

Australian Child Maltreatment Study: Symposium background

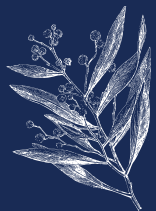
Australian Institute of Family Studies Conference
June 2022

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



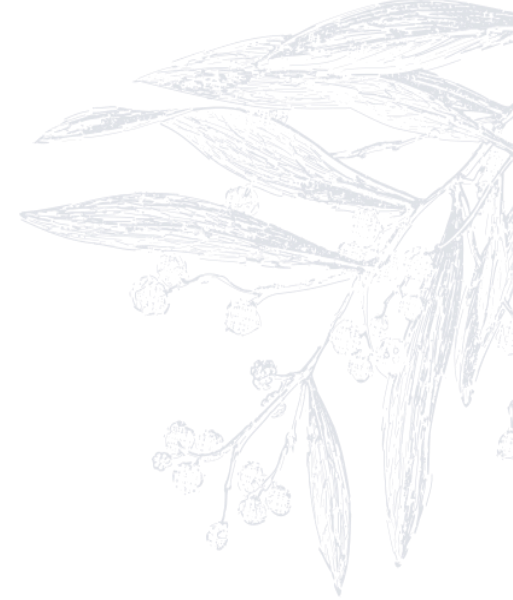
ACMS

Australian
Child
Maltreatment
Study



Acknowledgement of Country

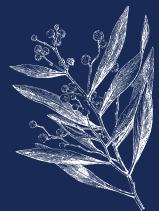
We acknowledge the Traditional Owners of the land, the Wurundjeri people, on which Melbourne Convention and Exhibition Centre is built. We pay our respects to their Elders, past and present.





Lifeline

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ACMS

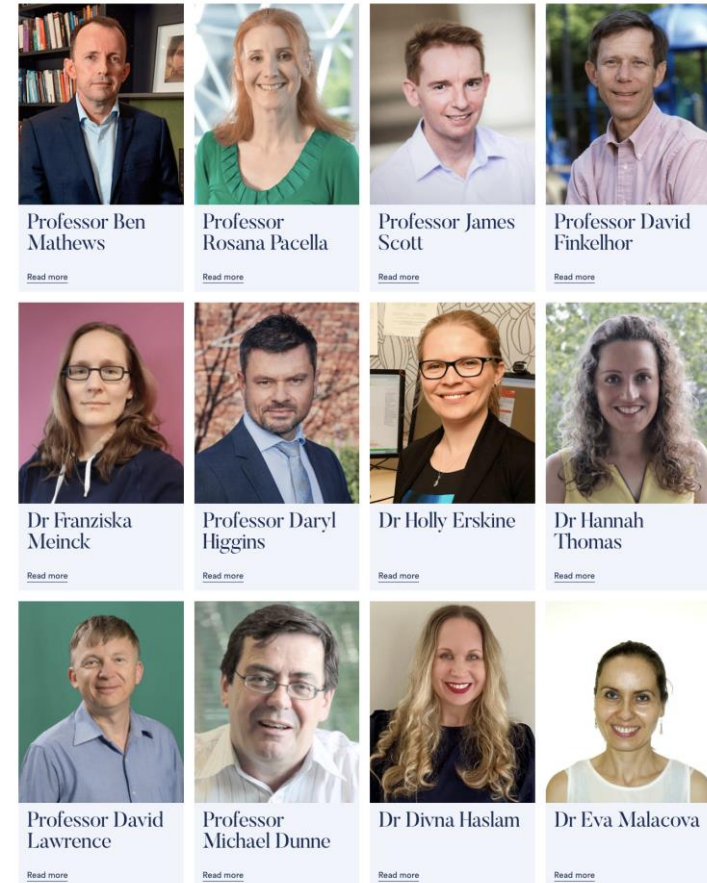
Australian
Child
Maltreatment
Study

On Behalf of the ACMS team



- Prof Ben Mathews (QUT)
- Prof Rosana Pacella (Greenwich University)
- Prof Michael Dunne (QUT)
- Prof James Scott (QIMR Berghofer)
- Prof Daryl Higgins (ACU)
- Dr Hannah Thomas (UQ)
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- Dr Franziska Meinck (University of Edinburgh)
- Prof David Finkelhor (University Of New Hampshire)
- Prof David Lawrence (Curtin)

