

The Australian Child Maltreatment Study: The national prevalence of child abuse and neglect, and associated outcomes

Update on progress, and implications for policy and practice

Presentation for the Tri-Peaks Partnership
Thursday 17 November 2022

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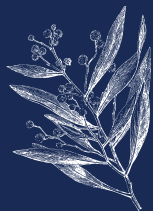
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<https://www.australianchildmaltreatmentstudy.org/>



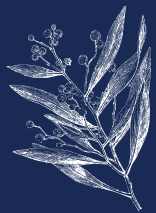
Acknowledgement of Country

We acknowledge the First Nations owners of the lands where 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.



Lifeline

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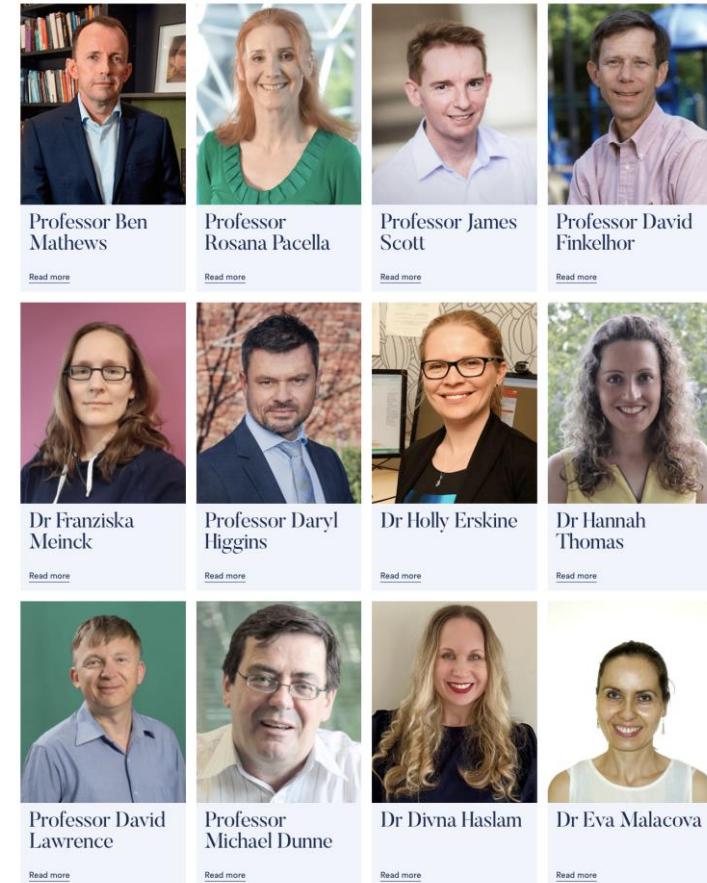
ACMS

Australian
Child
Maltreatment
Study

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- Prof Ben Mathews (QUT)
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- Prof James Scott (QIMR Berghofer, UQ)
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Overview of presentation

1. Background: Why the ACMS was needed
2. What the ACMS has done: New national evidence to inform policy and practice
3. Measuring the 5 types of maltreatment: prevalence and characteristics
4. Measuring health and behavioural outcomes of child maltreatment
5. What we now know: The nature of key findings
6. An example: selected findings on self-harm
7. Informing precision public health
8. Launch of major findings, and next steps
9. Resources



1. Background: Why did we need the ACMS?

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

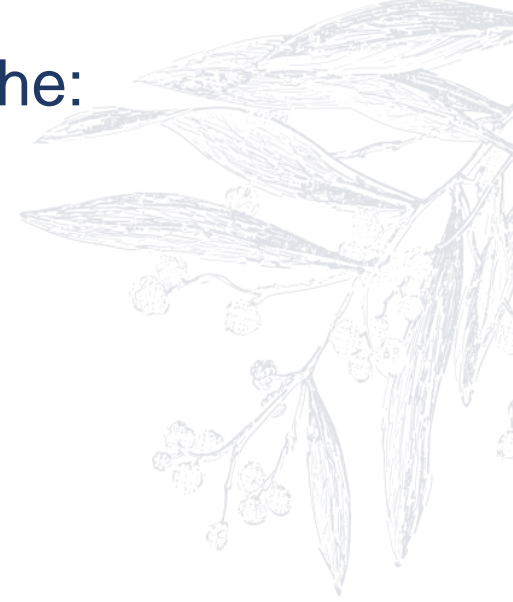
1. **Prevalence** of each type of child maltreatment

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

2. **Characteristics** of each type of abuse and neglect

- How old are kids when it begins and ends?
- What are the trends by sex and gender?
- Which sub-types occur most often, and are most harmful?
- Who inflicts different types of maltreatment?

