

# The Australian Child Maltreatment Study

The prevalence and correlates of child  
maltreatment in Australia. Findings from the  
Australian Child Maltreatment Study.

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WA Health Promoting Schools Association

16th April 2024

David Lawrence



# Access to support

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

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

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

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

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



# Acknowledgement of Country

We acknowledge the Wadjuk people of the Noongar Nation as the traditional owners of country on which we meet today.

We acknowledge their continuing connection to land, sea and community and pay our respects to them, their culture and to Elders – past, present and emerging.

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# 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**  
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**Dr Hannah Thomas**  
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**Prof Michael Dunne**  
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**Dr Divna Haslam**  
(Project Manager,  
QUT)



**Dr Eva Malacova**  
(Statistician, QIMR  
Berghofer)

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# Methodology of the Australian Child Maltreatment Study



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# Why did we need the ACMS?



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

1

## Prevalence of each type of child maltreatment

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

2

## Characteristics of each type of abuse and neglect

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

3

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

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



**Prevent**  
child abuse and neglect



**Reduce**  
associated health conditions  
and health risk behaviours



**Reduce**  
economic cost to the nation

# 2

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## What the ACMS has done:

New national evidence  
to inform policy and  
practice





# We have generated new national evidence to inform policy and practice



The first  
comprehensive  
nationwide study of:

**1**

## **Prevalence**

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

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**2**

## **Characteristics**

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

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**3**

## **Mental Health**

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

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**4**

## **Burden of Disease**

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

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# How we did the ACMS



## Nationwide cross-sectional survey

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

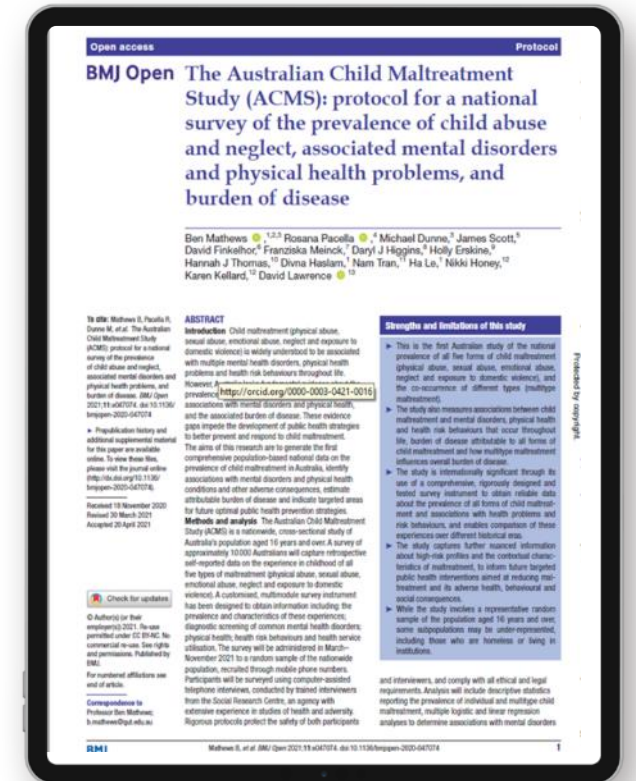
**8500** Participants aged 16 and over

**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



## Child maltreatment

Comprising physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence. The mistreatment during childhood

# 3

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## 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)



# Juvenile Victimization Questionnaire (JVQ-R2: Adapted version)



## All 5 types

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



Gold standard definitions and operational examples

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Measurement is rigorous, comprehensive, yet still conservative

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Beyond existing Australian data

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Beyond previous studies elsewhere

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# 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



## Internet victimisation

**16–24 years only**

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

# 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)

# 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.



# 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)



**Did you ever disclose?** (PA, SA)  
how long after? to whom? were they supportive?



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



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## 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

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1. Major depressive disorder
2. Generalised 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





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# Findings of the Australian Child Maltreatment Study



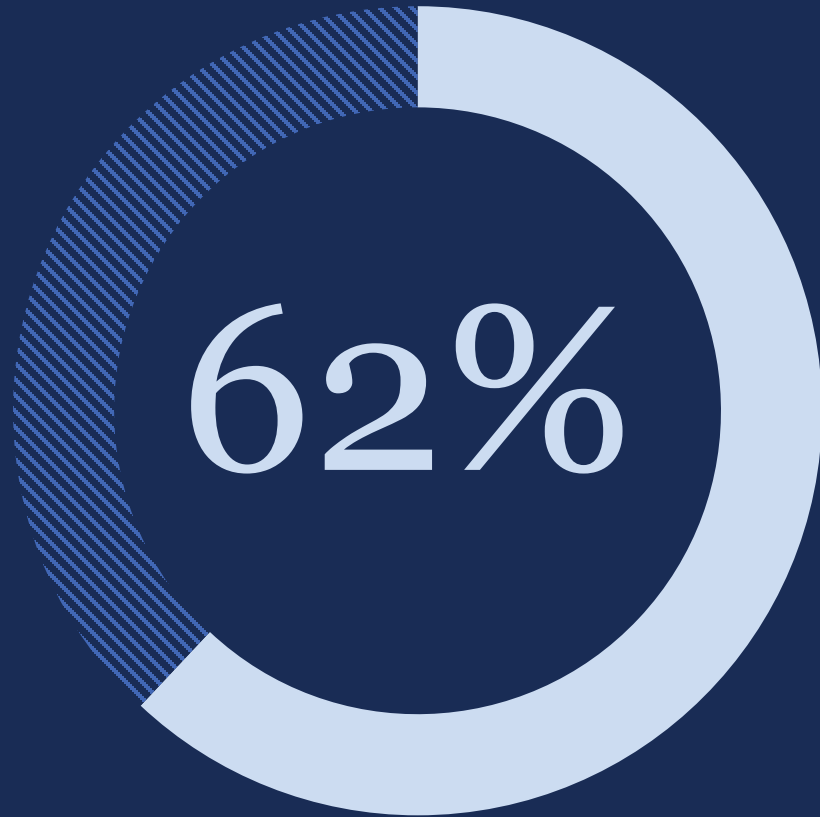
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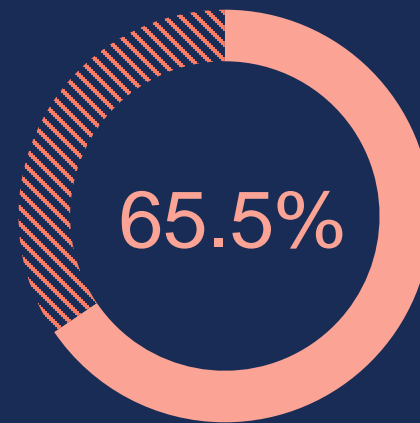
## The prevalence of child maltreatment, and trends by gender and age group



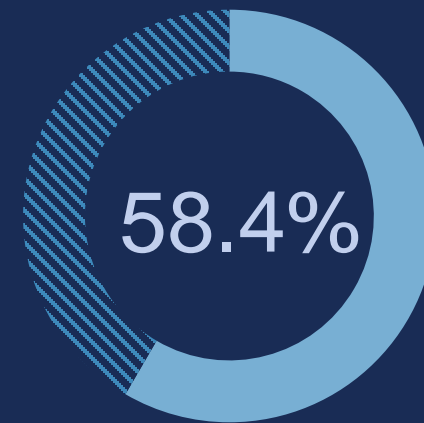
# Child maltreatment is disturbingly common



