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The Australian Child Maltreatment Study

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

Presentation for Families Australia National Coalition AGM

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Professor Daryl Higgins (ACU), Professor Ben Mathews (QUT)

daryl.higgins@acu.edu.au - b.mathews@qut.edu.au

All ACMS resources are accessible at https://www.acms.au/

Acknowledgement of Country

We acknowledge the First Nations owners of the lands upon which we meet. We pay respect to their Elders, lores, customs and creation spirits, and recognise that these lands have always been places of teaching, research and learning.

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Acknowledgments

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Australian Government
Department of Social Services

Australian Government
Australian Institute of Criminology

All major findings now published

Special edition of the Medical Journal of Australia

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https://www.mja.com.au/journal/2023/218/6/supplement

Open access, freely available to download and share

Seven articles

Public report and infographics: accessible at https://www.acms.au/

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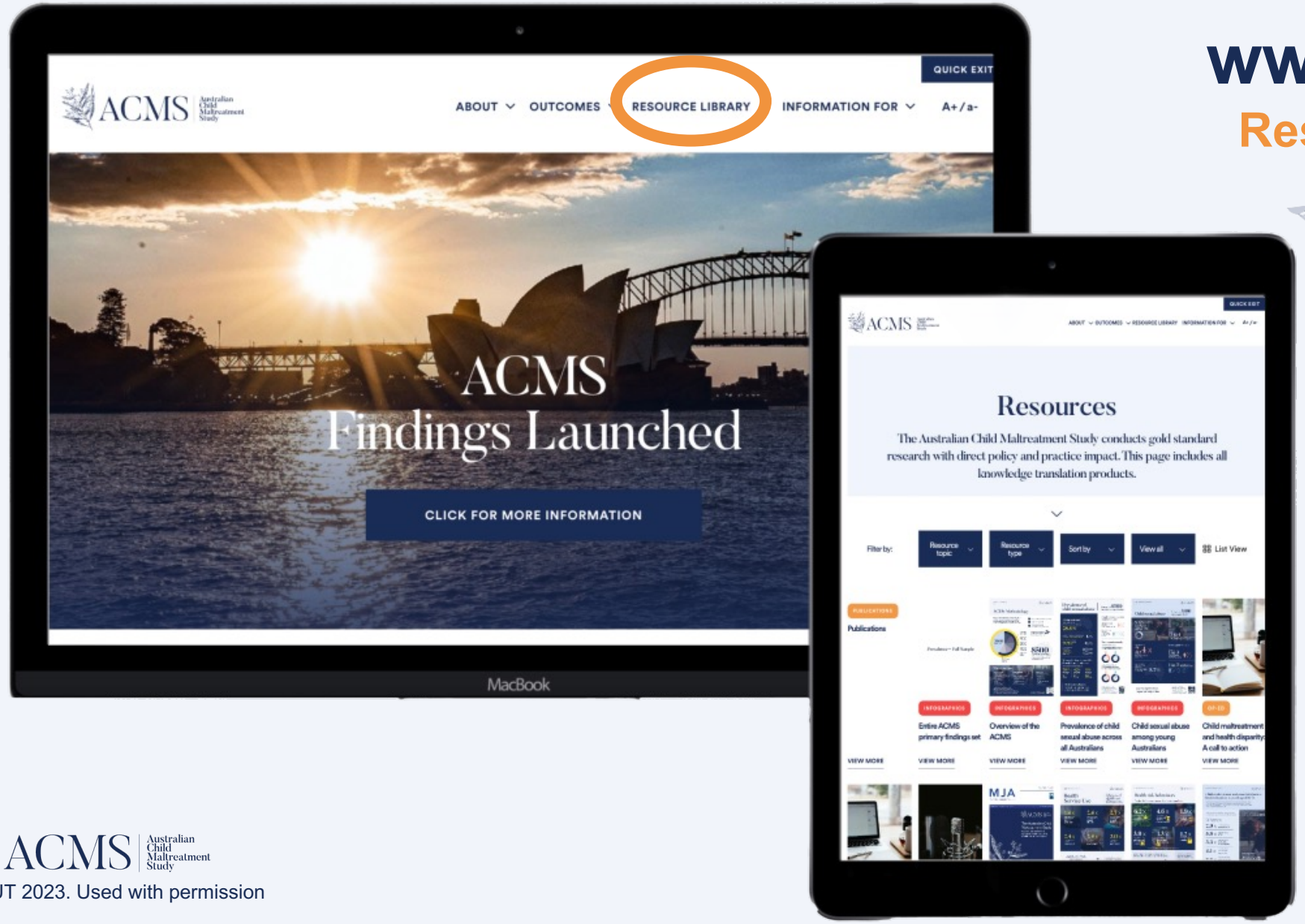
Resource Library



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Results of the Australian Child Maltreatment Study