3. **Associated** mental health disorders, health risk behaviours, physical health



Advancing precision public health

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

- **prevent** child abuse and neglect
- **reduce** associated health conditions and health risk behaviours
- **reduce** economic cost to the nation

Findings are significant across sectors serving children, families, communities

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

2. What the ACMS has done: New national evidence to inform policy and practice

Generated new national evidence to inform policy and practice

The first comprehensive nationwide study of:

1. The **prevalence** of each form of child maltreatment (and of multi-type CM)
2. The **characteristics** of these experiences (e.g., child age, sex, timing)
3. Key **health and risk behaviour** outcomes through the lifespan
4. The **burden of disease** from maltreatment (& other health use outcomes)

How we did the ACMS

Nationwide cross-sectional survey

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

8500 participants aged 16 and over

3500 adolescents/young adults aged 16-24

- Enables future Wave Studies, Cohort Study

5000 adults aged 25+

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

BMJ Open 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

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ABSTRACT

Introduction Child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence) is widely understood to be associated with multiple mental health disorders, physical health problems and health risk behaviours throughout life. However, the prevalence of

associations with mental disorders and physical health, and the associated burden of disease. These evidence gaps impede the development of public health strategies to better prevent and respond to child maltreatment. The aims of this research are to generate the first comprehensive population-based national data on the prevalence of child maltreatment in Australia, identify associations with mental disorders and physical health conditions and other adverse consequences, estimate attributable burden of disease and indicate targeted areas for future optimal public health prevention strategies.

Methods and analysis The Australian Child Maltreatment Study (ACMS) is a nationwide, cross-sectional study of Australia's population aged 16 years and over. A survey of approximately 10 000 Australians will capture retrospective self-reported data on the experience in childhood of all five types of maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence). A customised, multimodule survey instrument has been designed to obtain information including: the prevalence and characteristics of these experiences; diagnostic screening of common mental health disorders; physical health; health risk behaviours and health service utilisation. The survey will be administered in March–November 2021 to a random sample of the nationwide population, recruited through mobile phone numbers. Participants will be surveyed using computer-assisted telephone interviews, conducted by trained interviewers from the Social Research Centre, an agency with extensive experience in studies of health and adversity. Rigorous protocols protect the safety of both participants

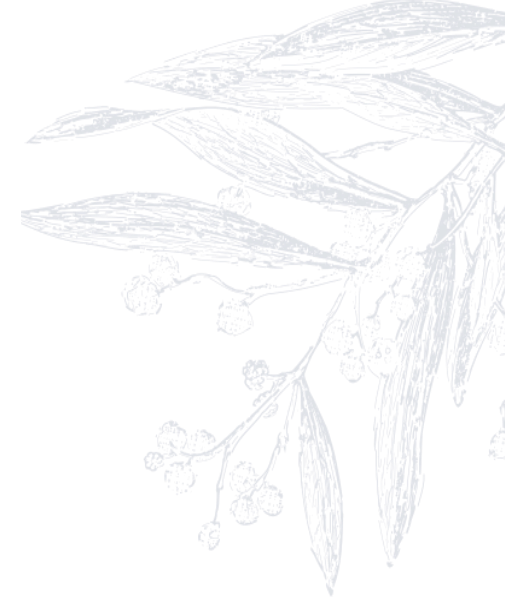
Strengths and limitations of this study

- This is the first Australian study of the national prevalence of all five forms of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence), and the co-occurrence of different types (multitype maltreatment).
- The study also measures associations between child maltreatment and mental disorders, physical health and health risk behaviours that occur throughout life, burden of disease attributable to all forms of child maltreatment and how multitype maltreatment influences overall burden of disease.
- The study is internationally significant through its use of a comprehensive, rigorously designed and tested survey instrument to obtain reliable data about the prevalence of all forms of child maltreatment and associations with health problems and risk behaviours, and enables comparison of these experiences over different historical eras.
- The study captures further nuanced information about high-risk profiles and the contextual characteristics of maltreatment, to inform future targeted public health interventions aimed at reducing maltreatment and its adverse health, behavioural and social consequences.
- While the study involves a representative random sample of the population aged 16 years and over, some subpopulations may be under-represented, including those who are homeless or living in institutions.

and interviewers, and comply with all ethical and legal requirements. Analysis will include descriptive statistics reporting the prevalence of individual and multitype child maltreatment, multiple logistic and linear regression analyses to determine associations with mental disorders

Random
sample

Representative
of the national
population



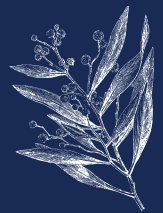
Survey instrument

JVQ-R2: Adapted Version (Australian Child Maltreatment Study)

- Child maltreatment (all 5 types)
- Mental health (incl depression, anxiety)
- Physical health
- Health risk behaviours
- Health service use
- Criminal justice involvement
- Intimate partner violence in adulthood
- Peer bullying; sibling violence
- Adverse childhood experiences



