



ACMS

Australian
Child
Maltreatment
Study

**The prevalence and impact of
child maltreatment in Australia:
Findings from the Australian Child
Maltreatment Study**

2023 | Brief report

About the Australian Child Maltreatment Study

The Australian Child Maltreatment Study (ACMS) was funded by the National Health and Medical Research Council (2019-2023) APP1158750 with additional funding and contributions from the Australian Government. It was conducted by a consortium of researchers from Australia, the United States, and the United Kingdom. In partnership with the Social Research Centre, the ACMS collected data from 8503 Australians during 2021. The data collected provide the first nationally representative prevalence estimates of the five types of child maltreatment in Australia, and their associated health outcomes through life.

This report and other Australian Child Maltreatment Study publications can be downloaded at www.acms.au

Please note that there is the potential for minor revision of data in this report. Please check the online version at www.acms.au for any amendments.

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The ACMS was funded and designed to identify for the first time how many Australians in the general population experienced any of the five types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence), and to estimate the associated impacts on key health outcomes through life.

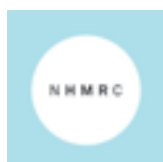
This is the first study in Australia to generate this essential evidence.



Our funders

This research study, entitled “The first national study of child maltreatment in Australia: Prevalence, health outcomes, and burden of disease”, was funded by the National Health and Medical Research Council (Project Grant APP1158750).

The Australian Government, including the Department of Social Services, and the National Office for Child Safety, provided additional funding and contributions for the project. Additional funding was also provided by the Australian Institute of Criminology, and Queensland University of Technology.



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We acknowledge No Other Design Agency (NODA) for website design, and Creatik for graphic design of reports and infographics.

We acknowledge the Medical Journal of Australia and peer reviewers of all seven of our articles in the ACMS Special edition of the MJA, freely accessible at: <https://www.mja.com.au/journal/supplements>.

The images in this report are selected as generic images only and do not represent people who themselves have experienced child maltreatment.

Support services

This report contains information about child abuse and neglect which may be distressing to some in our community. Should you experience distress there are many services and support groups available. A selection of these is listed below.



Blue Knot

The Blue Knot helpline is available to help adult survivors of childhood trauma and abuse, parents, partners, family and friends as well as the professionals who work with them. You can call the Blue Knot Helpline and Redress Support Service on 1300 657 380

This service operates from 9am-5pm AEST/AEDT 7 days a week including public holidays. You can also email helpline@blueknot.org.au or see <https://blueknot.org.au/>



1800 RESPECT

1800RESPECT is the national domestic, family and sexual violence counselling, information and support service. If you or someone you know is experiencing, or at risk of experiencing, domestic, family or sexual violence, call 1800RESPECT on 1800 737 732 or chat via our website (www.1800RESPECT.org.au).



Kids Helpline

Kids Helpline, powered by yourtown is Australia's only free and confidential, 24/7 online and phone counselling service for young people aged 5 – 25. Free call 1800 55 1800 or www.kidshelpline.com.au



13 YARN

13YARN is the first national crisis support line for mob who are feeling overwhelmed or having difficulty coping. We offer a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter. If you, or someone you know, are feeling worried or no good, we encourage you to connect with 13YARN on 13 92 76 (24 hours/7 days) and talk with an Aboriginal or Torres Strait Islander Crisis Supporter. www.13yarn.org.au

Lifeline Australia

If you or someone you know needs crisis support, please phone Lifeline on 13 11 14, text 0477 13 11 14 or visit lifeline.org.au/gethelp for Lifeline Chat Service (24/7)

Acknowledgement of Country

In the spirit of reconciliation the QUT and the Australian Child Maltreatment Study team acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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Executive Summary

The Australian Child Maltreatment Study (ACMS) is a landmark study for our nation. The ACMS research team has generated the first nationally representative data on the prevalence of each of the five types of child maltreatment in Australia, and their associated health impacts through life.

We also identified information about the context of maltreatment experiences, including how old children are when it occurs, and who inflicts it. This knowledge about which children are most at risk of which types of abuse and neglect, at which ages, and by whom, is needed to develop evidence-based population approaches required to reduce child maltreatment in Australia. The concerning prevalence of maltreatment and its devastating associated outcomes present an urgent imperative for nation-building reform to better protect Australian children and reduce associated costs to individuals, families, communities and broader society.

The ACMS collected data from 8500 randomly selected Australians aged 16-65 years and older. We included an oversample of 3500 young people 16-24 years of age to generate particularly strong data about child maltreatment in contemporary Australian society, to assess its associated impacts in adolescence and early adulthood, and to allow future prevalence studies to detect reductions in prevalence rates over time. Our participants aged 25 and over enabled us to understand prevalence trends at different times in Australian history, and to measure associated health outcomes through life.

Participants provided information on childhood experiences of each of the five types of child abuse and neglect, and other childhood adversities, mental health disorders, health risk behaviours, health services utilisation, and more.

Our findings provide the first nationally representative data on the prevalence of child maltreatment in Australia. Moreover, the ACMS is the first national study globally to examine maltreatment experiences and associated health and social outcomes of all five forms of child maltreatment. Taken together, our findings provide a deep understanding of the prevalence, context and impact of child abuse and neglect in Australia and make an important contribution to the international field.

This brief report presents the main findings from the ACMS for a general public audience. These main findings are further detailed in seven peer-reviewed scholarly articles, published in a special edition of the Medical Journal of Australia, Australia's leading medical journal. Forthcoming work will examine other important questions about the impacts of specific maltreatment experiences to generate additional evidence to inform governments and stakeholders about optimal prevention policy and practice.

Our findings are deeply sobering.

We have found that:

1. Child maltreatment is widespread.
2. Girls experience particularly high rates of sexual abuse and emotional abuse.
3. Child maltreatment is a major problem affecting today's Australian children and youth – it is not just something that happened in the past.
4. Child maltreatment is associated with severe mental health problems and behavioural harms, both in childhood and adulthood.
5. Child maltreatment is associated with severe health risk behaviours, both in childhood and adulthood.
6. Emotional abuse is particularly harmful, and is much more damaging than society has understood.

There is cause for hope. In recent years, there have been reductions in physical abuse, and in some types of sexual abuse. These reductions are extremely important. They mean that fewer children are suffering, and they indicate that change is possible. Policies and programs to reduce these types of maltreatment are having an effect.

Yet, there are other concerning trends, with some types of maltreatment becoming even more common, including emotional abuse, some types of sexual abuse, and exposure to domestic violence. And new types of sexual victimisation are also emerging.

As a society, we have much work to do. We know that child maltreatment can be reduced if we work together as governments, service sectors, and communities. We need to invest more, and invest better. It is a moral, social and economic imperative for Australian governments to develop a coordinated long-term plan for generational reform.

Child maltreatment is widespread and harmful.

The associated impact of maltreatment is broad and long lasting.

Our findings are deeply sobering. Child maltreatment is endemic in Australia. Across the population, we identified high prevalence of physical abuse (32.0%), sexual abuse (28.5%), emotional abuse (30.9%), and exposure to domestic violence (39.6%). Neglect was less prevalent (8.9%).

Young people aged 16-24 years report even higher rates of emotional abuse and exposure to domestic violence than our full sample. Maltreatment is not merely a historical problem. Child maltreatment remains a pressing issue for our nation today. In young people aged 16-24 years, the prevalence of child maltreatment was: physical abuse (28.2%), sexual abuse (25.7%), emotional abuse (34.6%), neglect (10.3%) and exposure to domestic violence (43.8%). These rates should concern us all.

Child maltreatment is rarely limited to a single type. Most maltreated children experience multi-type maltreatment (i.e., combinations of different types). Across the Australian population, 39.4% of people have experienced multi-type maltreatment, and 23.3% have experienced 3-5 different types. Youth rates are even higher: 40.2% of young people aged 16-24 have experienced multi-type maltreatment.

When child maltreatment happens, it is rarely an isolated occasion. For physical abuse, sexual abuse, and exposure to domestic violence, we asked participants how many times the abusive or neglectful incidents occurred. The medians were 9.5 (physical abuse); 3.5 (sexual abuse); and 11.8 (exposure to domestic violence). For substantial proportions of participants, these experiences were extremely chronic, occurring over 50 times. For emotional abuse, and for neglect, we asked participants over what period of time they occurred (days, weeks, months or years – noting that for these two types of maltreatment, we did not count in our prevalence estimate someone whose experience lasted only for days). The median for both was years.

Child maltreatment is also a gendered problem which disproportionately affects girls. Compared with boys, girls are significantly more likely to experience sexual abuse, emotional abuse, and neglect. Girls and boys experience similar rates of physical abuse and exposure to domestic violence. Girls are also more likely to experience multi-type maltreatment. Our national response to child maltreatment needs to pay close attention to the experience of boys; but it needs to pay special attention to identify and respond to the factors influencing these additional vulnerabilities for girls.

Multi-type maltreatment is
when a child experiences >1
different type of maltreatment in any combination of:

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



Child maltreatment is harmful

The associated impact of maltreatment is broad and long lasting. Mental health disorders and health risk behaviours related to experiences of maltreatment crystallise early and are present across life. The mental health outcomes associated with maltreatment are particularly notable. Adults who experienced child maltreatment are 2.8 times more likely to have a mental health disorder than adults who have not experienced child maltreatment.

Almost half (48%) of Australians who experienced maltreatment in childhood met criteria for a mental disorder, compared with 21.6% of those who did not experience child maltreatment. The dramatically increased odds were present for all four disorders we measured: major depressive disorder; generalised anxiety disorder; alcohol use disorder; and post-traumatic stress disorder.

A similar pattern of results was observed in young people who experienced maltreatment. Our data found young people aged 16-24 years are 2.9 times more likely to have a mental health disorder compared with those who did not experience maltreatment.

We also found that child maltreatment is highly related to a range of health risk behaviours and conditions. Across our whole sample every single health risk behaviour we assessed was significantly more common in Australians who experienced child maltreatment. Australians who experienced maltreatment in childhood are more likely to smoke, binge drink, have obesity, to have engaged in self-harm in the prior 12 months, and to have attempted suicide in the prior 12 months. Australians who experienced maltreatment are 6.2 times more likely to be cannabis dependent, 4.6 times more likely to have attempted suicide in the prior 12 months and 3.9 times more likely to have self-harmed in the prior 12 months.