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1

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

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

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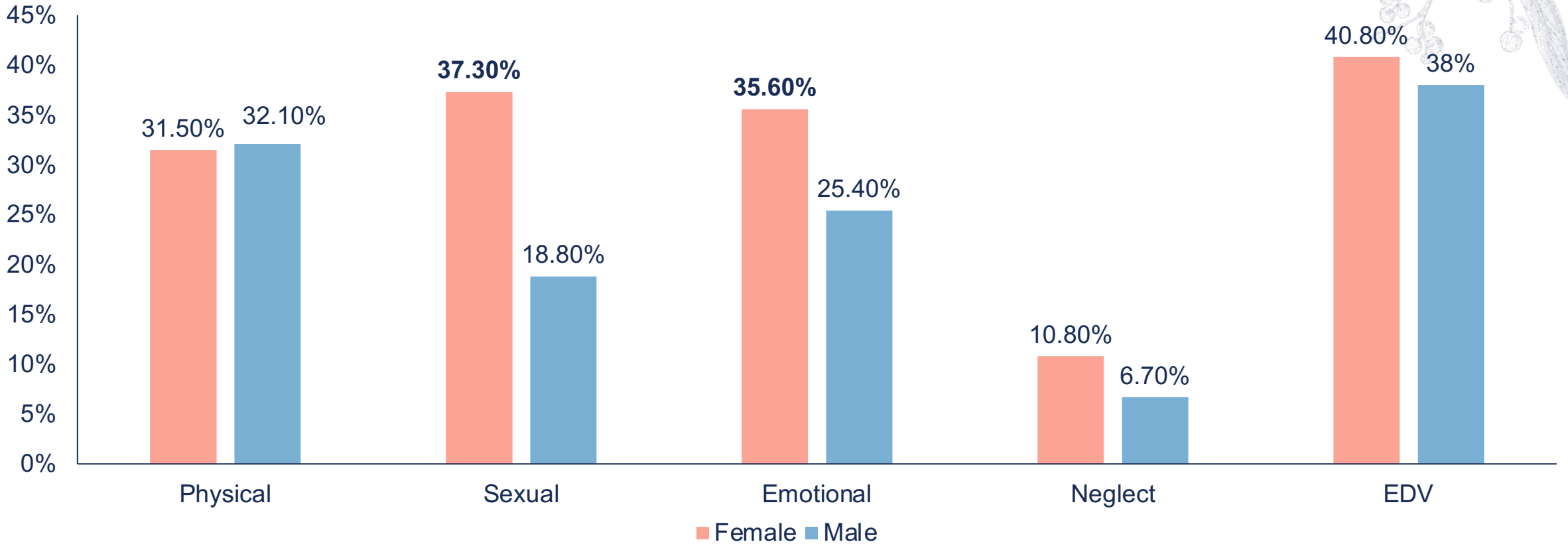
Prevalence of each maltreatment type, by sex (%)



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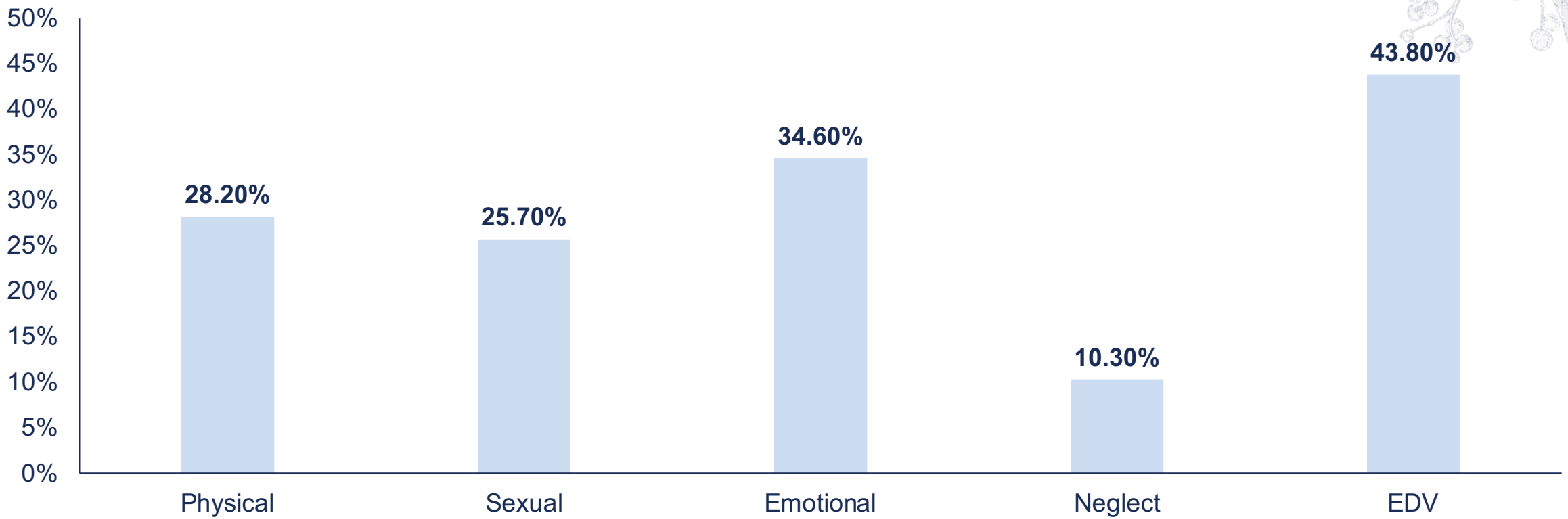
Prevalence of each maltreatment type (youth aged 16-24)