3. Measuring the five types of child maltreatment: prevalence and characteristics



ACMS

Australian
Child
Maltreatment
Study

Designing the child maltreatment questions

Informed by systematic review and critical analysis

JVQ the best available survey instrument

2-year process: further 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)

RESEARCH ARTICLE

Improving measurement of child abuse and neglect: A systematic review and analysis of national prevalence studies

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Abstract

Objectives

Child maltreatment through physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence, causes substantial adverse health, educational and behavioural consequences through the lifespan. The generation of reliable data on the prevalence and characteristics of child maltreatment in nationwide populations is essential to plan and evaluate public health interventions to reduce maltreatment. Measurement of child maltreatment must overcome numerous methodological challenges. Little is known to date about the extent, nature and methodological quality of these national studies. This study aimed to systematically review the most comprehensive national studies of the prevalence of child maltreatment, and critically appraise their methodologies to help inform the design of future studies.

Methods

Guided by PRISMA and following a published protocol, we searched 22 databases from inception to 31 May 2019 to identify nationwide studies of the prevalence of either all five or at least four forms of child maltreatment. We conducted a formal quality assessment and critical analysis of study design.

Results

This review identified 30 national prevalence studies of all five or at least four forms of child maltreatment, in 22 countries. While sound approaches are available for different settings, methodologies varied widely in nature and robustness. Some instruments are more reliable and obtain more detailed and useful information about the characteristics of the maltreatment, including its nature, frequency, and the relationship between the child and the person

OPEN ACCESS

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Competing interests: The authors have declared that no competing interests exist.

Rigorous measurement of all five child 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

An example: Emotional abuse

Definition

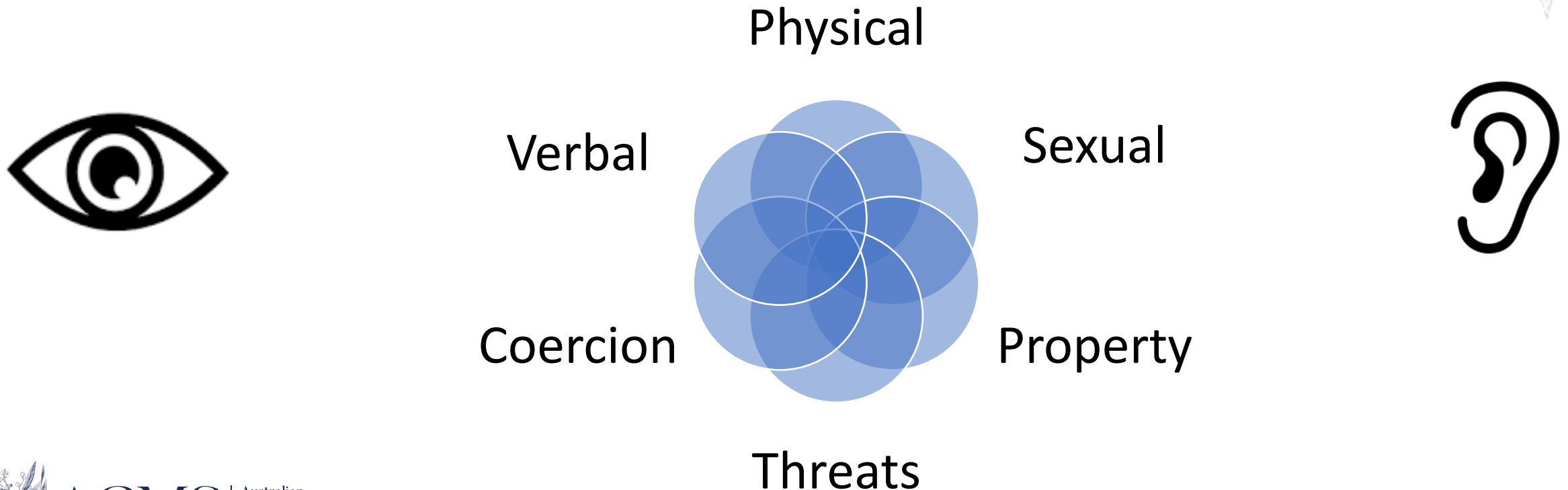
- parental behaviour
- typically repeated (a pattern over time)
- that conveys to the child they are worthless, unloved, unwanted, or only of value in meeting another's needs

Operational examples

1. verbal hostility (insults, name-calling, belittling)
2. rejection (saying they hate the child, or don't love them, or never wanted them)
3. denying emotional responsiveness (consistently ignoring the child, or not showing any love or affection)

Exposure to domestic violence

Definition: witnessing a parent/family member subjected to assaults, threats, or property damage by another adult who lives in the household; includes other forms of inter-parental coercion



Measuring child maltreatment

20 questions: different dimensions of each maltreatment type

1. Physical abuse: **3** (2, +1 on corp. punishment)
2. Sexual abuse: **7** (5, +2 on internet)
3. Emotional abuse: **3**
4. Neglect: **3**
5. Exposure to domestic violence: **4**