Children who experience multi-type maltreatment are more likely to develop



a mental disorder and health risk behaviours



Nation-building reform is needed to protect Australian children

These findings are extremely sobering. They challenge us but they provide an opportunity for change. Child maltreatment is preventable. With sufficient government and community investment, change is possible. The nuanced data from the ACMS will inform how and when to best invest in prevention and response initiatives to maximise impact in cost-effective ways. It facilitates precision public health approaches that allow targeted prevention initiatives.

We now know the extent and impact of child maltreatment in our nation. Australia's response to these data is critical. These findings have cross-sector, cross-portfolio implications spanning health, education, social welfare, child protection, law, public health law, justice, and beyond. This is a complex problem, and a strategic, systematic, evidence-based approach is required. Coordination must occur across all levels of government, industry, and society. We now have the opportunity and the knowledge required to effect transformational change at a national level and reduce child maltreatment and its consequences in Australia. Now we must act.





What is child maltreatment?



The ACMS used the most scientifically rigorous conceptual models and definitions of each type of child maltreatment to ensure we obtained accurate information. This is a major strength of the ACMS.

Physical abuse

Physical abuse involves the use of physical force by a parent or caregiver against a child that causes injury, harm, pain, or breach of dignity, or has a high likelihood of resulting in injury, harm, pain, or breach of dignity, where it is clearly not reasonable corporal punishment, or done reasonably while engaging in any other legitimate context such as a sport or pastime. Operationally, acts of physical abuse include hitting, punching, kicking, shaking, choking, and burning.¹

Sexual abuse

Sexual abuse includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary consent. Operationally, acts of sexual abuse include forced intercourse; attempted forced intercourse; other acts of contact sexual abuse (e.g., touching, fondling); and non-contact sexual acts (e.g., voyeurism, exhibitionism).²

¹ World Health Organization and International Society for Prevention of Child Abuse and Neglect, *Preventing child maltreatment: a guide to taking action and generating evidence* (World Health Organization, 2006).

² B Mathews and D Collin-Vézina, 'Child Sexual Abuse: Toward a Conceptual Model and Definition' (2019) 20(2) *Trauma, Violence, & Abuse* 131-148. <https://doi.org/10.1177/1524838017738726>



Emotional abuse

Emotional abuse involves non-physical interactions with the child by a parent or caregiver, which convey to a child that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. These interactions are typically persistent, but may occur in isolation. Operationally, they include: acts of spurning or hostility; rejection; denial of emotional responsiveness; isolation; and terrorisation.³

Neglect

Neglect involves the 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. Neglect normally involves a pattern of repeated conduct, but may be constituted by a single omission in severe circumstances. Operationally, neglect has several dimensions: medical, educational, supervisory, physical, nutritional, and environmental.⁴

Exposure to domestic violence

Exposure to domestic violence occurs when a child sees or hears acts of violence towards other family members in the child's home. The acts are typically done by (and in relation to) a parent or caregiver, but may also be done by other members of the child's family. Operationally, the acts witnessed are often physical (either completed or threatened), but they may also be verbal, sexual, or involve other acts, threats and coercion (e.g., property damage, economic coercion, surveillance, and isolation).⁵

Multi-type maltreatment

Multi-type maltreatment occurs where a child experiences two or more different types of child maltreatment. This can involve any combination of physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence. Different forms of the same type of maltreatment (e.g., experiencing severe physical abuse, and moderate physical abuse) are considered only single-type maltreatment.

³ S Kairys et al, 'The Psychological Maltreatment of Children—Technical Report' (2002) 109 *Pediatrics* e68.

⁴ H Dubowitz et al, 'Examination of a conceptual model of child neglect' (2005) 10(2) *Child Maltreatment* 173-89.

⁵ H MacMillan and C Wathen, 'Children's exposure to intimate partner violence' (2014) 23 *Child and Adolescent Psychiatric Clinics of North America* 295-308.

Introducing the Australian Child Maltreatment Study (ACMS)

The Australian Child Maltreatment Study (ACMS) is the first study conducted to assess the national prevalence of child maltreatment in Australia, and its associated impacts on health. It was conducted by an international consortium of researchers spanning 9 research institutes across three countries including Australia, the United Kingdom, and the United States of America. It received \$2.3 million in funding over five years from the National Health and Medical Research Council and additional funding from the Australian Government.



The ACMS is a landmark study for Australia and has enormous policy and practice relevance. Until now, Australia has lacked nationally representative empirical data about the prevalence of each of the five types of child abuse and neglect, and their associated impacts. The ACMS has addressed these critical knowledge gaps by providing reliable and valid data about the extent and nature of child abuse and neglect in this country. This data is essential to inform the development of precision public health initiatives to prevent maltreatment and reduce associated health conditions and health risk behaviours.

The ACMS also significantly expands international knowledge in the field. It is one of few studies globally to assess all five types of child maltreatment across the entire span of childhood up until age 18, and to examine the associated impact of maltreatment through life.

The ACMS was funded and designed to meet three broad aims:

1. To identify how many Australians experience each type of child maltreatment, and gather important details about its nature (age of onset and cessation, chronicity, severity, and relationship to the person inflicting it).
2. To identify the associated impacts on mental health, health risk behaviours, physical health, and health service use, through life.
3. To identify the burden of disease produced by maltreatment.

This report presents findings from the first two aims.

Aboriginal and Torres Strait Islander Peoples

We acknowledge all Aboriginal and Torres Strait Islander Peoples as Custodians of Country, recognise their continuing connection to land, sea, culture and community, and pay our respects to Elders past and present. We acknowledge Aboriginal and Torres Strait Islander Peoples as the world's oldest continuous culture, supporting 3000 generations of families, communities and cultures.

We note that because the ACMS was funded and designed as a general population survey, we did not exclude participation by Indigenous Australians through our random sampling technique. Equally, however, we determined that it would not be ethically or methodologically appropriate to separately collate, analyse or present data obtained from Aboriginal and Torres Strait Islander participants, and this approach was confirmed by independent external advice.

Data sources and Medical Journal of Australia

The results presented in this report are based on our survey data. They are also more fully detailed and analysed in a series of peer-reviewed articles in a special Supplement of the Medical Journal of Australia entitled: *The Australian Child Maltreatment Study: National prevalence and associated health outcomes of child abuse and neglect*. This Supplement is open access and can be accessed via links on www.acms.au. Below are the citations for each article in the Supplement.

Scott JG, Mathews B. Introducing the Australian Child Maltreatment Study: Baseline evidence for a national public health challenge. *Med J Aust* 2023; 218 (6 Suppl): S3-S4. <https://doi.org/10.5694/mja2.51867>.

Haslam DM, Lawrence D, Mathews B, et al. Methodology of the Australian Child Maltreatment Study (ACMS): A national survey of the prevalence of child maltreatment and its correlates. *Med J Aust* 2023; 218 (6 Suppl): S5-S12. <https://doi.org/10.5694/mja2.51869>.

Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. *Medical Journal of Australia*. *Medical Journal of Australia*. *Med J Aust* 2023; 218 (6 Suppl): S13-S18. <https://doi.org/10.5694/mja2.51873>.

Higgins DJ, Mathews B, Pacella R, et al. The prevalence and nature of multi-type child maltreatment in Australia. *Med J Aust* 2023; 218 (6 Suppl): S19-S25. <https://doi.org/10.5694/mja2.51868>.

Scott JG, Malacova E, Mathews B, et al. The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *Med J Aust* 2023; 218 (6 Suppl): S26-S33. <https://doi.org/10.5694/mja2.51870>.

Lawrence D, Hunt A, Mathews B, et al. Association between child maltreatment and health risk behaviours and conditions throughout life: The Australian Child Maltreatment Study. *Med J Aust* 2023; 218 (6 Suppl): S34-S39. <https://doi.org/10.5694/mja2.51877>.

Pacella RE, Nation A, Mathews B, et al. Child maltreatment and health service utilisation: findings from the Australian Child Maltreatment Study. *Med J Aust* 2023; 218 (6 Suppl): S40-S46. <https://doi.org/10.5694/mja2.51892>.

Mathews B, Thomas HJ, Scott JG. A new era in child maltreatment prevention: Call to action. *Med J Aust* 2023; 218 (6 Suppl): S47-S51. <https://doi.org/10.5694/mja2.51872>.

Methodology of the ACMS

Our planned approach to the ACMS was first published in our protocol article.⁶ The full details of our final methodology and sample have also been published.⁷ Prior to beginning data collection, we undertook substantial work to ensure we adopted a gold standard approach to measuring each type of child maltreatment, to comply with legal and ethical requirements related to maltreatment research, and to identify the best ways to prevent and respond to potential distress in participants. Much of this has been published and has already advanced knowledge about best practice in the field.⁸⁻¹⁰

We established an international Technical Expert Panel consisting of preeminent scholars in the field. This panel was called upon to provide advice and recommendations throughout the course of the research, including during the instrument development and adaptation process. We also established a national Advisory Board, comprised of government and sector leaders.

Ethical clearance was obtained from the Queensland University of Technology Human Research Ethics Committee (1900000477).

Instrument design

To measure the prevalence of child maltreatment, we adapted and enhanced an existing well-validated measure of child maltreatment that has been used in many other studies. Our adaptation of this instrument ensured that it was congruent with current scientific models of each type of maltreatment, and appropriate to the Australian cultural context. Our two year adaptation process resulted in our final instrument: *The Juvenile Victimization Questionnaire-R2: Adapted Version (Australian Child Maltreatment Study)*.¹¹

Our adaptation aimed to ensure the scientific integrity of the questions to guarantee confidence in the data. We wanted to ensure we adequately assessed all key aspects of child maltreatment. Equally importantly, we ensured our questions were conservative and only counted behaviours that constituted maltreatment in order to avoid false positives. This behaviourally-specific approach – i.e., asking people about specific behaviours such as “Did x ever happen to you?” – allowed maltreatment experiences to be identified even if the individual did not consider the incident to involve maltreatment.

⁶ Mathews B, Pacella RE, Dunne MP, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Haslam DM, Tran N, Le H, Honey N, Kellard K, Lawrence DM. The Australian Child Maltreatment Study (ACMS): protocol for a national survey of the prevalence of child abuse and neglect, associated mental disorders and physical health problems, and burden of disease. *BMJ Open* 2021; 11: e047074. <http://dx.doi.org/10.1136/bmjopen-2020-047074>


⁷ Haslam DM, Lawrence D, Mathews B, et al., (2023). Methodology of the Australian Child Maltreatment Study (ACMS): A national survey of the prevalence of child maltreatment and its correlates. *Med J Aust.* 218 (6).

