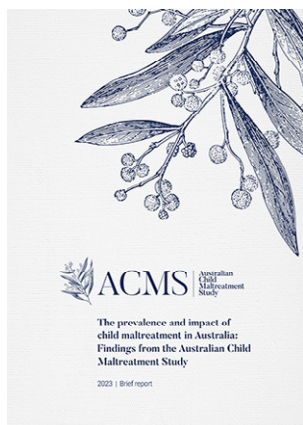


## Australian Child Maltreatment Study finds strong links between maltreatment and mental health disorders in young people

### Snapshot

- The Australian Child Maltreatment Study (ACMS) found that child maltreatment is very common in Australia. Nearly two in three participants (62.2%) in this population-based study reported that they had experienced at least one form of abuse or neglect before they were 18 years old.
- Child maltreatment is a problem affecting many young people in Australia: 43.8% of study participants aged 16–24 years said they had been exposed to domestic violence, 34.6% reported emotional abuse, 28.5% physical abuse, 25.7% sexual abuse and 10.3% neglect.
- Child maltreatment disproportionately affects girls. Young women reported substantially higher rates of child sexual abuse, emotional abuse, and neglect than young men.
- Young people who were maltreated were significantly more likely to have a mental health disorder in adulthood and to report health risk behaviours, including self-harm and suicide.
- The study provides important new evidence to inform policy and practice. The Department of Communities and Justice (DCJ) is committed to helping children and young people who have experienced maltreatment through prevention and early intervention programs as well as targeted mental health supports.
- This Evidence to Action note includes a checklist for caseworkers on how to best support a child or young person in out-of-home care, who is at risk of mental health disorders or self-harm.



### Introduction

Child maltreatment affects many young people today with often long-lasting harmful impacts on their mental and physical wellbeing. The Australian Childhood Maltreatment Study (ACMS) provides the first nationally representative data on the prevalence and effects of child maltreatment in Australia. A representative sample of 8,500 adolescents and adults, aged 16-65+ (including 3,500 young people aged 16-24 years), were interviewed over the phone between 9 April-11 October 2021 to determine how many participants had experiences of child abuse and neglect before they turned 18 years.

The study captured five types of child maltreatment: physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence and their impacts on physical and mental health. The study was conducted by a consortium of Australian and international researchers. Its initial findings were published in a series of open-access academic articles in the [Medical Journal of Australia](#) and in [The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: 2023 Brief Report](#) for a general audience. This Evidence to Action Note presents key findings from the ACMS with a focus on young people, aged 16-24 years. The study offers new evidence to inform policies and programs aimed at preventing and reducing child maltreatment as well as services that support the mental wellbeing of young people affected by it.

## Why is this research important?

DCJ works to protect and support children and young people who live in environments that are unsafe and harmful to their physical and mental well-being. However, not every child or young person who suffers maltreatment is reported to child protection services and comes to the attention of DCJ. The ACMS provides new insights into the broader prevalence of child maltreatment, because it asked people directly about their lived experiences of abuse and neglect, rather than relying on reports to child protection services.

ACMS participants were asked if they had experienced any of the five types of child maltreatment and other childhood adversities across the entire span of childhood up until age of 18. They also provided information about their past and current struggles with mental health and health risk behaviours (including self-harm and suicide attempts). This research is the first in Australia and internationally that seeks to comprehensively quantify the extent, nature and impact of child maltreatment.

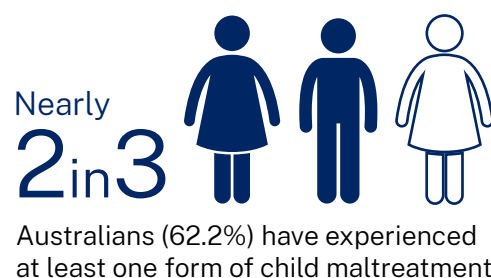
By narrowing the focus to the youngest study participants aged 16-24 years, this Evidence to Action Note provides evidence of what is happening for young people right now and in their recent past and the mental health consequences they experience. The findings from the ACMS aim to help governments to better understand the true nature and extent of problems associated with child maltreatment and design policy and service responses where they are most needed.