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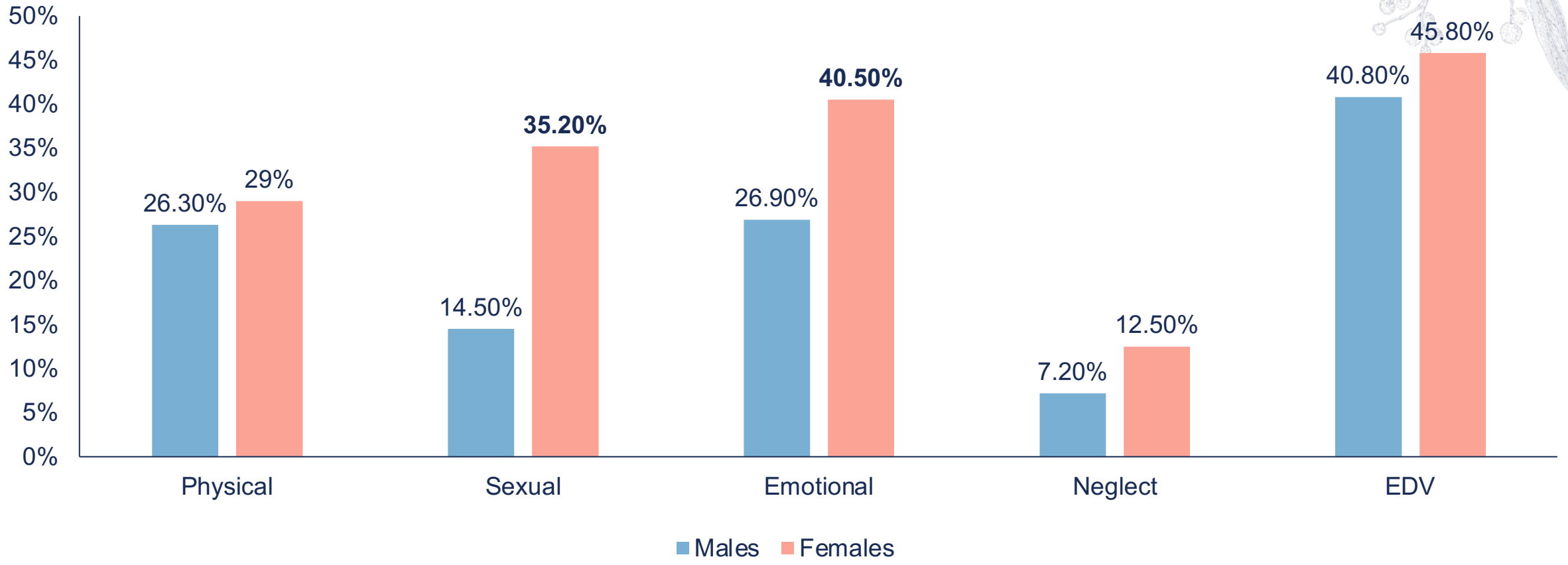
Prevalence of each maltreatment type by sex (youth aged 16-24)



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Maltreatment is chronic, not isolated

Physical abuse	Sexual abuse	Emotional abuse	Neglect	EDV
88% >1 time 62% >6 times 19% >50 times	78% >1 time 42% >6 times 11% >50 times	~80% >years	~75% >years	89% >1 time 65% >6 times 32% >50 times
Median: 9.5x	Median: 3.5x	Median: years	Median: years	Median: 11.8x

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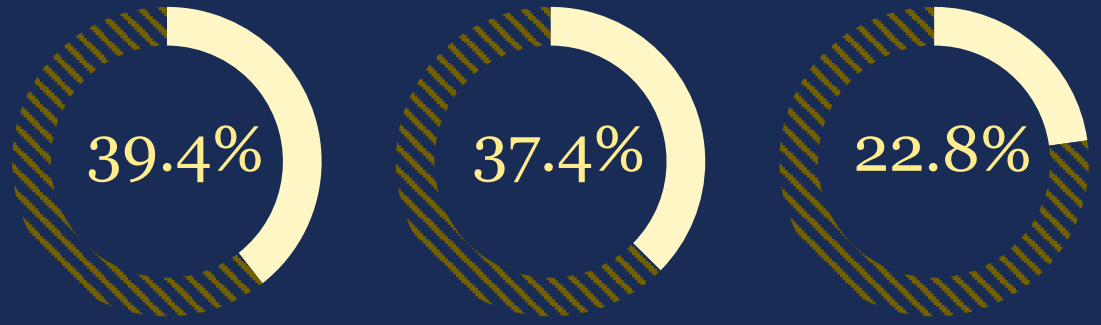
Prevalence of multi-type maltreatment