⁸ Mathews B, Meinck F, Erskine HE, Tran N, Le H, Kellard K, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Thomas HJ, Haslam DM. (2023). Adaptation and validation of the Juvenile Victimization Questionnaire-R2 for a national study of child maltreatment in Australia. *Child Abuse & Neglect* 2023; 139: 106093. <https://doi.org/10.1016/j.chiabu.2023.106093>

⁹ Mathews B, MacMillan HL, Meinck F, Finkelhor D, Haslam DM, Tonmyr L, Gonzalez A, Afifi TO, Scott JG, Pacella RE, Higgins D, Thomas H, Collin-Vézina D, Walsh K. (2022). The ethics of child maltreatment surveys in relation to participant distress: Implications of social science evidence, ethical guidelines, and law. *Child Abuse & Neglect* 2022; 123: 105424. <https://doi.org/10.1016/j.chiabu.2021.105424>

¹⁰ Mathews B. Legal duties of researchers to protect participants in child maltreatment surveys: Advancing legal epidemiology. *University of New South Wales Law Journal* 2022; 45(2): 722-763. <https://doi.org/10.53637/OAKC2052>

¹¹ Mathews B, Meinck F, Erskine HE, Tran N, Le H, Kellard K, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Thomas HJ, Haslam DM. (2023). Adaptation and validation of the Juvenile Victimization Questionnaire-R2 for a national study of child maltreatment in Australia. *Child Abuse & Neglect* 2023; 139: 106093. <https://doi.org/10.1016/j.chiabu.2023.106093>

Rigorous protocols to **protect participants** from distress and harm 



Instrument design and adaptation process

Phase one



Conceptual analyses and item adaptation

This involved reviewing and adapting questions based on current scientific models of each maltreatment type, and consultation and review with the international technical expert panel.

Phase two



Cognitive interviewing and lived experience consultations

This involved conducting cognitive interviewing with lay people and consultation with individuals who had experienced all forms of child maltreatment. This ensured understanding & face validity of the items.

Phase three



Psychometric assessment

To establish the psychometric properties including reliability and validity we conducted formal psychometric assessment using a random sample of Australians aged 16–65+ years. This included test-retest reliability to ensure people answer items the same way over time.

This comprehensive approach to instrument adaptation and design means we can have a high level of confidence in our data. Further details are provided about this in our published article.

What we measured

We measured all five types of child maltreatment using behaviourally-specific questions with a dichotomous yes/no response option. Where a person responded yes, we asked follow-up questions to gather information about the nature of the maltreatment, including how many times it happened, who inflicted it (for physical, sexual, and emotional abuse), and how old they were when it began and ended.

For physical abuse, sexual abuse, and exposure to domestic violence, a person was deemed to have experienced that type of maltreatment if it occurred once or more.

For emotional abuse, and for neglect, which by conceptual definition require a pattern of behaviour, participants were deemed to have experienced it if it occurred over a period of at least weeks.

We also assessed other childhood adversities including corporal punishment, internet sexual victimisation, generalised sexual harassment, peer bullying, sibling victimisation, out of home care, and family-related adversities (e.g., family mental illness or substance problems, parental death or incarceration, financial hardship). We also assessed disclosure of sexual abuse and physical abuse. Analyses of important questions related to these parts of the ACMS are in progress.

To examine associations between child maltreatment and life outcomes, we examined mental health disorders, health risk behaviours, health service use, and selected physical health conditions. We also assessed contact with the criminal justice system, adult experiences of intimate partner violence, and demographic factors such as educational attainment and employment. Analyses of questions related to these outcomes are in progress.

Core child maltreatment questions

physical abuse

2 questions:
severe, moderate

sexual abuse

4 questions:
3 on contact sexual abuse;
1 on non-contact

emotional abuse

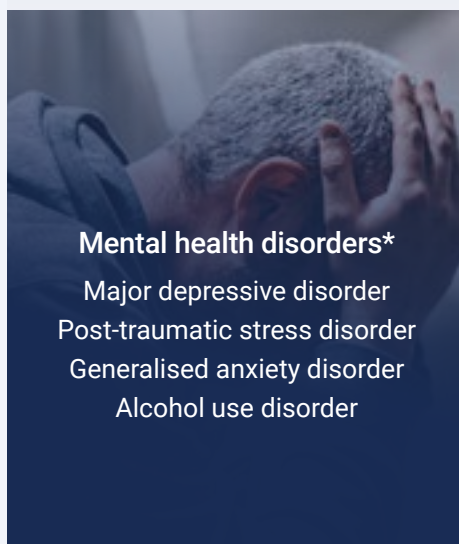
3 questions:
different domains

neglect

3 questions:
different domains

exposure to domestic violence

4 questions:
different domains



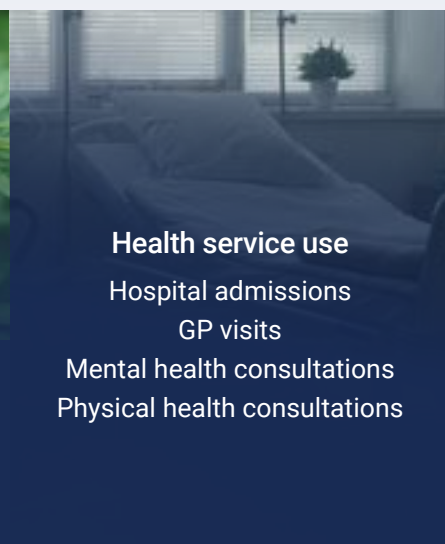
Mental health disorders*

- Major depressive disorder
- Post-traumatic stress disorder
- Generalised anxiety disorder
- Alcohol use disorder



Health Risk Behaviours

- Tobacco use
- Binge drinking
- Obesity
- Cannabis dependence
- Self-harm
- Suicide attempts

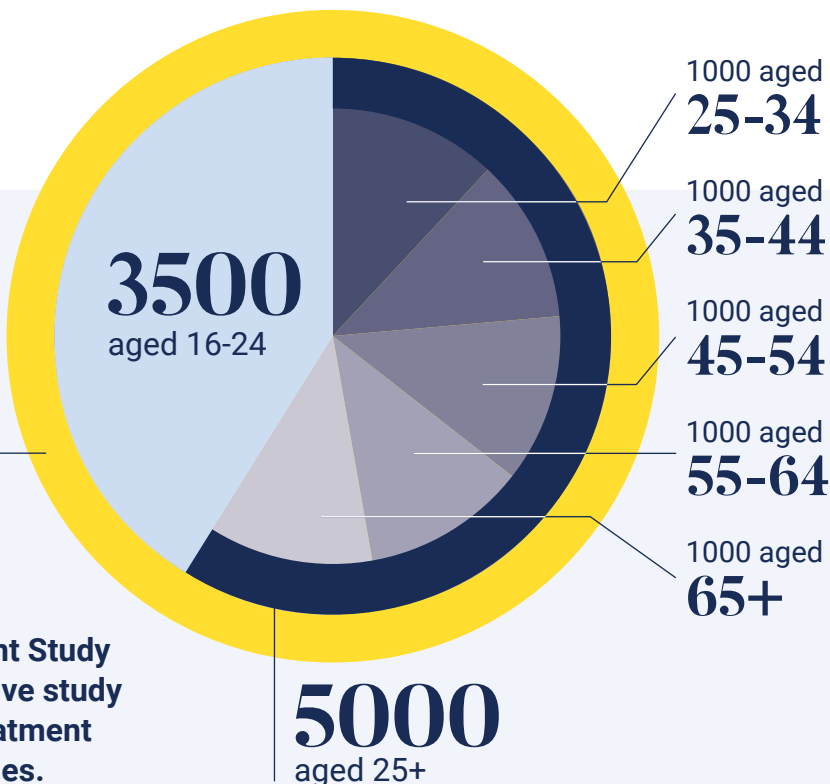


Health service use

- Hospital admissions
- GP visits
- Mental health consultations
- Physical health consultations

*Major depressive disorder was assessed as a lifetime experience. All other disorders were based on meeting criteria at the time of interview.

8500
participants



The Australian Child Maltreatment Study is the first nationally representative study of the prevalence of child maltreatment and its associated health outcomes.

Data collection

We partnered with The Social Research Centre to collect our data. Interviewers received comprehensive training prior to administering the interviews by a member of the research team and Social Research Centre management. Participants were randomly selected using random digit dial, which is considered a gold standard approach to ensure a representative sample. Our sampling frame was exclusively mobile phone. All numbers selected for potential inclusion in the study received a text message about the study and a link to the website (www.acms.au) where details about consent could be read. Phone owners then received a telephone call inviting participation and contacted persons could opt in or out of the study. Participants provided verbal informed consent prior to participation.

Interviewers of a range of ages, ethnicities and genders collected data using computer-assisted telephone interviewing technology. This provides a computer-assisted pathway for interviewers to administer tailored questions in real time based on participants answers. Data was collected between 9 April-11 October 2021. Interviews took 26.8 minutes on average.

Participant welfare

We developed and implemented two comprehensive protocols for to ensure participants' safety and welfare. First, we used a distress management protocol. This outlined a stepped approach to responding to participant distress ranging from low intensity support through to contact with a project psychiatrist or clinical psychologist or, if needed the involvement of police or ambulance services. Second, we used a red flag approach to ensure young people 16-17 years were not in imminent danger. Participants aged 16 and 17 who reported physical or sexual abuse in the prior year were flagged for follow up. This involved assessment by a clinical psychologist to ensure the participant was safe from imminent harm.

A nationally representative sample

To ensure our sample was representative of the entire population, we compared our data to Australian Census data and to National Health Data. Overall as shown in our analysis, our sample was representative of the Australian population including representation across all states and territories, gender, ages, and Indigenous status.¹² Our analyses found no evidence that people who experienced maltreatment were more likely to participate in our study. Participants were slightly more likely to be Australian-born and have higher income, education, and socioeconomic advantage. To adjust for these slight differences, we applied population weights.

¹² Haslam DM, Lawrence D, Mathews B, et al. Methodology of the Australian Child Maltreatment Study (ACMS): A national survey of the prevalence of child maltreatment and its correlates. *Med J Aust* 2023; 218 (6 Suppl): S5-S12.