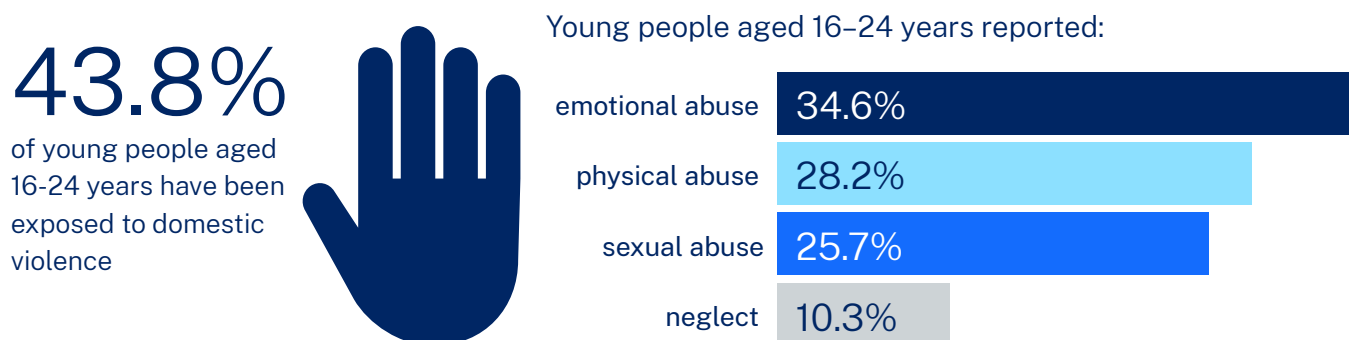
## What did the study find?

### Child maltreatment is widespread

- Child maltreatment is very common. Nearly two in three Australians (62.2%) aged 16-65+ who participated in the study reported that they had experienced at least one form of child maltreatment (58.4% of males and 65.5% of females).<sup>1</sup>



## Child maltreatment is a major problem affecting today's young people



- Rates of maltreatment for young people were different for some types of maltreatment. Compared to the full sample (aged 16-65+ years) young people (aged 16-24 years) reported higher levels of exposure to domestic violence (43.8% vs 39.6%) and emotional abuse (34.6% vs 30.9%). Similar levels of sexual abuse (25.7% vs 28.5%) and neglect (10.3 vs 8.9%) were found comparing young people to the full sample.
- An important finding is that physical abuse is lower in younger people compared to the full sample (28.2% vs 32%). While this still means that more than one in four children suffered physical abuse, this decline is nevertheless encouraging.
- Child maltreatment disproportionately affects girls. Compared with young men, young women reported substantially higher rates of emotional abuse (40.5% vs 26.9%), child sexual abuse (35.2% vs 14.5%) and neglect (12.5% vs 7.2%). No gender differences were found on rates of physical abuse and exposure to domestic violence.<sup>2</sup>

## Many young people suffer multiple forms of maltreatment



- Parental separation, family mental illness, family substance problems and family economic hardship more than double the risk of multi-type maltreatment for young people.
- Multi-type maltreatment is associated with worse mental health and health risk behaviours, and greater health service utilisation than single-type maltreatment.<sup>3</sup>

## Child maltreatment is harmful to young people's mental health

The ACMS researchers found that the associated mental health impacts of child maltreatment occur early in life, in adolescence and early adulthood. Almost 60% of study participants (aged 16-24 years) who experienced maltreatment in childhood met the criteria for at least one of the four mental health disorders measured, compared with 29.8% of those without child maltreatment. Compared to those without a history of maltreatment, Australians aged 16-24 years who experienced child maltreatment were:



5.8x

more likely to have  
post-traumatic stress  
disorder



4.1x

more likely to have  
severe alcohol  
use disorder



3.3x

more likely to have a  
generalised anxiety  
disorder



2.7x

more likely to  
have had a major  
depressive disorder

Major depressive disorder was assessed across life. All other disorders were current at the time of interview. All forms of child maltreatment were similarly associated with mental health harm, but associations were found to be the strongest for sexual abuse and emotional abuse.<sup>4</sup>

## Child maltreatment is strongly linked to health risk behaviours

One of the most direct ways in which maltreatment causes harm is through the negative impact of increased health risk behaviours (also called pain-based behaviours). Child maltreatment, and especially sexual abuse and emotional abuse, is strongly associated with self-harm and suicide attempts. Compared to their peers without maltreatment, young people (aged 16-24 years) with a history of child maltreatment were:



6.5x

more likely to be  
cannabis dependent



4.5x

more likely to have attempted  
suicide in the previous 12 months



3.5x

more likely to have self-harmed  
in previous 12 months

The researchers concluded that there is a 'national crisis' in self-harm and suicide attempts in young people. Three in 10 (30.5%) of all study participants aged 16–24 years reported that they had self-harmed at some time in their life. Among those aged 16-24 years, self-harm was twice as common in females (39.5%) compared with males (20%). Some participants reporting self-harm had not experienced child maltreatment, but those with a history of maltreatment were at much higher risk, with sexual and emotional abuse the strongest predictors of self-harm.<sup>5</sup>

## What does this mean for policy and practice?

The Department of Communities and Justice (DCJ) has a range of programs to support children and young people who have experienced maltreatment, which aim to prevent and reduce the harm from abuse and neglect. The findings from the ACMS can help DCJ further increase awareness of potential mental health issues in young people in contact with child protection services and in out-of-home care.

