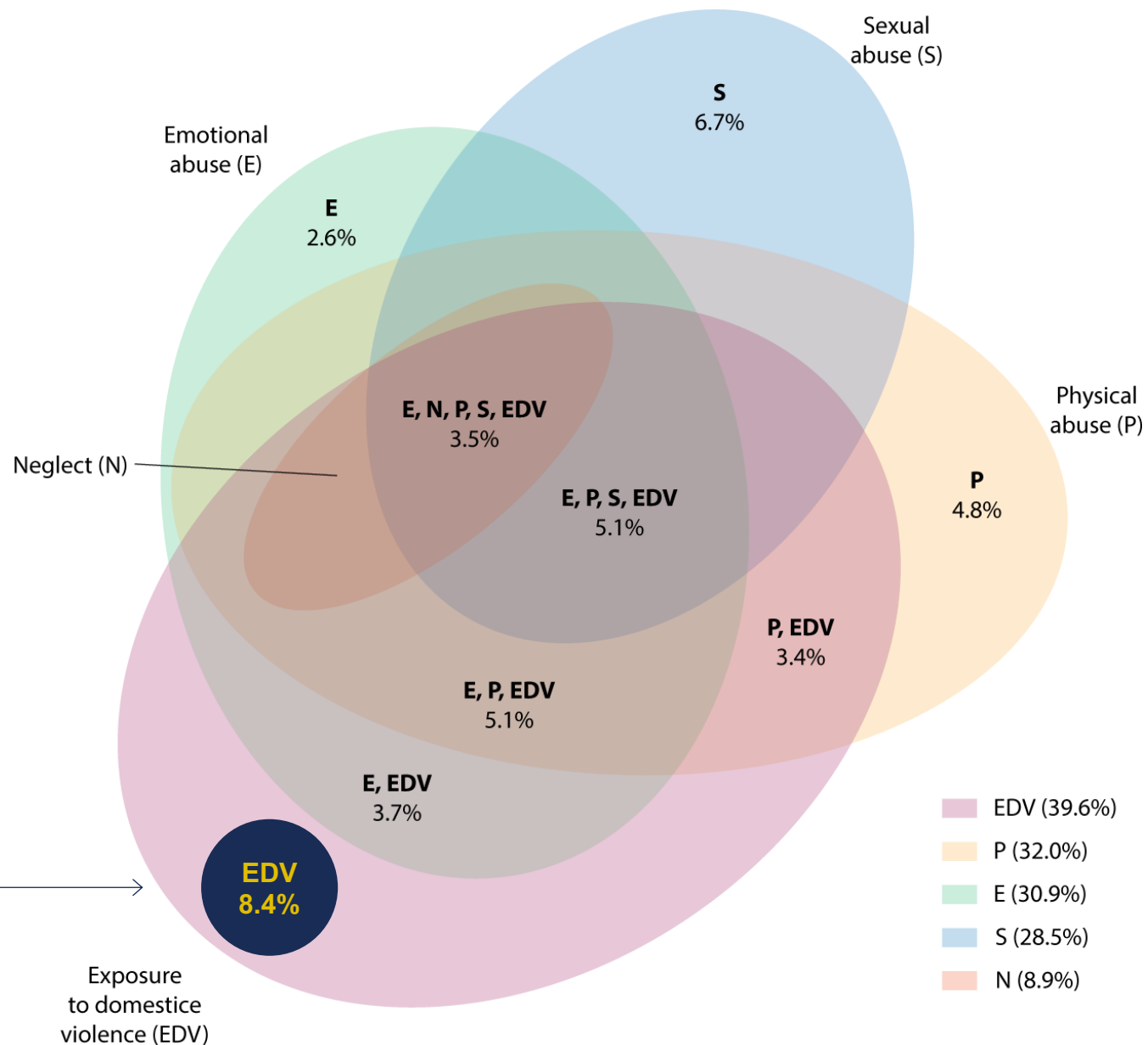
1 in 4

young people have experienced 3-5 types of maltreatment (25.4%)

