

The Australian Child Maltreatment Study

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

Today's presentation, by:

Professor Daryl Higgins, Australian Catholic University

On behalf of the ACMS team.



Acknowledgement of Country

We acknowledge the First Nations owners of the lands where we are meeting. We pay respect to their Elders past, present and emerging, and their lores, customs and creation spirits.



On Behalf of the ACMS team



Prof Ben Mathews
(QUT)



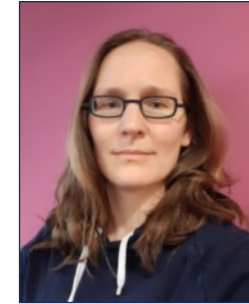
Prof Rosana Pacella
(Greenwich University)



Prof James Scott
(QIMR Berghofer,
QCMHR, UQ)



Prof David Finkelhor
(University of
New Hampshire)



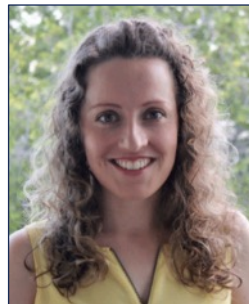
**Assoc Prof
Franziska Meinck**
(University of
Edinburgh)



Prof Daryl Higgins
(ACU)



**Assoc Prof
Holly Erskine**
(UQ)



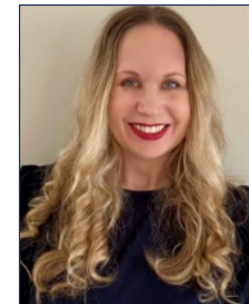
Dr Hannah Thomas
(UQ)



Prof David Lawrence
(Curtin University)



Prof Michael Dunne
(QUT)



Dr Divna Haslam
(Project Manager,
QUT)



Dr Eva Malacova
(Statistician, QIMR
Berghofer)

Acknowledgments

QUT

Our funders

- National Health and Medical Research Council
- Additional funding and contributions provided by the Department of the Prime Minister and Cabinet, Department of Social Services, the Australian Institute of Criminology

Government agencies, sector leaders, key stakeholders

Our partners

Our survey participants

Those with lived experience



How we did the ACMS



Nationwide cross-sectional survey

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

8500 Participants aged 16 and over

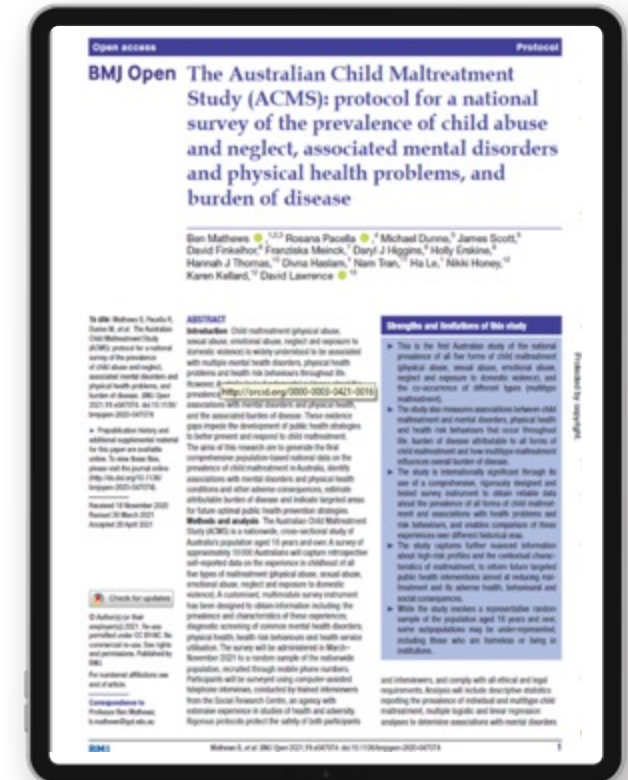


3500 Adolescents/young adults aged 16-24

Enables future Wave Studies, Cohort Study

5000 Adults aged 25+

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



What we measured

Childhood experiences

Outcomes



Child maltreatment (all 5 types)

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



Familial risk factors (ACEs)



Peer bullying; sibling violence

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



Sophisticated design and analysis

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

1

Measuring the five types of child maltreatment:

Prevalence and
characteristics



Designing the child maltreatment questions:



Internationally leading, gold standard design

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

Informed by systematic review and critical analysis

Found JVQ the best available survey instrument

2-year process: further JVQ adaptation and validation

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

The JVQ-R2: Adapted Version

(Australian Child Maltreatment Study)



Rigorous measurement of all maltreatment types



All 5 types

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



Gold standard definitions and operational examples



Measurement is rigorous, comprehensive, yet still conservative



Beyond existing Australian data



Beyond previous studies elsewhere



Physical abuse:

Definition

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

Operational examples: our two survey questions

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



Sexual abuse: Definition

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

Operational examples: our seven survey questions



**16 – 24
years only**

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



Emotional abuse:

Definition

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

Operational examples: our three survey questions

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

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



Neglect: Definition

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

Operational examples: our three survey questions

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

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



Exposure to domestic violence: Definition

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

Operational examples: our four survey questions

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

Measuring the prevalence of child maltreatment

Each question had a Yes or No response

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

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

3 Emotional abuse

3 Neglect

4 Exposure to domestic violence



20
questions



Measuring the characteristics of child maltreatment

Important information: context, and risk factors



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



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



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



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



2

Measuring the mental health and behavioural outcomes of child maltreatment



Mental health outcomes and health risk behaviours

Mental health

Measured with the MINI (Mini International Neuropsychiatric Interview)

Diagnostic data

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



Mental health outcomes and health risk behaviours

Health Risk Behaviours

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



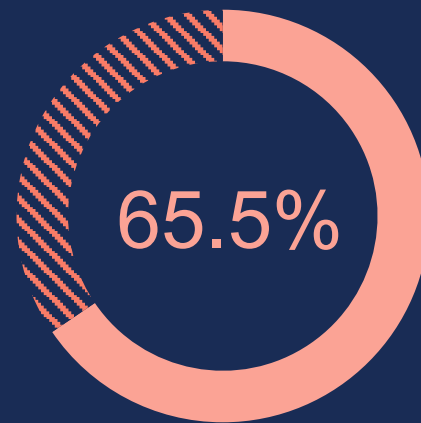
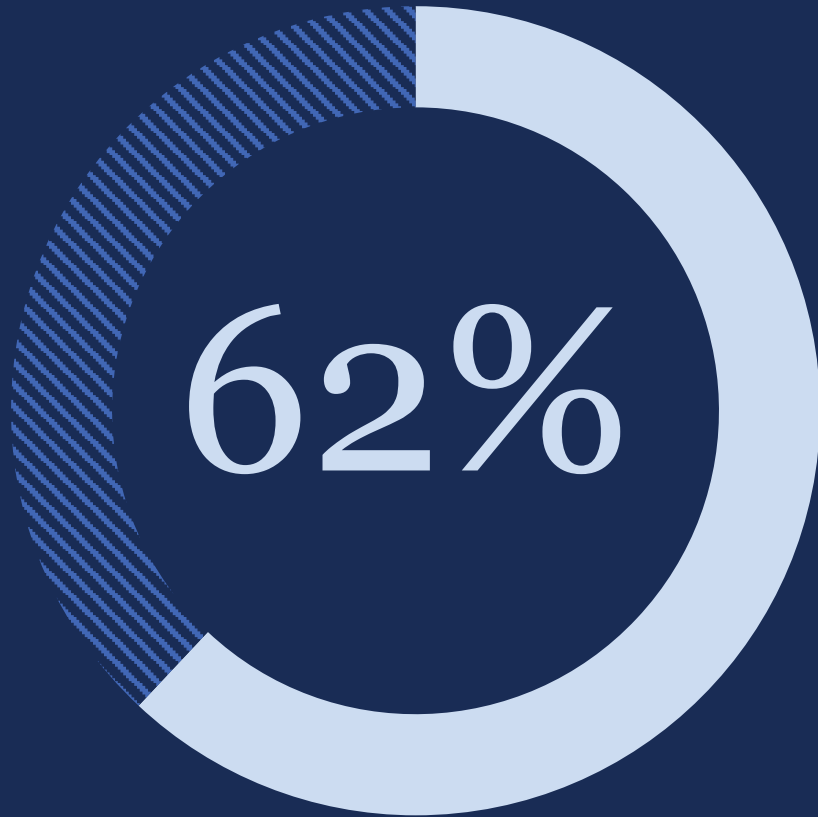
Results of the Australian Child Maltreatment Study