- Dr Divna Haslam (Project Manager, QUT)
- Dr Eva Malacova (Statistician)





Australian Government
National Health and
Medical Research Council



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QIMR Berghofer
Medical Research Institute



AUSTRALIAN CATHOLIC UNIVERSITY



UNIVERSITY of
GREENWICH



Institute for Lifecourse
Development



Curtin University



THE UNIVERSITY of EDINBURGH
School of Social and
Political Science



Australian Government
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Brief background: Why the ACMS is needed

Australia has no reliable evidence at the population level about:

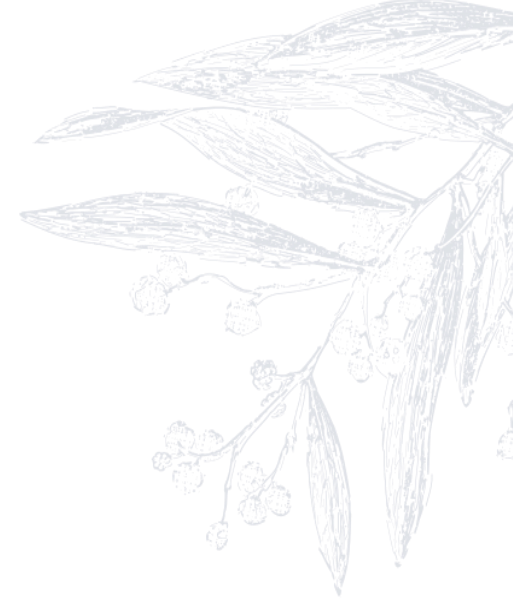
1. Prevalence of each type of child abuse and neglect

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

2. Characteristics of each type of abuse and neglect

- Age of onset
- Age of cessation
- Gender
- Sub-types
- Who inflicts

3. Associated mental disorders, physical health outcomes, and other adverse effects



Lack of this evidence impedes evidence-based, targeted public health approaches to:

- prevent child abuse and neglect
- reduce associated mental and physical health conditions
- reduce other adverse outcomes
- reduce economic cost to the nation

Reliable evidence can inform targeted prevention policy and responses

ACMS provides this evidence to inform national public health and child safety policy
(Prime Minister's speech, 22 October 2020)

ACMS: Aims

The first comprehensive study of:

1. The **prevalence** of each form of maltreatment (and multi-type abuse)
2. The **characteristics** of these experiences (e.g., child age, sex, timing, frequency, relationship to person inflicting abuse: specific risk profiles)
3. Key **mental and physical health** outcomes through the lifespan
4. **Burden of disease** associated with maltreatment (and other health utilisation outcomes)



1 First prevalence study of maltreatment in Australia

8.5K 8500 people (aged 16-65+) were interviewed

5 Types of maltreatment assessed: physical, sexual, emotional abuse, neglect, and exposure to DV

2 Types of health outcomes measured: physical and mental health

\$ Identifying the burden of disease to assess the real costs

P² Informing both policy and practice

Study Design

- Informed by global systematic review and analysis*
- **Nationwide cross-sectional survey**
- Computer-assisted telephone interviews (CATI)
- Approx. **8503** participants aged 16 and over
 - ~3500 adolescents/young adults aged 16-24
 - 1000 adults in each of the following strata:
 - 25-34, 35-44, 45-54, 55-64, >65
- Enables measurement of health through life



* Mathews, B., Pacella, R., Dunne, M., Simunovic, M., & Marston, C. (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>
Mathews B, Pacella R, Dunne M, Scott J, Finkelhor D, Meinck F, Higgins DJ, Erskine H, Thomas HJ, Haslam D, Tran N, Le H, Honey N, Kellard K, Lawrence D. (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](https://doi.org/10.1136/bmjopen-2020-047074). *BMJ Open*. 11:11(5):e047074. doi: 10.1136/bmjopen-2020-047074.

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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To cite: Mathews B, Pacella R, Dunne M, et al. 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* 2021;11:e047074. doi:10.1136/bmjopen-2020-047074

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2020-047074>).

Received 18 November 2020
Revised 30 March 2021
Accepted 20 April 2021



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For numbered affiliations see end of article.