2 in 5

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



1 in 4

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

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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%)

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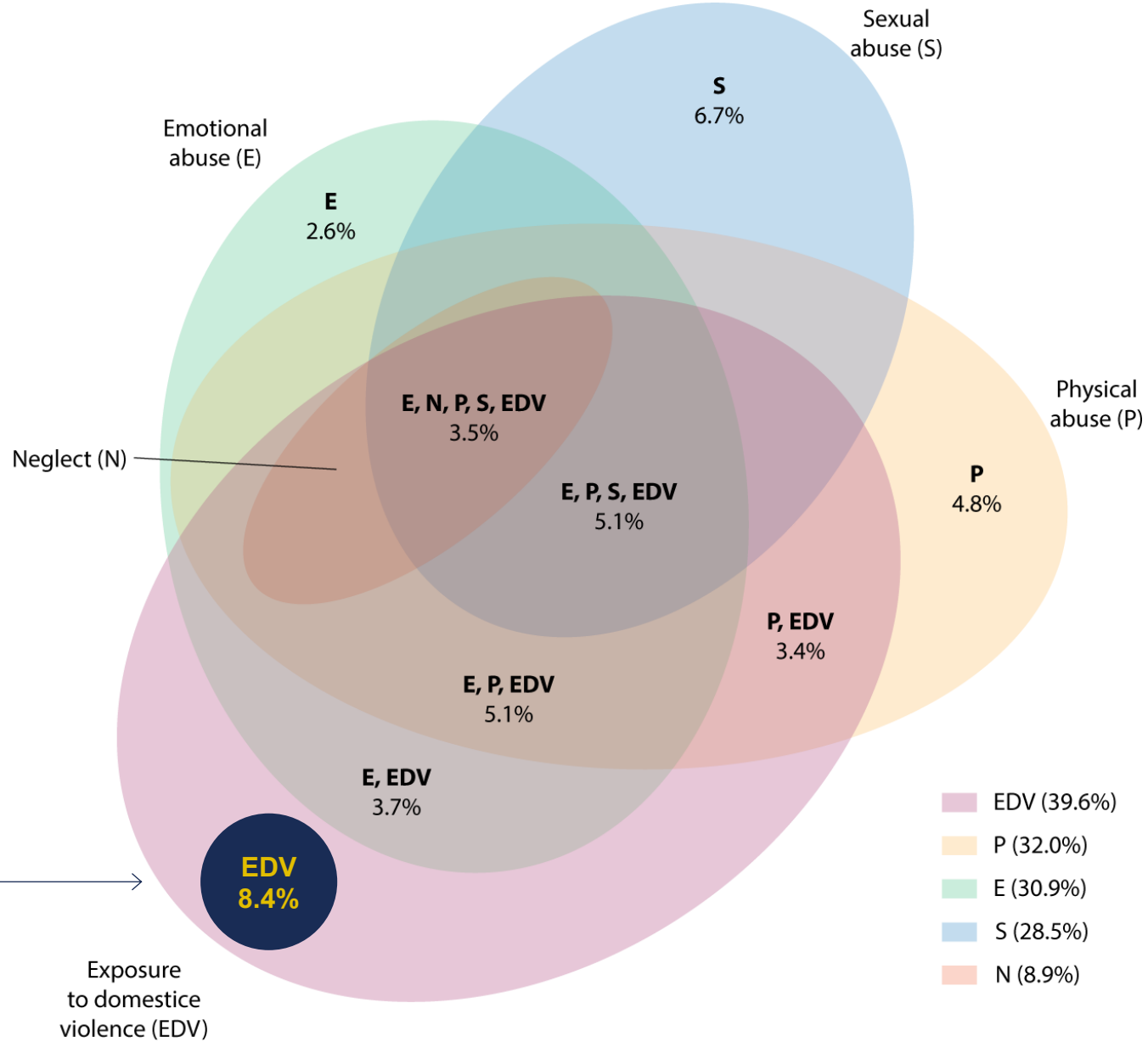
EDV is present in the 5 most common types of MTM…

…but is much rarer alone at 8.4%



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Family adversity increases risk of multi-type maltreatment

Childhood family-related risk factors associated with child maltreatment

	Relative Risk	95% Confidence Interval
Parental **separation or divorce**	2.01	1.89 – 2.14
Living with someone who was **mentally ill,** suicidal or severely depressed	2.42	2.28 – 2.57
Living with someone who had a problem with **alcohol or drugs**	2.40	2.26 – 2.55
Family **economic hardship**	2.18	2.06 – 2.32