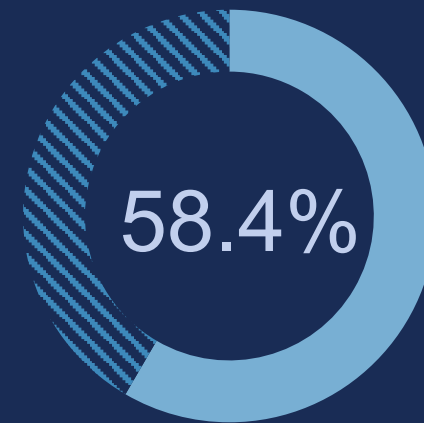
Child maltreatment is disturbingly common



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



Females



Males

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



Physical
abuse



Sexual
abuse



Emotional
abuse

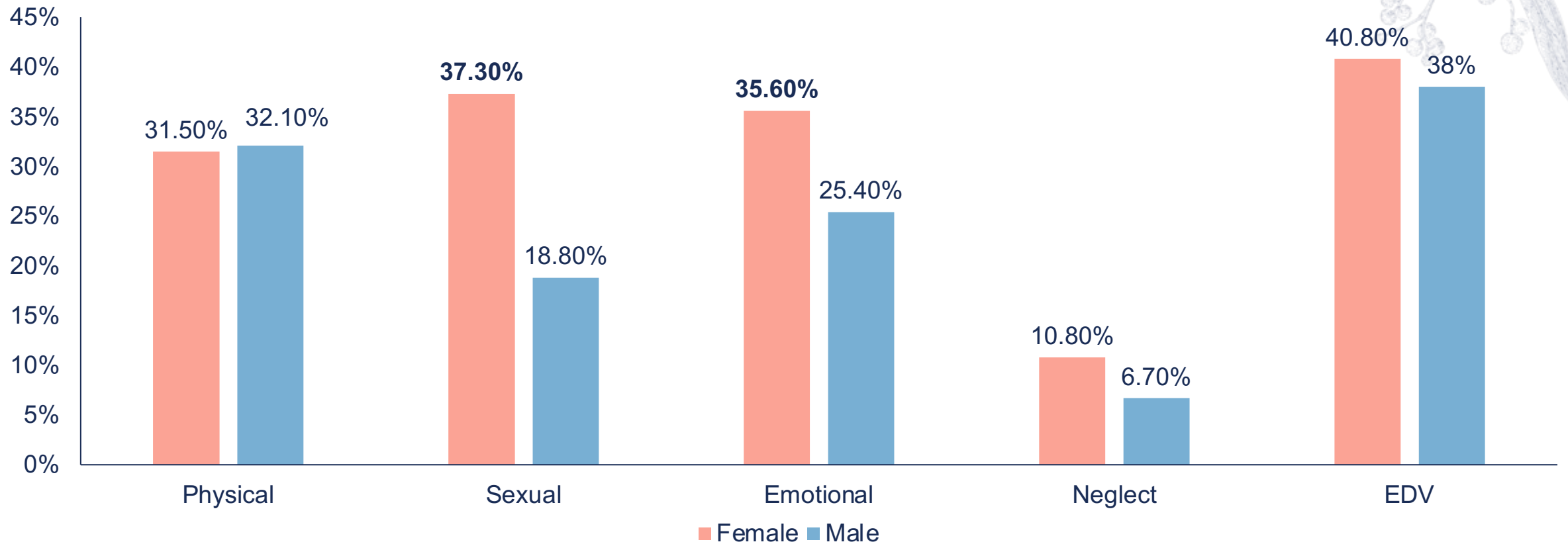


Neglect

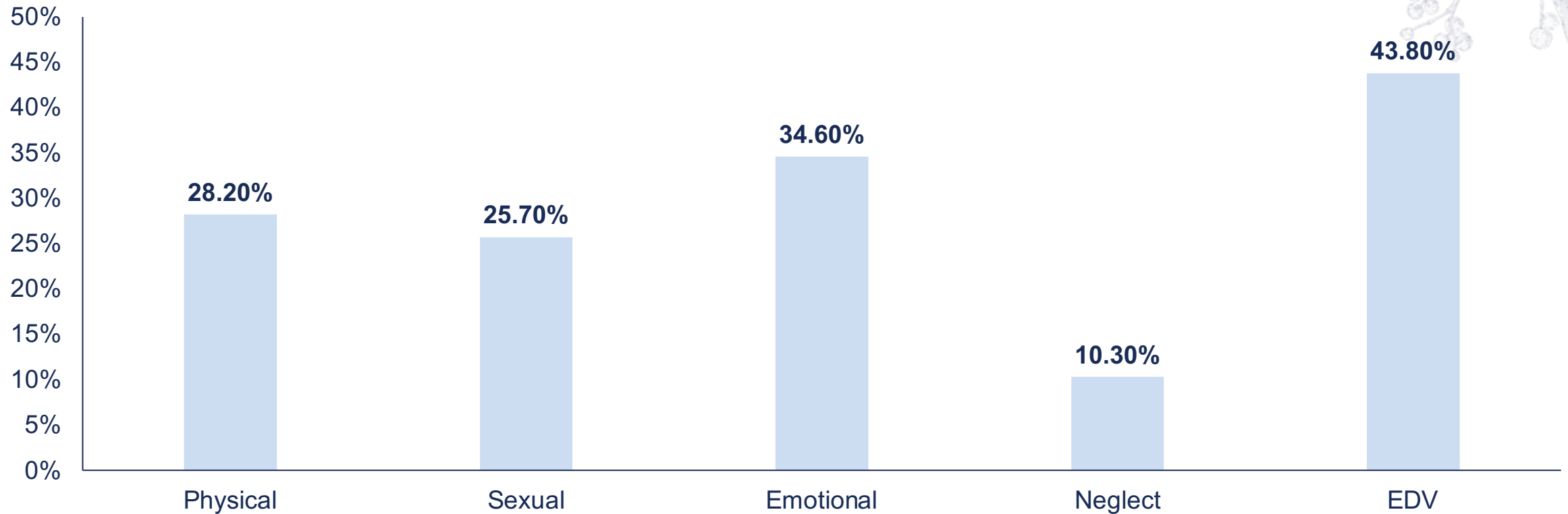


Exposure to
domestic
violence

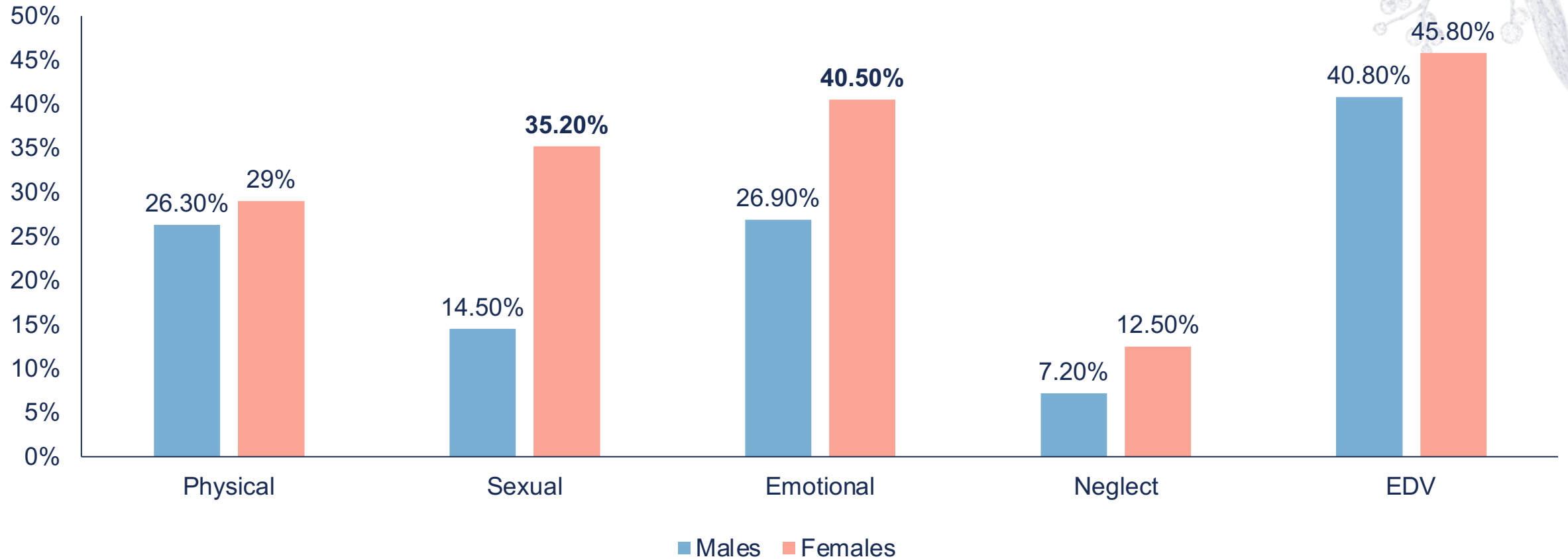
Prevalence of each maltreatment type, by gender (%)



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



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