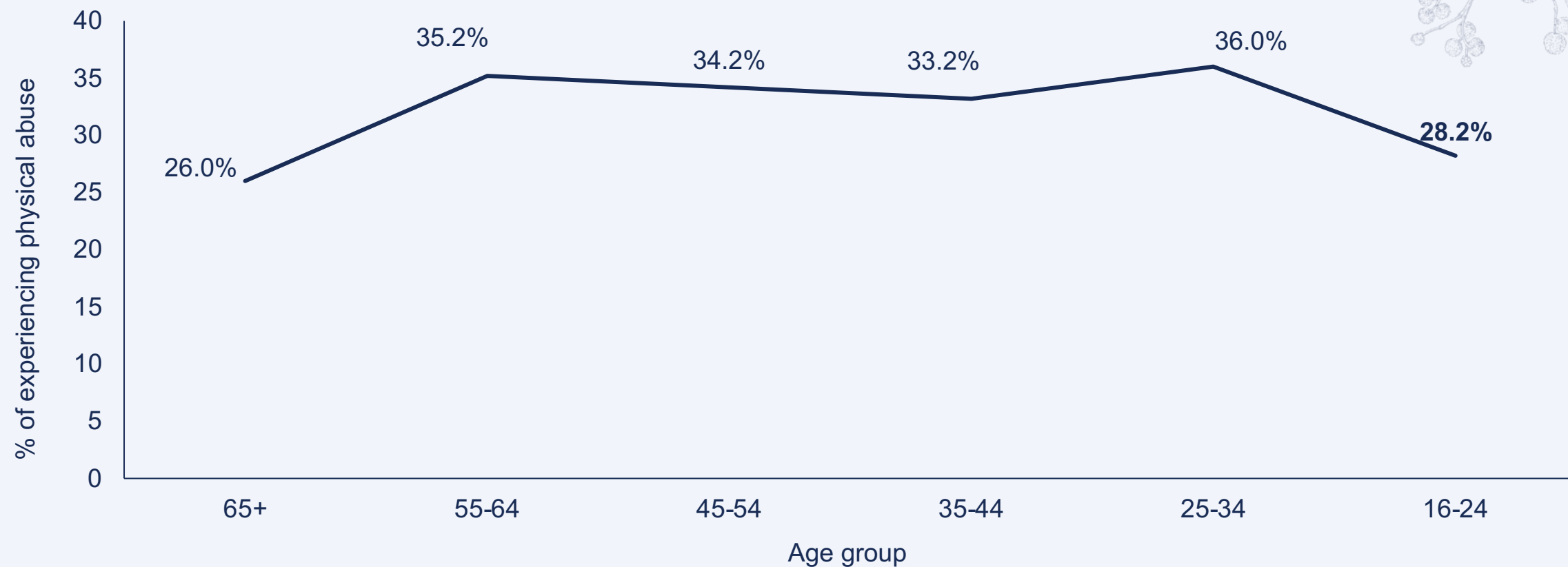


EDV is present in the 5 most common types of MTM...

...but is much
rarer alone at 8.4%



Good news: A decline in physical abuse, showing change is possible



6

Child maltreatment and associated mental health outcomes



Mental health disorders are far more common in those who experienced maltreatment



CM

48%

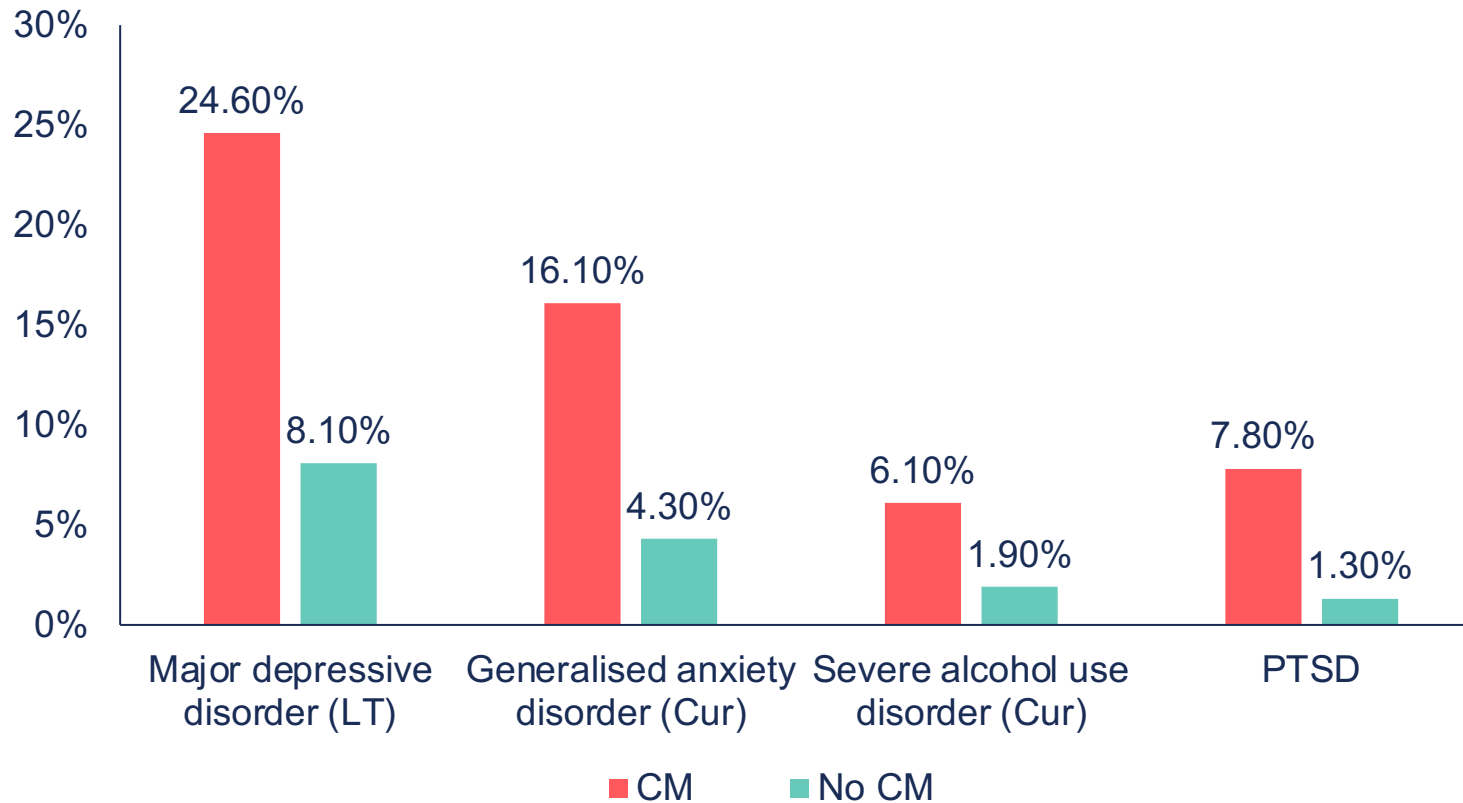
Almost half of all people who experienced child maltreatment have a mental disorder