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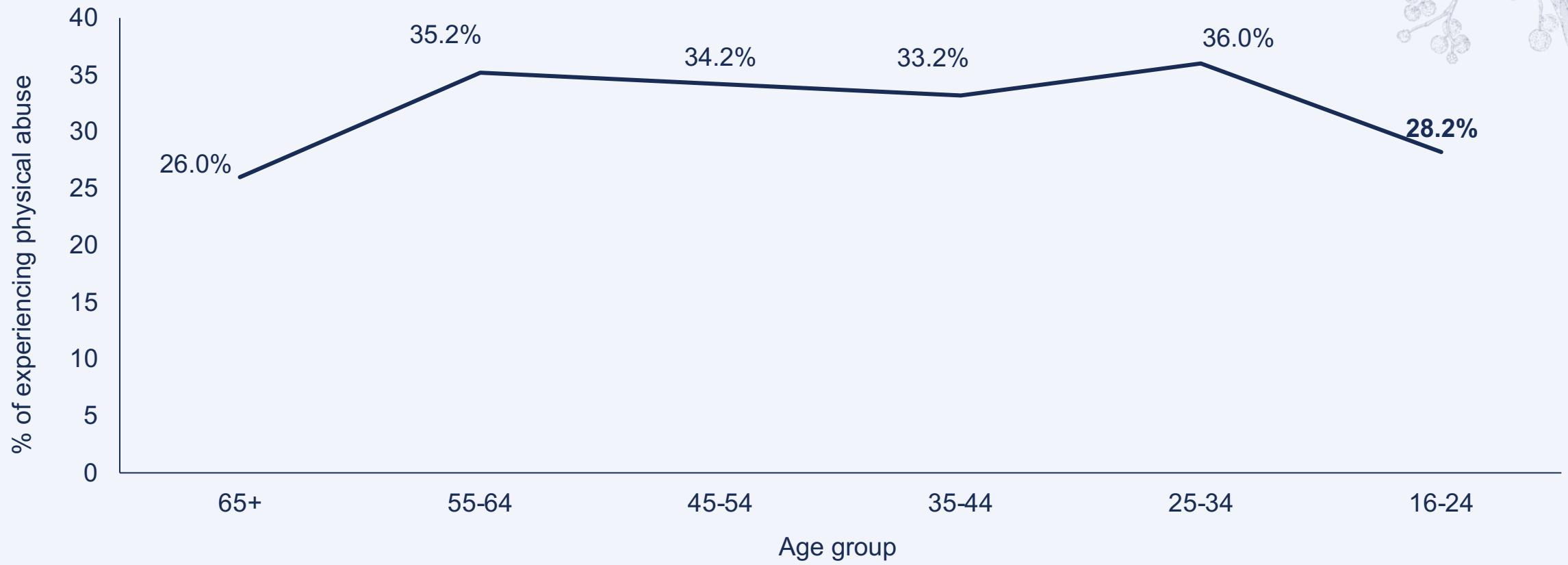
Need supports for families to prevent multi-type maltreatment.

This evidence demonstrates the urgent need for evidence-based supports for parents and families, to reduce the likelihood of exposure to multiple types of maltreatment.

Services may need to be targeted to the needs of parents experiencing different **kinds** of vulnerabilities (such as poverty, addiction or mental illness) or at **times** of greater vulnerability (such as recent separation).

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



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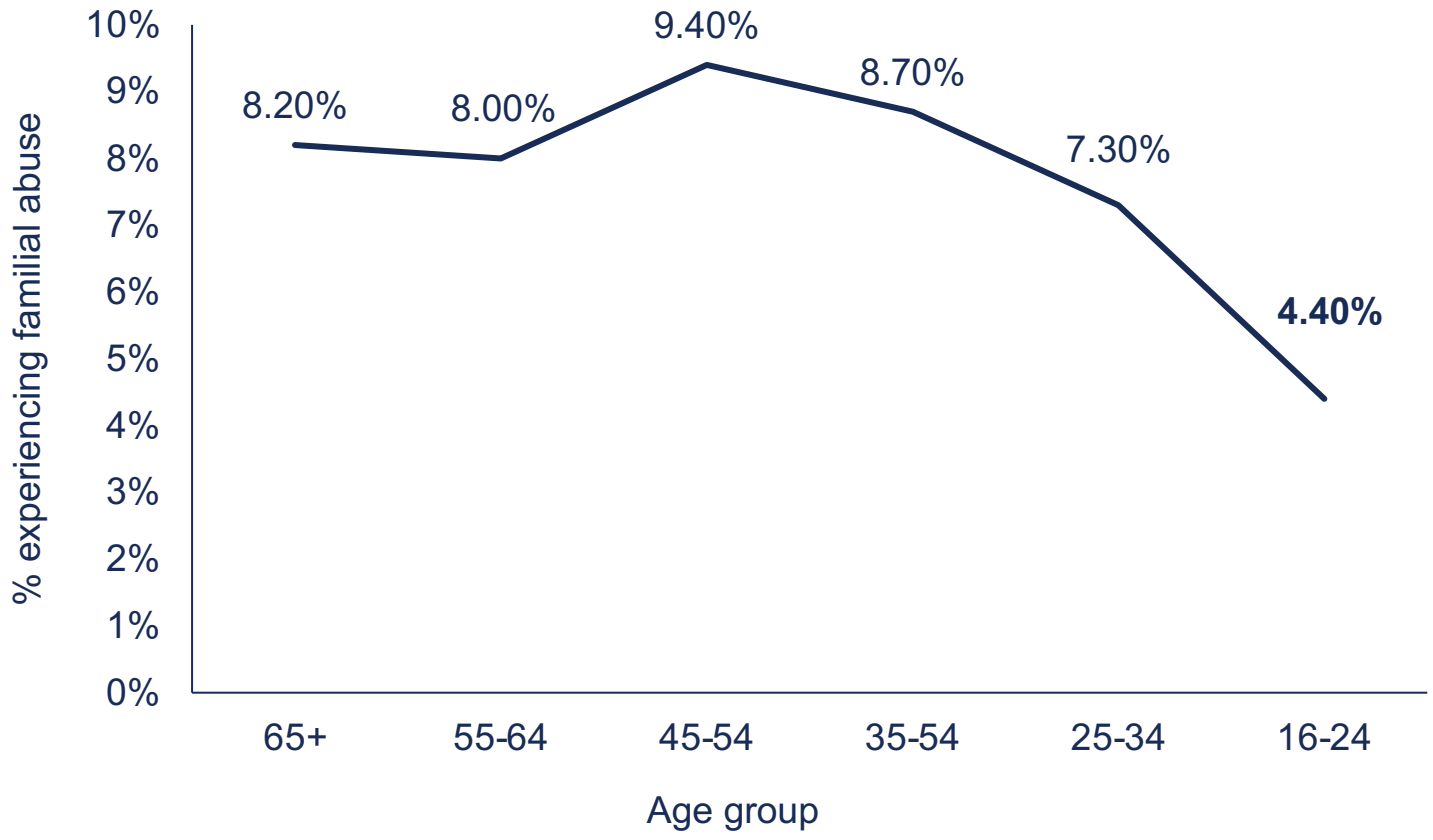
Familial sexual abuse has declined over time: change is possible