Maltreatment is chronic, not isolated



Physical abuse

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

Median:
9.5x

Sexual abuse

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

Median:
3.5x

Emotional abuse

~80% >years

Median:
years

Neglect

~75% >years

Median:
years

EDV

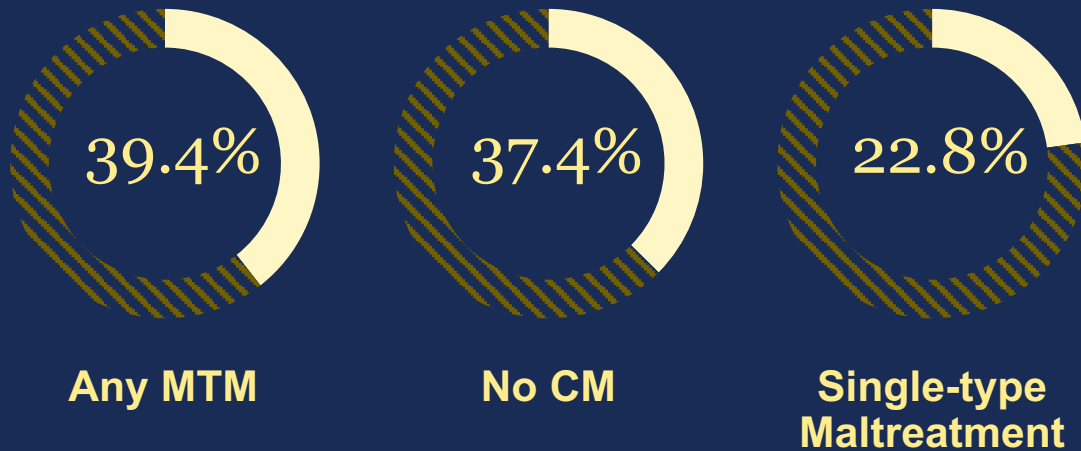
89% >1 time
65% >6 times
32% >50 times

Median:
11.8x

Prevalence of multi-type maltreatment

2 in 5

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



1 in 4

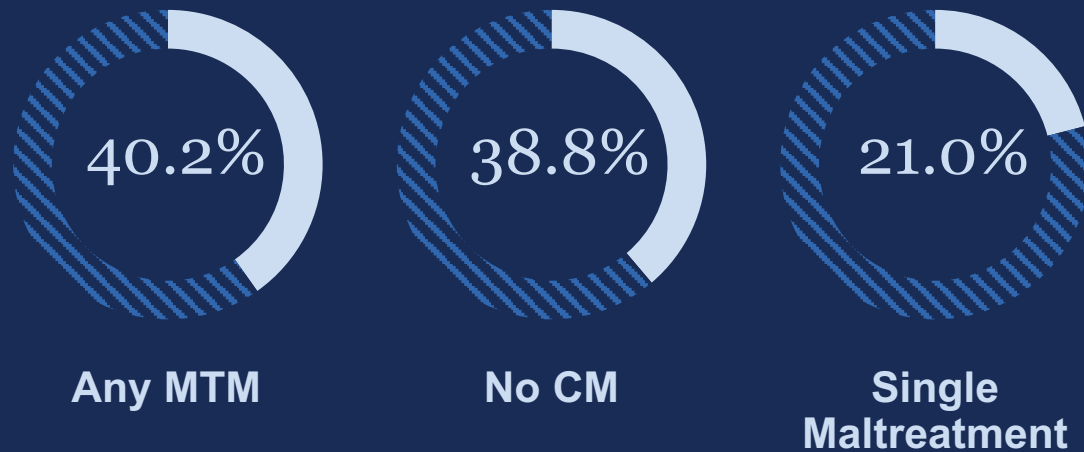
Almost 1 in 4 have experienced 3-5 types of maltreatment (23.3%)