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



Females



Males

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



32.0%

Physical  
abuse



28.5%

Sexual  
abuse



30.9%

Emotional  
abuse



8.9%

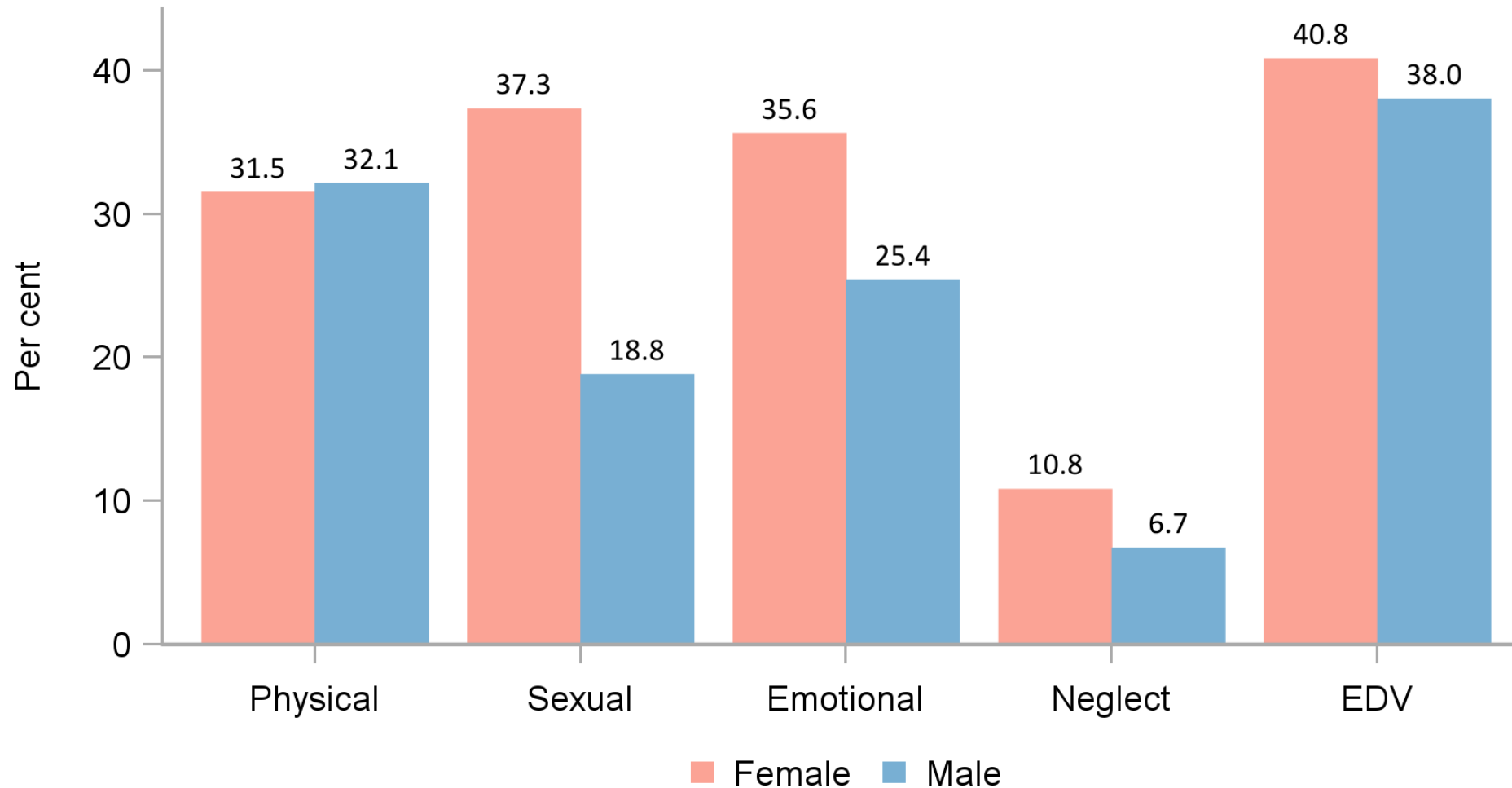
Neglect



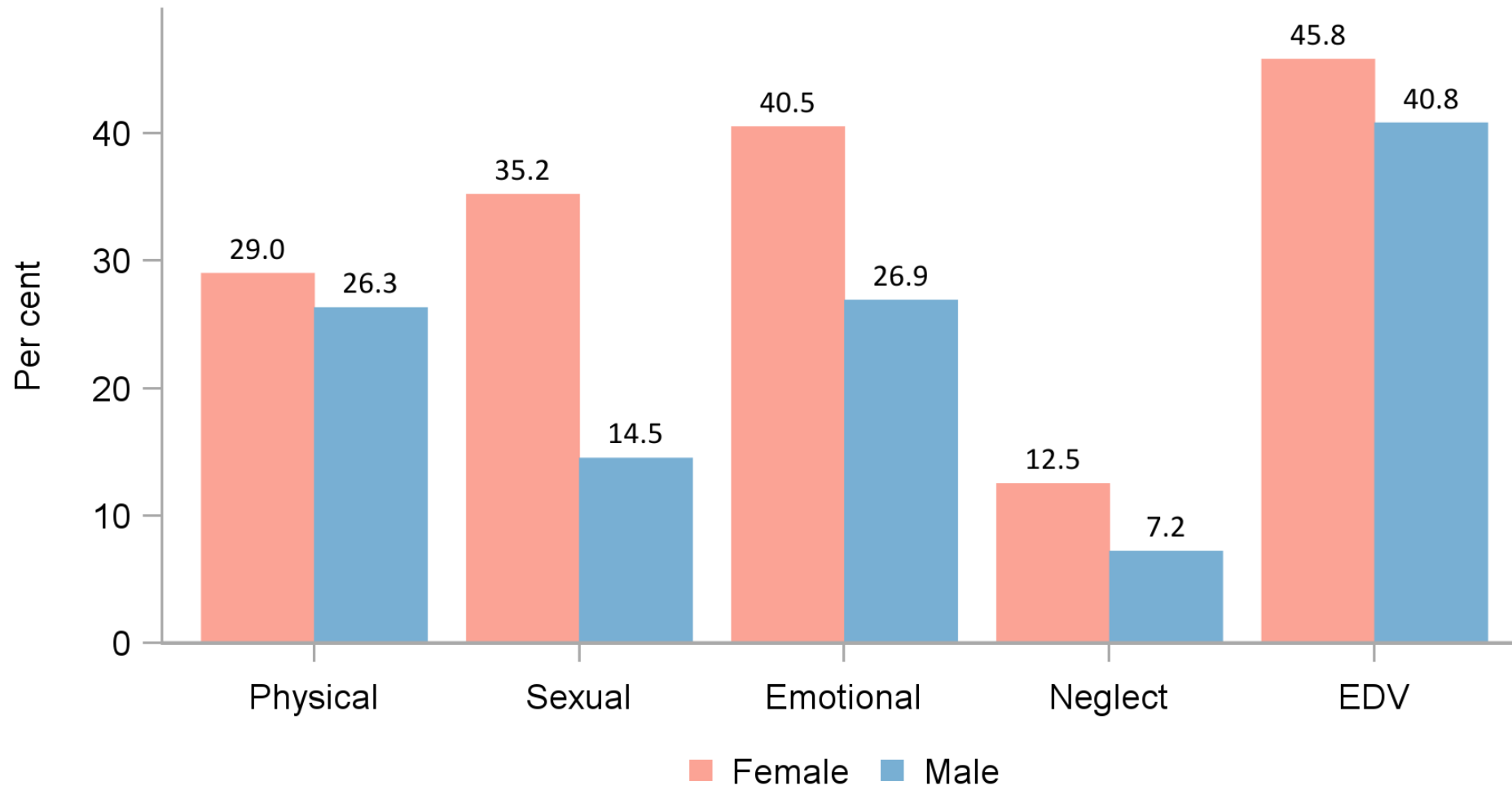
39.6%

Exposure to  
domestic  
violence

# Prevalence of each maltreatment type, by gender (%)



# Prevalence of each maltreatment type, by gender (%) in young people aged 16-24 years



# Maltreatment is chronic, not isolated



## Physical abuse

88% >1 time  
62% >6 times  
19% >50 times  
Median: 10 times

Median:  
**10x**

## Sexual abuse

78% >1 time  
42% >6 times  
11% >50 times  
Median: 4 times

Median:  
**4x**

## Emotional abuse

~80% >years

Median:  
**years**

## Neglect

~75% >years

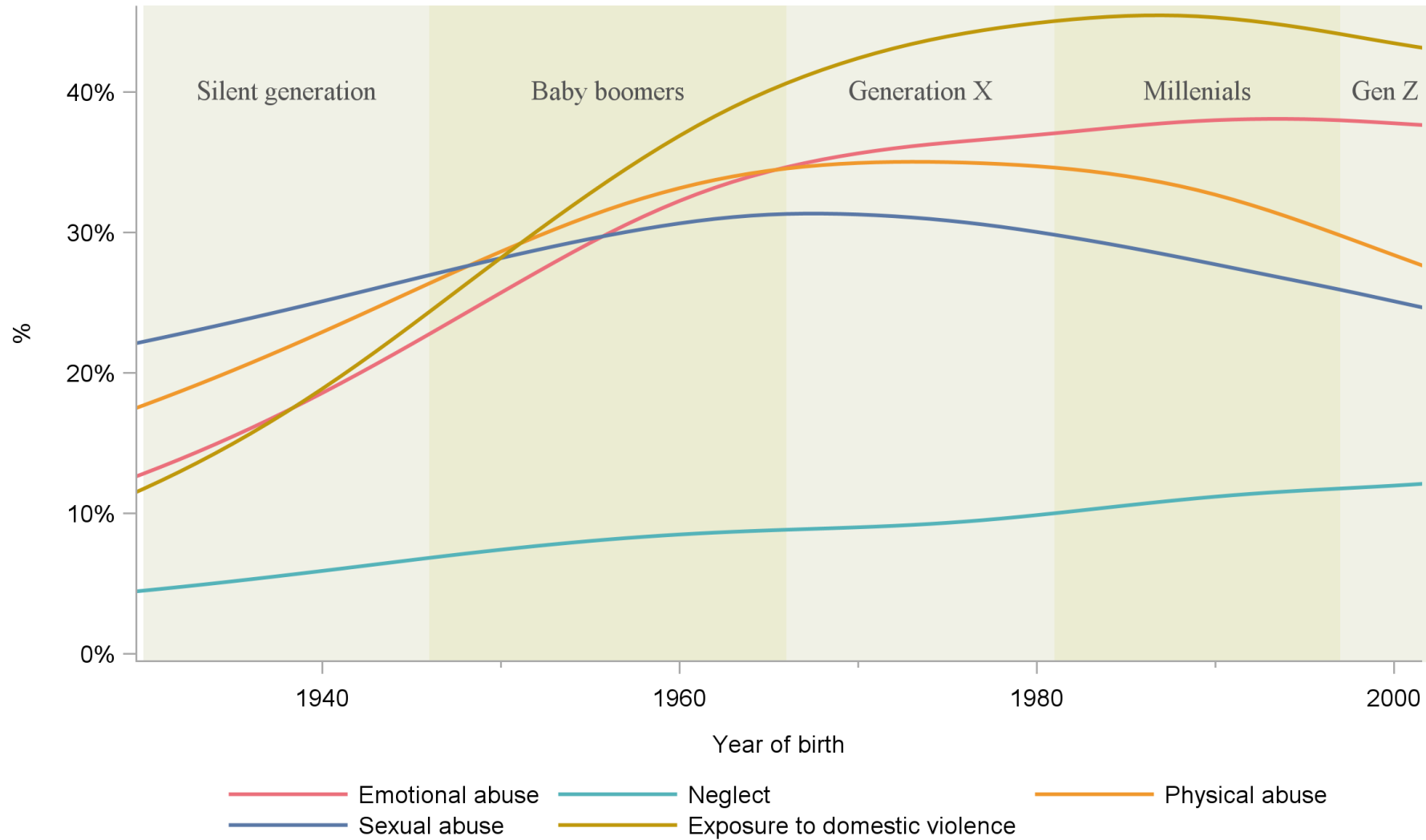
Median:  
**years**

## EDV

89% >1 time  
65% >6 times  
32% >50 times  
Median: 12 times

Median:  
**12x**

# Prevalence of child maltreatment, by year of birth

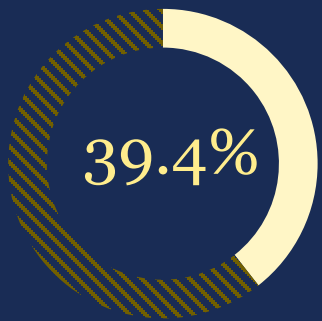




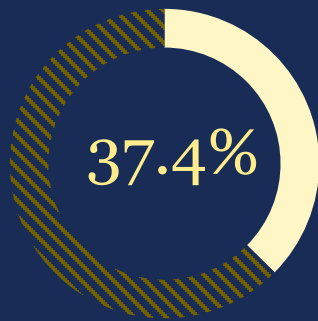
# Prevalence of multi-type maltreatment

## 2 in 5

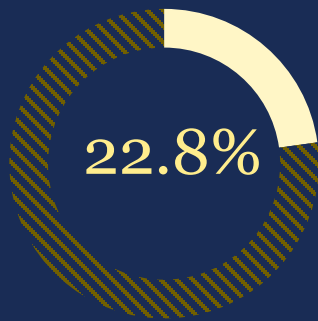
Australians have experienced multi-type maltreatment (2 or more types)



**Any MTM**



**No CM**



**Single-type Maltreatment**

## 1 in 4

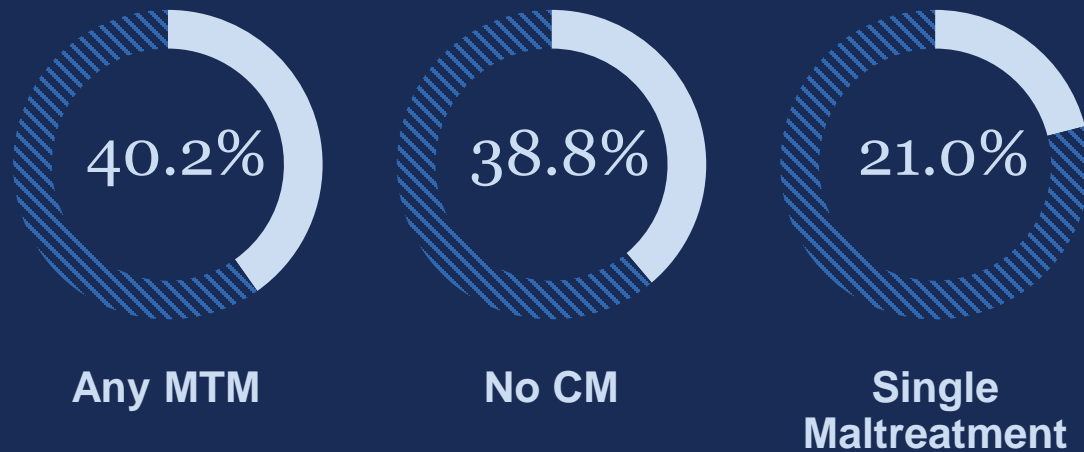
Almost 1 in 4 have experienced 3-5 types of maltreatment (23.3%)