How many Australians experience child maltreatment?

Prevalence of child maltreatment among all Australians

Our data show child maltreatment is widespread in Australia.¹³ In total 62.2% of the Australian population had experienced at least one type of child maltreatment. Exposure to domestic violence was the most common form of maltreatment, followed by physical abuse, emotional abuse, and sexual abuse. The least common type of maltreatment was neglect.

Among all **Australians**
aged 16-65 years and older



32.0%

experienced:
physical
abuse



28.5%

experienced:
sexual
abuse



30.9%

experienced:
emotional
abuse



8.9%

experienced:
neglect



39.6%

experienced:
exposure to
domestic
violence

¹³ Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.

62.2%

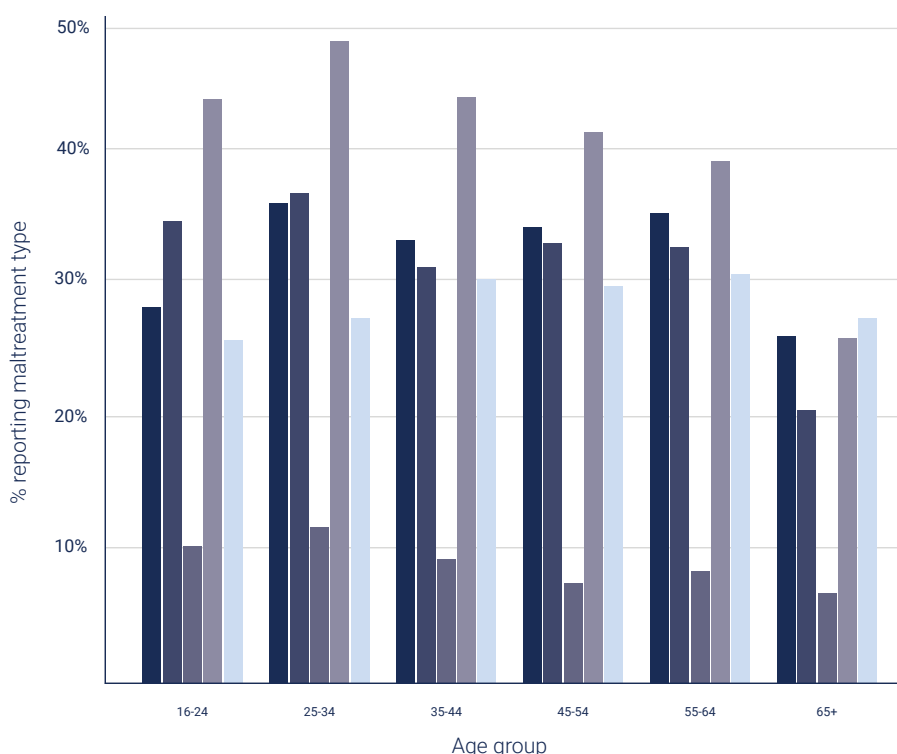
of the Australian population had experienced at least one type of child maltreatment.

Prevalence by age groups

We examined prevalence rates across age groups to estimate trends over time. Overall, we found that the various types of child maltreatment have been an enduring feature of Australian society. Prevalence rates for each maltreatment type are relatively stable across different age groups we surveyed. The exception to this was that participants aged 65 years and older reported lower prevalence of all types of maltreatment, except for sexual abuse.

Throughout different time periods in Australian society, substantial proportions of children have experienced maltreatment. To our immense cost, children's safety, security, health and wellbeing have not been taken seriously as a matter of national policy.

Prevalence of each form of child maltreatment by age group



- Any physical abuse
- Any emotional abuse
- Any neglect
- Any exposure to domestic violence
- Any sexual abuse

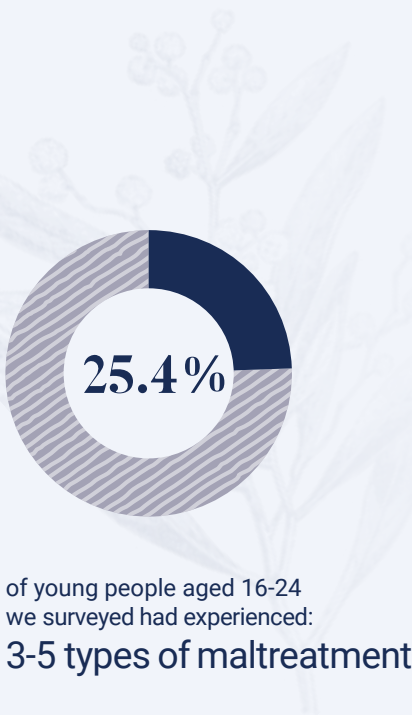
Prevalence of child maltreatment among young people aged 16-24 years

Understanding the prevalence of maltreatment among young people aged 16-24 is particularly important. This evidence is essential to inform deliberations by contemporary policymakers and community stakeholders in various sectors – including health, education, child protection and family welfare – about necessary investment and optimal policy and practice to reduce and respond to child maltreatment.

We found that child maltreatment is a major contemporary problem in Australian society, affecting a substantial proportion of Australian children and youth. Some types of child maltreatment are even more common in Australian society now, than in former times. Compared to the full sample, young people were more likely to experience emotional abuse (34.6% v 30.9%) and exposure to domestic violence (43.8% v 39.6%).

However, young people reported lower rates of physical abuse (28.2%) than all other age groups (33.2%-36.0%). While it remains unacceptable for one in four Australian children to experience physical abuse, this decline does represent an enormously encouraging finding. This decline is likely associated with a range of sustained policy and public health efforts, indicating reductions in violence against children are possible. We need to ensure this downward trend is sustained.

Another positive development, noted in the next section, is the identification of declines in sexual abuse by some types of offender.



of young people aged 16-24 we surveyed had experienced:
3-5 types of maltreatment

● Finding among the youth participants

Child maltreatment is a major problem affecting today's Australian children and youth. It is not simply something that happened in the past. It is a matter of national urgency that we act collectively to reduce child maltreatment and its devastating consequences.



experienced:
>1 type of abuse

Exposure to domestic violence, and emotional abuse, are the most common types of maltreatment experienced by young people.

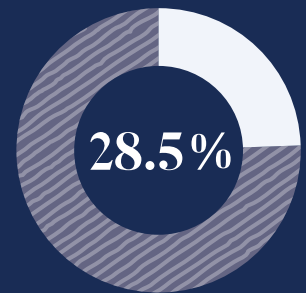
Sexual abuse: an urgent national challenge

Our findings on child sexual abuse are harrowing.¹⁴ We asked four questions about sexual abuse to calculate prevalence estimates. One question was about non-contact sexual abuse (where the offender forced the child to look at their private parts, or forced the child to look at their private parts). Three questions were about different types of contact sexual abuse (contact sexual touching; attempted forced sex; and forced completed sex – i.e., rape).

We identified disturbingly high prevalence of child sexual abuse both for our whole sample, and in our younger sample aged 16-24. The evidence shows these are severe experiences; for example, one in 12 participants (8.7%) reported experiencing forced sex (rape) in childhood, and this figure is identical in our youth sample aged 16-24. Furthermore, the evidence shows a massive gender disparity in child sexual abuse, which has been an enduring feature of Australian society, but which in contemporary society is becoming even more pronounced.

This gender disparity is a massive, enduring and intolerable injustice. It is within our power to change this. It is imperative that we do so.

Whole sample. Overall, in our whole sample, we found the national prevalence of child sexual abuse in Australia is 28.5% (more than 1 in 4).



We identified a massive gender disparity:



more than 1 in 3 girls experienced child sexual abuse (37.3%)



almost 1 in 5 boys experienced child sexual abuse (18.8%)



girls are twice as likely to experience child sexual abuse as boys



We found that child sexual abuse is inflicted to different extents by different classes of offender. Analysis of these data is ongoing, but we have found:

- known adolescents aged under 18 inflict the highest proportion of child sexual abuse (12.9% of our total sample);
- parents, and other adult parent-like caregivers in the home, are the next most common class of offender (7.8% of our total sample).

¹⁴ Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.

Youth sample. Among our participants aged 16-24, we found the national prevalence of child sexual abuse was 25.7%.

We again found a massive gender disparity. Among Australian youth aged 16-24:

- More than 1 in 3 females aged 16-24 experience child sexual abuse (35.2%).
- Almost 1 in 7 males experience child sexual abuse (14.5%).
- Contemporary prevalence of child sexual abuse of girls is 2.4 times as high as for boys.

Trends over time. Our data simultaneously show cause for hope, and compelling reasons to redouble our prevention efforts. We can point to some declines in sexual abuse by specific classes of offender. For example, forthcoming work shows that over time in Australian society, the prevalence of child sexual abuse by parents and parent-like adult caregivers in the home has substantially declined, from around 8-9%, to 4.4% in our youth sample. This shows that, while the rate amongst youth is still far too high, substantial progress has been made in preventing child sexual abuse within the home. In the broader context of Australian society, this is a notable public policy achievement that has reduced immense suffering in vulnerable children.

Yet, we can also point to increases in child sexual abuse by other classes of offender. For example, forthcoming analysis will show that in recent years, prevalence of child sexual abuse by other adolescents, and especially by those who are or were in a romantic relationship, has substantially increased. This points to an urgent need for improved and earlier prevention. We need to sustain and develop recent initiatives expanding education about respectful relationships and sexual consent, but we also need broader preventative education about gender equality, sexual and emotional literacy, and sex and relationships.

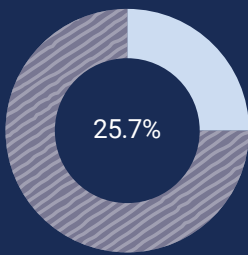
Other questions on sexual victimisation. We asked other questions about sexual victimisation, which we did not include in our prevalence estimates or our subsequent calculation of mental disorders and health risk behaviours. These questions were about internet sexual victimisation (non-consensual sharing of sexual images of the participant; and online grooming of the participant by an adult), and general sexual harassment. Forthcoming publications of our analyses of these data will show additional concerning trends, and new emerging forms of child sexual abuse requiring major national prevention efforts.

These deeply concerning findings have major implications for multiple portfolios including:

1. education for prevention;
2. justice responses for individual offenders;
3. justice responses for online service providers, technological platforms;
4. safety by design for technology platforms and consumption.