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

2 in 5

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



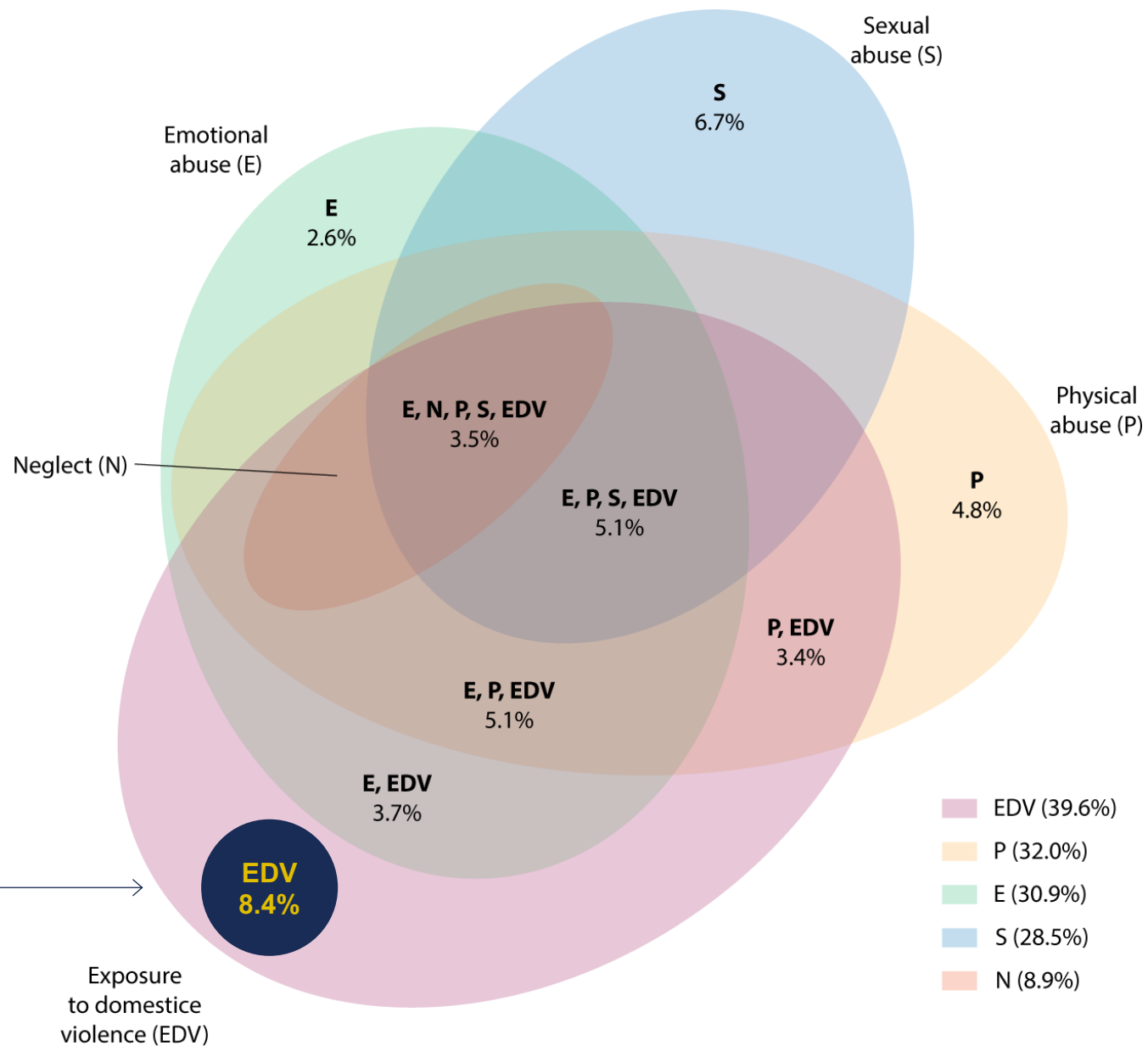
1 in 4

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



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

...but is much rarer alone at 8.4%



Family adversity increases risk of multi-type maltreatment

Childhood family-related risk factors associated with child maltreatment

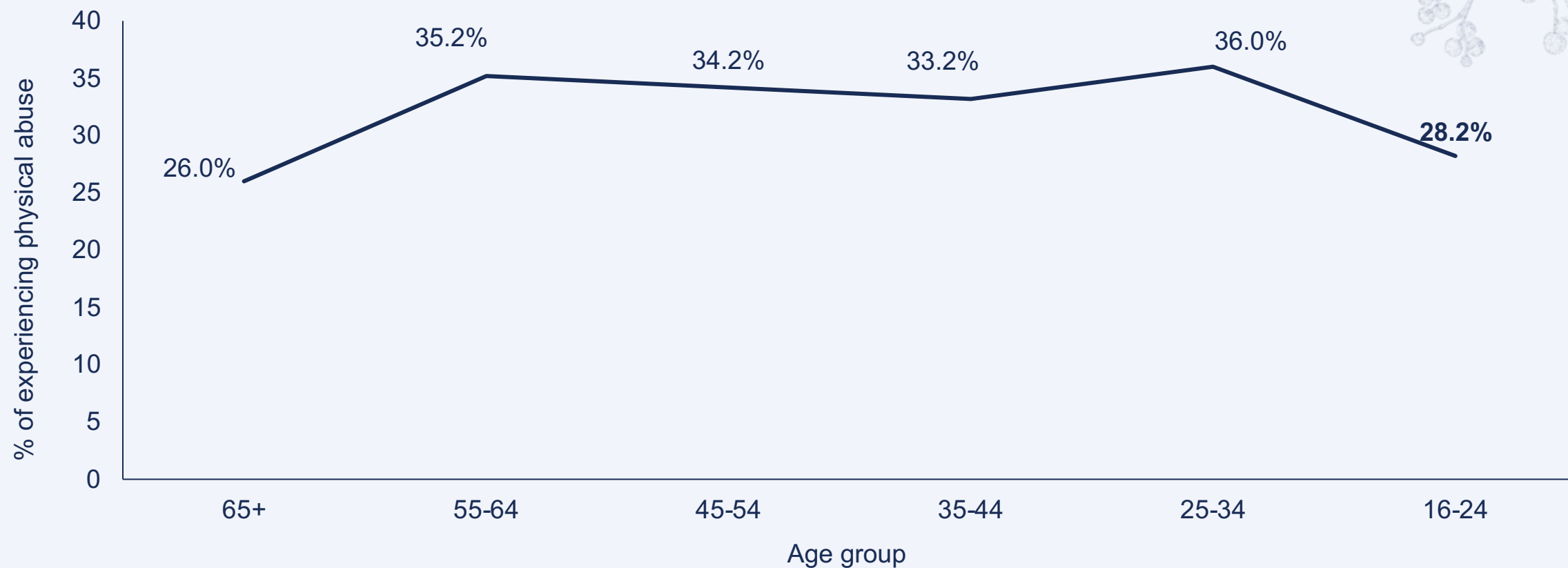
	Relative Risk	95% Confidence Interval
Parental separation or divorce	2.01	1.89 – 2.14
Living with someone who was mentally ill, suicidal or severely depressed	2.42	2.28 – 2.57
Living with someone who had a problem with alcohol or drugs	2.40	2.26 – 2.55
Family economic hardship	2.18	2.06 – 2.32

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).

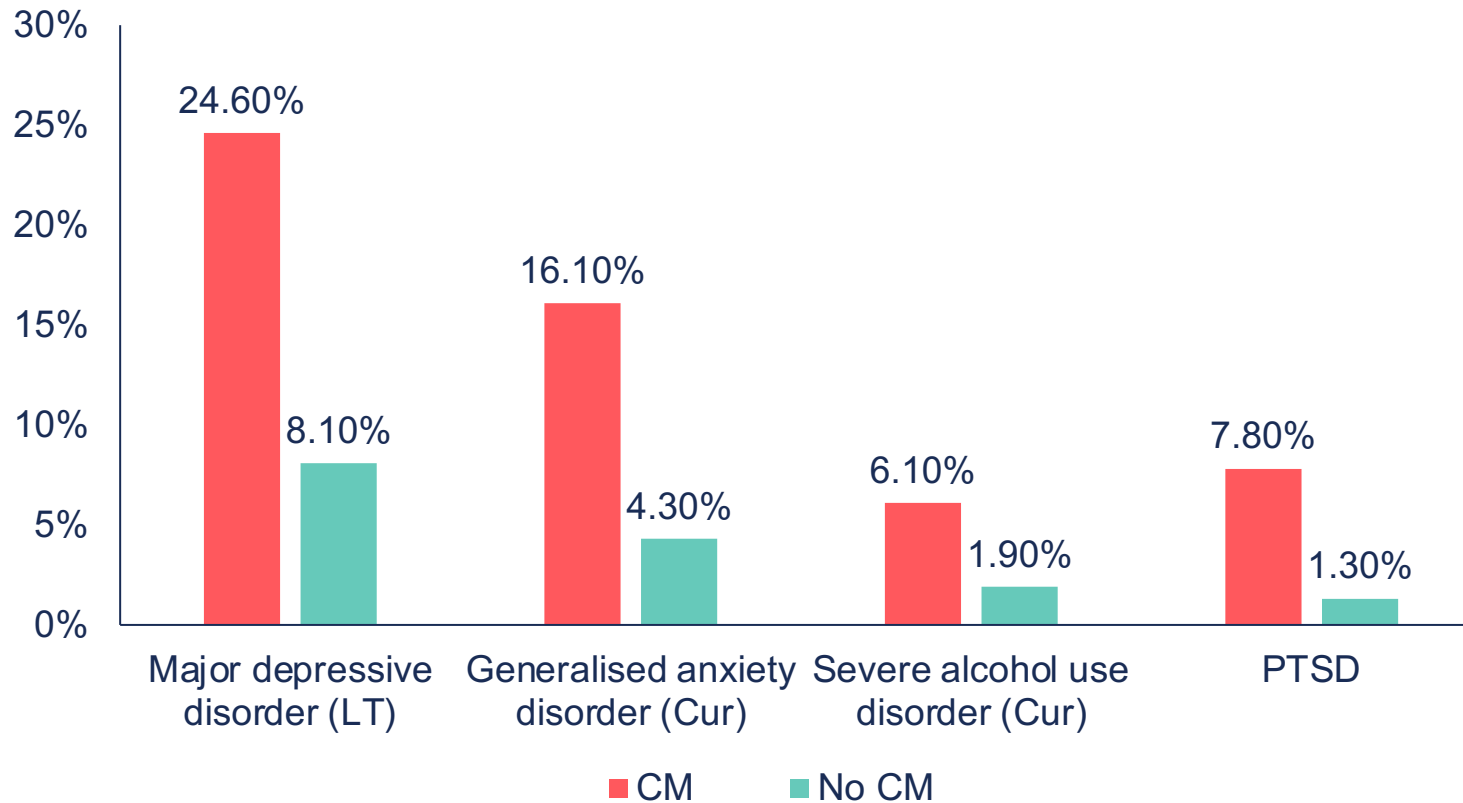
Good news: A decline in physical abuse, showing change is possible



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



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.