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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, Australia lacks fundamental evidence about the prevalence and characteristics of child maltreatment, its 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

Survey instrument

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

Extensive design and testing process. Range of topics covered include:

- **Demographics** - **age**; **gender** (*self-described; 15 response codes*); **sexuality** (*self-described; 8 response codes*); **ethnicity** (*birth country: participant + parents; Aboriginal / Torres Strait Islander origin*); **OOH care**; **education**; **employment**; **income**; **residence** (*current + childhood*)
- Maltreatment (all 5 types x multiple dimensions)
- Adverse childhood experiences (8 items: parent/family trauma)
- Peer bullying (physical, verbal, relational, online); sibling violence
- Criminal justice involvement (arrested, convicted, imprisoned)
- Mental health
- Physical health
- Health risk behaviours
- Service use



N

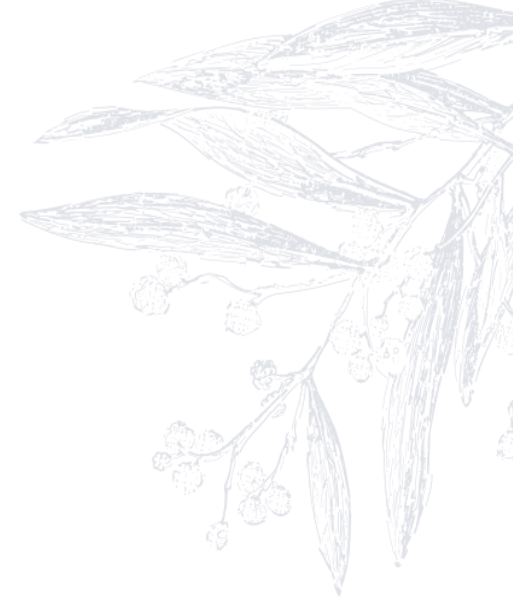
Five sections on experiences of **child maltreatment** (each of the 5 types)

20 screener questions in total: different dimensions of each maltreatment type: **Y/N**

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

Follow-up questions:

- frequency (number of times; or duration over time)
- age of onset and cessation
- relationship with person(s) who did the acts
- institutional physical and sexual abuse + disclosure (4 follow-ups)



Representative
sample

Scientific Outputs

Mathews, B., MacMillan, H. L., Meinck, F., Finkelhor, D., Haslam, D., Tonmyr, L., Gonzalez, A., Afifi, T. O., Scott, J. G., Pacella, R. E., Higgins, D., Thomas, H., Collin-Vézina, D., & Walsh, K. (2022). The ethics of child maltreatment surveys in relation to participant distress: Implications of social science evidence, ethical guidelines, and law. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2021.105424>.

Mathews, B (In Press) [Legal duties of researchers to protect participants in child maltreatment surveys: Advancing legal epidemiology](#). *University of New South Wales Law Journal*.

Mathews B, Pacella R, Dunne M, Scott J, Finkelhor D, Meinck F, Higgins DJ, Erskine H, Thoma HJ, Haslam D, Tran N, Le H, Honey N, Kellard K, Lawrence D. (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. doi: 10.1136/bmjopen-2020-047074.

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Received 18 November 2020
Revised 20 March 2021
Accepted 20 April 2021

Check for updates

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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, Australia lacks fundamental evidence about the prevalence and characteristics of child maltreatment, its 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 10000 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 May–November 2021 to a random sample of the nationwide population, recruited through mobile phone numbers. Participants will be surveyed using computer-assisted and by trained interviewers. It is an agency with a of health and diversity, safety of both participants and interviewees, and comply with all ethical and legal requirements. Analysis will include descriptive statistics reporting the prevalence of individual and multiple child maltreatment, multiple logistic and linear regression analyses to determine associations with mental disorders

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Child Abuse & Neglect 123 (2022) 105424

Contents lists available at ScienceDirect

Child Abuse & Neglect

ELSEVIER journal homepage: www.elsevier.com/locate/chiabu

The ethics of child maltreatment surveys in relation to participant distress: Implications of social science evidence, ethical guidelines, and law

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ARTICLE INFO

Keywords
Child maltreatment
Violence against children
Surveys
Research ethics
Responses to research participation
Distress