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

## 2 in 5

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



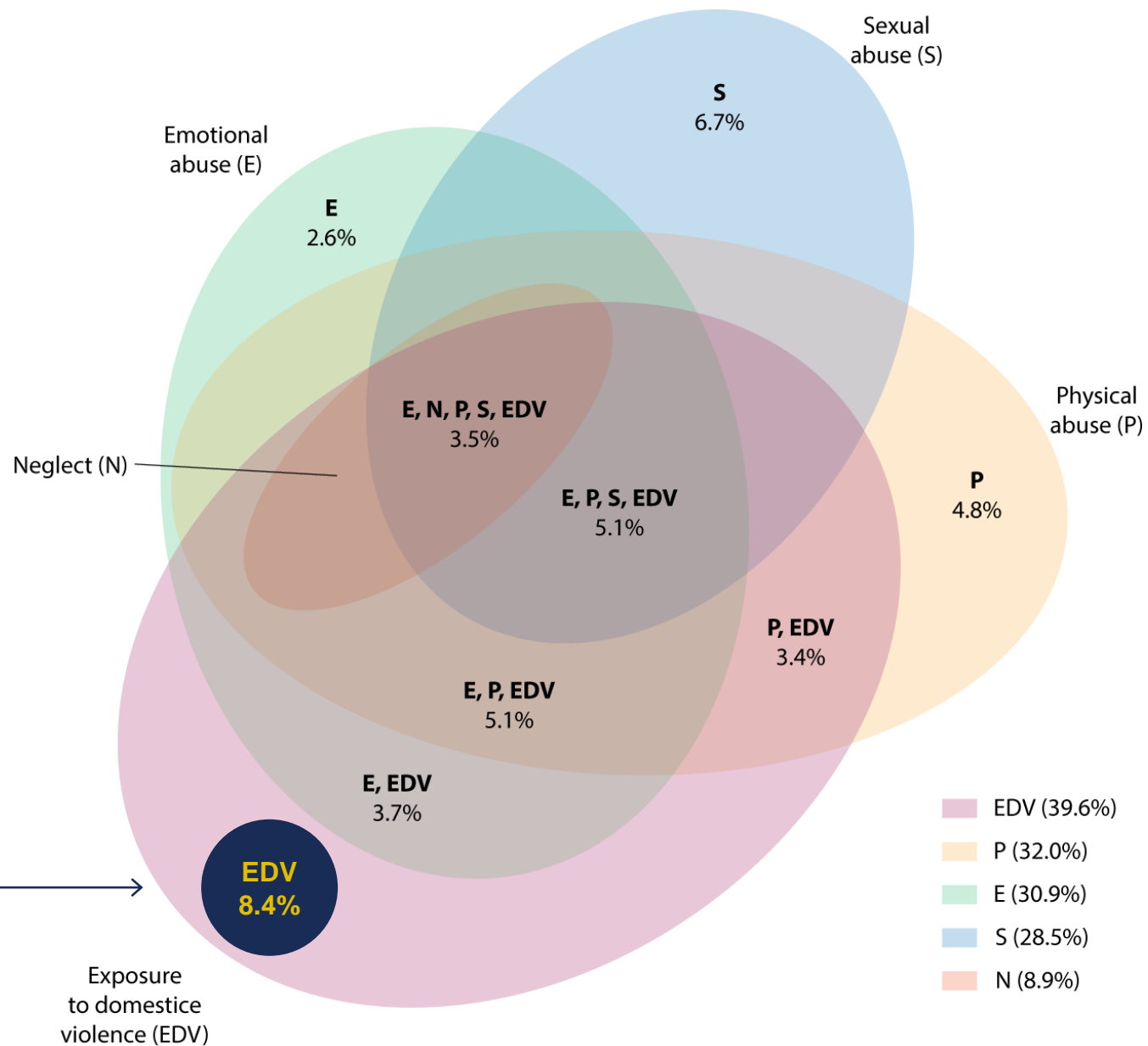
## 1 in 4

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

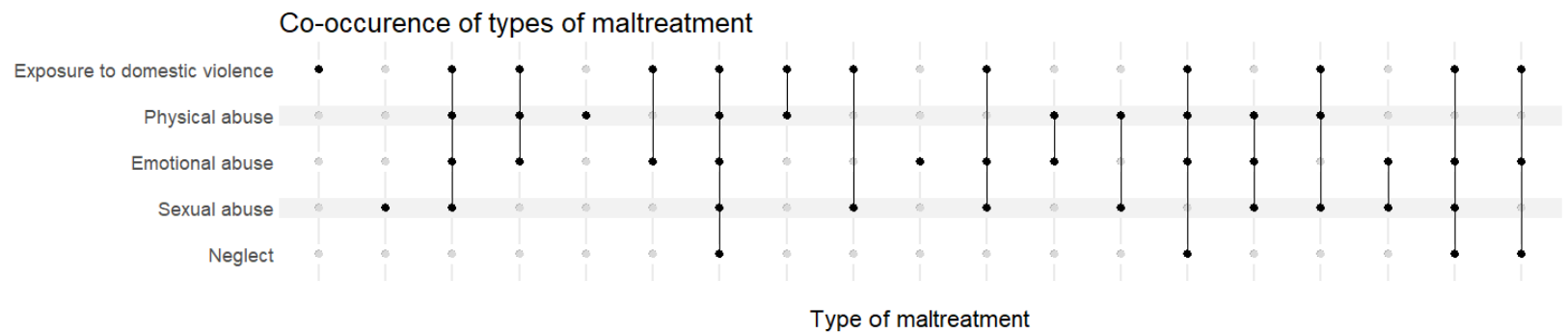
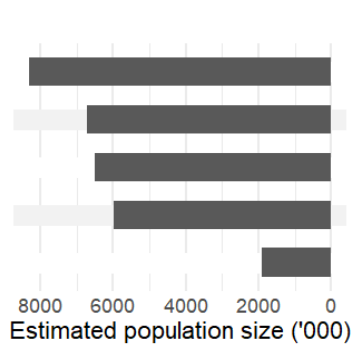
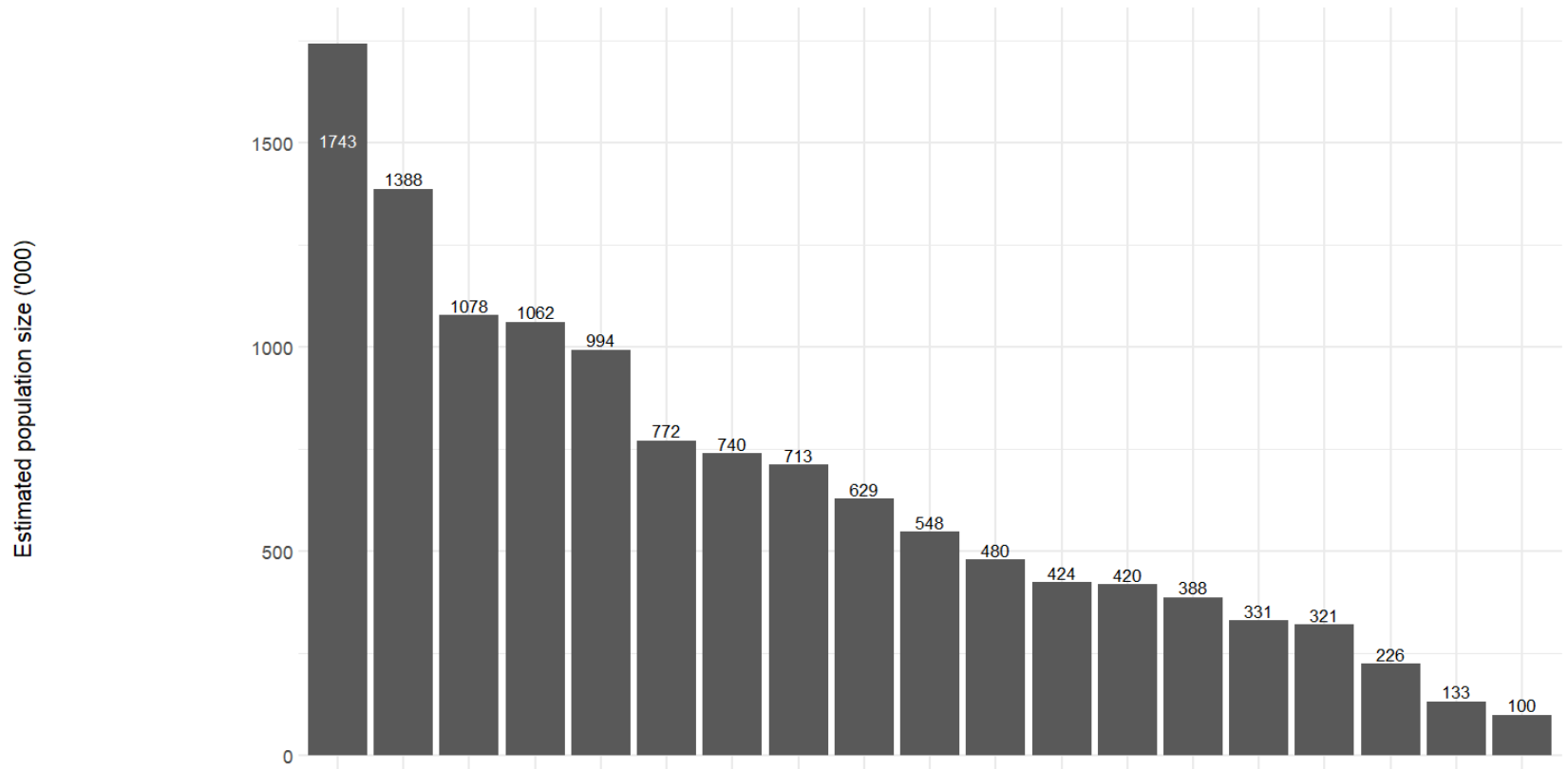
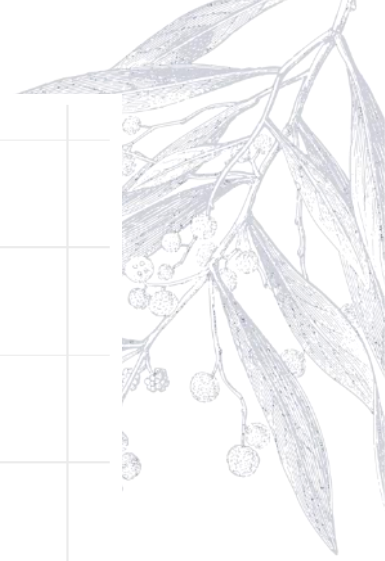


# EDV is present in the 5 most common types of MTM...

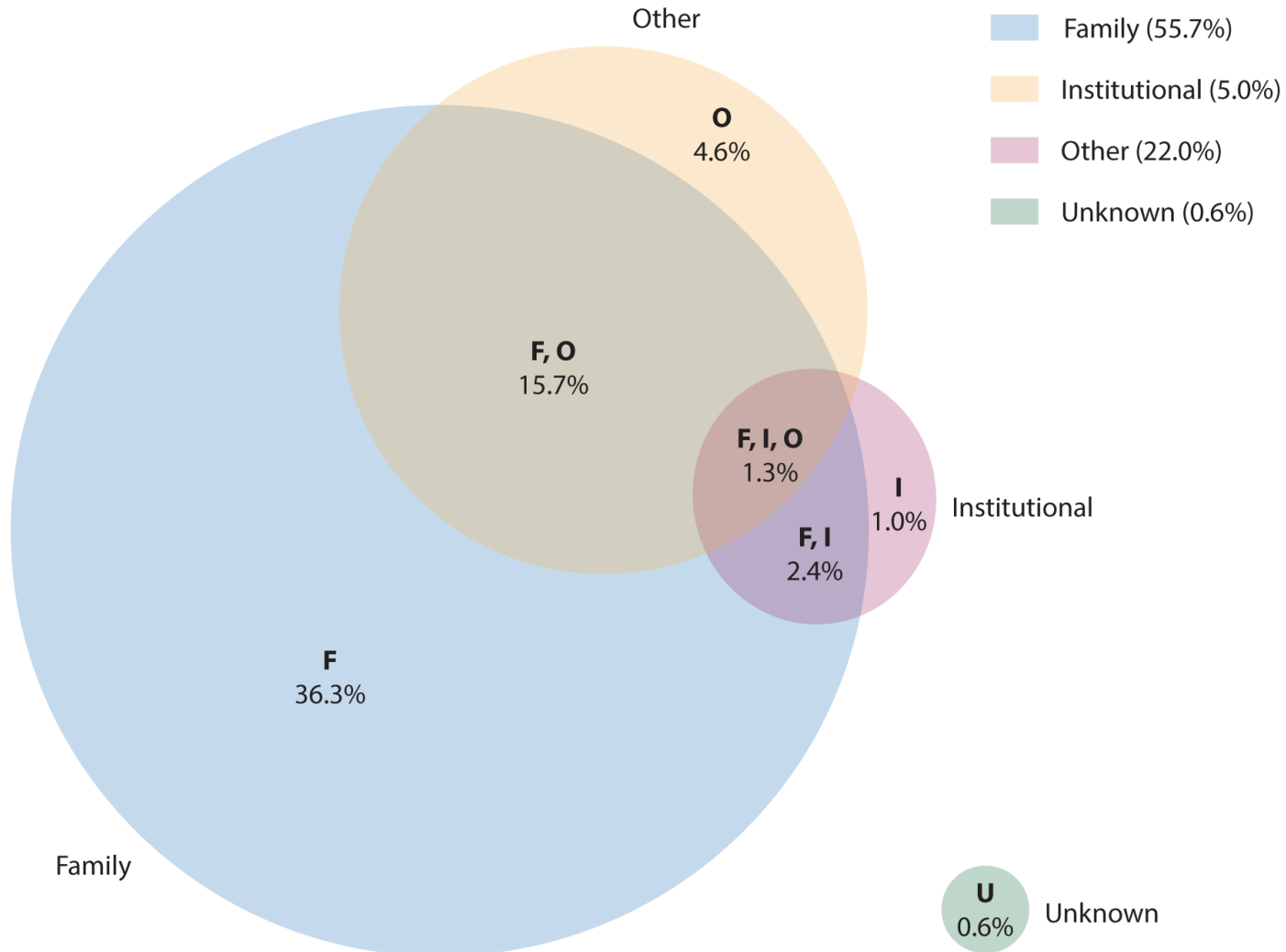
...but is much rarer alone at 8.4%



# Co-occurrence of types of maltreatment



# Proportion of Australians experiencing child maltreatment, by perpetrator group



# 6

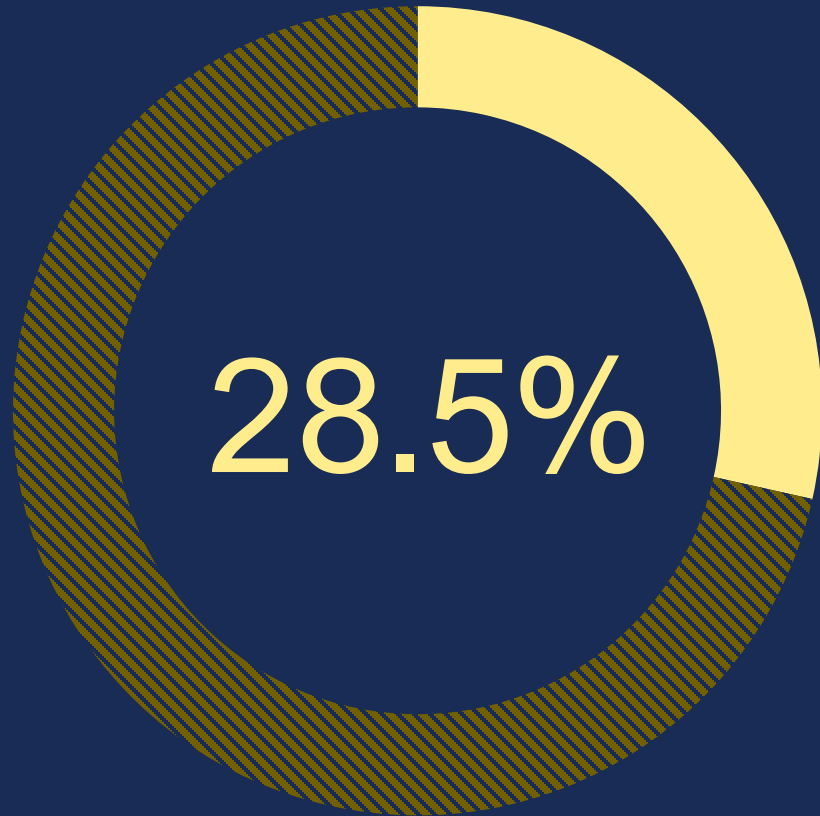
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## Child sexual abuse:

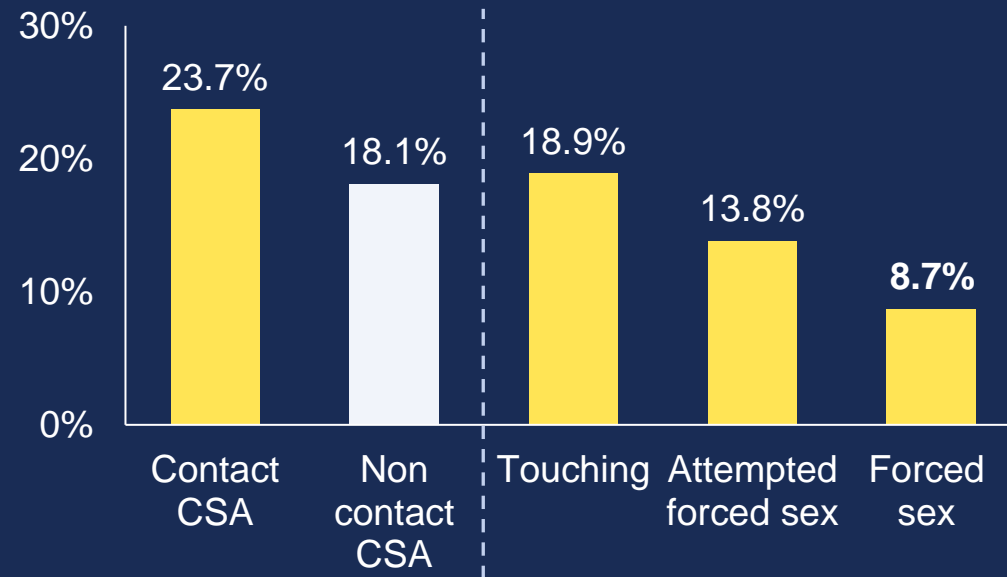
### Further selected findings



# Child sexual abuse



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



# Girls experience substantially more child sexual abuse in almost all settings

Compared with boys, girls experience:

**2x**

**Double** the rate of contact sexual abuse by any offender

**3x**

**Triple** the rate of any sexual abuse by familial offenders

**4x**

**Quadruple** the rate of contact sexual abuse by familial offenders

**5x**

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



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

**This disparity is a massive, enduring and intolerable injustice.**

It is within our power to change this.