Gender effects on mental health by maltreatment status (odds ratios)



		Men	Women	All	
	Any mental disorder	2.28	3.65	2.82	*
	PTSD	3.77	5.43	4.60	
	Generalised anxiety disorder	2.82	3.48	3.14	
	Severe alcohol use disorder	2.11	4.18	2.62	
	Major depressive disorder (LT)	2.83	3.52	3.19	

Gender effects on health risk behaviours by maltreatment status (odds ratios)

		Men	Women	All	
	Smoking	1.8	2.1	1.9	
	Binge drinking	1.1	1.8	1.3	*
	Obesity	1.1	1.3	1.2	*
	Cannabis dependence	4.5	20.0	6.2	
	Self harm (prior year)	3.9	3.9	3.9	
	Suicide attempt (prior year)	3.3	6.5	4.6	

* = Significant gender differences



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



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

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



Self-harm

Odds ratio:



Suicide attempt

Odds ratio:



Cannabis dependence

Odds ratio:



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



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



This is an exceptionally disturbing finding.

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

The question:

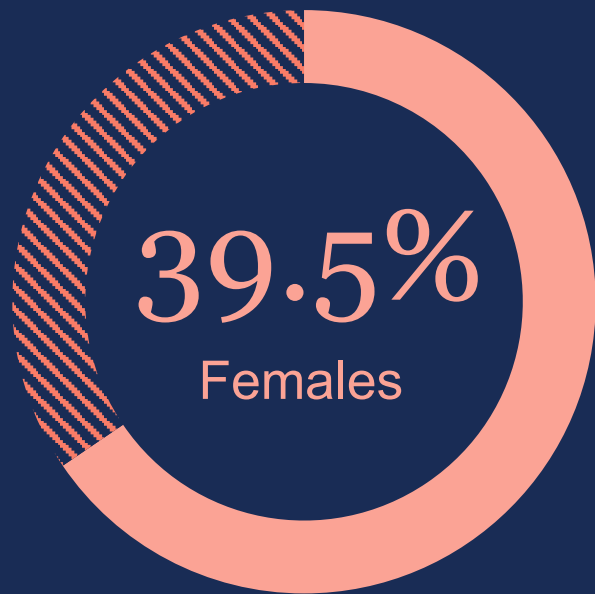
Have you ever deliberately harmed or injured yourself, without intending to take your own life?

Twice as common in females



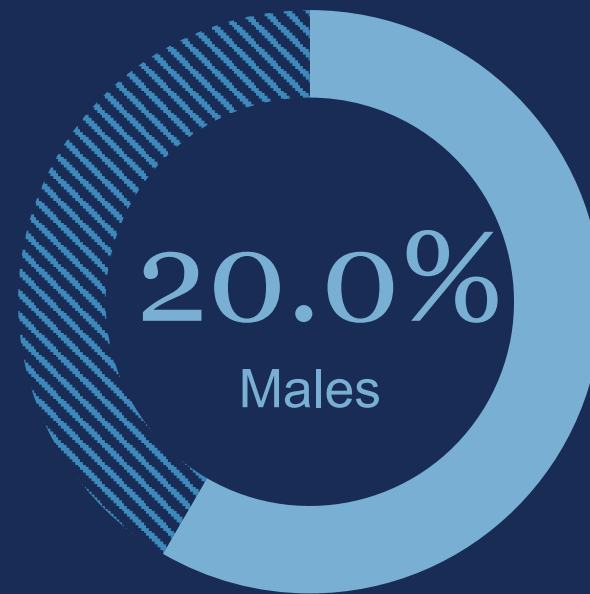
2 in 5

females aged 16-24



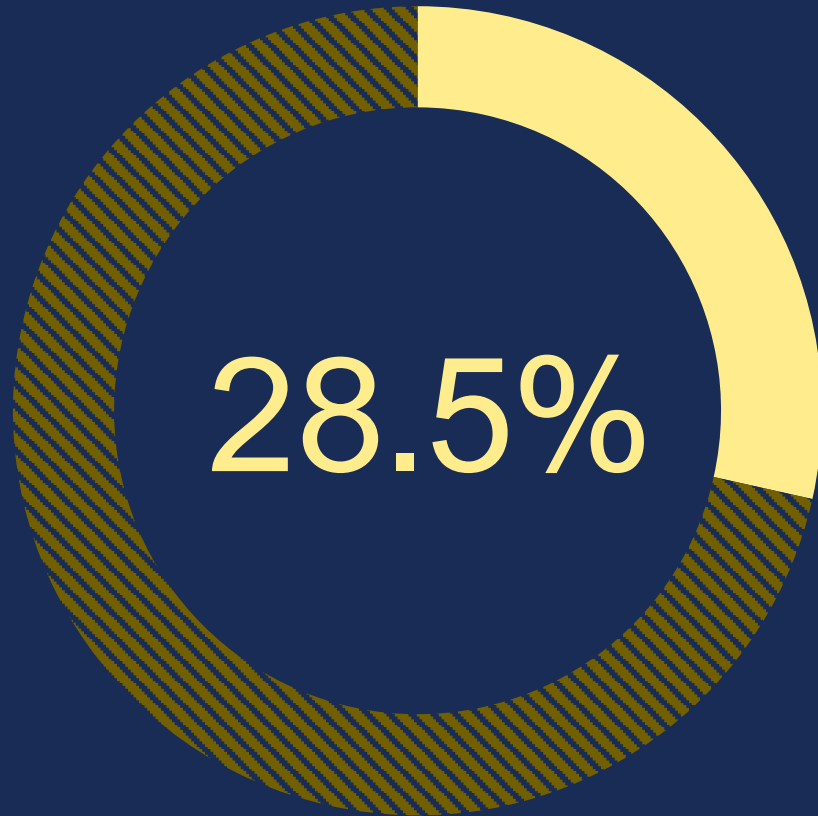
1 in 5

males aged 16-24



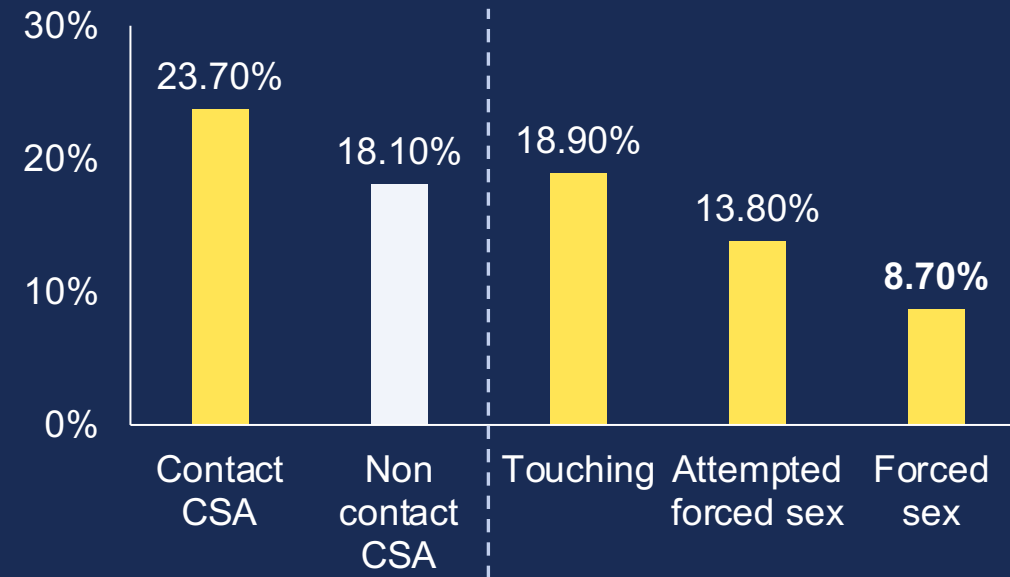
This massive disparity simply **demands action.**