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.

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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.

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Child maltreatment and associated mental health outcomes

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

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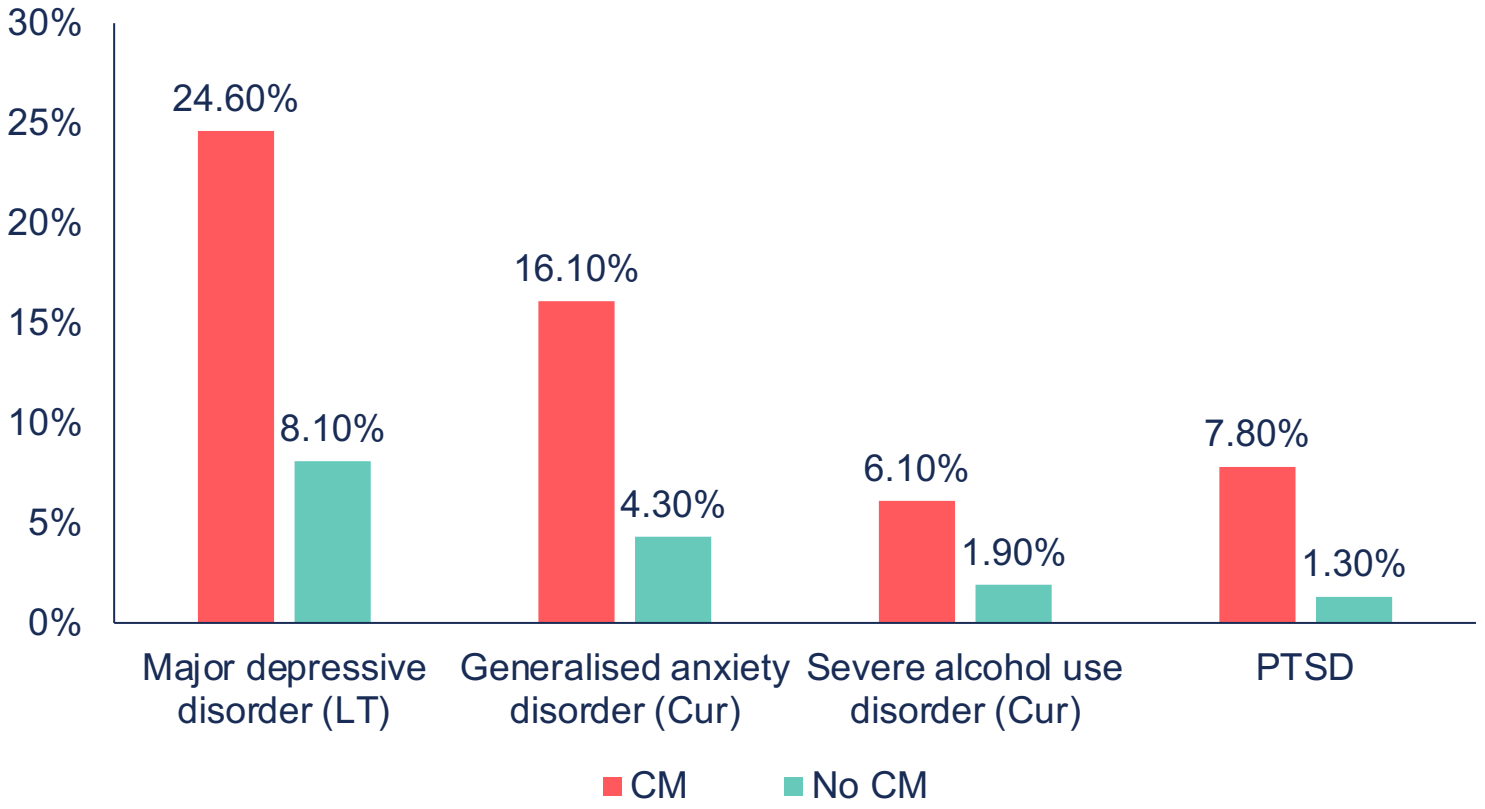
Maltreatment and mental health disorders