It is imperative that we do so.



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

7.8%

Parents/adult caregivers in the home

7.5%

Other known adults

12.9%\*

Known adolescents (aged <18)

2.0%

Institutional adult caregivers

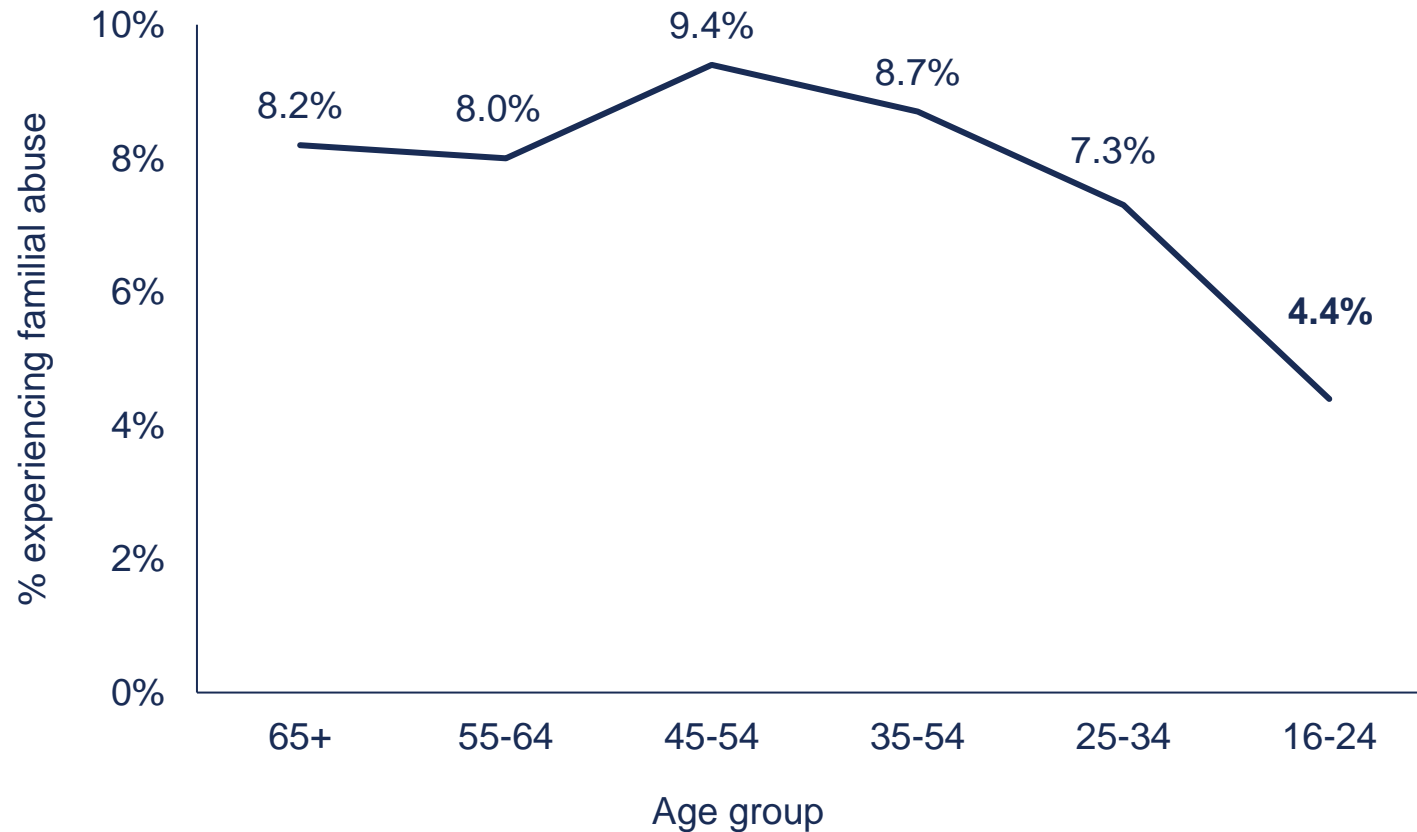
4.9%

Unknown adults

1.4%

Unknown adolescents (aged <18)

# Familial sexual abuse has declined over time: change is possible

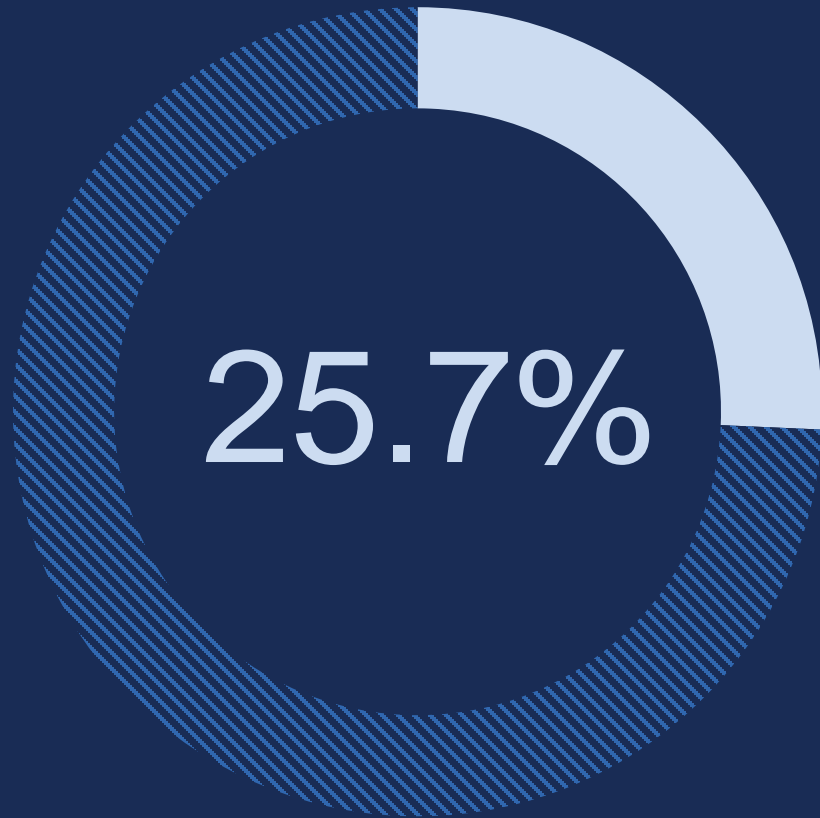


**This is important because it indicates the success of prevention efforts and the positive impact of other factors.**

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

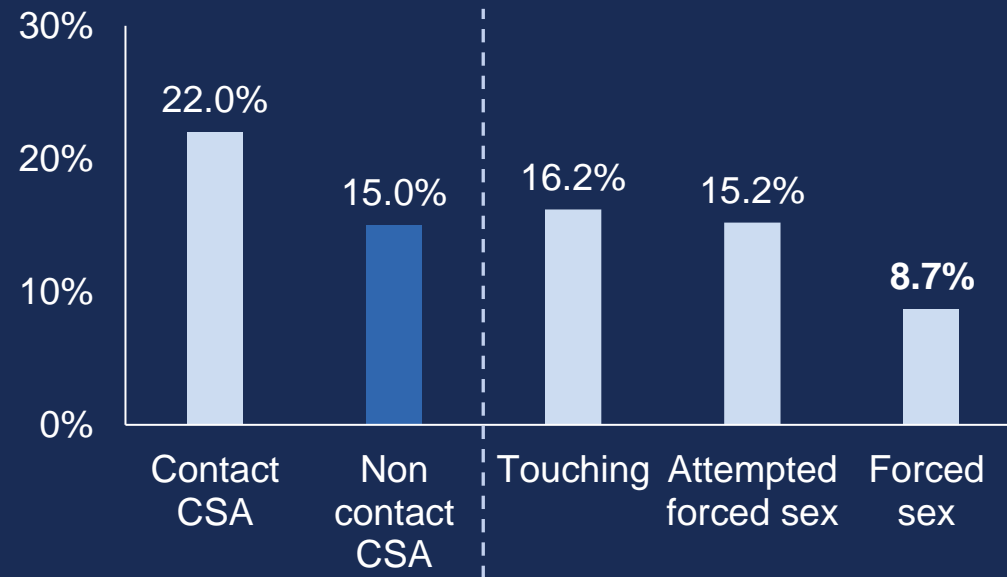
1. CSA by other classes of offender have increased; and
2. Other domains of CSA have emerged.

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



1 in 4

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



# Sexual abuse by other adolescents has increased

Especially as inflicted by current and former boyfriends.

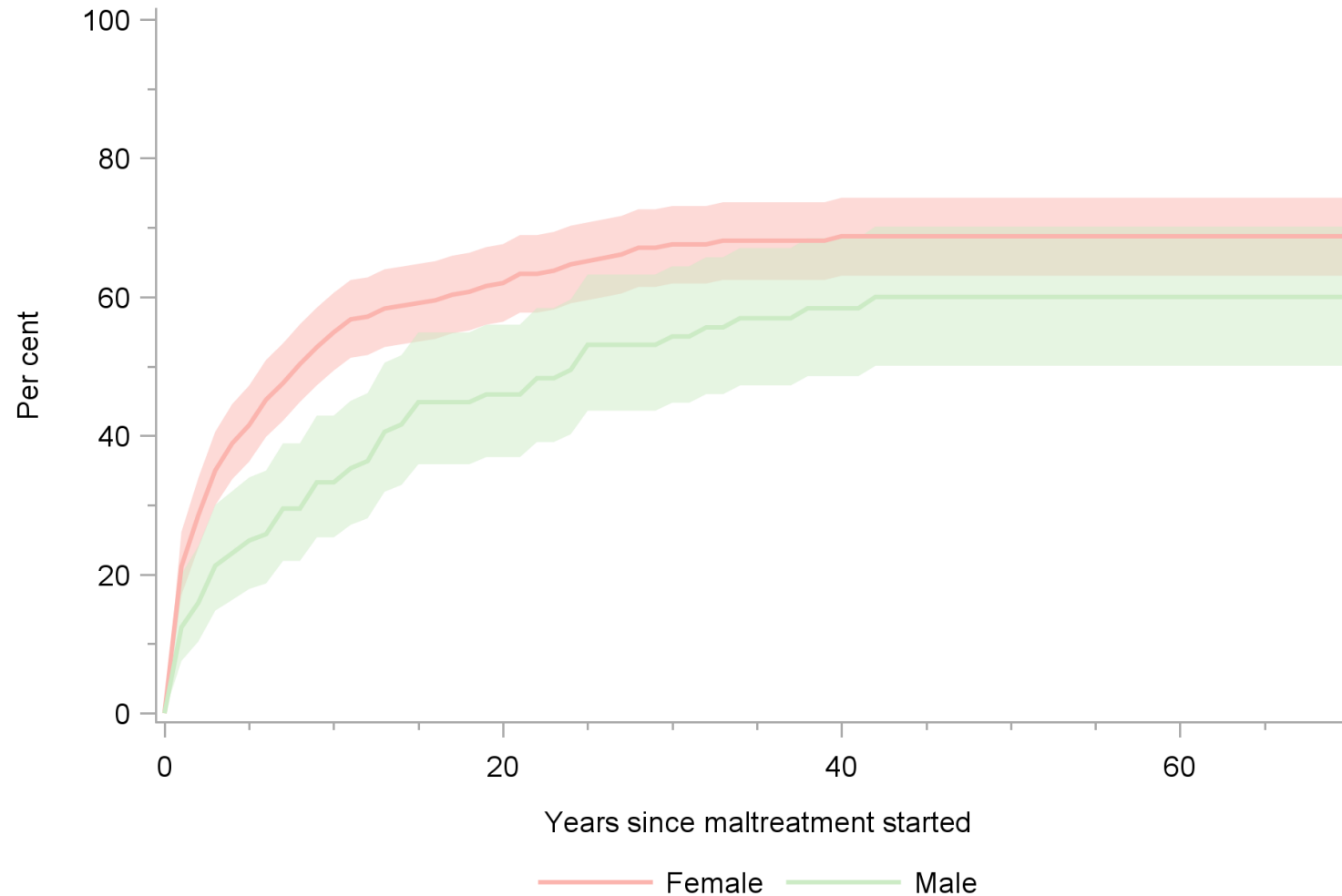
	Whole sample	Participants aged 16-24	Males aged 16-24	Females aged 16-24
Adolescents aged <18 who the victim knew, but who were not current or former romantic partners	11.2%	<b>13.7%</b>	8.9%	<b>17.9%</b>
Adolescents aged <18 who were current romantic partners, or former romantic partners*	2.5%	<b>5.7%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