ABSTRACT

Epidemiological surveys measuring the prevalence of child maltreatment generate essential knowledge that is required to enhance human rights, promote gender equality, and reduce child abuse and neglect and its effects. Yet, evidence suggests institutional Review Boards (IRBs) may assess the risk of these studies using higher than normal thresholds, based on a perception they may cause high distress to participants. It is essential for IRBs and researchers to have an accurate understanding of the nature and extent of participant distress associated with these studies, and of the duties of researchers towards survey participants, so that meritorious research is endorsed and duties to participants discharged. Assessment by IRBs of the ethics of such research must be appropriately informed by scientific evidence, ethical principles, and legal requirements. This article adds to knowledge by considering participant distress in child maltreatment surveys and its appropriate ethical and operational treatment. We provide an updated overview of scientific evidence of the frequency and severity of distress in studies of child maltreatment, a review of

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<https://doi.org/10.1016/j.chiabu.2021.105424>
Received 11 August 2021; Received in revised form 10 November 2021; Accepted 29 November 2021
Available online 4 December 2021
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This symposium: Youth focus (N =3500)

- The national prevalence of self harm in adolescence and associations with child maltreatment
- Associations between child neglect and depression
- The national prevalence of childhood corporal punishment and associated mental health outcomes
- Associations between childhood exposure to domestic violence and associated outcomes

The national prevalence of non-suicidal self injury in adolescents, and associations with child maltreatment

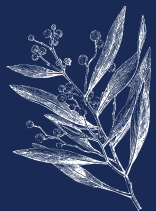
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Non-suicidal self injury (NSSI)

Definition: Non-suicidal self-injury (NSSI) is the deliberate damaging of one's own body in the absence of any intent to die. ¹

Prior Australian prevalence LSAC sample of 11-15 & 16-17 year olds

- 30.1% reported thoughts of self-injury (either age)
- 17.8% reported acts of self-injury (either age)

Aims

- Identify lifetime prevalence of rates of NSSI in Australian adolescents (16-24 years)
- Examine associations between NSSI and 5 types of child maltreatment.
- Examine differences in associations by gender.



Measures

Non-suicidal Self Injury

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

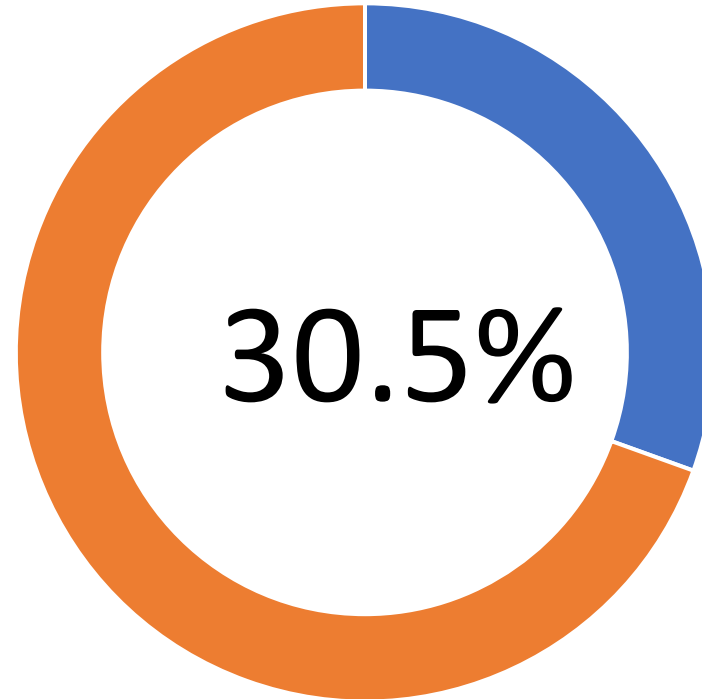
Have you **ever** deliberately harmed or injured yourself, without intending to end your own life?