NO CM

21.6%

Only **one in five** people who did not experience child maltreatment have a mental disorder

Maltreatment and mental health disorders

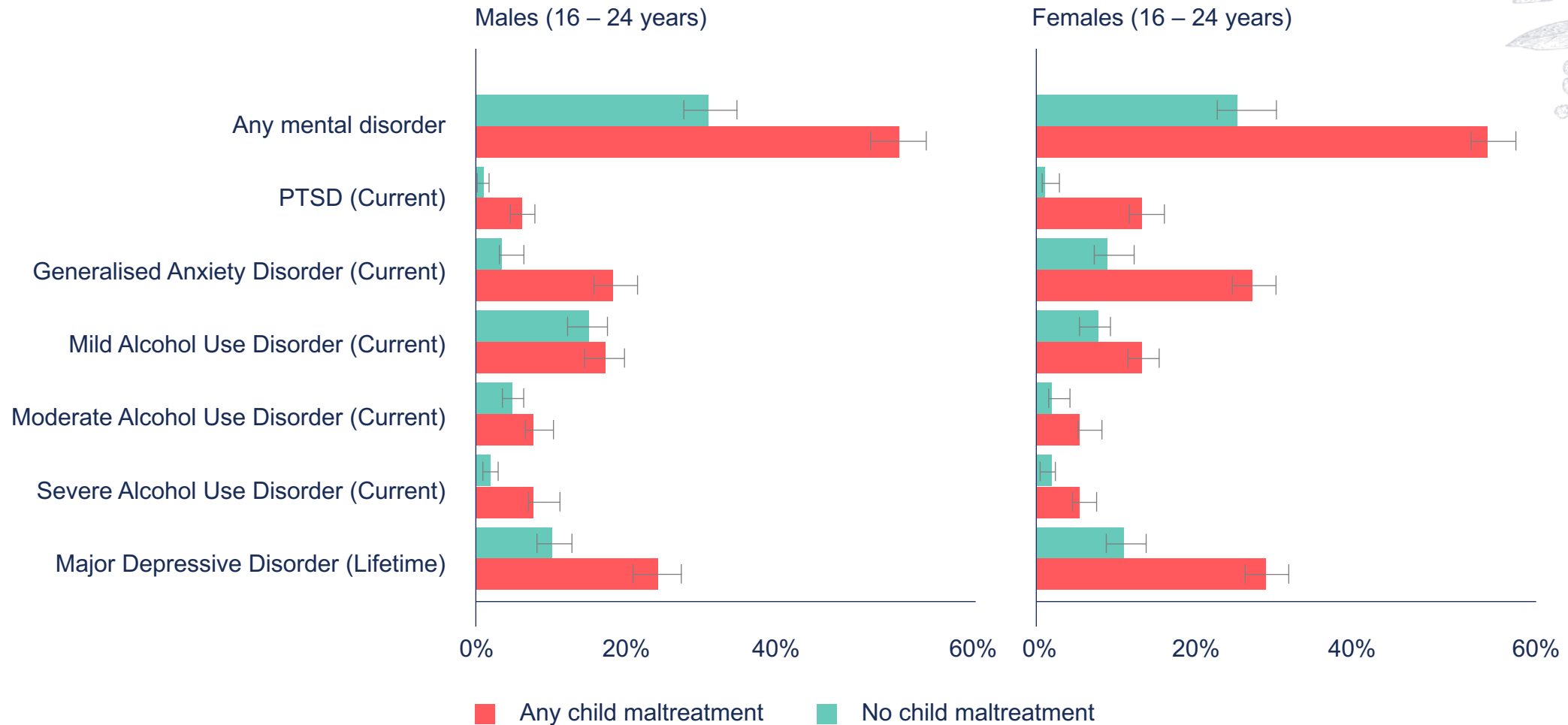


Experiencing child maltreatment dramatically increases the likelihood of each mental health disorder.

Not experiencing child maltreatment dramatically reduces these disorders.

The impact of child maltreatment is clear.

Mental health disorders in young people, by sex and maltreatment status



Sexual abuse and emotional abuse consistently produce the strongest associations with mental health disorders



PTSD

Odds ratio:

SA:
1.95

EA:
1.98



Anxiety

Odds ratio:

SA:
1.65

EA:
2.13



Severe Alcohol Use

Odds ratio:

SA:
2.12



Depression

Odds ratio:

SA:
1.66

EA:
1.90

These odds ratios are fully adjusted for confounders including the experience of other types of maltreatment.