## 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.

# Abusive intercourse: Proportion reporting maltreatment by time since first maltreatment



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# Child maltreatment and associated mental health outcomes



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



CM

48%

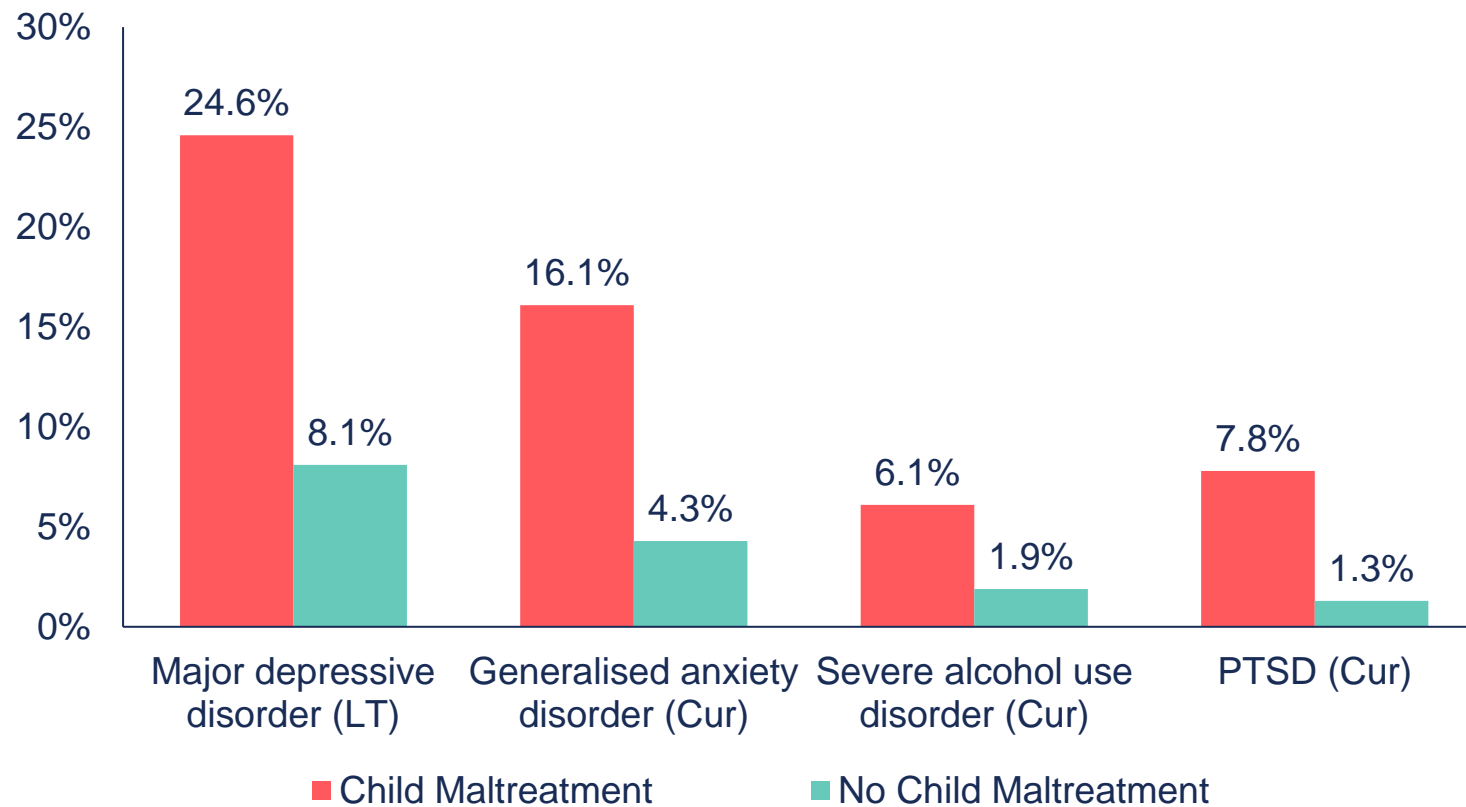
**Almost half** of all people who experienced child maltreatment have a mental disorder

NO CM

22%

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

# Maltreatment and mental health disorders



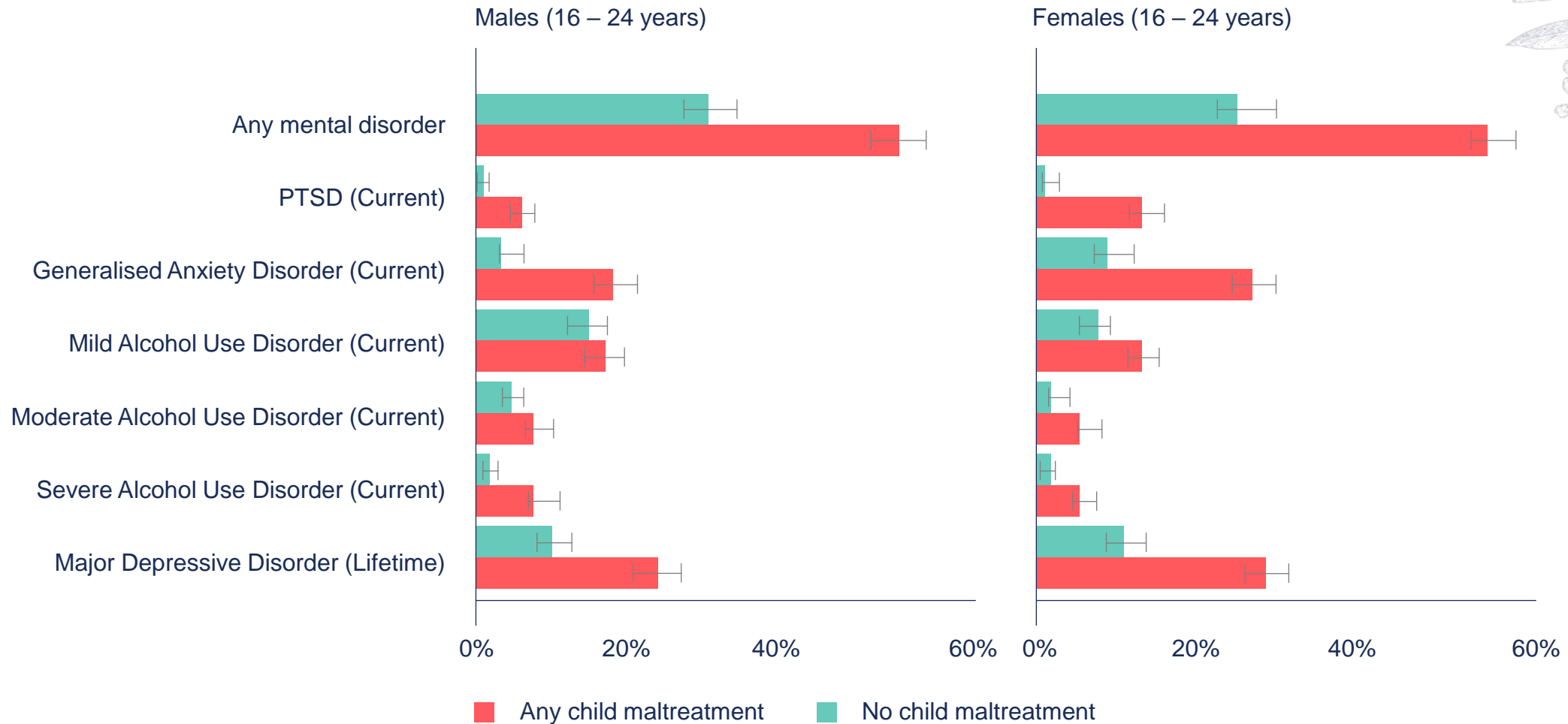
**Experiencing child maltreatment dramatically increases the likelihood of each mental health disorder**

Not experiencing child maltreatment dramatically reduces these disorders.

The impact of child maltreatment is clear.



# Mental health disorders in young people, by gender and maltreatment status



# 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.

# 8

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## Child maltreatment and associated health risk behaviours



# Prevalence of health risk behaviours, by experience of child maltreatment



Health risk behaviour	Experienced any child maltreatment		Simply adjusted odds ratio <sup>a</sup>	Fully adjusted odds ratio <sup>b</sup>
	No (%)	Yes (%)		
<b>Current smoker</b>	11.1	21.1	<b>2.1</b>	<b>1.9 (1.6-2.2)</b>
<b>Binge drinking</b>	8.4	12.6	<b>1.6</b>	<b>1.3 (1.1-1.5)</b>
<b>Cannabis dependence</b>	0.4	3.7	<b>7.1</b>	<b>6.2 (3.9-9.8)</b>
<b>Obesity</b>	24.4	28.2	<b>1.2</b>	<b>1.2 (1.1-1.3)</b>
<b>Self-harm (prior year)</b>	0.7	4.7	<b>6.7</b>	<b>3.9 (2.9-5.4)</b>
<b>Suicide attempt (prior year)</b>	0.3	1.5	<b>5.1</b>	<b>4.6 (2.5-8.4)</b>

<sup>a</sup> Model adjusts for age group and sex

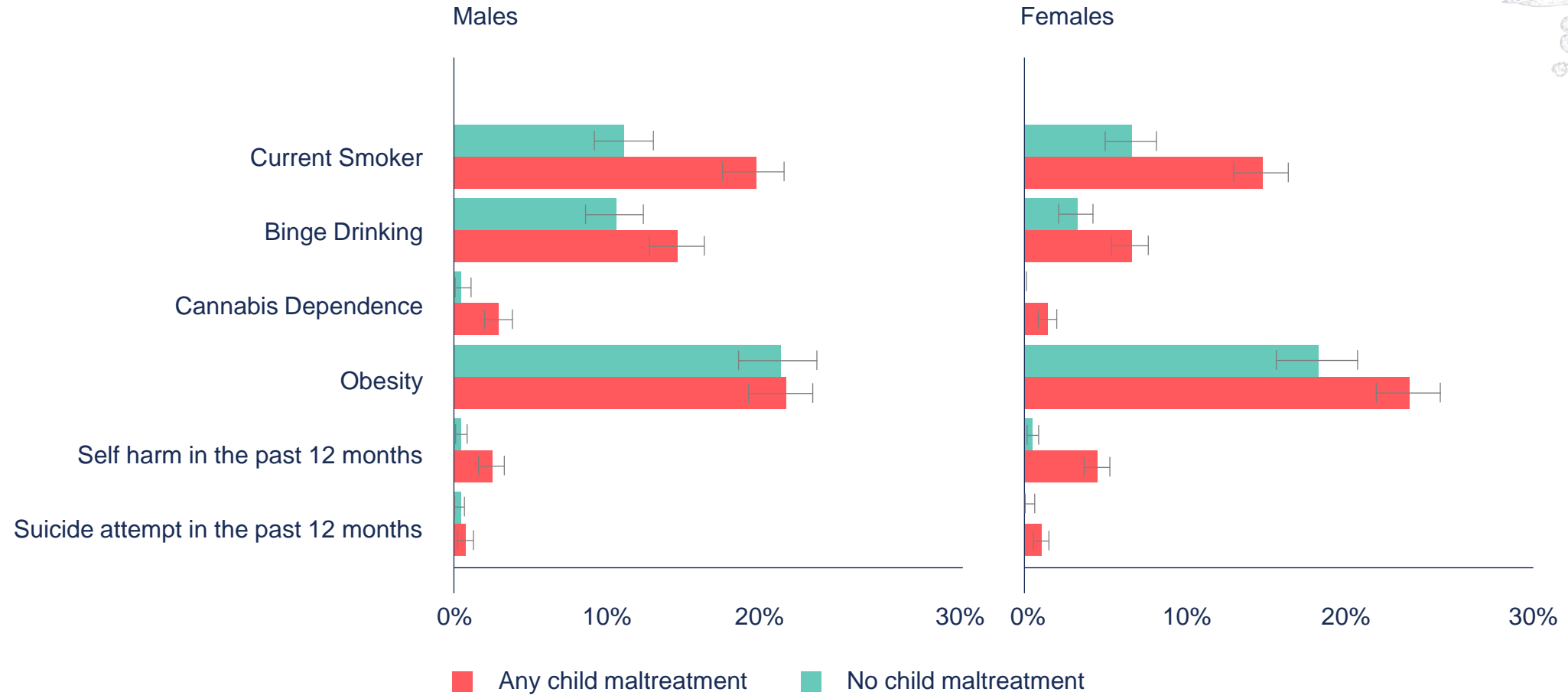
<sup>b</sup> Model adjusts for age group, sex, socio-economic status (quintiles of SEIFA index of relative disadvantage based on postcode of current residence), experience of financial hardship during childhood and current financial strain