### **DCJ is committed to preventing the harmful impact of child maltreatment**

- DCJs Targeted Earlier Intervention program delivers a wide variety of support to children and young people, their families and communities. The program supports the people who need it earlier on to make the biggest difference. Each local community has different priorities and needs and so the Targeted Earlier Intervention program is flexible, responsive and locally based.
- DCJs Family Preservation program aims to strengthen the ability of parents to respond to their children's needs and create a safe and nurturing home. Family preservation services across NSW provide a range of supports to promote parenting skills, family functioning and child development. They also provide therapeutic supports to address the trauma often experienced by children and young people in contact with the child protection system.
- DCJs Family Connect and Support is a service that can help young people and their families connect to the right services and supports at the right time. Family Connect and Support is free, voluntary and available across NSW. Anyone, including the young people themselves, can make a referral.

### **DCJ is supporting the mental health of children and young people in out-of-home care who have experienced childhood maltreatment**

DCJs Psychological and Specialist Services support children and young people in out-of-home care who have experienced maltreatment and who suffer from mental health problems as a result. Supports include:

- Clinical intervention services that draw on evidence-based interventions for children and young people and work with the broader network around them including carers, service providers, schools and casework teams. They offer a range of assessment services, as well as a range of intervention modalities such as positive behavioural support, Parent-Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and group interventions and training (e.g., parenting and carer support, social skills groups etc.).
- The LINKS Trauma Healing Service provides trauma-focused, evidence-based, support to children and young people in out-of-home care. LINKS is not just about psychology – it is about supporting children in a holistic way. Multidisciplinary teams include speech pathologists, occupational therapists, Aboriginal mental health clinicians and psychiatrists. They help children overcome behavioural and emotional issues and post-traumatic stress. There are four LINKS teams operating in Penrith, Newcastle, Western NSW and the Illawarra.
- The Elver program is a unique multidisciplinary and trauma-informed service designed to fill a gap in services delivery for children and young people in out-of-home care. Elver addresses the complex developmental and mental health needs of children in residential or intensive therapeutic care by impacting the child, their immediate care system and the broader DCJ, NGO, and Health systems.



The team includes a lead clinician, consultant psychiatrist, clinical psychologist, occupational therapist, speech pathologist, clinical nurse consultant, and social worker. Elver also provide seminars about trauma and supporting children's clinical needs.

- DCJ Psychological and Specialist Services can provide advice and consultation to caseworkers when there are concerns relating to children and young people's functioning. They have a variety of clinicians who can provide expert consultation around a range of issues relating to children and young people's mental health, daily living and communication skills. Contacting DCJ Psychological and Specialist Services early to consult with them may have positive effects on the wellbeing of a young person and carer, may improve placement stability and reduce the long term impacts of child maltreatment.

### **The NSW Government is collaborating to improve mental health outcomes for children and young people in out-of-home care**

- The Out-of-Home Care Health Pathway is a joint initiative of DCJ and NSW Health. The program acknowledges that a child or young person's experience of abuse and trauma prior to entering care can significantly impact on their physical, developmental and psychological health and wellbeing. The program aims to improve health outcomes through the provision and coordination of health assessments, interventions, monitoring and review of their health needs. Children undergo a primary health assessment, which looks at physical, developmental, psychosocial and mental health domains. Where mental health issues are identified, children are referred to a professional for further assessment and treatment. A Health Management Plan is developed and reviewed annually or earlier as needed.
- A cross-agency Out-of-Home Care Mental Health Reference Group has been established to oversee development of a cross-agency strategic framework and implementation plan to enhance the coordination, care, and access to mental health services across NSW for children and young people in care and those at risk of entering care.





# Checklist for Caseworkers: How to support children in out-of-home care who are at risk of mental health disorders

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## When a child or young person comes into care

Ensure the child/young person has an assessment with the [Out-of-Home Care Health Pathway program](#). Follow up on any suggestions or recommendations made through this assessment.

Ensure that you monitor the child/young person for the first six months and encourage the carer to be alert for signs of distress, either behavioural or emotional in them.

Let the carer know that they need to advise the DCJ or NGO caseworker if they notice behavioural or emotional concerns for the child/young person in their care. This may include mood changes, emotional dysregulation and anger outbursts, withdrawal, social difficulties, school refusal, running away or a number of other behavioural and emotional symptoms.

Review the child/young person's wellbeing during caseworker visits and provide resources for carers and children and young people that support their mental health.

For DCJ staff: [Review the Mental Health Practice kit](#) on the Casework Practice website.