Child Maltreatment

Juvenile Victimization Questionnaire R2 (Australian Child Maltreatment Study)²

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

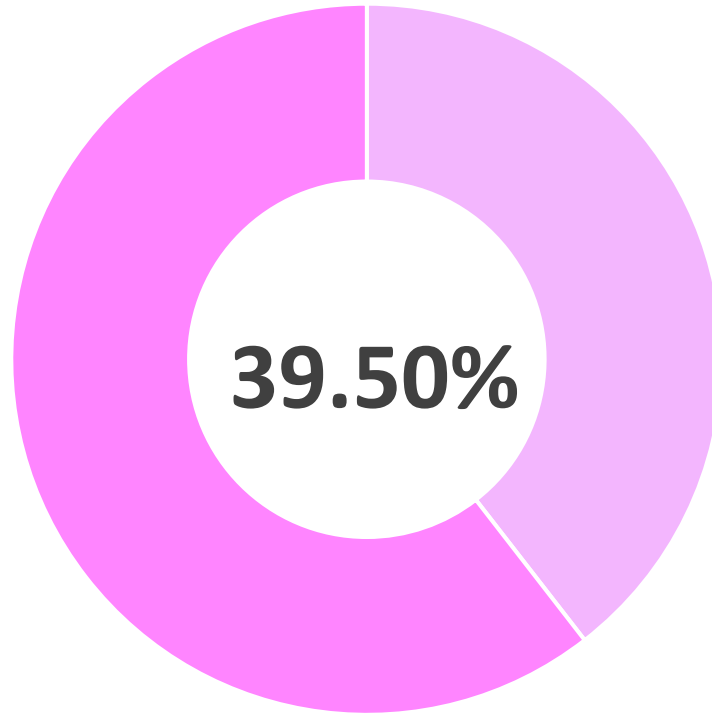
Non-suicidal self injury is common in Australian youth



of young people 16-24
experience NSSI

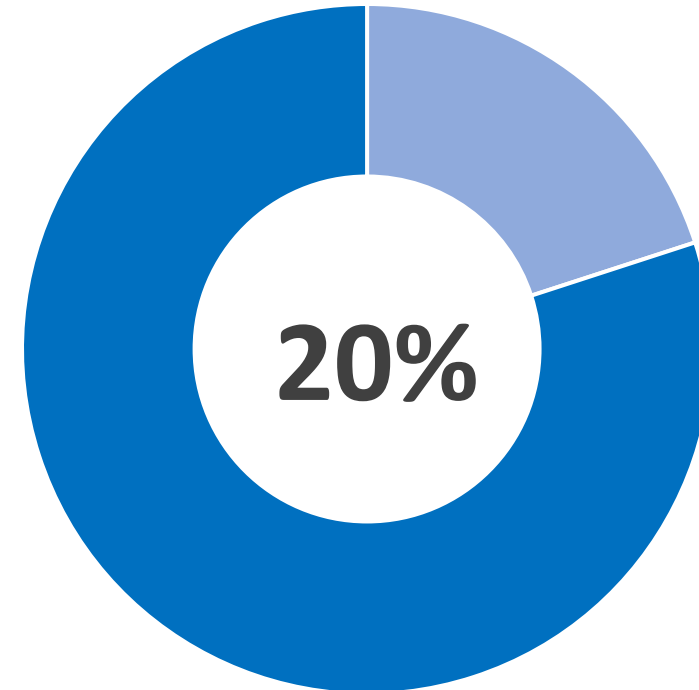
95% CI= 28.8- 32.2%

Females more likely to report NSSI



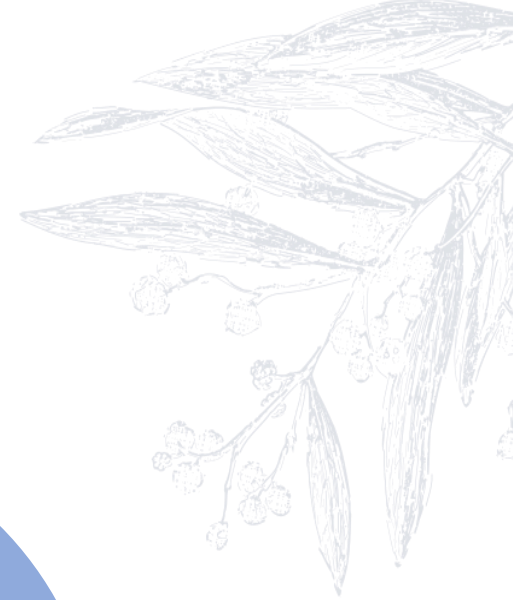
of females 16-24
experience NSSI

95% CI= 36.9- 42.1%



of males 16-24
experience NSSI

95% CI= 17.9- 22.1%



Associations between NSSI & specific types of child maltreatment

Abuse type	Sample	Unadjusted ORs	Adjusted OR	Full Adjustment
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)	↓