Overall national prevalence of child sexual abuse in Australia in those aged 16-24

25.7%



more than
1 in 3
girls experienced
child sexual abuse



almost
1 in 7
boys experienced
child sexual abuse



Chronicity of maltreatment

To determine if child maltreatment is typically isolated or protracted, we examined its chronicity. For maltreatment types where discrete incidents could be counted (i.e., physical abuse, sexual abuse, and exposure to domestic violence) participants were asked to indicate how many times the incidents occurred throughout childhood up until age 18. For emotional abuse, and for neglect, participants were asked to indicate if the behaviours occurred over a period of days, weeks, months, or years. We only counted someone as experiencing these two maltreatment types if the incidents occurred over a period of at least weeks.

Our findings show children are rarely maltreated on only one occasion. Most maltreatment is chronic, occurring multiple times, or over a period of years. For example, of those who experienced emotional abuse, 80% reported it occurred over a period of years. Of those who experienced neglect, 75% reported it occurred over a period of years. The median number of incidents of physical abuse was 9.5; the median for sexual abuse was 3.5.

Chronicity of maltreatment events among those experiencing maltreatment

Number of times	>1	> 6 times	>50 times	Median
Physical abuse	88%	62%	19%	9.5 times
Sexual abuse	78%	42%	11%	3.5 times
Exposure to domestic violence	89%	65%	32%	11.8 times

When a child experiences sexual abuse, it rarely happens only once

For participants who experienced childhood sexual abuse:

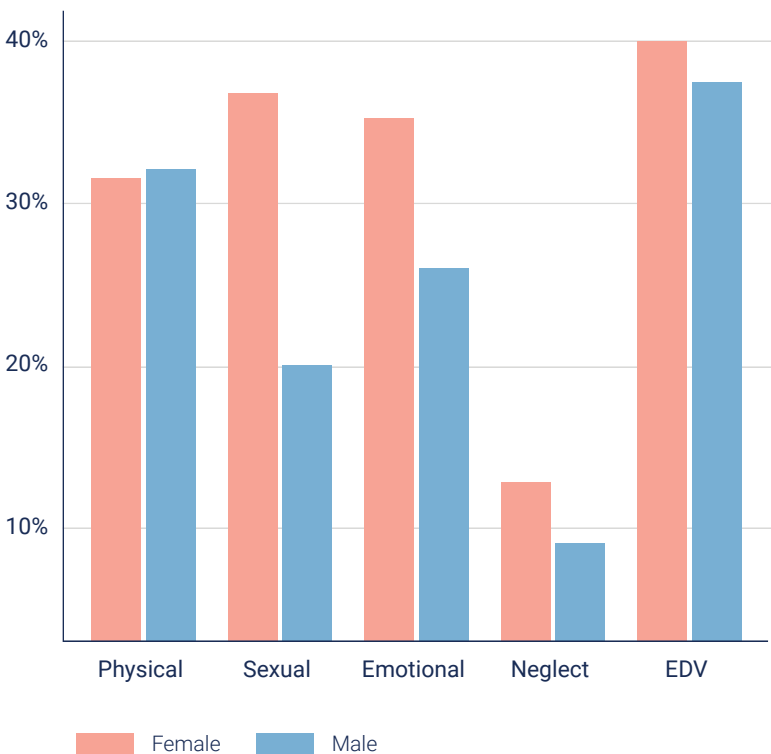


Gender differences in child maltreatment

Gender differences among all Australians

When looking at data across the whole sample we found clear gender differences. Women reported substantially more childhood sexual abuse, emotional abuse, and neglect than men. They experience comparable levels of childhood physical abuse and exposure to domestic violence.¹⁵

Gender differences in maltreatment rates across the whole Australian population

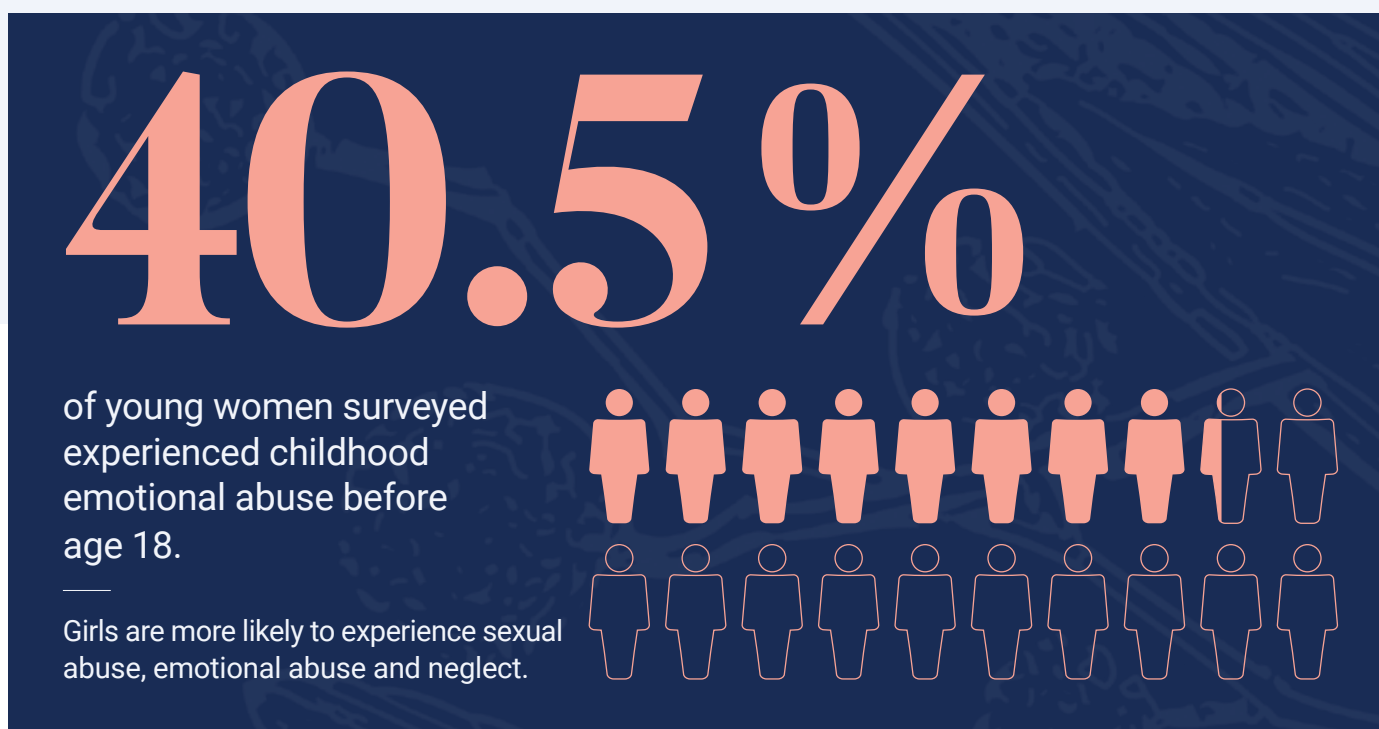


Gender differences in young people aged 16-24 years



¹⁵ Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.

Gender differences in young people aged 16-24 years



We examined gender effects among young people aged 16-24 years to determine if gender effects were still evident or if gender disparities had reduced. A similar pattern was present.

Compared with young men, young women reported substantially higher rates of child sexual abuse (35.2% vs 14.5%), higher rates of neglect (12.5% vs 7.2%) and higher rates of emotional abuse (40.5% vs 26.9%).

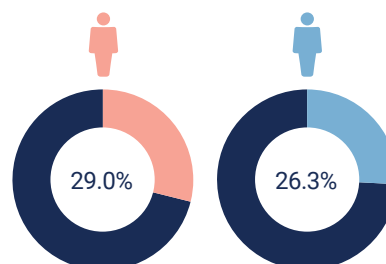
No gender differences were found on rates of physical abuse and exposure to domestic violence. These data show girls remain more vulnerable to child maltreatment and emphasise the need for prevention approaches to consider a child's gender in developing risk profiles and prevention initiatives.

People with diverse gender identities

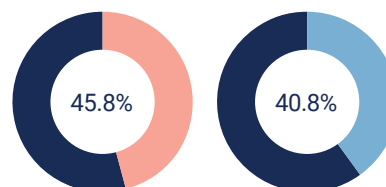
People who identified in gender diverse ways are more likely to experience all types of child maltreatment. Only a small number of people (n = 126) in our sample identified in this way, most of whom were in the 16–24-year age cohort. Empirical publications outlining of the prevalence and impact of maltreatment among people with diverse genders are forthcoming.

Girls and boys experience comparable levels of:

Physical abuse



Exposure to domestic violence



Massive gender disparities simply demand action.

How many Australians experience multi-type maltreatment?

1 in 4
Australians experience
3-5 different types
of maltreatment.

● Findings across Australian population



Multi-type maltreatment among all Australians

Experiencing more than one different type of maltreatment is known as multi-type maltreatment. This can include any combination of the five types of maltreatment: physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence. Exposure to multiple forms of the same type of maltreatment (e.g., different types of emotional abuse) is not considered multi-type maltreatment.

Data about the prevalence of multi-type maltreatment is important because it highlights patterns of risk and vulnerability. Knowledge about the co-occurrence of harm types has important prevention and intervention relevance. Multi-type maltreatment is also associated with poorer outcomes than single type maltreatment.

Our data shows that for those who experience any maltreatment multi-type maltreatment is the norm.¹⁶ Among the whole Australian population 39.4% have experienced >1 type of abuse type compared with 22.8% who experienced single type abuse. Just under one quarter of people (23.3%) have experienced 3-5 types of abuse and 3.5% have experienced all five types of maltreatment.

Similar to prevalence rates for single types of maltreatment, girls are more vulnerable to multi-type maltreatment than boys (43.2% v 34.9%) and are almost twice as likely to experience 4 or 5 types (4.7% v 2.0%).

Family related adversity factors are a significant risk factors for multi-type maltreatment but not for single type maltreatment. Parental separation, family mental illness, family substance problems and family economic hardship double the risk of multi-type maltreatment.

Girls experience more
multi-type maltreatment



¹⁶ Higgins DJ, Mathews B, Pacella R, Scott JG, Finkelhor D, Meinck F, Erskine HE, Thomas HJ, Lawrence DM, Haslam DM, Malacova E, Dunne MP. The prevalence and nature of multi-type child maltreatment in Australia. Med J Aust 2023; 218 (6 Suppl): S19-S25.