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

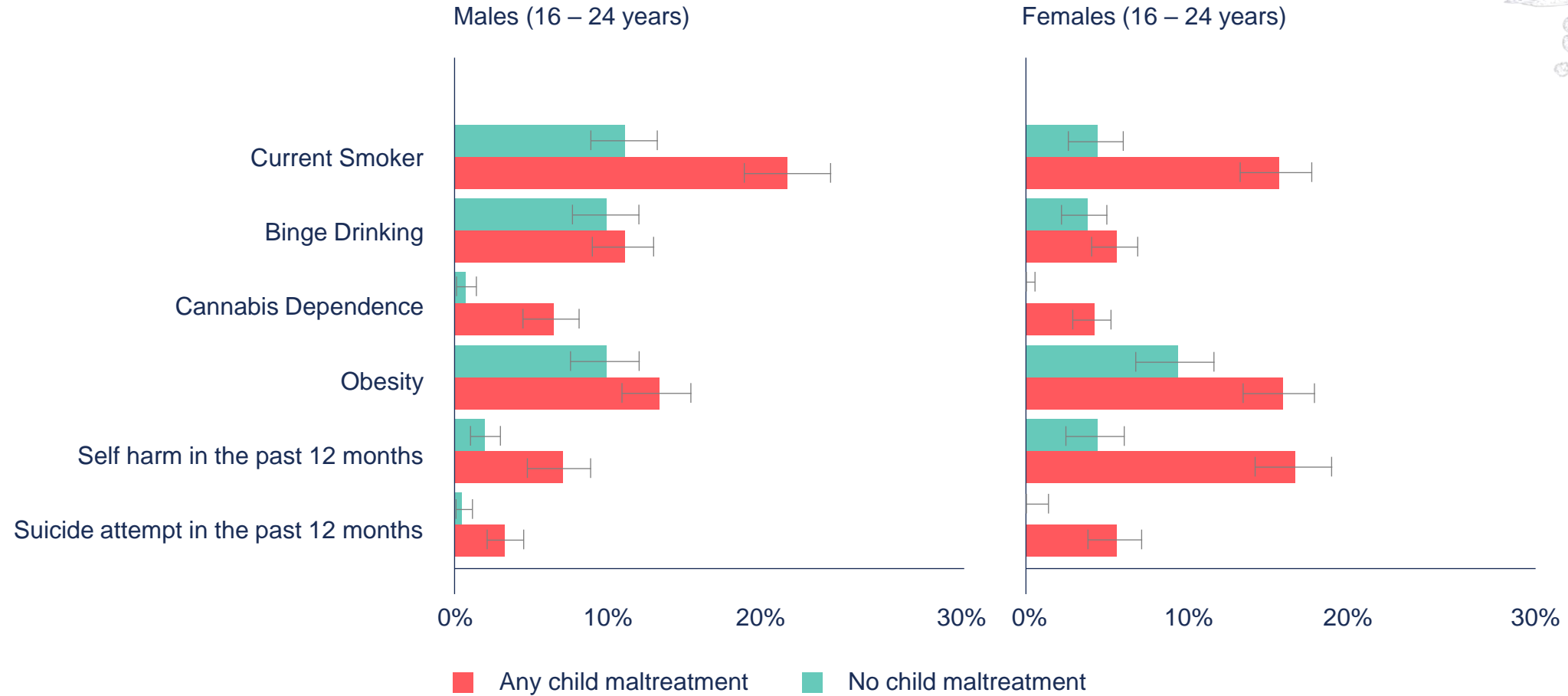
		Men	Women	All
	<b>Smoking</b>	1.8	2.1	1.9
	<b>Binge drinking</b>	1.1	1.8	1.3
	<b>Obesity</b>	1.1	1.3	1.2
	<b>Cannabis dependence</b>	4.5	20.0	6.2
	<b>Self harm (prior year)</b>	3.9	3.9	3.9
	<b>Suicide attempt (prior year)</b>	3.3	6.5	4.6



# Health risk behaviours, by gender and maltreatment status



# Health risk behaviours in young people aged 16-24, by gender and maltreatment status



# 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:





# 9

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## Diverse gender identity and diverse sexual identity



# Prevalence of diverse gender and sexuality identities



Identity	16-24 years (%)	25-44 years (%)	45 years and over (%)
<b>All diverse genders</b>	2.3	1.1	0.9
<b>Non-binary</b>	1.3	0.2	0.3
<b>All diverse sexualities</b>	17.7	9.8	3.5
<b>Gay or lesbian</b>	2.4	2.9	1.4
<b>Bisexual</b>	10.0	4.3	1.0

Diverse gender identities include: non-binary, trans woman, trans man, trans femme, transmasculine, gender queer, gender diverse, gender fluid, sistergirl, brotherboy, agender, I prefer not to have a label

Diverse sexualities include: gay, lesbian, bisexual, queer, asexual, pansexual, I prefer not to have a label

# Sexual abuse is far more common in diverse gender identities

Diverse Gender

51.9%

More than half of all diverse gender identities experienced sexual abuse

Cisgender women

37.3%

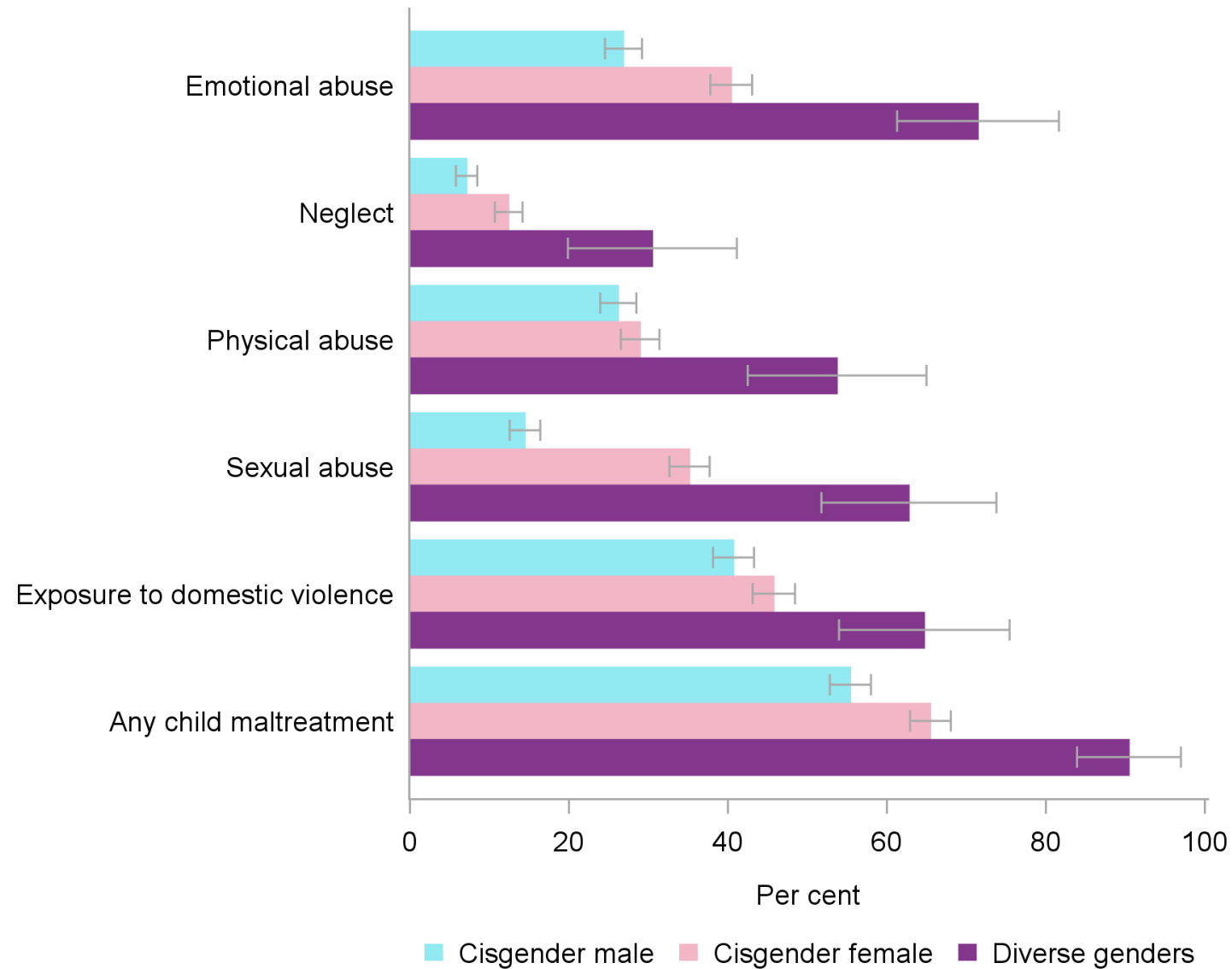
Almost two in five cisgender women experienced sexual abuse

Cisgender men

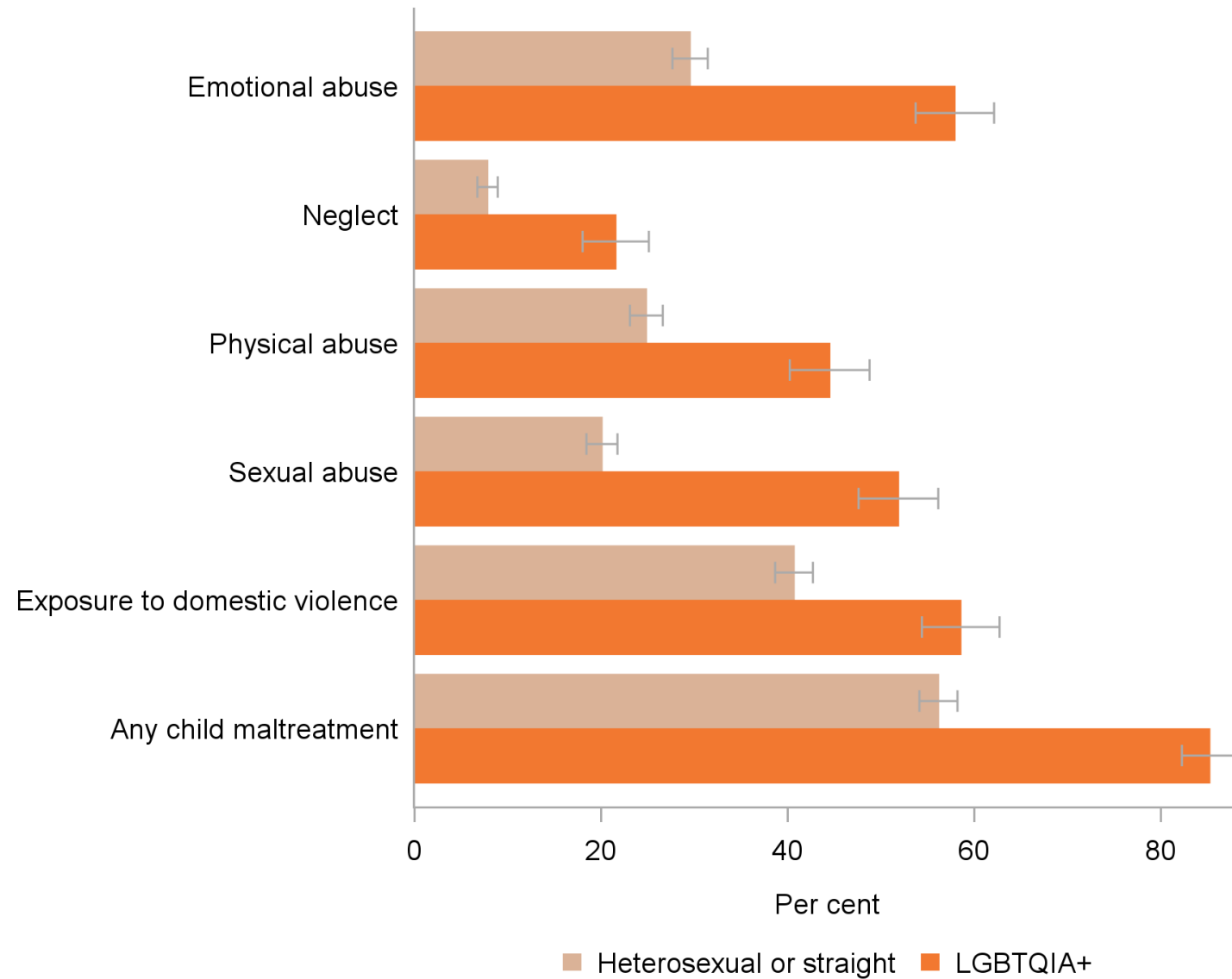
18.8%

Almost one in five cisgender men experienced sexual abuse

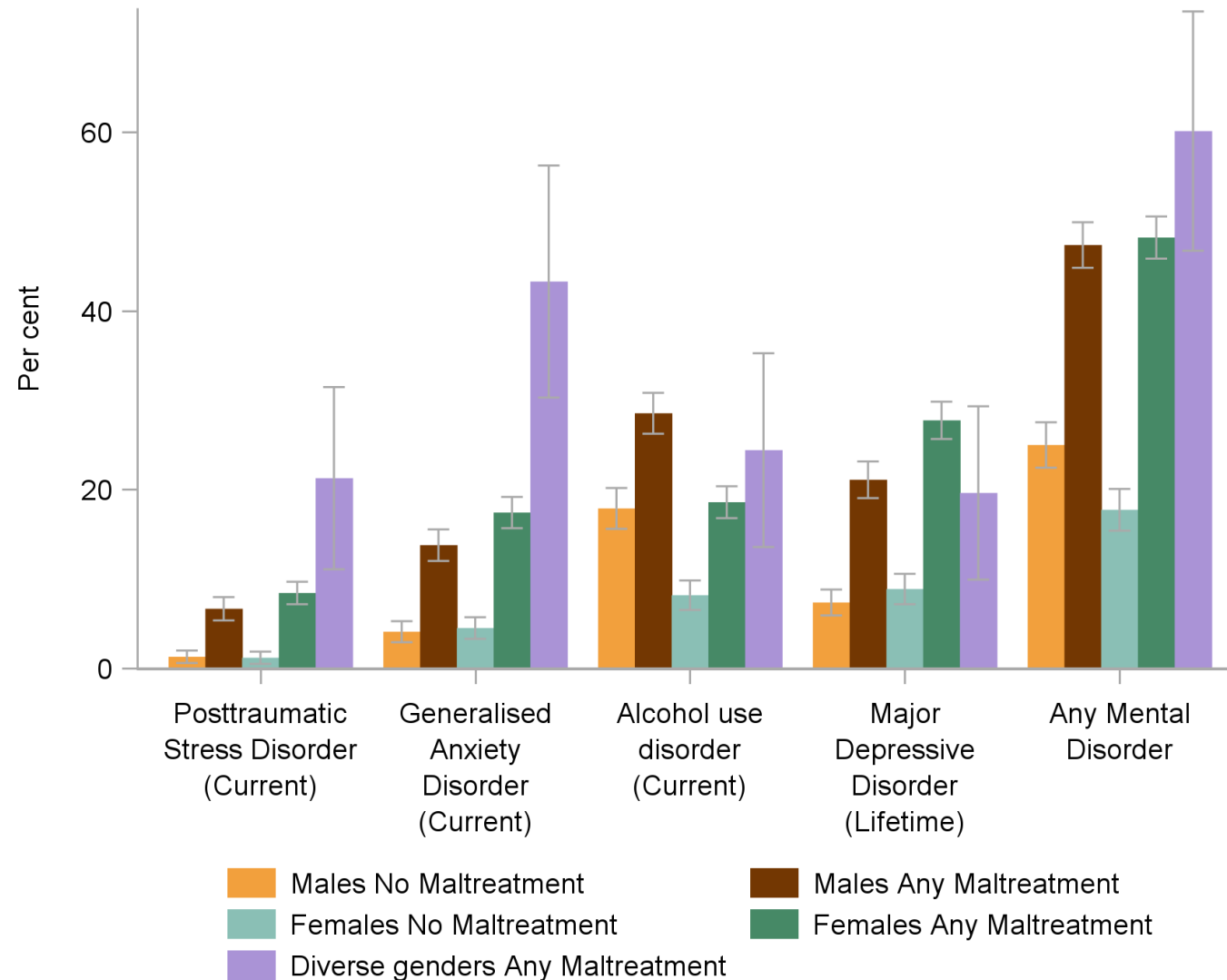
# Prevalence of child maltreatment, by gender, 16-24 years