Associations between NSSI & specific types of child maltreatment

Abuse type	Sample	Unadjusted ORs	Adjusted OR*	Full Adjustment
Neglect	Females	4.2 (3.0-5.9)	1.5 (1.0-2.3)	Borderline
	Males	3.2 (2.1-4.9)	1.4 (0.8-2.4)	Nonsignificant
Exposure DV	Females	3.1 (2.5-3.9)	1.4 (1.0-1.8)	Borderline
	Males	2.7 (2.1-3.6)	1.5 (1.1-2.0)	Borderline

Take home messages

- 30.5 % of Australian youth report NSSI
- Girls are twice as likely to report NSSI than boys (39.5%v 20%)
- Associations between sexual, emotional and physical abuse and NSSI exist even after controlling for other types of child maltreatment
- Associations between neglect and EDV more driven but other experiences of child maltreatment
- Findings confirm previous associations but build on work by showing the influence of other types of child maltreatment

Change is needed

Girls with a history of child sexual abuse 4x more likely to engage in NSSI

even AFTER adjusting for other child abuse and neglect

Associations between child neglect and depression: findings from the ACMS

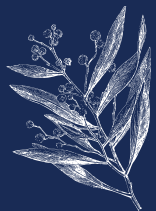
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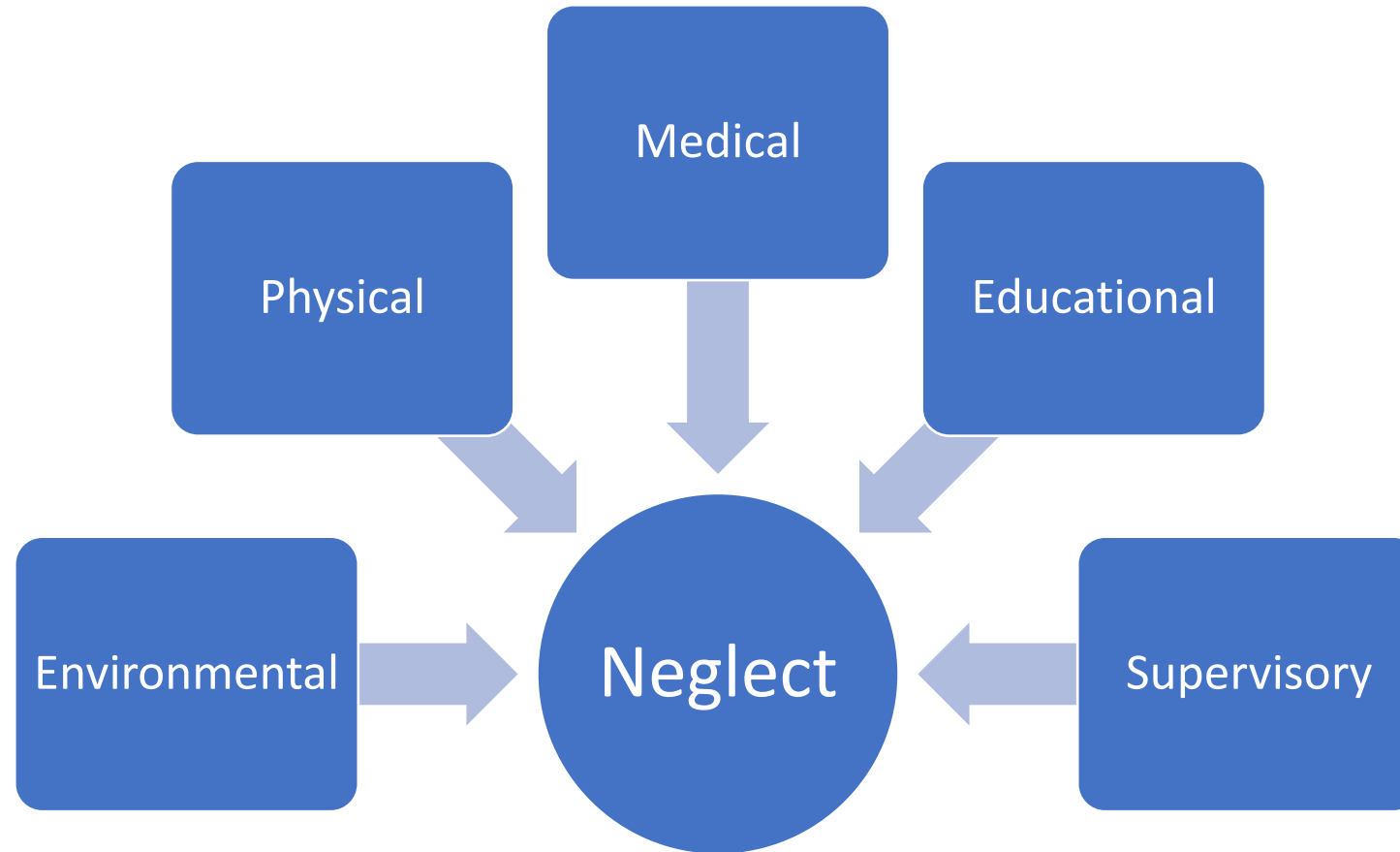
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Neglect is the failure by a parent or caregiver to provide the child with the basic necessities of life, as suited to the child's developmental stage, and as recognised by the child's cultural context.