Each family-related adversity doubled the risk of multi-type maltreatment

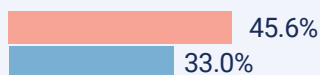
Multi-type maltreatment among young people aged 16-24 years

The prevalence of multi-type maltreatment in young people is similar to that of the whole population. Similar gender effects are apparent showing girls are more vulnerable.

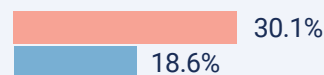


4 in 10 young people experienced >1 type of maltreatment

Girls more likely to experience >1 type of maltreatment



Girls more likely to experience 3-5 types of maltreatment



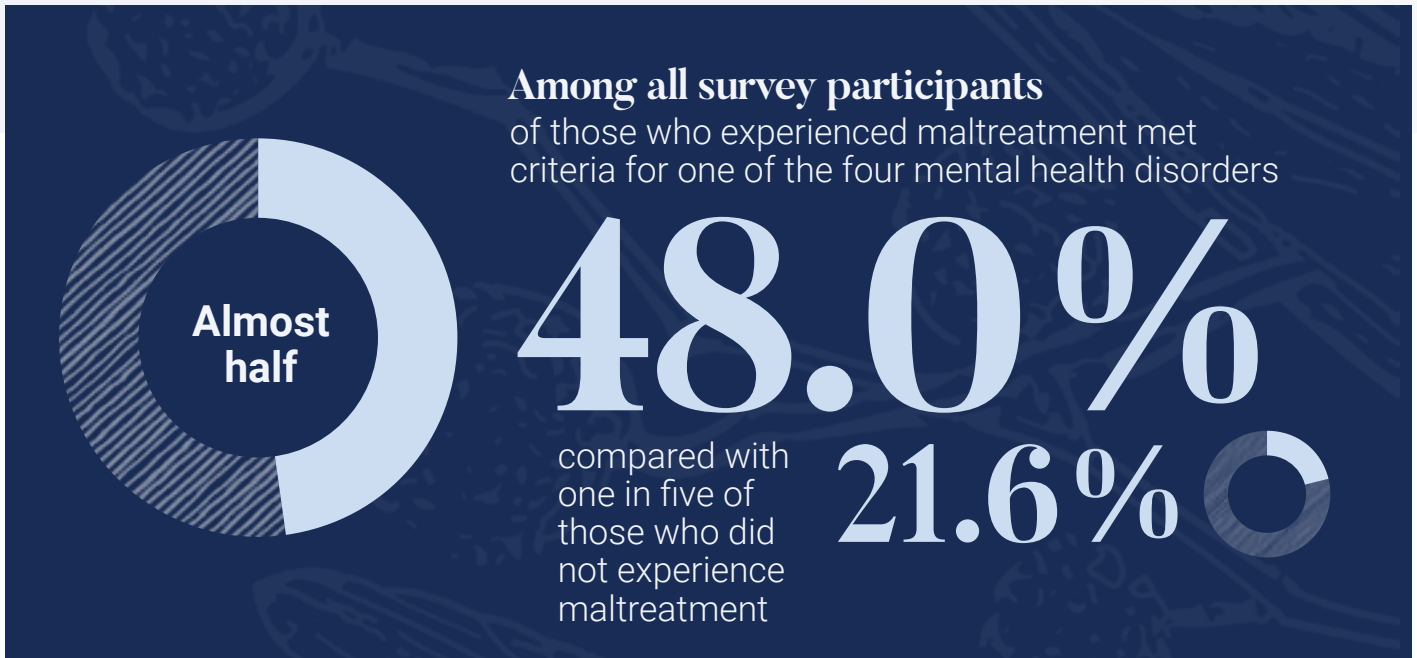
Combinations of multi-type maltreatment

We analysed all potential combinations of maltreatment types to determine the most common multi-type patterns. These findings have direct relevance for child protection and identifying children at risk of maltreatment. Exposure to domestic violence was the most common maltreatment type present multi-type combinations. This is unsurprising given it is the most common form of child maltreatment in Australia however it is of note that it rarely occurred in isolation. In families where children are exposed to domestic violence there is a much higher chance of the child experiencing other forms of maltreatment. This may be because family adversity increases the risk of multi-type maltreatment and family domestic violence. Prevention efforts aimed at reducing family dysfunction and supporting parents may be beneficial in reducing multi-type maltreatment.

The six most common multi-type maltreatment patterns

Population Prevalence of Maltreatment Combination	Exposure to domestic violence	Emotional abuse	Physical abuse	Sexual abuse	Neglect
5.1%	✓	✓	✓	✓	
5.1%	✓	✓	✓		
3.7%	✓	✓			
3.5%	✓	✓	✓	✓	✓
3.4%	✓		✓		
3.0%	✓			✓	

Impact on mental health disorders



Child maltreatment is associated with severe mental health problems and behavioural harms, both in childhood and adulthood.

1 in 4 who experienced childhood maltreatment



had lifetime **major depressive disorder**

1 in 6 who experienced childhood maltreatment



had current **generalised anxiety disorder**

A key strength of our study is the use of a diagnostic interview, the Mini International Neuropsychiatric Interview, to identify the prevalence of mental disorders across the Australian population. This allows the comparison of rates of mental health disorders between individuals who have and have not experienced child maltreatment.

We examined associations of child maltreatment with four common mental disorders: major depressive disorder, generalised anxiety disorder, post-traumatic stress disorder and alcohol use disorder. For major depressive disorder we counted the *lifetime* experience (i.e., anyone who had ever had major depressive disorder even if they did not have it at the time of the interview). For the other three disorders, we assessed *current* experience, meaning the participant had to meet criteria for the disorder at the time of the interview. This means in our analysis of these three disorders, we only counted people currently experiencing the disorder; we did not count those who may have experienced it earlier in life but not at the time of the interview.

Our mental health findings, while high, are conservative. Sub-clinical symptoms which may impair an individual's functioning but fail to reach clinical thresholds were not included in analyses nor were past experiences of disorders (except major depressive disorder). Additionally due to methodological issues we were unable to assess all types of mental disorders. Other mental disorders (e.g., eating disorders, personality disorders) are likely to also be related to child maltreatment. Therefore, while our findings show very strong associations with mental health disorders the real impact of maltreatment on mental health is likely to be even higher.

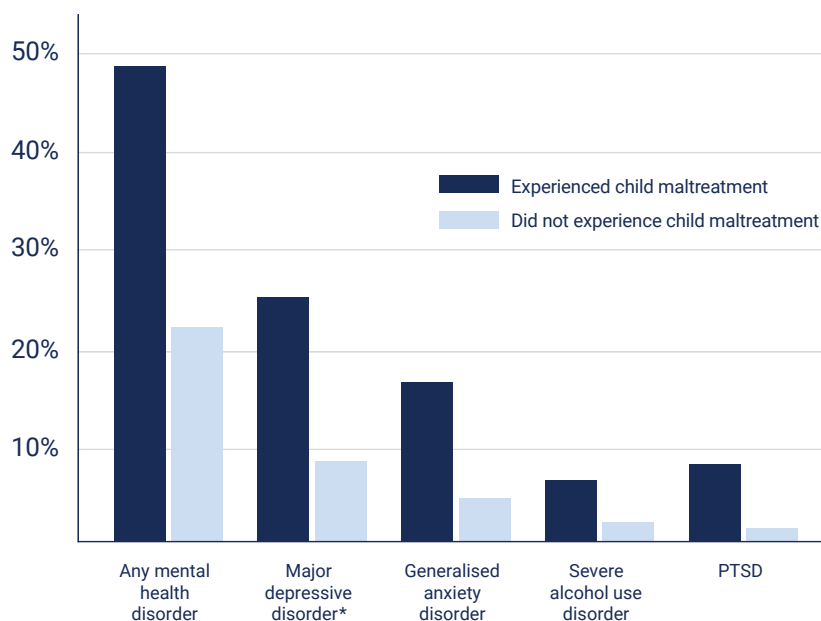



Mental health findings among all Australians


We found maltreatment is strongly associated with the presence of mental health disorders.¹⁷ All four of the disorders assessed were significantly more common in those who had experienced maltreatment. Australians who experienced child maltreatment were 2.8 times more likely to have any mental disorder compared with those who did not (48% v 21.6%). The strongest effects were found for post-traumatic stress disorder which was 4.6 times more common in individuals who had experienced maltreatment (7.80% vs 1.30%). Statistical adjustment for childhood and current financial hardship, and current socio-economic status, did not significantly decrease the impact of these relationships.

Almost half (48%) of those Australians who experienced maltreatment met criteria for a mental health disorder compared to 21.6% of those who did not experience maltreatment. One in four (24.6%) of those who experienced maltreatment had lifetime major depressive disorder and 1 in 6 (16.1%) had current generalised anxiety disorder at the time of interview. The emotional, socioeconomic and health system burden associated with these disorders is high. Reducing child maltreatment must be a key component of Australia's national strategy to respond to our national mental health crisis.


Prevalence of mental disorders among those with and without maltreatment experiences




2.8 x 
more likely to have
any mental disorder

4.6 x 
more likely to have
current PTSD

3.1 x 
more likely to have
anxiety disorder

3.2 x 
more likely to have major
depression disorder

2.6 x 
more likely to have severe
alcohol use disorder

We examined associations between different types of child maltreatment and mental disorders. **Sexual abuse, emotional abuse and multi-type maltreatment had the strongest influence on the development of mental disorders.** No differences were found in patterns of associations between men and women.

¹⁷ Scott JG, Malacova E, Mathews B, Haslam DM, Pacella R, Higgins DJ, Meinck F, Dunne MP, Finkelhor D, Erskine HE, Lawrence DM, Thomas HJ. The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. Med J Aust 2023; 218 (6 Suppl): S26-S33.

Emotional abuse, sexual abuse and multi-type maltreatment are strongly associated with mental health disorders.