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## If there are signs of distress - take action

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### If the child or young person is showing *early* signs of distress

Talk with the carer about the impact child maltreatment can have on a child/young person's mental health and the importance of providing support early

Talk with the carer about supports for the child/young person that are available, such as referral to a service and online resources.

Discuss with the carer trauma-informed strategies to support the child/young person or refer them to a training or group that can support the carer's knowledge of trauma-informed care for children/young people who have been maltreated, for example DCJs [Healing from Trauma Webinars](#) or training by [My Forever Family](#).

Make a service request for a consultation with a DCJ psychologist or if NGO case managed, the clinical services linked to your organisation. This consultation will guide your next steps and indicate whether a referral for intervention is required. Follow the suggestions made through consultation to support the child/young person.

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## **If the child or young person is showing more *serious* signs of mental health distress**

Talk with the carer about the importance of trauma-informed interventions to support children/young people who have experienced maltreatment.

Make an immediate referral for psychological intervention. The possible referral options can be explored in consultation with a mental health professional or DCJ Psychological and Specialist Services can support referral linkages.

Ensure there are supports around the child/young person and the carer.

Follow up to ensure the appropriate referrals are made and continue to support the carer and child/young person.

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## **If the young person is at immediate risk though suicidal ideation or self-harm**

Call emergency services or attend the local emergency department with the young person.

Ensure a safety plan is in place and the young person is supervised and supported.

When the crisis is over, ensure a suitable referral for mental health support is in place and support the young person to attend.

Support the carer to respond to the young person to keep them safe.

Engage with professional services to ensure the wellbeing of the young person.

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## Australian Childhood Maltreatment Study (ACMS) – Q&A

### What is the ACMS?

The ACMS is the first study conducted to assess the national prevalence of child maltreatment in Australia and its associated impacts on health.

### Who conducted the study?

The ACMS team comprises an international consortium of researchers, spanning nine research institutes across three countries including Australia, the United Kingdom, and the United States. It was led by the Queensland University of Technology.

### How was the study data collected?

A representative sample of 8,500 participants, aged 16-65 years and over (including 3,500 young people aged 16-24 years) were interviewed over the phone between 9 April-11 October 2021.

### What questions were asked?

ACMS participants were asked if they had experienced any of the five types of child maltreatment and other childhood adversities across the entire span of childhood up until age of 18 years. The researchers measured all five types of child maltreatment using behaviourally-specific questions with a yes/no response option. Where a person responded yes, they were asked follow-up questions to gather information about the nature of the maltreatment, including how many times it happened, who inflicted it (for physical, sexual, and emotional abuse), and how old they were when it began and ended. The researchers also asked about other childhood adversities, including corporal punishment, internet sexual victimisation, generalised sexual harassment, peer bullying, sibling victimisation, out-of-home care and family-related adversities (e.g., family mental illness or substance problems, parental death or incarceration, financial hardship). They also assessed disclosure of sexual abuse and physical abuse.

### What life outcomes were measured?

To examine associations between child maltreatment and life outcomes, the researchers examined mental health disorders, health risk behaviours, health service use and selected physical health conditions. The study also captured contact with the criminal justice system, adult experiences of intimate partner violence, and demographic factors such as educational attainment and employment. Analyses of questions related to many of these parts of the ACMS are still in progress and findings will be published later.

### What about the wellbeing of the participants?

The researchers developed and implemented comprehensive protocols to ensure participants' safety and welfare. This included a detailed distress management protocol as well as a 'red flag' approach to ensure that young people, aged 16-17 years, were not in immediate danger. Participants aged 16 and 17 years who reported physical or sexual abuse in the prior year were flagged for follow up by a clinical psychologist to ensure the participant was safe from imminent harm.

### Where can I find out more?

The findings of the ACMS were published in [The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: 2023 Brief Report](#) for a general public audience and in a series of open-access academic articles in the [Medical Journal of Australia](#). The [ACMS website](#) has a wealth of information that is useful for policy and practice, including a large number of [infographics](#).

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## Endnotes

- <sup>1</sup> Haslam, D, Mathews, B, Pacella, R, Scott, JG, Finkelhor, D, Higgins, DJ, Meinck, F, Erskine, HE, Thomas, HJ, Lawrence, D & Malacova, E 2023, *The prevalence and impact of child maltreatment in Australia: findings from the Australian Child Maltreatment Study: brief report*, Australian Child Maltreatment Study, Queensland University of Technology, Brisbane, Qld., viewed 1 September 2023, <https://www.acms.au/resources/the-prevalence-and-impact-of-child-maltreatment-in-australia-findings-from-the-australian-child-maltreatment-study-2023-brief-report/>.
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