7

Child maltreatment and associated health risk behaviours



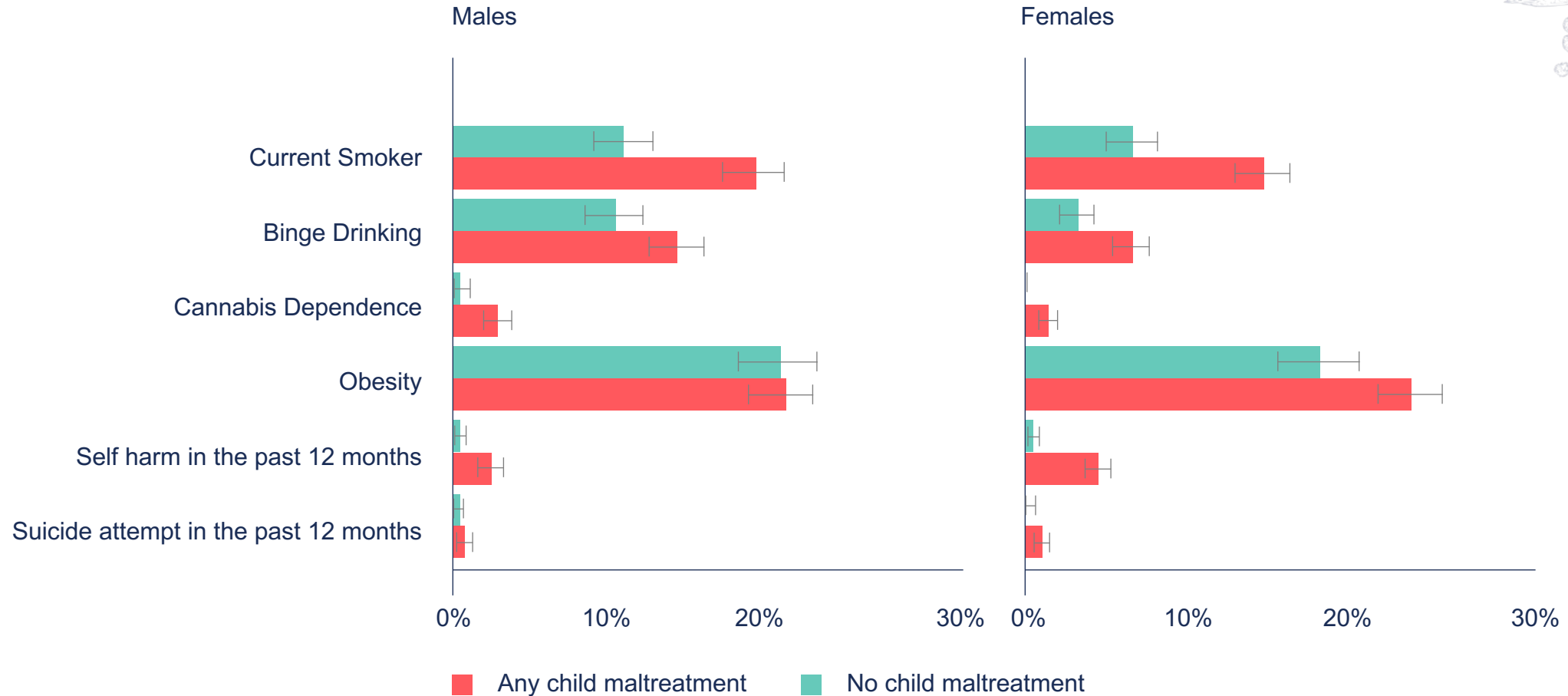
Prevalence of health risk behaviours, by experience of child maltreatment



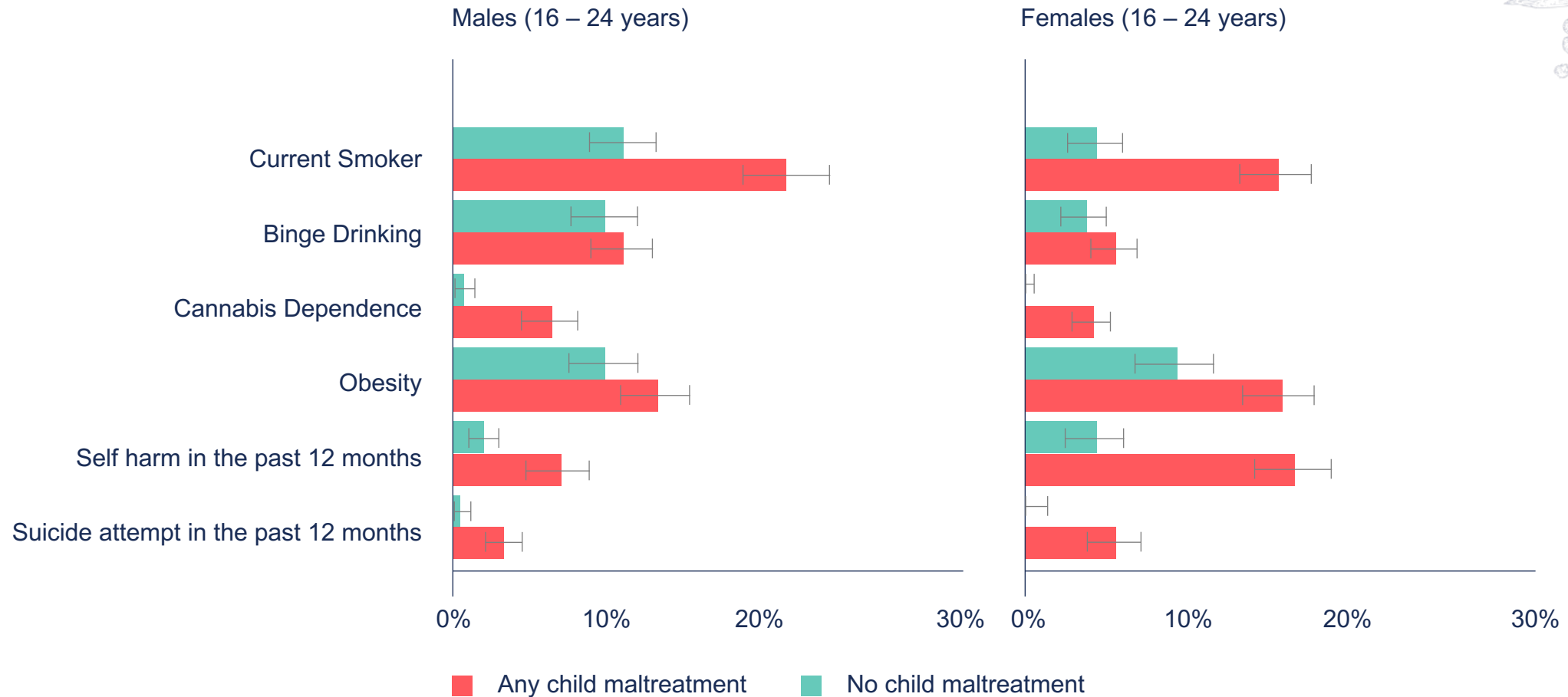
Health risk behaviour	Experienced any child maltreatment		Odds ratio*
	No (%)	Yes (%)	
Smoking	11.1	21.1	1.9
Binge drinking	8.4	12.6	1.3
Cannabis dependence	0.4	3.7	6.2*
Obesity	24.4	28.2	1.2
Self-harm (prior year)	0.7	4.7	3.9*
Suicide attempt (prior year)	0.3	1.5	4.6*