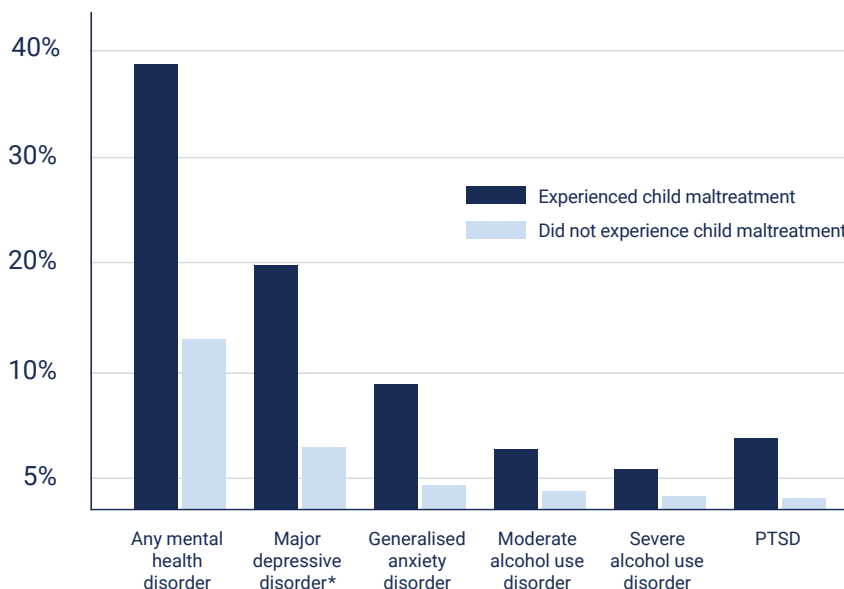


Child maltreatment's enduring impact through life

Child maltreatment continues to influence mental health in later life. Those who experienced child maltreatment were three times as likely to have any mental disorder at each of three age spans in life: 16-24; 25-44; and 45+. This demonstrates both the early impact and the persistent impact of child maltreatment. We found that major mental disorders are uncommon in those aged 45+ who had not experienced child maltreatment.



Prevalence of mental health disorders among Australians aged 45 years and older with and without experiences of child maltreatment



*Lifetime. All other disorders were measured as current at the time of interview.

Child maltreatment influences severe mental health problems that rapidly commence. These mental disorders cause further difficulties for children and youth in dealing with key life events and experiences: school performance, relationships, employment.

Mental health findings among young people aged 16-24 years

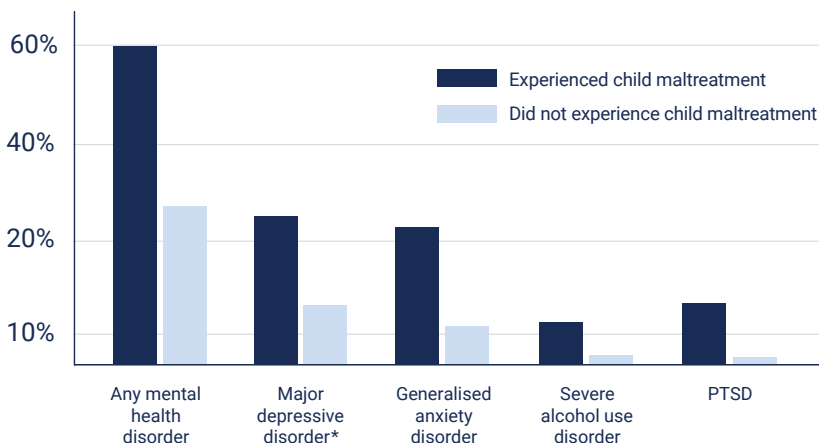
The ACMS data show that the associated mental health impacts of child maltreatment occur early in life, in adolescence and early adulthood.

We found maltreatment in childhood dramatically increased the odds of young people aged 16-24 years having a mental disorder. This mirrors similar effects observed across the whole sample.

Young people who experience child maltreatment were more likely to experience all mental disorders assessed. Effects were highest for post-traumatic stress disorder. Young people who experienced maltreatment are 5.8 times more likely to meet criteria for post-traumatic stress disorder. Effects were smallest for mild levels of alcohol use disorder. Young people who experienced maltreatment are only 1.3 times more likely to have mild alcohol use disorder. However, they are 4.1 times more likely to have severe alcohol use disorder.

The burden associated with mental health disorders in young people is significant from personal, societal and health economics viewpoints. Our data highlights the important role child maltreatment plays and highlights the need for the prevention of child maltreatment as one facet of a multi-pronged approach to tackling youth mental health in Australia.

Prevalence of mental health disorders among young Australians aged 16-24 years with and without experiences of child maltreatment



*Major depressive disorder was assessed across life. All other disorders were current at the time of interview.

Youth who experienced child maltreatment are:

2.9 X more likely to have any mental disorder

5.8 X more likely to have PTSD

3.3 X more likely to have generalised anxiety disorder

4.1 X more likely to have severe alcohol use disorder

2.7 X more likely to have had major depressive disorder

Impact on health risk behaviours

Child maltreatment dramatically increases the likelihood of self-harm and suicide attempts during the prior 12 months.

Health risk findings among all Australians

We examined six health risk behaviours: cannabis dependence, past year suicide attempts, past year non-suicidal self-injury (self-harm), smoking, binge drinking, and obesity. All health risk behaviours were examined over the prior 12 months.¹⁸

Australians who experienced maltreatment were more likely to report all six health risk behaviours. Of significant concern, we found child maltreatment dramatically increases the likelihood of current cannabis dependence, self-harm in the prior 12 months, and suicide attempts in the prior 12 months.

Australians who experience child maltreatment are 6.2 times more likely to be cannabis dependent, 4.5 times more likely to have attempted suicide in the past year and 3.9 times more likely to have self-harmed in the past year. Key health risk behaviours are also more common in those who experience multi-type maltreatment.

6.2 x

more likely to be
cannabis
dependent



4.6 x

more likely to have
attempted
suicide
in the past 12 months



1.9 x

more likely to be a
current
smoker



3.9 x

more likely to have
self-harmed
in the past
12 months



1.3 x

more likely to
binge drink
at least weekly



1.2 x

more likely to have
obesity



These increased odds account for other explanatory factors

¹⁸ Lawrence DM, Hunt A, Mathews B, Haslam DM, Malacova E, Dunne MP, Erskine HE, Higgins DJ, Finkelhor D, Pacella RE, Meinck F, Thomas HJ, Scott JG. Association between child maltreatment and health risk behaviours and conditions throughout life: The Australian Child Maltreatment Study. *Med J Aust* 2023; 218 (6 Suppl): S34-S39.

Our findings on the prevalence and impact of emotional abuse are particularly powerful.

These are especially useful in illuminating pathways for enhanced prevention.

Australians who experience emotional abuse are:

2.3 X

more likely to have

attempted suicide



in the past 12 months

Prevalence of selected health risk behaviours among the Australian population by experience of maltreatment

Prevalence	Whole sample	Experienced child maltreatment	Did not experience maltreatment
Cannabis dependence	2.5%	3.7%	0.5%
Self-harm (prior year)	3.2%	4.7%	0.7%
Suicide attempt (prior year)	1.1%	1.5%	0.3%

Prevalence of selected health risk behaviours among Australians aged 45 years and over by experience of maltreatment

Prevalence in Australians aged 45 years and older:	Experienced child maltreatment	Did not experience maltreatment
Cannabis dependence	1.4%	0%
Self-harm (prior year)	1.5%	0%
Suicide attempt (prior year)	0.4%	0%

The increased prevalence of health risk behaviours is driven primarily by experiences of emotional abuse and sexual abuse. After accounting for other types of maltreatment:

Australians who experience emotional abuse are:

- 2.1 times more likely to have self-harmed in the prior 12 months
- 2.3 times more likely to have attempted suicide in the prior 12 months
- 1.8 times more likely to be cannabis dependent

Australian who experience sexual abuse are:

- 2.7 times more likely to have self-harmed in the prior 12 months
- 2.3 times more likely to have attempted suicide in the prior 12 months
- 2.0 times more likely to be cannabis dependent

While the adverse outcomes of sexual abuse are well documented our findings about the impact of emotional abuse are particularly important and make a substantial contribution to knowledge. Emotional abuse is sometimes mistakenly viewed as less harmful than other forms of maltreatment. However, our data show the experience of emotional abuse dramatically increases the likelihood of health risk behaviours. Emotional abuse, by conceptual definition, occurs at the hands of parents or caregivers which may make it particularly harmful for children’s self-concept and development. Our findings underscore the need for policy and practice reform to specifically target emotional abuse and sexual abuse.

Another key finding is that the influence of maltreatment on health risk behaviours endures long after childhood. Health risks are exceedingly rare in Australians aged 45 years and older who did not experience child maltreatment. In fact, cannabis dependence, past year self-harm, and past year suicide attempts were too rare to be detected in older Australians who did not experience maltreatment.

● Findings among young people 16-24 years

A national crisis in self-harm by young Australians

We are facing a national crisis in youth self-harm. 30.5% of young people aged 16-24 have self-harmed at some time in their life. Child maltreatment, and especially sexual abuse and emotional abuse, is strongly associated with self-harm and suicide attempts.

Our data indicate a national crisis in self-harm. Among our participants aged 16-24:

30.5% had self-harmed at any time in their life.

Young women were twice as likely as young men to have self-harmed (39.5%; v 20%) at any time in their life.

Health risk findings among young people aged 16-24 years

All health risk behaviours and conditions were prevalent across all Australian young people aged 16-24 years irrespective of abuse experiences.

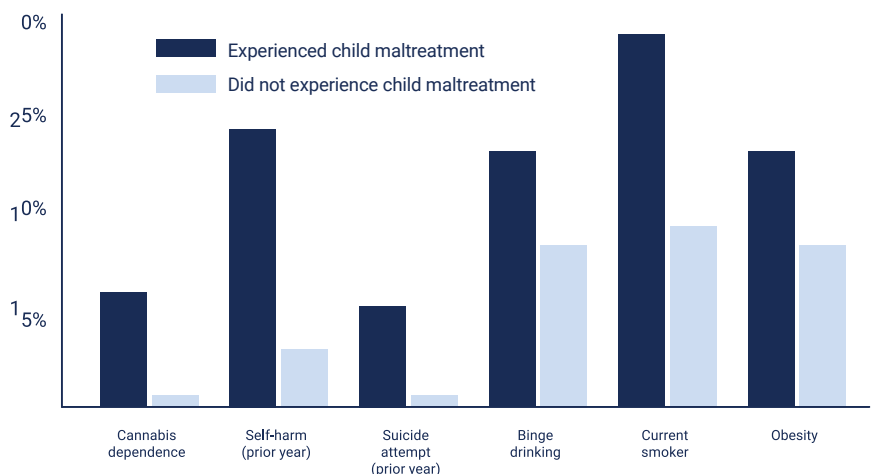
However, Australian young people aged 16-24 years who experience child maltreatment are substantially more likely to experience key health risk behaviours examined in the ACMS.