Each question had a Yes or No response

20



Further follow-up questions: characteristics of maltreatment

Important information: context, and risk factors

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

Maltreatment items: prevalence and characteristics

Maltreatment type	Screeners (prevalence)	Follow up questions (characteristics)
Physical abuse	2 items	Frequency; perpetrators; age of onset + cessation; disclosure; institutional
Emotional abuse	3 items	Frequency (pattern), perpetrators; age of onset + cessation
Sexual abuse*	5 items	Frequency; perpetrators; age of onset + cessation; disclosure; institutional
Internet victimization (youth 16-24 only)	2 items	Frequency; perpetrators; age of onset + cessation; disclosure
Neglect	3 items	Frequency (pattern); age of onset + cessation
Exposure to domestic violence	4 items	Frequency; age of onset + cessation

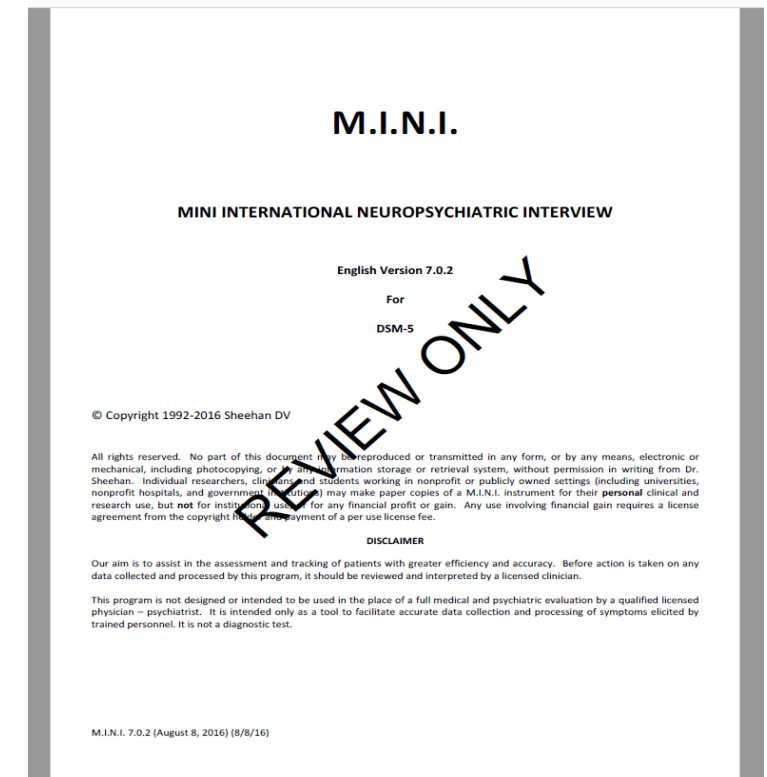
4. Measuring the associated health and behavioural outcomes of child maltreatment

Mental health

MINI (Mini International Neuropsychiatric Interview) survey instrument

Key advantage: obtains diagnostic information for four key mental health conditions

1. Major depressive disorder (lifetime)
2. Generalized anxiety disorder (current: past 6 mths)
3. Alcohol use disorder (current: past 12 mths)
4. Post-traumatic stress disorder (current)



Physical Health and Health Risk Behaviours

Physical health conditions and adverse health and behavioral outcomes assessed using NSMHW modules (chronic conditions, suicidality) and tailored items

Physical health diagnoses

1. Obesity (current)
2. Cardiovascular disease (LT, PY)
3. Diabetes (LT, PY)
4. STI (LT, PY)

Health Risk Behaviours

1. Smoking (LT, PY)
2. Alcohol use (sub-clinical) (LT, PY)
3. Substance use (cannabis) (LT, PY)
4. Self-harm (LT, PY)
5. Suicidal thoughts / attempts (LT/PY)

5. What we now know: The nature of key findings

Examples of key findings

1

What is the prevalence of each type of child maltreatment?

PA: %; SA: %; EA: %; Neg: %; EDV: %

2

What is the prevalence of multi-type maltreatment?

2 or more types: %

3-5 types: %

3

How badly are Australian youth (16-24) suffering now?

PA: %; SA: %; EA: %; Neg: %; EDV: %.

MTM 2 or more: %. MTM 3-5: %.

4

Are females or males at particularly high risk?

SA; EA; Neg; PA; EDV; MTM

5

At what age do mental health disorders and risk behaviours occur?

Mental health disorders & health risks occur by age x.