5 Aspects of Neglect



Measures

Child Maltreatment

Juvenile Victimization Questionnaire R2
(Australian Child Maltreatment Study) ²

3 Aspects of neglect (single item each)

- Environmental neglect
- Nutritional and physical neglect
- Medical neglect

Major Depressive Disorder (LT)

Mini International Neuropsychiatric
Interview (M.I.N.I)

Diagnostic measure based on DSMV
criteria for Major Depressive Disorder
MDD (Lifetime)

Administered via telephone interview
and CATI

Associations between any neglect & MDD

Sample	Unadjusted ORs	Adjusted OR*	Change
Female	1.5 (1.0-2.1)	1.0 (0.7-1.4)	Nonsignificant
Male	2.6 (1.6-4.1)	1.9 (1.2-3.1)	↓

Associations between environmental neglect (only) & MDD

Sample	Unadjusted ORs	Adjusted OR*	Full Adjustment
Female	2.3 (1.5-3.7)	1.7 (1.1-2.7)	↓
Male	2.0 (1.1-3.7)	1.5 (0.8-2.7)	Nonsignificant

Associations between physical & nutritional neglect (only) & MDD

Sample	Unadjusted ORs	Adjusted OR*	Full Adjustment
Female	1.4 (0.8-2.4)ns	1.0 (0.6-1.7)	Nonsignificant
Male	1.9 (1.0-3.7)	1.3 (0.7-2.7)	Nonsignificant

Associations between medical neglect (only) & MDD

Sample	Unadjusted ORs	Adjusted OR*	Full Adjustment
Female	1.1 (0.7-1.7) ns	0.7 (0.5-1.2)	Nonsignificant
Male	2.9 (1.4-5.8)	2.2 (1.1-4.4)	↓

Neglect increases the odds of Major Depression



Young males with a history of neglect are **1.9x** more likely to experience MDD

Discussion

- Experiencing childhood neglect (any type) is associated with MDD for males even after adjusting for other types of maltreatment
- Gender shows a differential pattern (environmental neglect associated with increased odds of MDD in females but not males (after adjusting for other maltreatment))
- Strength of associations likely impacted by other maltreatment experienced.

Take home messages

- Strength of association among single types of neglect appear related to other types of maltreatment
- Reducing neglect may be related to decreased rates of MDD in adolescents who do not experience other types of maltreatment
- Policy and practice must focus on more than just neglect



The national prevalence of childhood corporal punishment and associated mental health outcomes

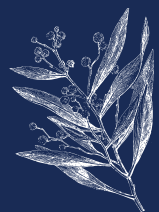
Australian Institute of Family Studies Conference
June 2022

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



ACMS

Australian
Child
Maltreatment
Study

What is corporal punishment?