Of those aged 16-24 who had experienced child maltreatment:

- 5.9% had cannabis dependence, compared with 0.6% of those who had not experienced child maltreatment;
- 14.3% had self-harmed in the prior year, compared with 3.0% of those who had not experienced child maltreatment;
- 5.2% had attempted suicide in the prior year, compared with 0.6% of those who had not experienced child maltreatment.

Fully adjusted odds ratios showed youth aged 16-24 who experienced child maltreatment were 6.5 times more likely to have cannabis dependence, 3.5 times more likely to have self harmed in the prior year, and 4.5 times more likely to have attempted suicide in the prior year.

Comparisons of health risk behaviours among young people aged 16-24 with and without experiences of child maltreatment



Impact on health service utilisation

The impact of child maltreatment is rarely examined from a health service viewpoint in part because health impacts accrue over time and many prevalence studies only assess children and young people. However, the health system burden related to child maltreatment is high. Such data has the potential to help direct policy makers to how and where to focus limited health spending to maximise impact. The methodology of the ACMS, including the use of age cohorts, allows the close examination of health service use.

We analysed health service use by asking participants about their contact with health providers over the past 12 months.¹⁹ This is a conservative approach as it limits findings to past year contact.

We found child maltreatment is highly associated with greater use of health services in Australia. Australians who experience maltreatment are more likely to have been hospitalised, had 6 or more visits to a general practitioner and to have seen mental health professional in the prior 12 months compared with non-maltreated counterparts. The largest effects were found for consultations with psychiatrists, mental health nurses, and psychologists, suggesting mental health challenges are driving the health service burden associated with maltreatment. Effects were even stronger for those who experienced multi-type maltreatment.

People with a history of child maltreatment are more likely to have engaged with

all health service professionals assessed. 

In the last 12 months, people who experienced child maltreatment were

1.4 x more likely to have had an **overnight hospital admission**

2.4 x more likely to have been **admitted for a mental disorder**

1.8 x more likely to have had **12 or more visits any health practitioner**

2.3 x more likely to have had **24 or more visits any health practitioner**

2.4 x more likely to have had **6 or more visits to a GP**

2.7 x more likely to have **consulted with a mental health nurse**

2.4 x more likely to have **seen a psychologist**

3.0 x more likely to have **seen a psychiatrist**

¹⁹ Pacella RE, Nation A, Mathews B, Scott JG, Higgins DJ, Haslam DM, Dunne MP, Finkelhor D, Meinck F, Erskine HE, Thomas HJ, Malacova E, Lawrence DM, Monks C. Child maltreatment and health service utilisation: findings from the Australian Child Maltreatment Study. Med J Aust 2023; 218 (6 Suppl): S40-S46.

Conclusions

Despite the significance of child maltreatment for social justice, lifelong health, the economy, and the community fabric, Australia's approaches to policy and prevention have to date been incomplete and uninformed by the necessary epidemiological evidence. The Australian Child Maltreatment Study has provided comprehensive baseline evidence at the population level to better inform future approaches.

As we have stated in our concluding article in the Medical Journal of Australia Supplement, we should all be shaken by the findings of the Australian Child Maltreatment Study.²⁰ We have found that:

1. Child maltreatment is widespread in Australian society.
2. Girls experience particularly high rates of sexual abuse and emotional abuse.
3. Child maltreatment is a major problem affecting today's Australian children and youth – it is not simply something that happened in former times in Australian society.
4. Child maltreatment is associated with severe mental health problems and health risk behaviours, both in childhood and adulthood.
5. Emotional abuse is particularly harmful, and is much more damaging than society has previously understood.

Australian children and youth are suffering now, and they need support. This is shown most starkly by the tragic rates of self-harm and suicide attempts, and the ACMS has shown maltreatment makes a distinctive contribution to these outcomes. Equally, Australian parents need support; some types of child maltreatment are strongly influenced by social determinants and structural factors.

Change is possible. Cause for hope can be found in recent reductions in physical abuse, and in some types of sexual abuse. These positive trends indicate the success of prior prevention efforts, and show where we must redouble our commitment. They also illuminate pathways forward to better prevent newly understood harmful experiences. The decline in physical abuse indicates the success of prevention policy and practice, social sensitisation, parenting education, and parenting practices. Declines in some categories of sexual abuse also show where developments in law, society, policy and practice have influenced historic social shifts. We must sustain these efforts and ensure these declines continue. These are profoundly important public health achievements, reducing human suffering and downstream costs.

²⁰ Mathews B, Thomas HJ, Scott JG. A new era in child maltreatment prevention: Call to action. Med J Aust 2023; 218 (6 Suppl): S47-S51.

Elsewhere, concerning recent increases in emotional abuse, some types of sexual abuse, and exposure to domestic violence, and new types of sexual victimisation, show the challenges for our nation are both urgent and growing. The ACMS findings about the prevalence and harmfulness of emotional abuse are particularly important. They indicate the time has come for an emotional revolution. We must understand just how harmful it can be to speak to and behave towards children in these ways; and equally, how beneficial it can be to avoid these abusive behaviours and instead to offer the child support, validation, and love.

Change is required. As a society, we have much work to do. We know that child maltreatment can be reduced if we work together as governments, service sectors, and communities. We need to invest more, and invest better. Childhood and adolescence are crucial stages of human development and at the population level, child maltreatment produces massive detrimental outcomes for mental health and health risk behaviours. These outcomes both endure through life, and likely stimulate a cascade of related detrimental consequences affecting daily life and intergenerational disadvantage.

In 2020, the Productivity Commission estimated the annual cost of mental health disorders and suicide as \$200-220 billion. Child maltreatment contributes substantially to this crippling national burden. Even from a crude economic perspective, we cannot afford not to invest more in child maltreatment prevention. Such investment also promotes a contemporary acknowledgment that federal budgetary policy must not only consider gross domestic product; it must promote the wellbeing of individuals, families and communities.



**Change is possible.
Change is required.**

It is a moral, social and economic imperative for Australian governments to develop a coordinated long-term plan for generational reform.

Recommendations

The findings from the Australian Child Maltreatment Study provide a basis for renewed policy deliberation and carefully planned action by the Australian Government, State and Territory government departments and agencies, and major sectoral stakeholders. They provide evidence to inform transformative social policy and precision public health approaches to reduce child maltreatment and its lifelong effects.

Although harrowing, they illuminate pathways to shape coherent policy approaches uniting mental health, wellbeing, gender equality, violence prevention, and social justice. Intense early engagement with ACMS findings in high-level briefings with Australian and State Government suggests this can be a turning point for enhancing national policy in child maltreatment prevention and response.

Responses are required in individual, community, and societal domains. Policy and programmatic reforms are needed to promote education and skill development, enhance parenting, change harmful attitudes justifying violence against children and women, and create norms protecting children, provide social and therapeutic services, and improve structures and policies to support individuals, parents and families.

Australia has made some notable progress in recent years. Major national policies aim to reduce child maltreatment, as shown by the National Framework for Protecting Australia's Children 2021–2031; the National Plan to Reduce Violence against Women and their Children; the National Agreement on Closing the Gap, and the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030. National agencies dedicated to these efforts have been established, including the National Office for Child Safety, and the Office of the e-Safety Commissioner. These policy aims and initiatives are consistent with broader international goals to reduce maltreatment and respond effectively, including the United Nations Sustainable Development Goal 16.2, which aims to end all forms of violence against children. They are commendable developments and provide a firm foundation from which we can build.

While specific policy advances must be the product of careful deliberation by government actors working together with genuine commitment, examples of recommendations indicated by ACMS findings and supported by solid international evidence include the following:



Australia requires a national, coordinated approach to this public health imperative.

**We must invest more,
and invest better.**

- 1.** Australia requires a national, coordinated approach to this public health imperative. To date, our failure has been attributable in large part because we have lacked political will, ethical motivation, sufficient investment, and fragmentation between levels of government. It is imperative that Australian Government agencies collaborate with States and Territories, through financial resourcing and policy frameworks, supported by a new model of sustainable national governance architecture to ensure child maltreatment is treated as an ongoing national concern. This infrastructure is required to support the mechanisms necessary to ensure this commitment is secure, stable, and sustained, and endures across political cycles.
- 2.** We must accelerate a public health approach, with a focus on primary prevention and secondary prevention. We can and must invest more, and invest more wisely, in universal prevention at the population level, and to targeted interventions to subpopulations at high risk.
- 3.** At the societal level, leverage for change is offered by recalibrating broad policy settings. Improving legal and regulatory approaches to housing, taxation, parental leave, and access to childcare and early childhood education, for example, can ameliorate social determinants heightening the likelihood of some types of maltreatment.
- 4.** Development of new social norms is a key component in public health efforts to reduce child maltreatment. While it is important to minimise inappropriate stigmatisation, establishment of positive norms has a fundamental generative impact on the social fabric and ultimately on individual conduct. For example, norms can condemn violence against women and children and instead promote strong, honourable behaviour; norms can condemn emotional abuse and instead promote loving, supportive and joyful behaviour.
- 5.** At the community level, key stakeholders need support to enable appropriate responses to child maltreatment. For example, health and education practitioners require pre-service training and ongoing education to understand, identify and respond to child maltreatment. Improving community level availability and accessibility of support services for mental health support and alcohol and substance abuse is essential.
- 6.** At the individual level, intensified support is needed for parents in prenatal and postnatal periods, and in early childhood. This can include programs of home visiting and support for families, and universal and targeted evidence-based parenting education programs. Additional support is warranted for parents experiencing mental illness and substance use.
- 7.** A specific targeted area of high priority should be the enhanced prevention of child emotional abuse, through systematic policy and programmatic reform.
- 8.** A specific targeted area of high priority should be the enhanced prevention of child sexual abuse, through dedicated prevention efforts in schools focused on healthy development, attitudes to gender equality, emotional literacy, sexual literacy, and consent and relationships education. Child sexual abuse has significant qualitative differences to other maltreatment types, and improving prevention requires customised approaches in law, policy and practice.

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We can and must invest more, and wisely, in universal prevention at the population level and to targeted interventions to subpopulations at high risk.

Long-term benefits will far outweigh short-term costs.

If we so resolve, advancing child maltreatment prevention and child and adolescent mental health can be a major public health achievement of the 21st century.