Child sexual abuse - Whole sample



1 in 4

More than 1 in 4 Australians have experienced child sexual abuse



Girls experience substantially more child sexual abuse in almost all settings

Compared with boys, girls experience:

2x

Double the rate of contact sexual abuse by any offender

3x

Triple the rate of any sexual abuse by familial offenders

4x

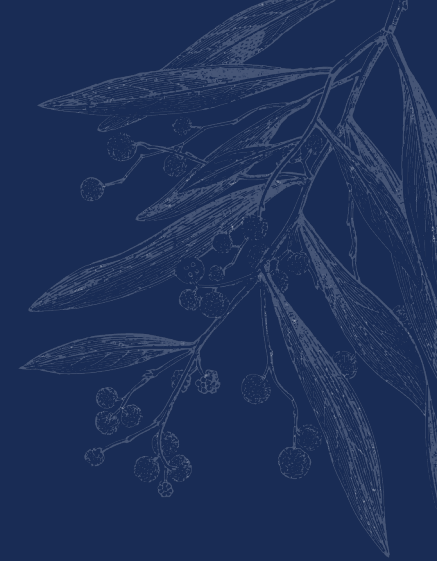
Quadruple the rate of contact sexual abuse by familial offenders

5x

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



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



This disparity is a massive, enduring and intolerable injustice.

It is within our power to change this.

It is imperative that we do so.

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

7.8%

Parents/adult caregivers in the home

7.5%

Other known adults

12.9%*

Known adolescents (aged <18)

2.0%

Institutional adult caregivers

4.9%

Unknown adults

1.4%

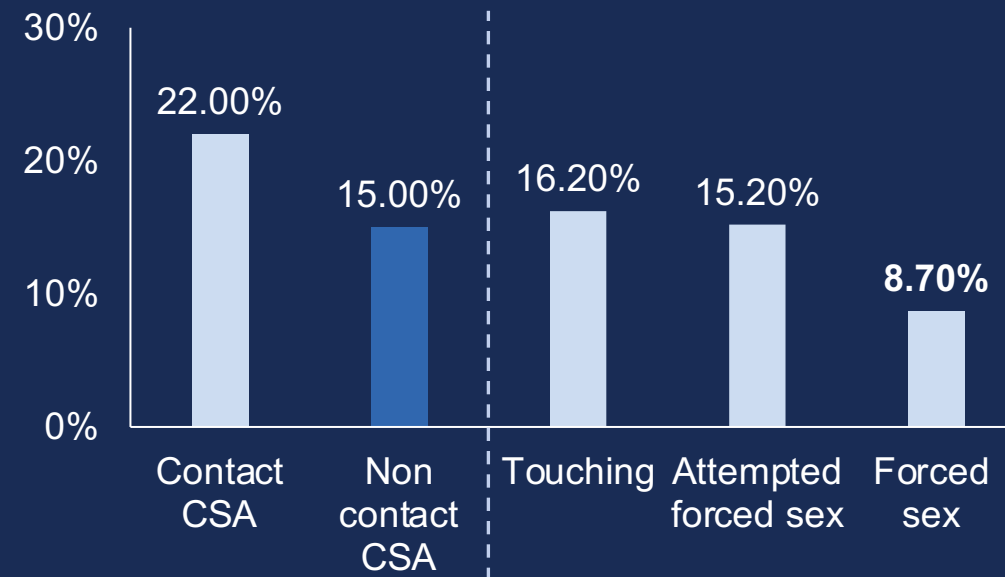
Unknown adolescents (aged <18)

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



1 in 4

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



Sexual abuse by other adolescents has increased

Especially as inflicted by current and former boyfriends.

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

Need for improvement.

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

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

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.



Implications based on ACMS key findings

1. *Recognising lived experience*

- Past experiences of clients
- Risk of further abuse/neglect
- Childhood lived experiences of staff

2. *Enabling services like schools, early childhood, and health clinics to best support children and parents*

- 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
- Working across silos, due to the high likelihood of children's exposure to multiple harm types.



Implications

3. Enabling primary prevention workforces

- activate community attitude change (to [value](#) children, uphold their [rights](#), & prioritise safety).
- deploy [evidence-based supports](#) to improve [parenting skills](#) and provide safe environments for children and young people.
- build capacity of parents/carers to create safety in the family, by adapt [child-safe organisations](#) strategies for the home. e.g.,:
 - ‘assess’ the suitability of others to care safely
 - manage situational risks (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](#).

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



Call for a National Summit on Child Maltreatment Prevention



We invite you to join this call.

A Summit will *bring people together in a new way* to:

- **Bring** decision and policy makers from across governments and portfolios into the same room.
- **Learn** from experts, academics, people working with children and families, and individuals with lived experiences from across the community.
- **Build** a common understanding of what we already know about child abuse and neglect.
- **Talk** openly and honestly about what is working and not working (and where the money is going and needs to go).
- **Explore** the evidence on the root causes of maltreatment and find smarter solutions to prevent abuse.
- **Establish** prevention of abuse as a national and whole-of-community priority.

The goal must be to ensure that as many children as possible grow up loved, safe and well in their families.

<https://www.napcan.org.au/national-summit-to-prevent-child-maltreatment/>

Prevention-oriented workforces are a priority issue



Based on: Russ, E., Lonne, B., Higgins, D., Morley, L., Harries, M., & Driver, M. (19 April 2022).

The workforce in the child protection system needs urgent reform. [Online] The Conversation.

<https://theconversation.com/the-workforce-in-the-child-protection-system-needs-urgent-reform-180950>

A public health approach to prevention requires a system where services and key stakeholders are funded to work together with children and families to reduce vulnerability and prevent child abuse and neglect.

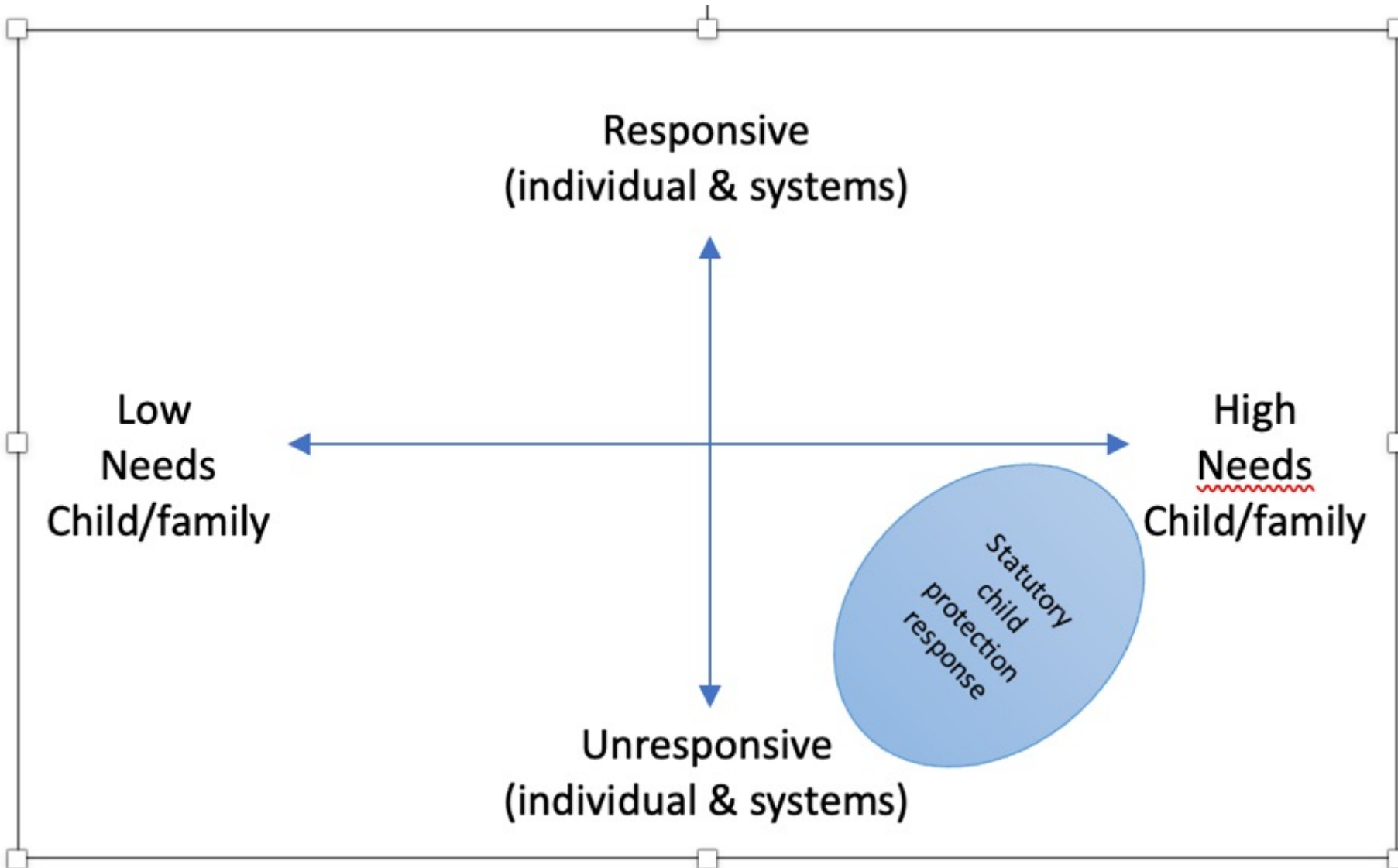
This includes a wide range of professionals being trained in child abuse prevention skills like parent education and deployment of evidence-based parentings supports, including:

- school teachers
- early childhood educators
- health workers (GPs, nurses, maternal/child health nurses)
- allied health professionals (psychologists, mental health workers, OTs, Speech Pathologists, etc.)
- community service workers, such as social workers, youth workers,

See: <https://rdcu.be/cEvhu> and <https://www.aasw.asn.au/document/item/13738> and

<https://bit.ly/38jTGjN>

Needs-Responsiveness Matrix



Prevalence of corporal punishment

- 62.5% of Australian adults experienced corporal punishment as a child (higher for men)
- In the youth sample (16-24 year olds), fewer (58.4%) experienced corporal punishment
- 53.7% of parents have used it (no differences in gender of parents)
- Parents who experienced corporal punishment as children more likely to use it as adults (60.4% vs 53.7% of parents who **didn't** experience corporal punishment in childhood).
- Just over a 1 in 4 Australians (26.4%) believe corporal punishment is necessary:
 - Men more likely (32.3%) than women (21.0%) or those with diverse genders (15.4%)
 - Parents more likely to believe it is necessary (30.9%) than non-parents (19%)
 - Older people (37.9% of 65+ cohort) more likely than young people aged 16-24 (14.8%)

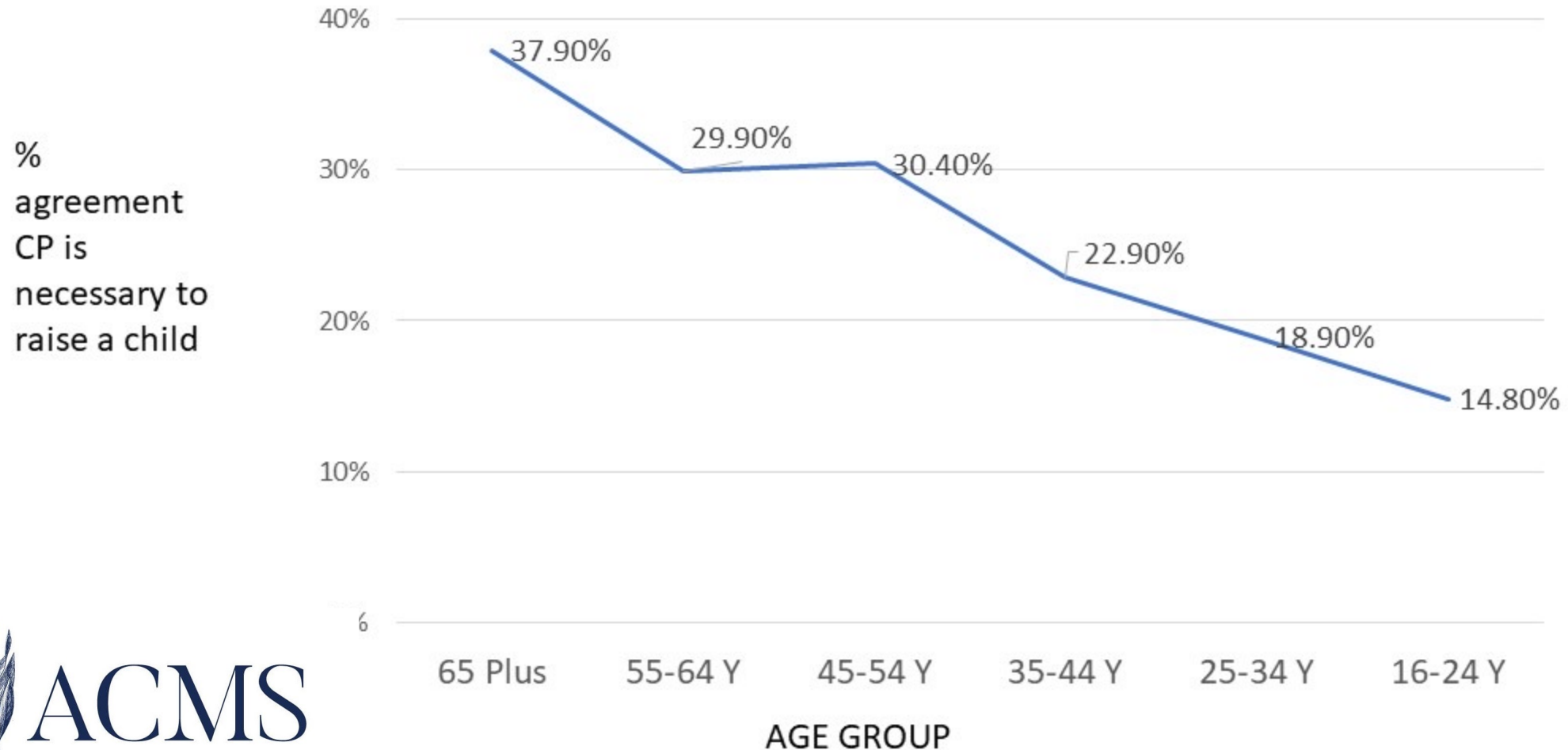
Associations between corporal punishment and MDD

Sample	Unadjusted ORs	Adjusted OR*	Significance adjusted model
Female	1.8 (1.4-2.3)	1.3 (1.0-1.8)	Borderline
Male	1.7 (1.3-2.4)	1.4 (1.0-1.9)	Borderline

Associations between corporal punishment and GAD

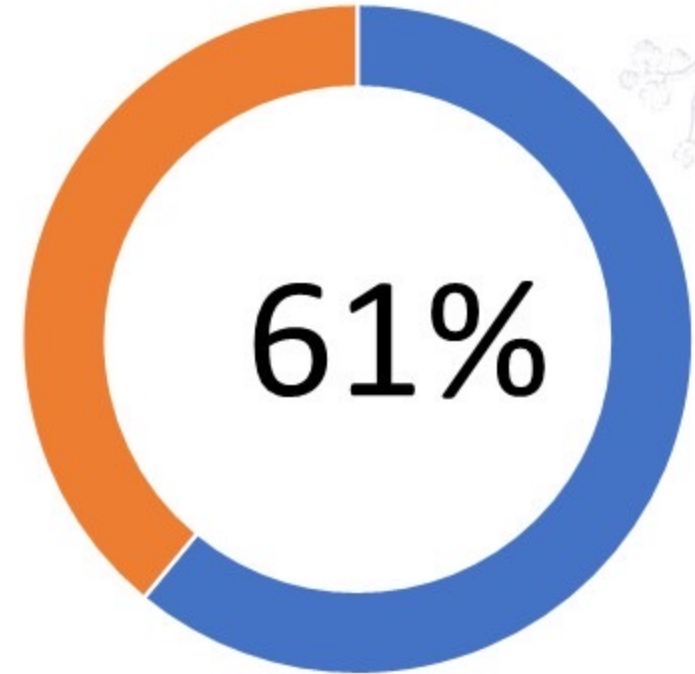
Sample	Unadjusted ORs	Adjusted OR*	Significance adjusted model
Female	2.1 (1.6-2.7)	1.6 (1.2-2.1)	↓
Male	1.6 (1.1-2.4)	1.1 (0.7-1.7)	Nonsignificant