*Model adjusts for age group, sex, socio-economic status (quintiles of SEIFA index of relative disadvantage based on postcode of current residence), experience of financial hardship during childhood and current financial strain

Health risk behaviours, by sex and maltreatment status



Health risk behaviours in youth aged 16-24, by sex and maltreatment status



Self-harm is endemic in Australian youth: by age 24



3 in 10 young people aged 16-24 have self-harmed in their lifetime

This is an exceptionally disturbing finding.

In our perspective article, we have called this a **national crisis**.

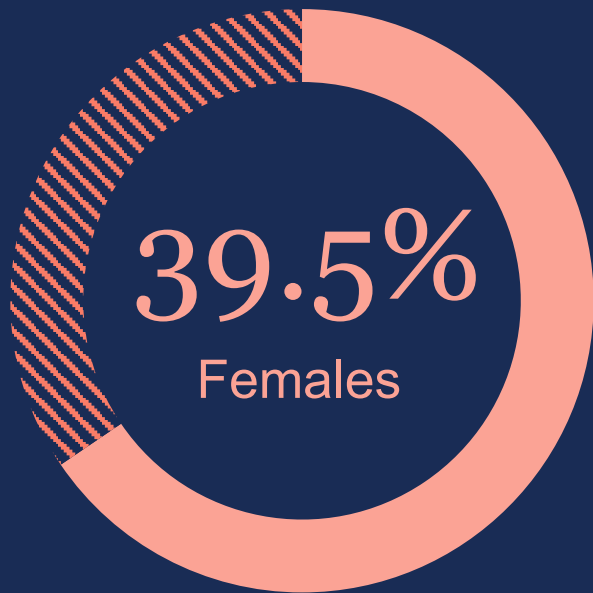
The question:

Have you ever deliberately harmed or injured yourself, without intending to take your own life?

Twice as common in females

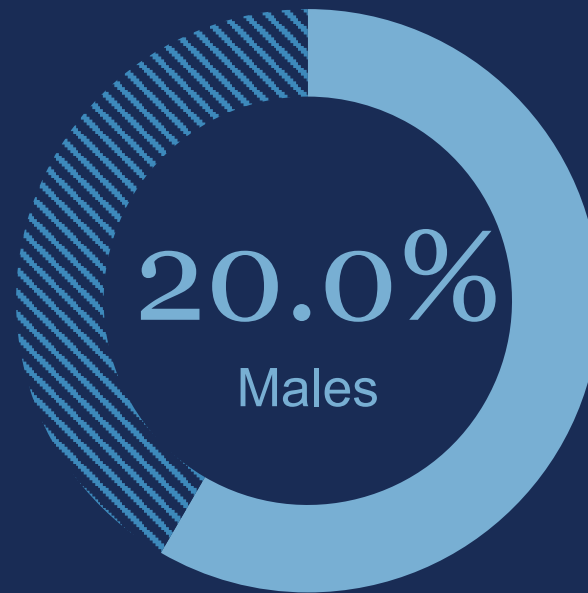
2 in 5

females aged 16-24



1 in 5

males aged 16-24



This massive
disparity simply
demands action.