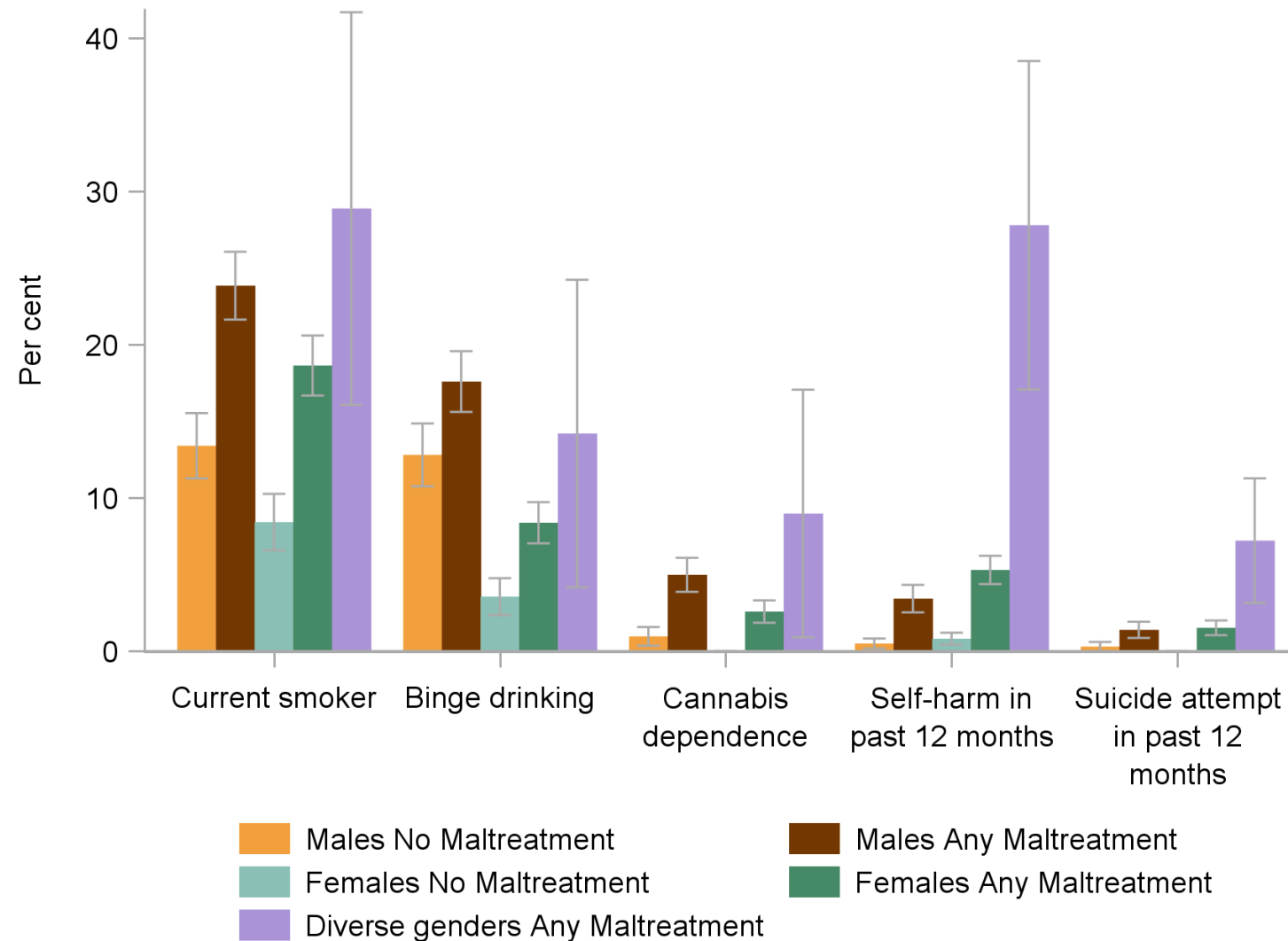
# Prevalence of child maltreatment, by sexuality, 16-24 years



# Prevalence of mental health conditions, by gender identity and experience of any child maltreatment



# Prevalence of health risk behaviours, by gender identity and experience of child maltreatment



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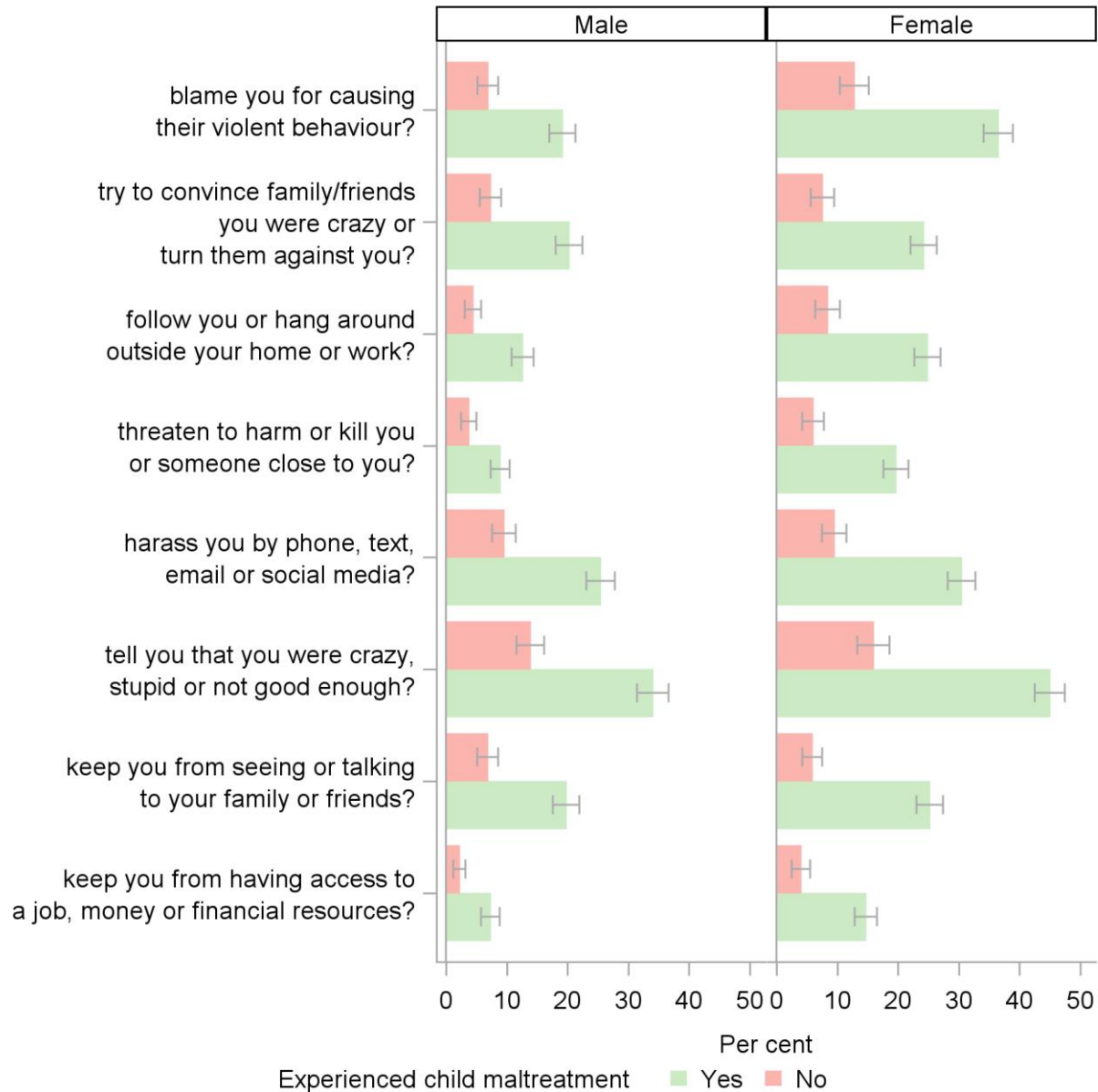
# Intimate partner violence