Belief that CP is necessary is much lower in younger age groups



Take home messages

- CP places kids at greater odds of mental health diagnoses
- Children deserve violence free childhoods
- Beliefs about the need for CP are changing and this may be in opportunity for law reform



of youth (16-24y) experience
corporal punishment

Behind the News (BTN) on ABC

ABC

btn

Home Classroom BTN High Stories AAR Rookie Reporter Features Subjects



Drawing on data from the Australian Child Maltreatment Study, this 7-minute episode of Behind the News for Australian high school students on the evidence for changing the laws about Corporal Punishment:

https://www.abc.net.au/btn/high/corporal-punishment/102354092?utm_campaign=abc_btn&utm_content=twitter&utm_medium=content_s_hared&utm_source=abc_btn

Parenting and Family Research Alliance

- Working with stakeholders across Australia to change legislation and end corporal punishment
- Child advocates, academics and not-for-profits
- Campaign: End Physical Punishment of Australian Children (EPPAC)
- Auspiced by PAFRA
- EPPAC is advocating for children to have the same rights to protection from violence as adults



<https://www.pafra.org/eppac>

Australian laws allow corporal punishment

- Corporal punishment lawful under both legislation and common law
- Federated legal system led to each state and territory having its own criminal legislation
- NSW, NT, Qld, Tas and WA: criminal legislation authorises parents and caregivers to impose “reasonable” physical force on children for the purpose of exercising discipline
- ACT, SA and Victoria: corporal punishment lawful through court-ruled common law principles



Themes raised when law reform is recommended

Parental or child rights

- Parenting is a private matter
- Politicians wary of interfering
- Children have rights too
- Right to live a life free from violence both inside and outside the home

Is corporal punishment an effective parenting strategy?

- immediate compliance
- decreased compliance over time
- increased child aggression



- Cultural and religious differences in parenting practices
- Impact of corporal punishment law changes on different communities with higher levels of prosecution, marginalization, and trauma
- Challenges with upholding corporal punishment bans, e.g. law enforcement, fines



International agreements on children's rights

- UN Convention on the Rights of the Child international treaty
- 196 nations are parties to the Convention on the Rights of the Child
- Australia ratified the Convention in 1990
- 65 nations have passed laws prohibiting corporal punishment, with more in progress
- Australia has not changed its laws
- Committee on the Rights of the Child has recommended that Australia introduce a full prohibition on parental physical punishment
- Australian government rejected this recommendation



Evidence on adverse effects of corporal punishment on children

Emotional burden

- Reduces trust in their 'loving adult carers' to ensure the world is safe
- Increases their risk for more negative views of themselves
- Research evidence finds even a small number of experiences of physical punishment doubles the risk for anxiety and depression
- Huge financial costs for our economy



Evidence on adverse effects of corporal punishment on children

Aggression

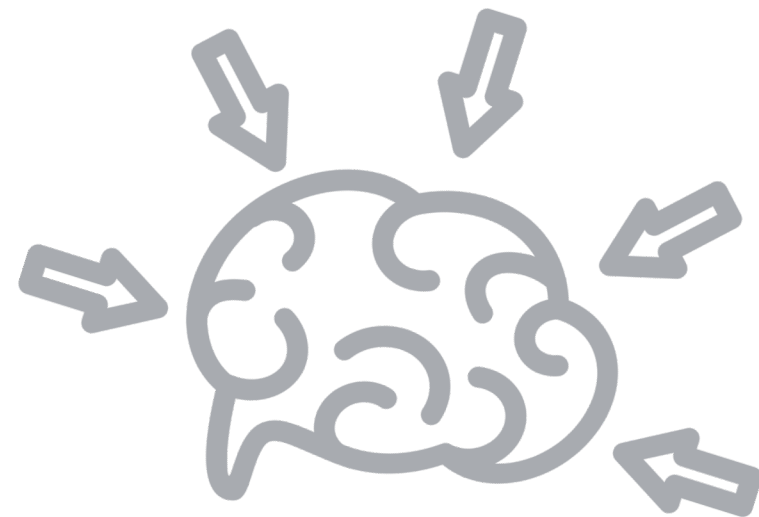
- Increases the likelihood of children being aggressive as children
- Increases the risk of physical abuse and violence as an adult in intimate relationships
- If we want to reduce domestic violence – this is where it all begins



Evidence of adverse effects of corporal punishment on children

Brain development

- Exposure to physical punishment affects brain development of:
 - impulse control
 - planning
 - emotion regulation
 - empathy
- Brain research: alcohol/drugs and pregnancy don't mix, even in low amounts



Outcomes in countries that have changed laws to prohibit corporal punishment

Learnings from around the globe

Sweden, Austria, Germany, Spain, France

- legislative change + public health campaign
- raise awareness that corporal punishment is not acceptable, legal or effective
- provision of a supportive child welfare system
- access to alternative parenting strategies

New Zealand

- campaign spanned two decades
- government-funded positive parenting campaign
- Māori and Samoan community leaders were part of the process
- in the 3-year period following change, only 12 incidents out of 335 where police attended for child assaults were for smacking

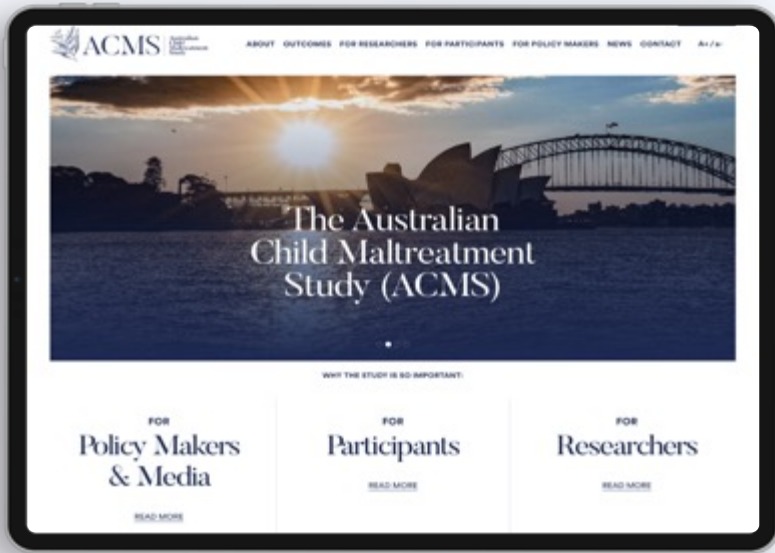


Take home messages...

Implications and recommendations for public health

- law reform to **prohibit** corporal punishment
- public health campaign to increase **awareness** of corporal punishment and its effects
- provide parents with **alternatives** – with access to evidence-based strategies to help in parenting
- conduct a **national parenting survey** needed to monitor outcomes





Further information on implications:

<https://www.acms.au>

MJA Insight: <https://insightplus.mja.com.au/2023/11/australian-child-maltreatment-study-the-shocking-findings/>

MJA Podcasts: <https://www.mja.com.au/podcast/218/6/mja-podcasts-2023-episode-1-australian-child-maltreatment-study-prof-david-Lawrence>

The Conversation: <https://theconversation.com/major-study-reveals-two-thirds-of-people-who-suffer-childhood-maltreatment-suffer-more-than-one-kind-20233>

Resources for child-centred questions: <https://www.acu.edu.au/about-acu/institutes-academies-and-centres/institute-of-child-protection-studies/kids-central-toolkit>