Sexual abuse and emotional abuse produce the strongest associations with multiple health risk behaviours



Self-harm

Odds ratio:

SA:
2.68

EA:
2.06



Suicide attempt

Odds ratio:

SA:
2.25

EA:
2.31



Cannabis dependence

Odds ratio:

SA:
2.02

EA:
1.83

Substantially higher health service utilization (prior 12 months)

Those who experienced any child maltreatment:

1.4x

More likely to be admitted to hospital overnight

2.4x

More likely to be admitted for a mental disorder

2.4x

More likely to have 6 or more visits to a GP

2.3x

More likely to have 24 or more visits to any practitioner

Massive **health systems costs** contribute to the enormous overall economic burden of child maltreatment

We need a paradigm shift in how we respond to child maltreatment and its associated impact on health, health systems and the economy.

Early, targeted interventions are essential.

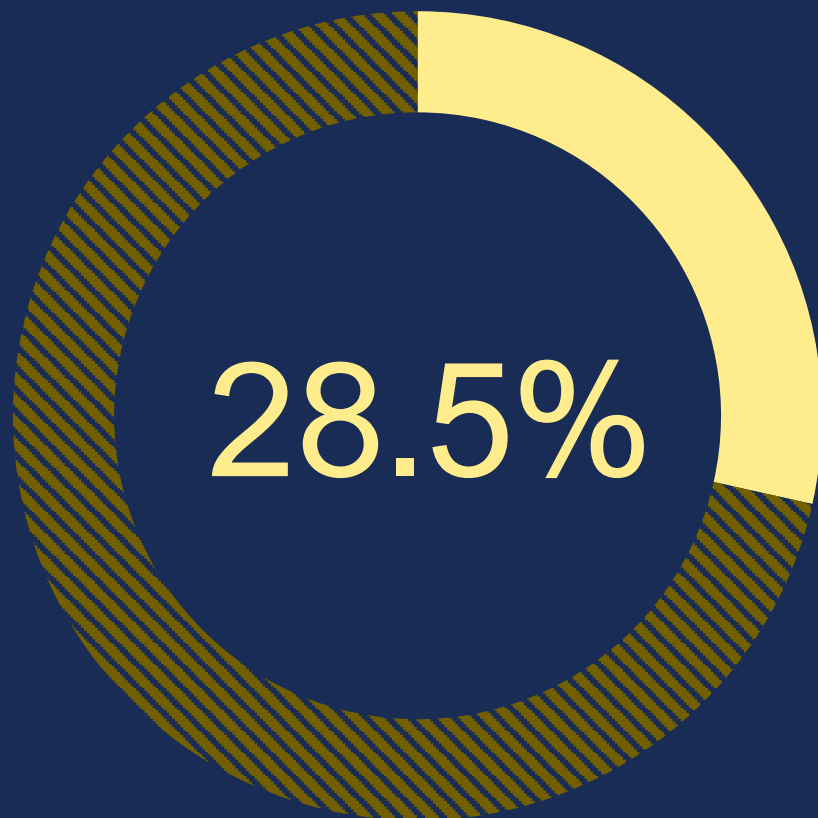
8

Child sexual abuse:

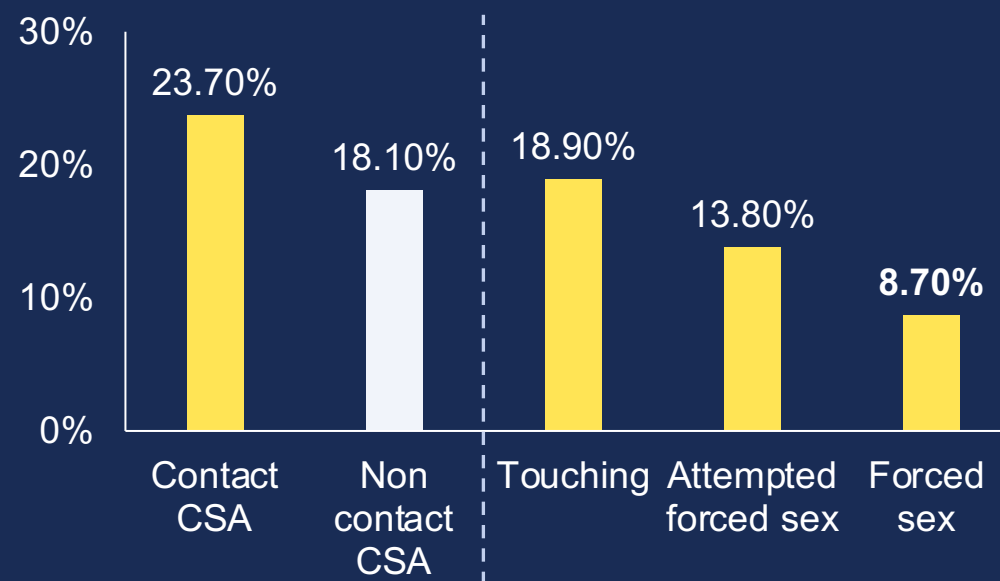
Further selected findings



Child sexual abuse - Whole sample



1 in 4 More than 1 in 4 Australians have experienced child sexual abuse



Girls experience substantially more child sexual abuse in almost all settings

Compared with boys, girls experience:

2x

Double the rate of contact sexual abuse by any offender

3x

Triple the rate of any sexual abuse by familial offenders

4x

Quadruple the rate of contact sexual abuse by familial offenders

5x

Five times the rate of sexual abuse by current/former romantic partners



Institutions were the **only setting** where girls experience less CSA than boys.

This disparity is a massive, enduring and intolerable injustice.

It is within our power to change this.