6

Which maltreatment types have the strongest impact?

x and y abuse have strongest impacts on mental health and risk behaviours

Our findings have major implications for social systems and stakeholders

- ✓ Prevention (primary, secondary, tertiary)
- ✓ Early intervention (interrupting, responding, supporting)
- ✓ Trauma-informed responses

- ❖ Health sectors
- ❖ Early childhood education and care
- ❖ Education (primary and secondary)
- ❖ Child protection and family welfare
- ❖ Out of home care

Examples of big picture evidence for policy and practice



1. What is the prevalence of **emotional abuse**, and what are its mental health outcomes?
2. Is **corporal punishment** as damaging as physical abuse?
3. How frequent is **self-harm**, and which maltreatment types are most strongly associated with it?
4. At **what age** are children most vulnerable to different types of maltreatment?

5. How is maltreatment associated with **alcohol misuse and cannabis use** in adolescence?
6. How prevalent is **online sexual abuse** (non-consensual image sharing; adult grooming), and what are its effects?
7. Based on evidence about who inflicts maltreatment, should we direct more **prevention** efforts to fathers, mothers, or both?

6. An example: selected findings on self-harm

Non-suicidal self injury (self-harm) – prevalence, and association with child maltreatment

Definition: Non-suicidal self-injury (self-harm) is the deliberate damaging of one's own body in the absence of any intent to die (Nock, 2009).

Prior Australian prevalence: LSAC sample (11-15, & 16-17 year-olds)

30.1% reported thoughts of self-injury (either age)

17.8% reported acts of self-injury (either age)

What did we find?

ACMS youth sample (16-24 yr olds): n=3500

Measures

Non-suicidal Self Injury

Based on National Adolescent Mental Health Survey (lifetime NSSI)¹

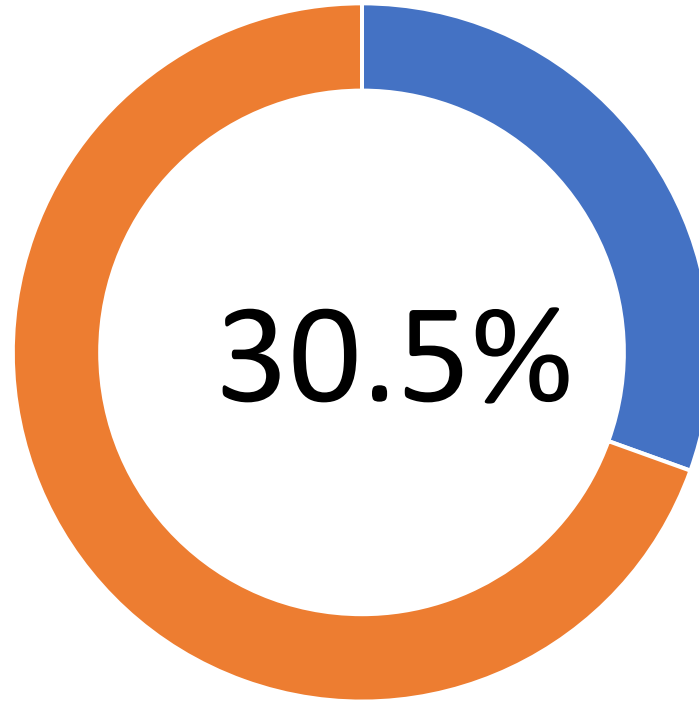
Have you **ever** deliberately harmed or injured yourself, without intending to end your own life?

Child Maltreatment

Juvenile Victimization Questionnaire-R2 (Australian Child Maltreatment Study)²

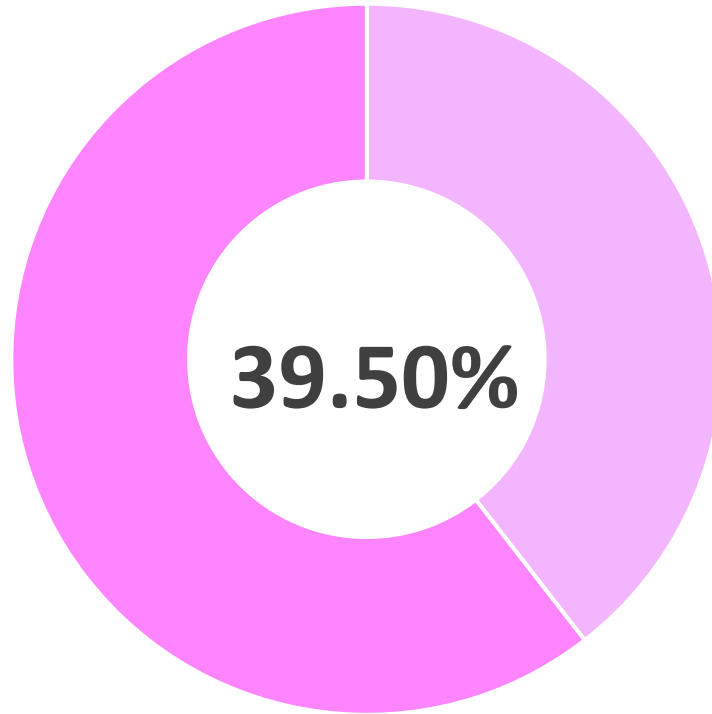
- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect
- Exposure to domestic violence