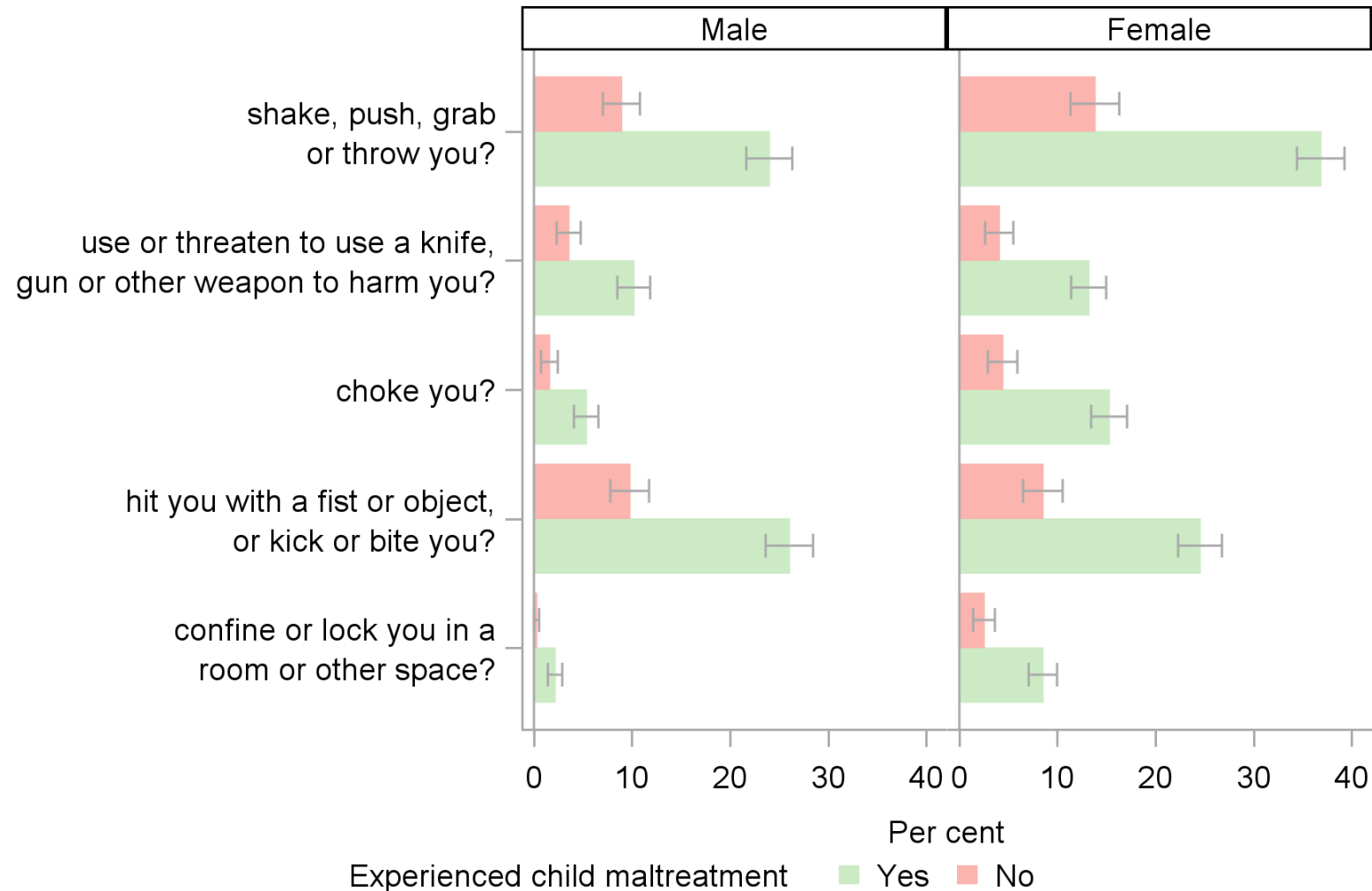




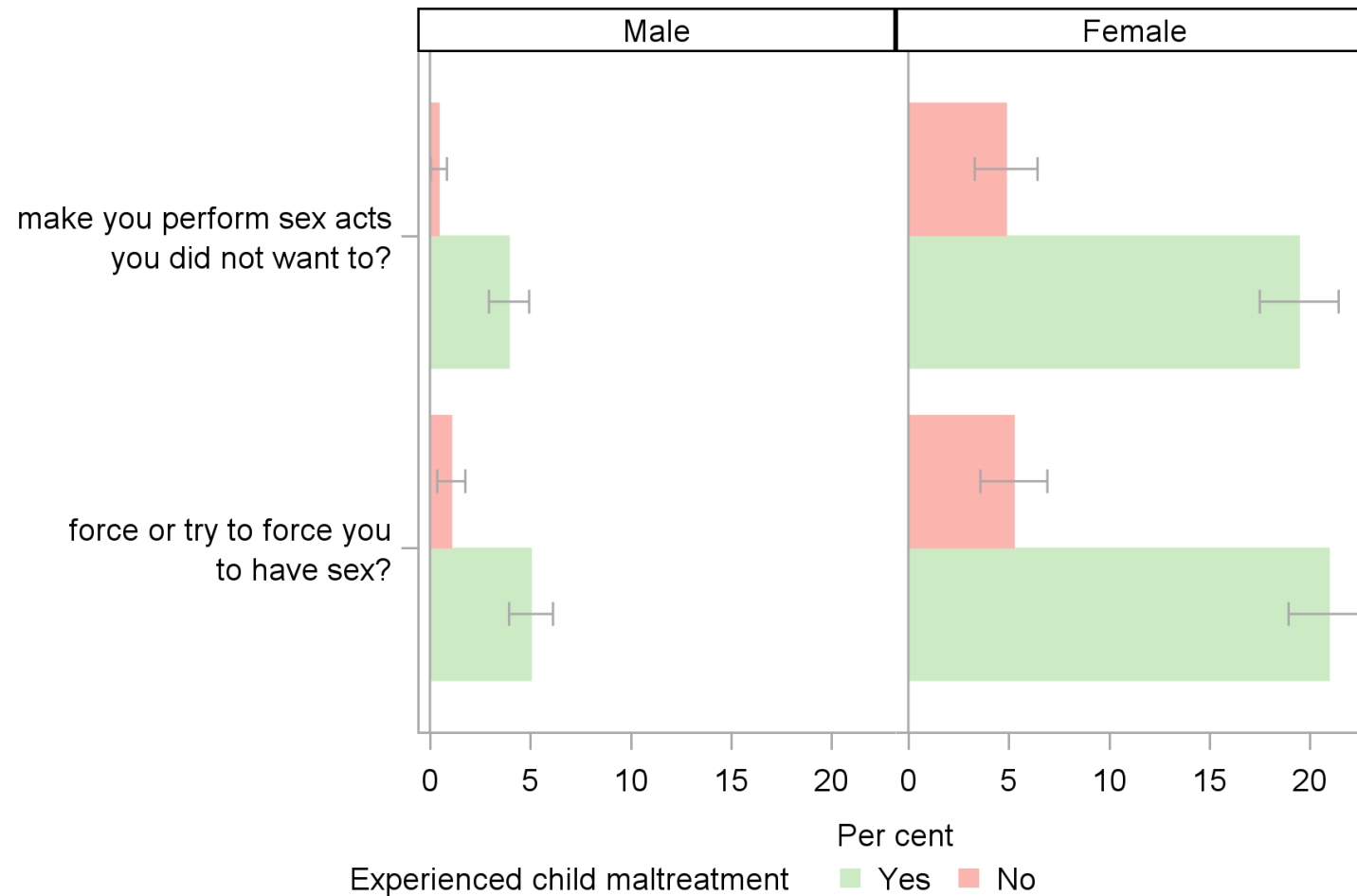
## Prevalence of psychological intimate partner violence, by experience of child maltreatment



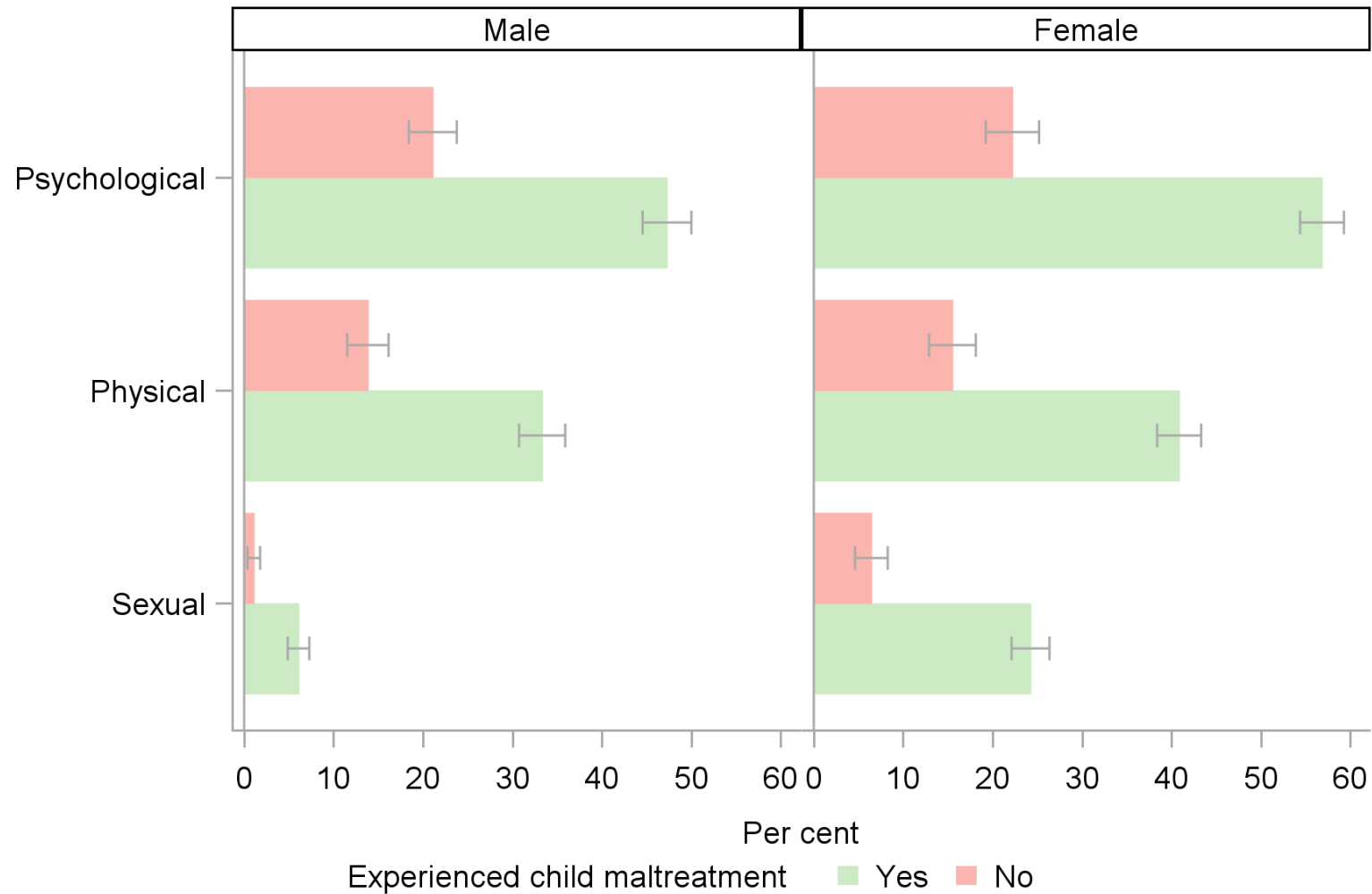
# Prevalence of physical intimate partner violence, by experience of child maltreatment



# Prevalence of sexual intimate partner violence, by experience of child maltreatment



# Intimate partner violence by experience of child maltreatment



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# Implications of the Australian Child Maltreatment Study findings



# 11. Summary of key findings to date



1

## Child maltreatment is endemic in Australia

PA 32.0% - 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.

# Implications



1

## Prevention of maltreatment

- Break the intergenerational cycle
- Can gains in Institutional sexual abuse be an example for abuse types
- Change the culture around emotional abuse
- What role does the government have?

### How do we:



**Prevent**  
child abuse and neglect

2

## Support for people impacted by experience of maltreatment

- Support for mental health and risk behaviours needs to be trauma-informed.
- Can we safely identify who is at risk?
- How can government support children who have suffered maltreatment or are still suffering maltreatment?



**Reduce**  
associated health  
conditions and health  
risk behaviours

# 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).





# Recommendations: What we need to do, together

- 5. Individual level: parent support.
- 6. An emotional revolution: a paradigm shift.
- 7. A sexual and relational evolution: turbocharged prevention, education.



# Knowledge translation

## ACMS team have been engaging with government and NGOs

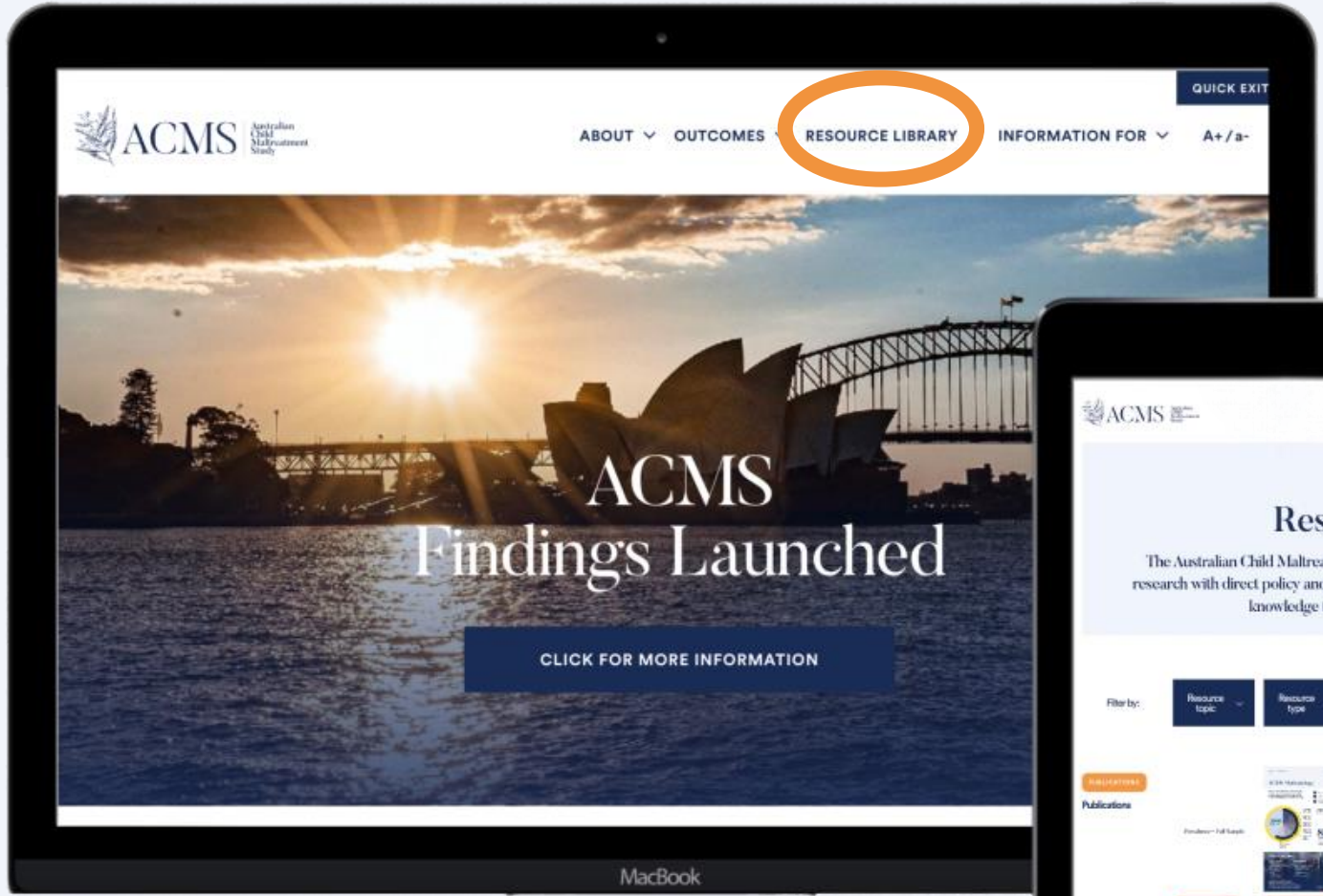
- Briefings for Departments of Communities, Mental Health Commissions, Children's Commissioners, Health Professionals, Legislators, Law Reform Groups
- Speaking with groups in all states and New Zealand
- Strong interest in NSW, Queensland and Victoria
- Australian Government National Office of Child Safety
  - National Strategy to Prevent and Respond to Child Sexual Abuse
  - National Principles for Child Safe Organisations
  - National Plan to End Violence Against Women and Children
  - Safe and Supported: National Framework for Protecting Australia's Children



# Conclusions

1. Child maltreatment is endemic in Australia and associated with substantially increased rates of health risk behaviours and conditions
2. Trauma-informed health promotion strategies and interventions for health risk behaviours and conditions may require holistic psychosocial interventions
3. Introducing strategies into schools for prevention and awareness of child maltreatment and associated health risk behaviours and conditions





[www.acms.au](http://www.acms.au)  
Resource Library