It is imperative that we do so.

Child sexual abuse – classes of offender (whole sample: 28.5%)

7.8%

Parents/adult caregivers in the home

7.5%

Other known adults

12.9%*

Known adolescents (aged <18)

2.0%

Institutional adult caregivers

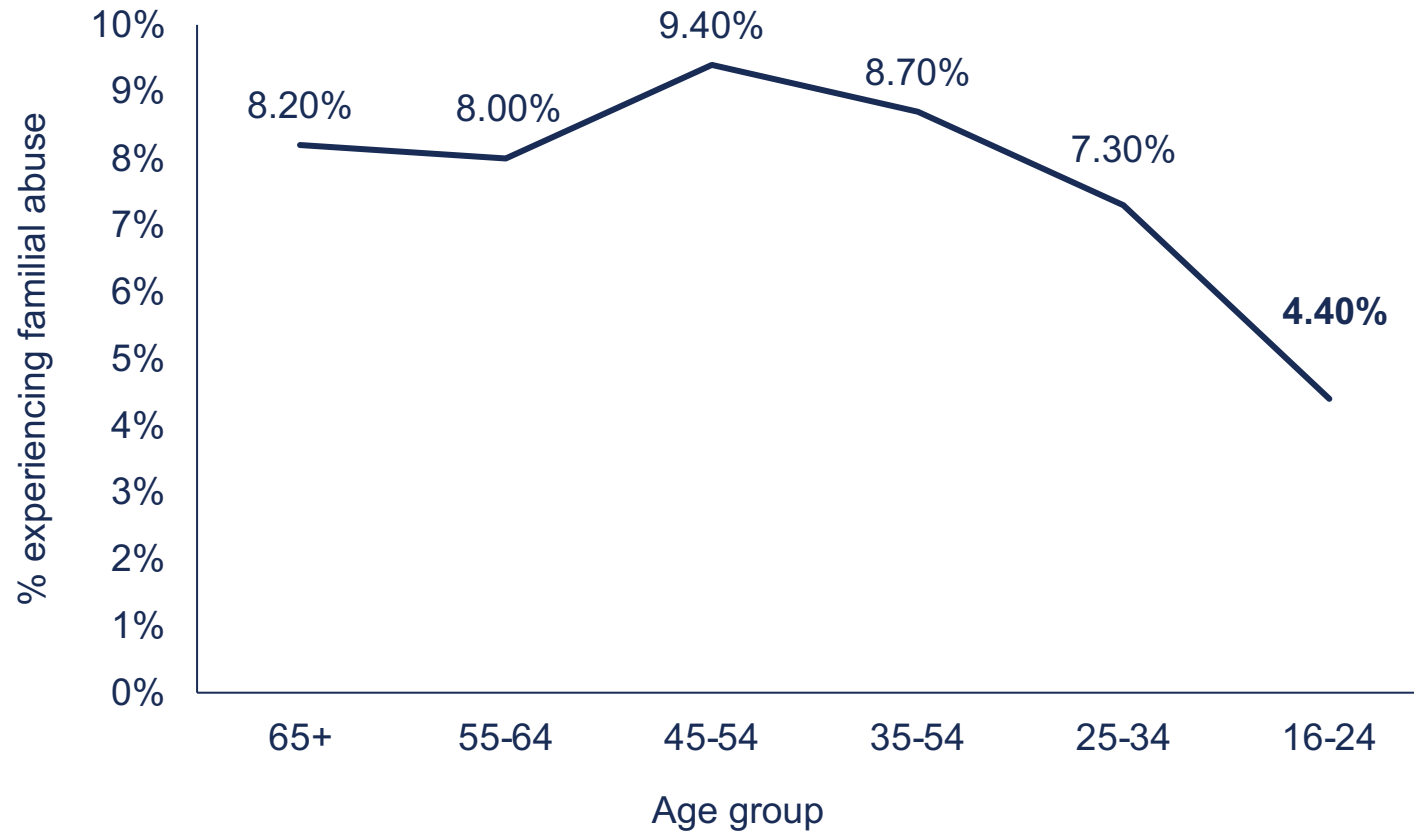
4.9%

Unknown adults

1.4%

Unknown adolescents (aged <18)