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



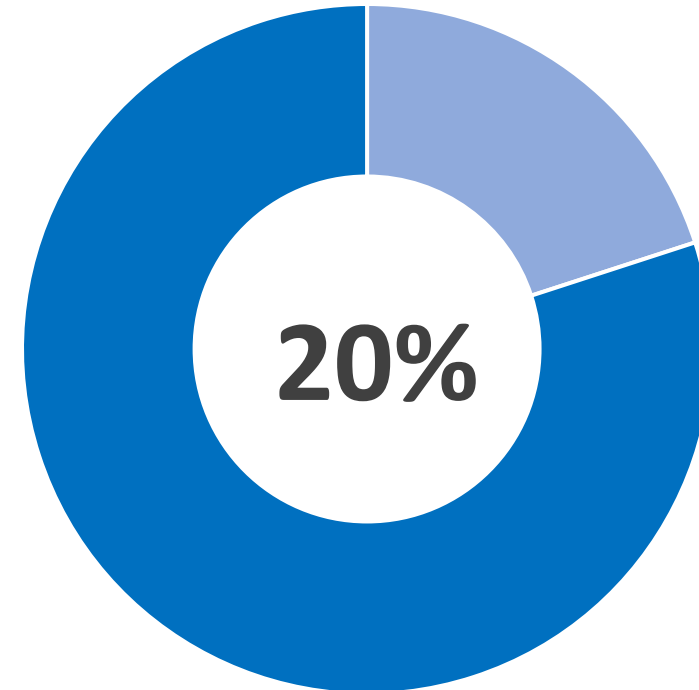
of young people 16-24
had ever self-harmed

Twice as common in females



of females aged 16-24

95% CI= 36.9- 42.1%



of males aged 16-24

95% CI= 17.9- 22.1%

Associations between self-harm & specific maltreatment types

Abuse type	Sample	Unadjusted ORs	Adjusted OR
Sexual	Females	5.9 (4.6-7.5)	4.0 (3.1-5.2)
	Males	3.7 (2.6-5.1)	2.4 (1.7-3.5)
Physical	Females	4.0 (3.1-5.1)	1.8 (1.3-2.4)
	Males	3.2 (2.4-4.2)	1.7 (1.2-2.5)
Emotional	Females	3.8 (3.0-4.8)	1.8 (1.3-2.4)
	Males	3.9 (2.9-5.1)	2.0 (1.4-2.9)
Neglect	Females	4.2 (3.0-5.9)	1.5 (1.0-2.3)
	Males	3.2 (2.1-4.9)	1.4 (0.8-2.4)
EDV	Females	3.1 (2.5-3.9)	1.4 (1.0-1.8)
	Males	2.7 (2.1-3.6)	1.5 (1.1-2.0)

Key findings: self-harm

- 30.5% of Australians aged 16-24 had self-harmed in their lifetime
- Females twice as likely to self-harm than males (39.5% v 20%)
- Highest risk profile: females who experienced child sexual abuse 4x more likely to engage in NSSI
- There are strong associations between self-harm and sexual, emotional and physical abuse (both females and males), even after controlling for other types of child maltreatment
- Not strong associations for neglect, EDV

7. Informing precision public health: Opportunities for progress and prevention

ACMS findings show child maltreatment is a national concern

National Framework for Protecting Australia's Children aims to reduce child abuse and neglect

- Seeks national approach to early intervention and targeted support for children and families
- Annual cost of mental ill-health, suicide: \$200-\$220 billion (Prod. Comm. 2020)
- “Shadow pandemic” of mental disorders in 16-24 year-olds

Productivity Commission recommends

- prevention and early intervention early in life, and early in ill-health
- support for new parents
- support for socio-emotional development of school children