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.

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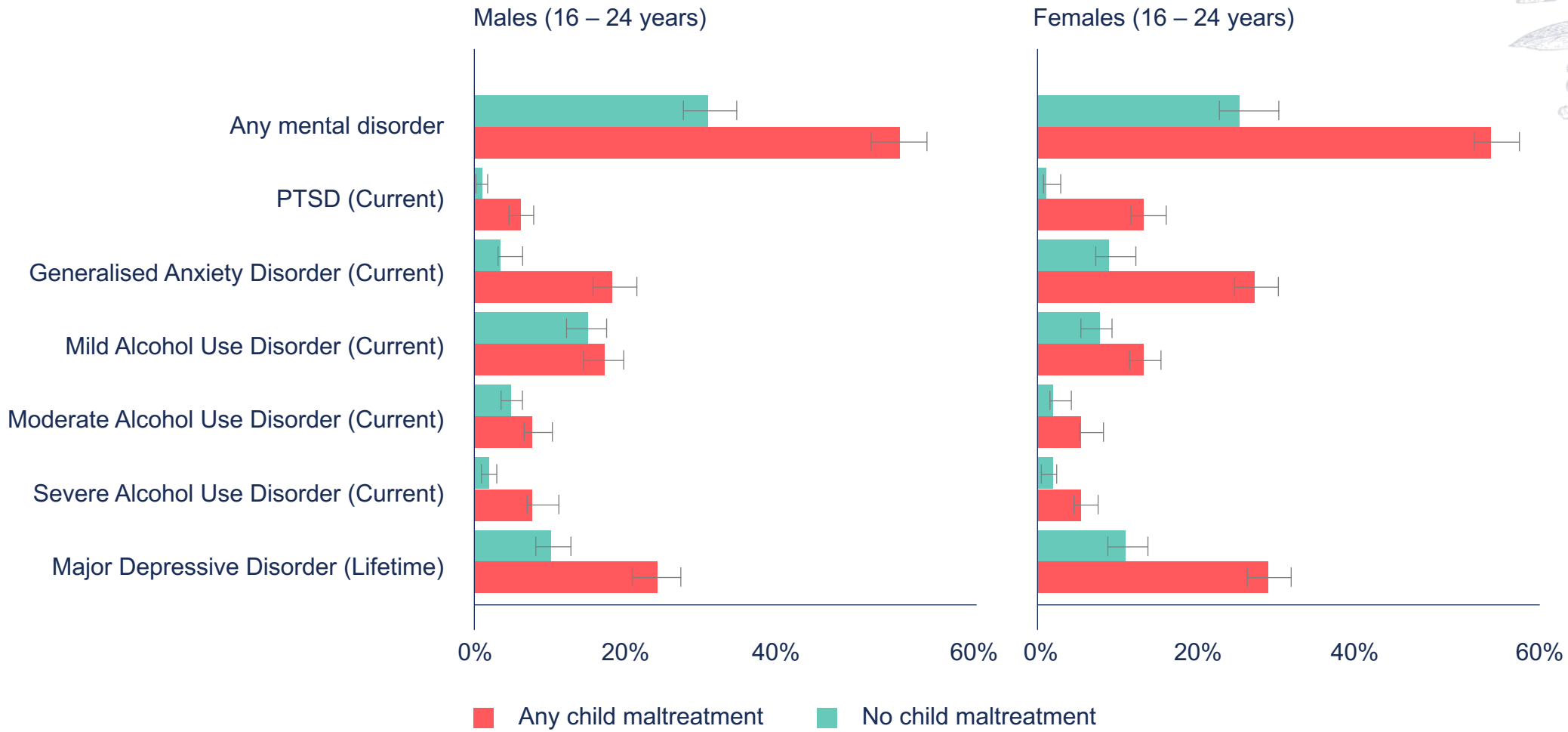
Mental health disorders in young people, by sex and maltreatment status



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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.