Familial sexual abuse has declined over time: change is possible

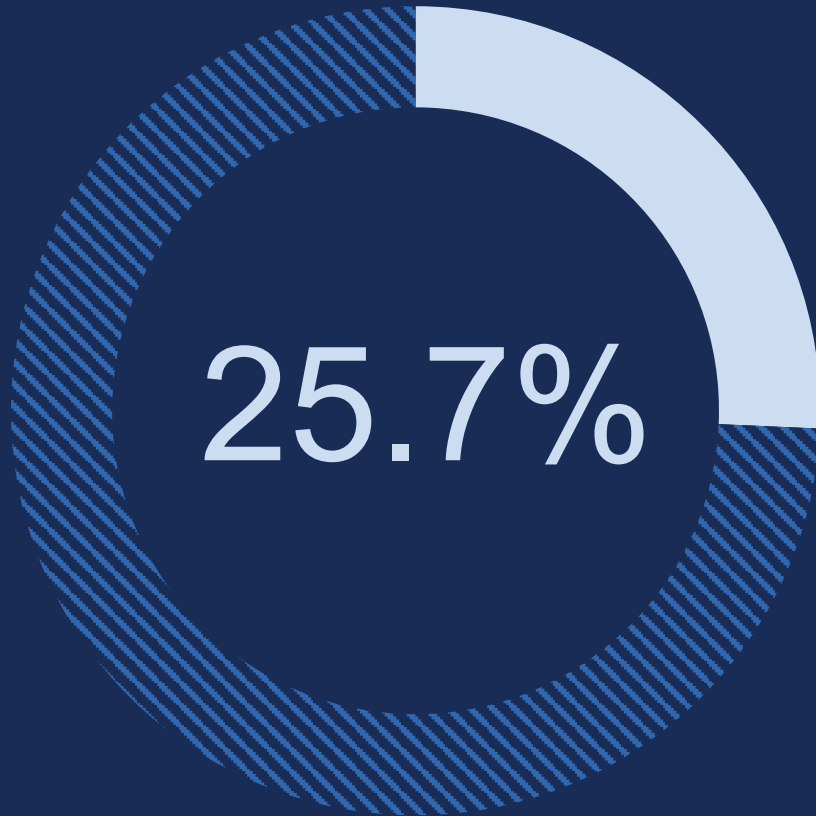


This is important because it indicates the success of prevention efforts and the positive impact of other factors.

Should encourage us to maintain these efforts. Yet, caution is warranted because:

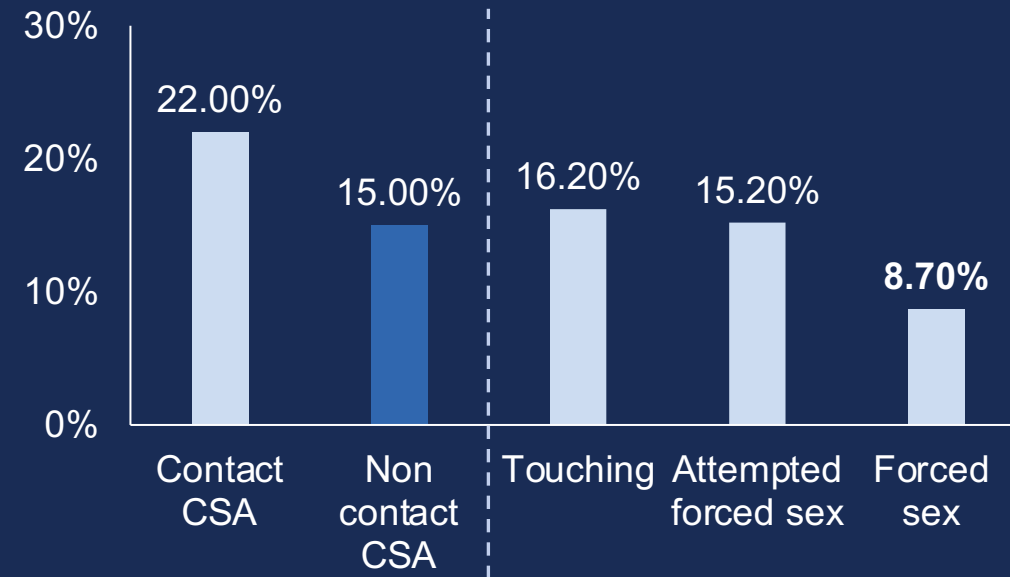
1. CSA by other classes of offender have increased; and
2. Other domains of CSA have emerged.

Child Sexual Abuse – Youth Sample (16-24 yrs)



1 in 4

One in four of our youth sample (aged 16-24) had experienced CSA before age 18.



Sexual abuse by other adolescents has increased

Especially as inflicted by current and former boyfriends.

	Whole sample	Participants aged 16-24	Males aged 16-24	Females aged 16-24
Adolescents aged <18 who the victim knew, but who were not current or former romantic partners	11.2%	13.7%	8.9%	17.9%
Adolescents aged <18 who were current romantic partners, or former romantic partners*	2.5%	5.7%	1.8%	9.0%

Need for improvement.

This evidence demonstrates the urgent need for improved and earlier prevention.

We need consent education, and broader preventative sex and relationships education, especially for boys.

9. Summary of key findings to date

1

Child maltreatment is endemic in Australia

PA 32% - SA 28.5% - EA 30.9%
Neg 8.9% - EDV 39.6%

2

Multitype maltreatment is common

39.4%: 2 or more types
23.3%: 3-5 types

3

Australian youth are suffering now

PA 28.2% - SA 25.7% - EA 34.6%
Neg 10.3% - EDV 43.8%

4

Girls at much higher risk

2 x SA - 1.5 x EA - 1.5 x Neg
Similar PA, EDV - higher MTM

5

Health impacts accrue quickly

Mental disorders & health risks by age 24.
Sexual and emotional abuse have the strongest impact.

6

National crisis in self-harm and suicide attempts

By age 24, 30% have self-harmed.
40% of girls/young women;
20% of boys/young men.

Recommendations: What we need to do, together

1. National coordinated approach.
2. Invest more, and better. Public health approach, emphasising prevention.
3. Societal level: broad policy for social determinants; new social norms.
4. Community level: sectoral support to respond to maltreatment (health, education, services).
5. Individual level: parent support.
6. An emotional revolution: a paradigm shift.
7. A sexual and relational evolution: turbocharged prevention, education.





For more information,
visit our site: **acms.au**



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