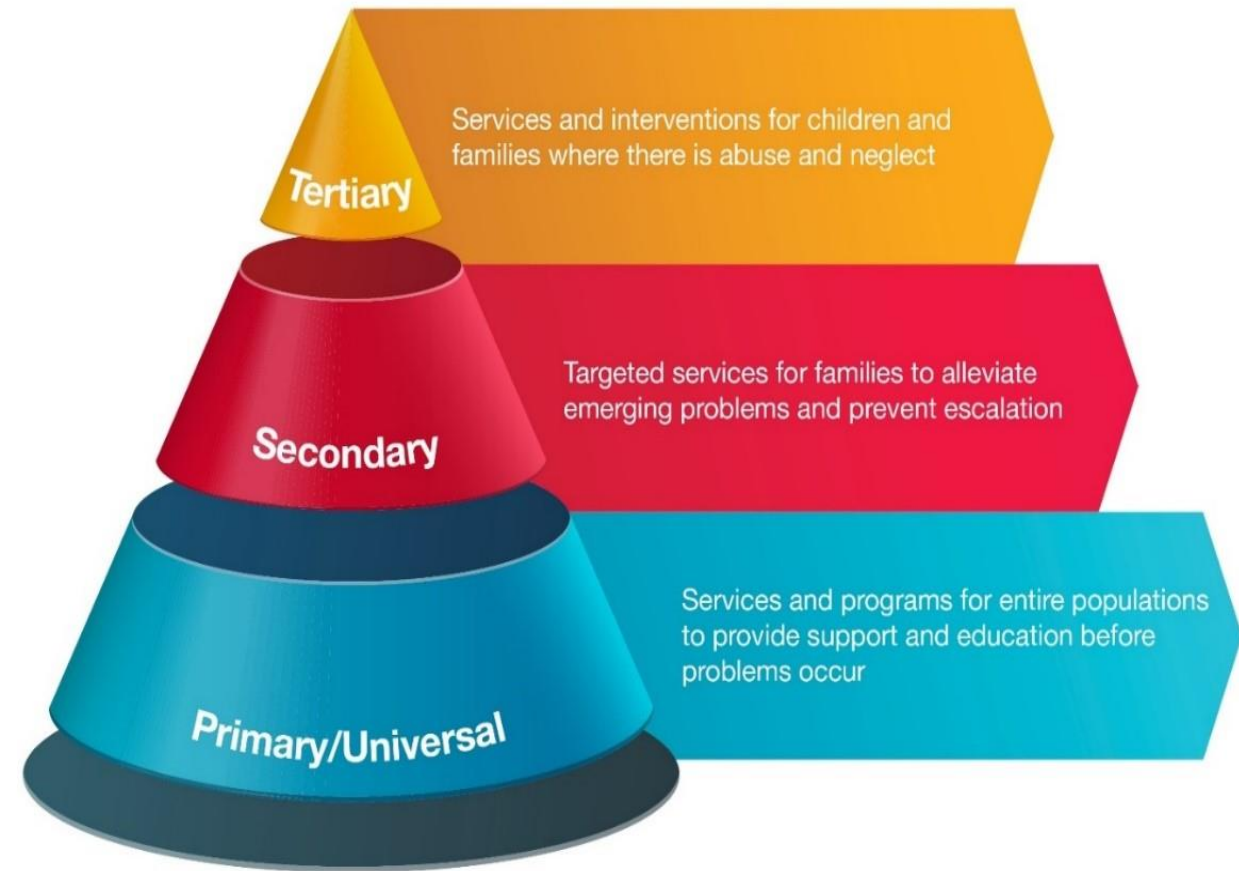
Approaches to prevention

Public health approach - blend of:

- ❖ Primary prevention
- ❖ Secondary prevention
- ❖ Tertiary prevention

Challenges

- Resources
- Different approaches by type
- Home visiting programs
- Few proven primary prevention programs



Public health approach

THRIVES* – a holistic approach

- ❖ **T**rainning in parenting
- ❖ **H**ousehold economic strengthening
- ❖ **R**educed violence through legislative protection
- ❖ **I**mproved social and therapeutic services
- ❖ **V**alues and norms that protect children
- ❖ **E**ducation and life skills
- ❖ **S**urveillance and evaluation



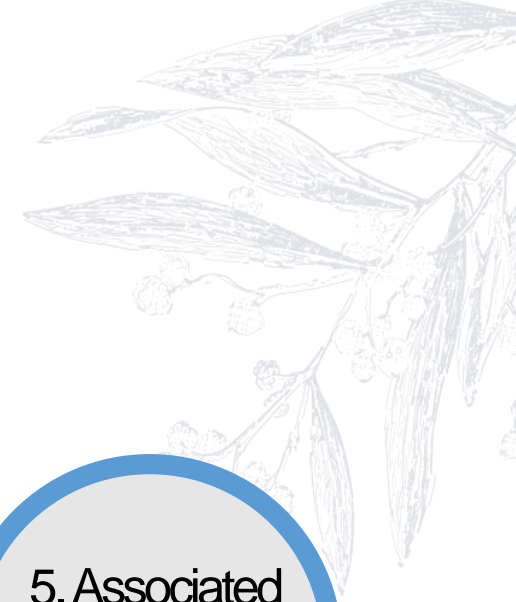
A *precision* public health approach

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

- Circumstances of particular need for children and youth
- How to support parents and families
- When to intervene – and when not to
- Where and when our prevention dollars are best spent
- Consequential effects on other sectors
- Informing policy
- Building practitioner capacity
- Building public awareness and participation

8. Launch of major findings, and next steps

Major findings: publications under review (Special edition - 7 articles)



1. Methodology
and sample

2. Prevalence of
each
maltreatment
type

3. Prevalence
of multi-type
maltreatment

4. Associated
mental health
disorders

5. Associated
health risk
behaviours

6. Associated
health
service use

7. Perspective:
Call to action

Anticipate publication March 2023
Open access
Public launch of major findings:
March 2023 – watch this space!