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3

Child maltreatment and associated health risk behaviours

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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

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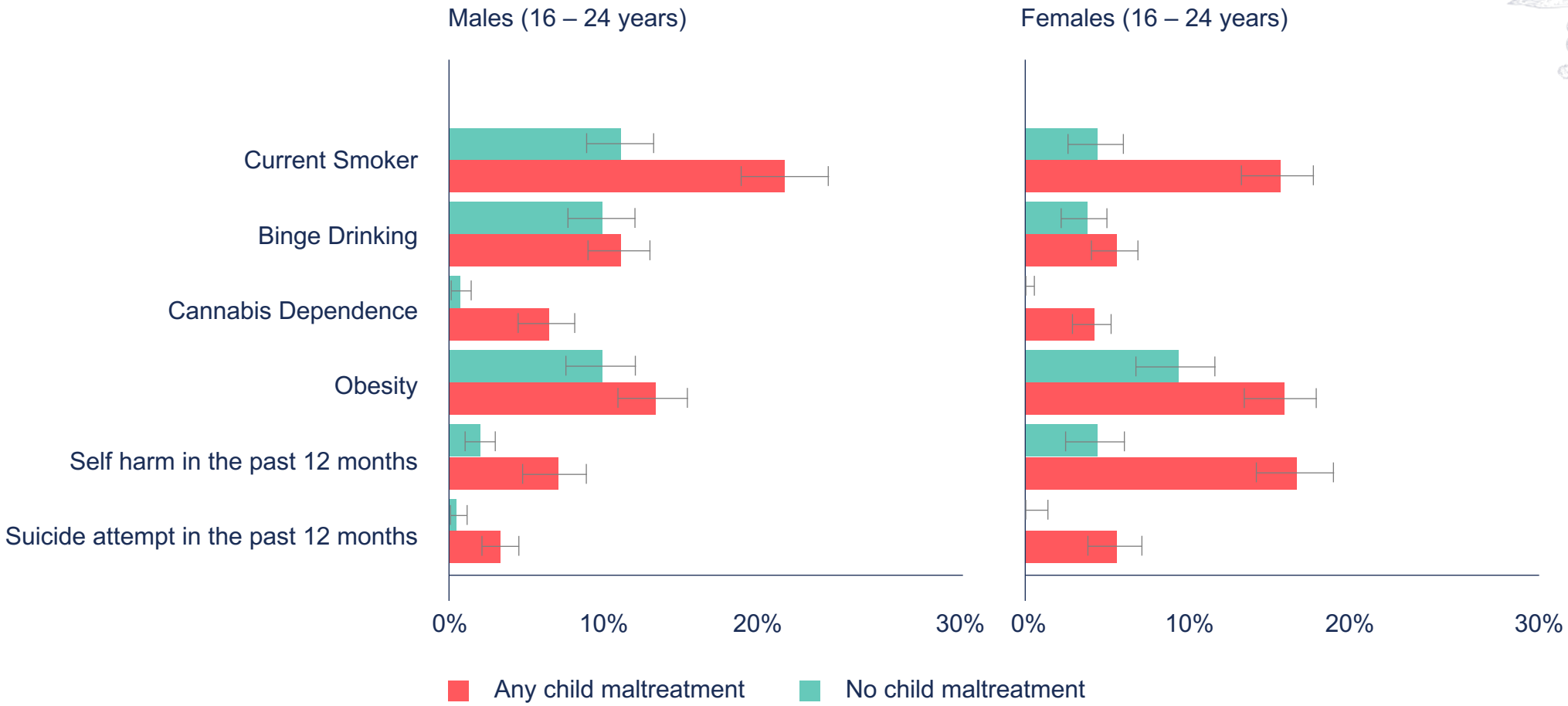
Health risk behaviours in youth aged 16-24, by sex and maltreatment status



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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

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4. 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.

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5

Recommendations and implications: future directions building on strengths and hope

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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.





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Implications for practice…1

1. *Better support for children and parents in families at risk*.

- Being trauma-informed, culturally aware
- Being child-focused
- Being attuned to times of risk, particularly when parents are **separating** or struggling with their own experiences of **mental ill health, substance misuse, economic hardship, or family violence**.
- Tailoring supports to these adversities.
- Coordinate across national strategies for action on sexual abuse, child maltreatment and domestic and family violence due to the high likelihood of exposure to multiple harm types.





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Implications for practice…2

2. Better support for adult survivors

- Those who have experienced multi-type maltreatment at greater risk of mental health disorders and health-risk behaviours
- Are our adult-oriented health services (for issues like substance misuse, suicide, depression, anxiety) **attuned to trauma**?
- Victim-survivors likely to have had multiple forms of child maltreatment.
- Interventions will be more effective if practitioners identify these early traumas.

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Implications for practice…3

3. Better support for primary prevention

"Intensify primary and secondary prevention through a precision public health model, informed by the evidence."

- Community-wide attitude change (to value children, uphold their rights, and prioritise their safety).
- Give all parents/carers access to evidence-based supports to improve parenting skills, & provide safe environments for children and young people.
- Adapt child-safe organisations strategies for the home. Support parents to:
  - "assess" the suitability of adults to care safely
  - understand and address situational risks (depending on places, people, & activities)
  - equip children with knowledge about sexuality and skills regarding consent and respect
  - listen & respond to all safety concerns – including harmful sexual behaviour from other children.

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