Publications in progress Sept 2022 – Mar 2023

1

Child maltreatment in gender diverse populations and associated mental health and health risk behaviours

2

Child maltreatment and involvement in the criminal justice system

3

Child sexual abuse: trends in offender types

4

Child sexual abuse: prevalence of disclosure, and its impact on mental health disorders and health risk behaviours

5

Corporal punishment: prevalence and associated outcomes, and relationship with physical abuse

6

Childhood emotional abuse: prevalence of subtypes and their impact on mental health and health risk behaviours

Next major analyses: March 2023 – Dec 2023

Internet sexual victimization

CM and association with intimate partner violence in adulthood

Burden of disease, incl cost of mental illness

Analyses of risk profiles, and outcomes using complex modelling -

- ❖ Impact of early age of onset vs late age of onset (developmental victimisation)
- ❖ Impact of relationship to offender
- ❖ Impact of specific subdomains of maltreatment types
- ❖ Impact of high chronicity
- ❖ Impact of poly-victimization (bullying + maltreatment)
- ❖ Impact of parental/familial risk factors



ACMS Progress



**Survey Completed
April–Oct 21**

8503 people
surveyed



**1st Major Articles
2021–2022**

Methodology (protocol)
Ethics and distress
Legal duties



**7 Articles on results
Under Review**

Embargoed until
March 2023

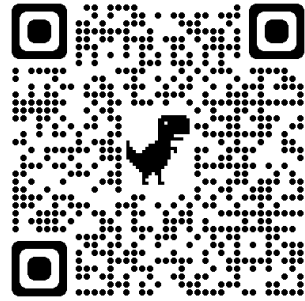


**Engagement &
Knowledge Transfer**

Ongoing engagement
with Gov, NGOs &
others including
NAPCAN

9. Resources

Publications to date (all open access)



Mathews, Pacella,
Dunne, et al.,
2020, *PLOS One*

<https://doi.org/10.1371/journal.pone.0227884>

Mathews, Pacella,
Dunne, et al.,
2021, *BMJ Open*

<http://dx.doi.org/10.1136/bmjopen-2020-047074>

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<https://doi.org/10.1016/j.chiabu.2021.105424>

Mathews, 2022,
*University of NSW
Law Journal*

<https://doi.org/10.53637/OAKC2052>

Mathews, Meinck,
Haslam et al.,
2022

Under review

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Systematic review: Mathews B, Pacella R, Dunne M, et al. (2020). Improving measurement of child abuse and neglect: a systematic review and analysis of national prevalence studies. *PLOS One*, 15(1): e0227884. <https://doi.org/10.1371/journal.pone.0227884>

Definition of sexual abuse: Mathews B, Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence & Abuse*, 20, 131-148. <https://doi.org/10.1177/1524838017738726>

Methodology: Mathews B, Pacella R, Dunne M, Scott J, Finkelhor D, Meinck F, Higgins DJ, Erskine H, Thomas HJ, Haslam D, et al. (2021). 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*, 11:11(5):e047074. <http://dx.doi.org/10.1136/bmjopen-2020-047074>

Ethics: Mathews B, MacMillan HL, Meinck F, Finkelhor D, Haslam D, Tonmyr L, et al. (2022). The ethics of child maltreatment surveys in relation to participant distress. *Child Abuse & Neglect*, 123, 105424 <https://doi.org/10.1016/j.chiabu.2021.105424>

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RESEARCH ARTICLE

Improving measurement of child abuse and neglect: A systematic review and analysis of national prevalence studies

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Child Sexual Abuse: Toward a Conceptual Model and Definition


Ben Mathews^{1,2} and Delphine Collin-Vézina³

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Protocol

BMJ Open 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





The Australian Child Maltreatment Study (ACMS)

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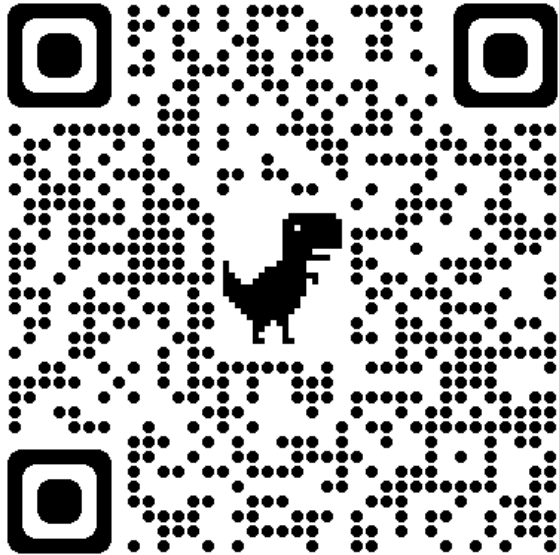
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