Administration, by a parent or caregiver, of physical force to a child, with the intention to cause pain but not injury, for the purpose of correction or behavioural control.



Aims

- Identify the prevalence of corporal punishment in youth 16-24 years & gender differences
- Examine perceptions of the necessity of corporal punishment by age group
- Examine associations between experiencing CP (>3 times) and mental health diagnoses (Major Depressive Disorder & Generalised Anxiety Disorder)

Measures

Corporal Punishment

Juvenile Victimization Questionnaire R2
(Australian Child Maltreatment Study) ²

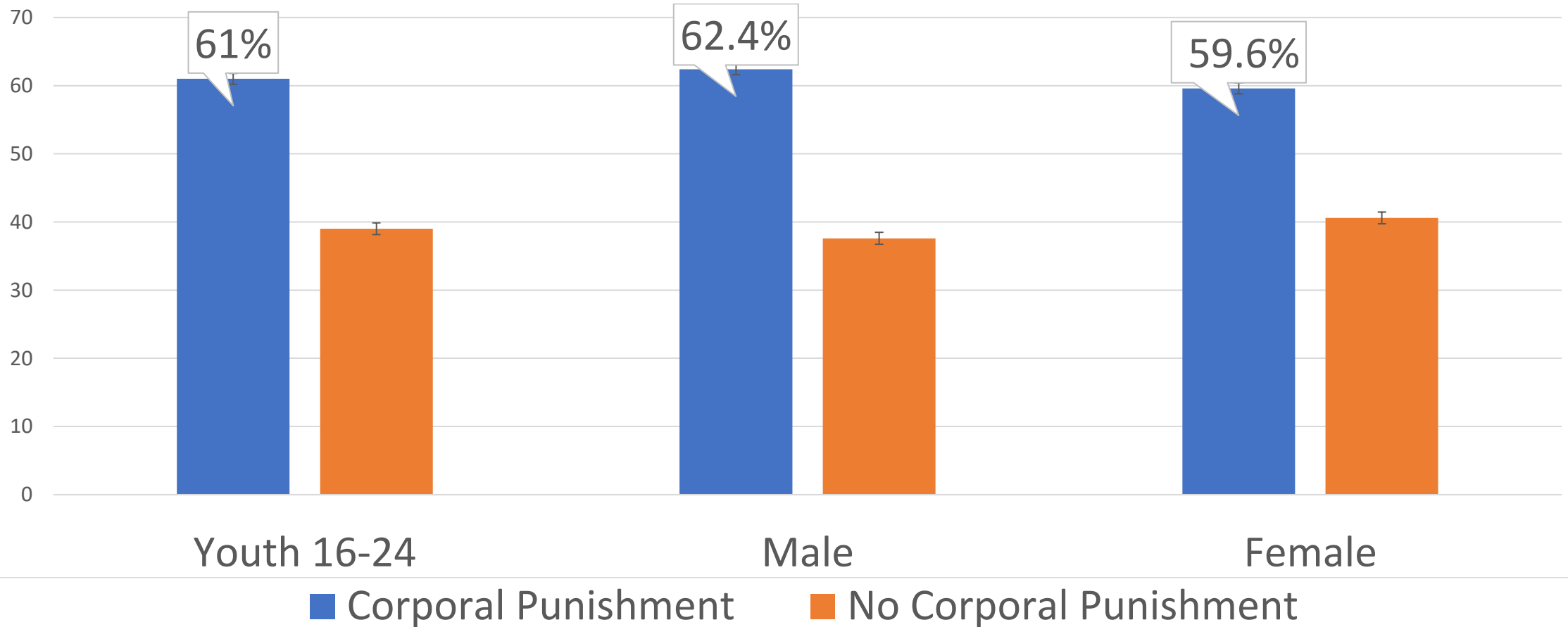
- Single Screener (Frequency cut off >3 times)
- Perceived necessity of corporal punishment in raising children

Mental health disorders

Mini International Neuropsychiatric Interview (M.I.N.I.)

- Major Depressive Disorder MDD (Lifetime)
- Generalized Anxiety Disorder GAD (current)

Lifetime prevalence of corporal punishment in youth sample



95% CI 59.2-62.9

CI 59.9-65

CI 56.9-62.3

Associations between corporal punishment and MDD

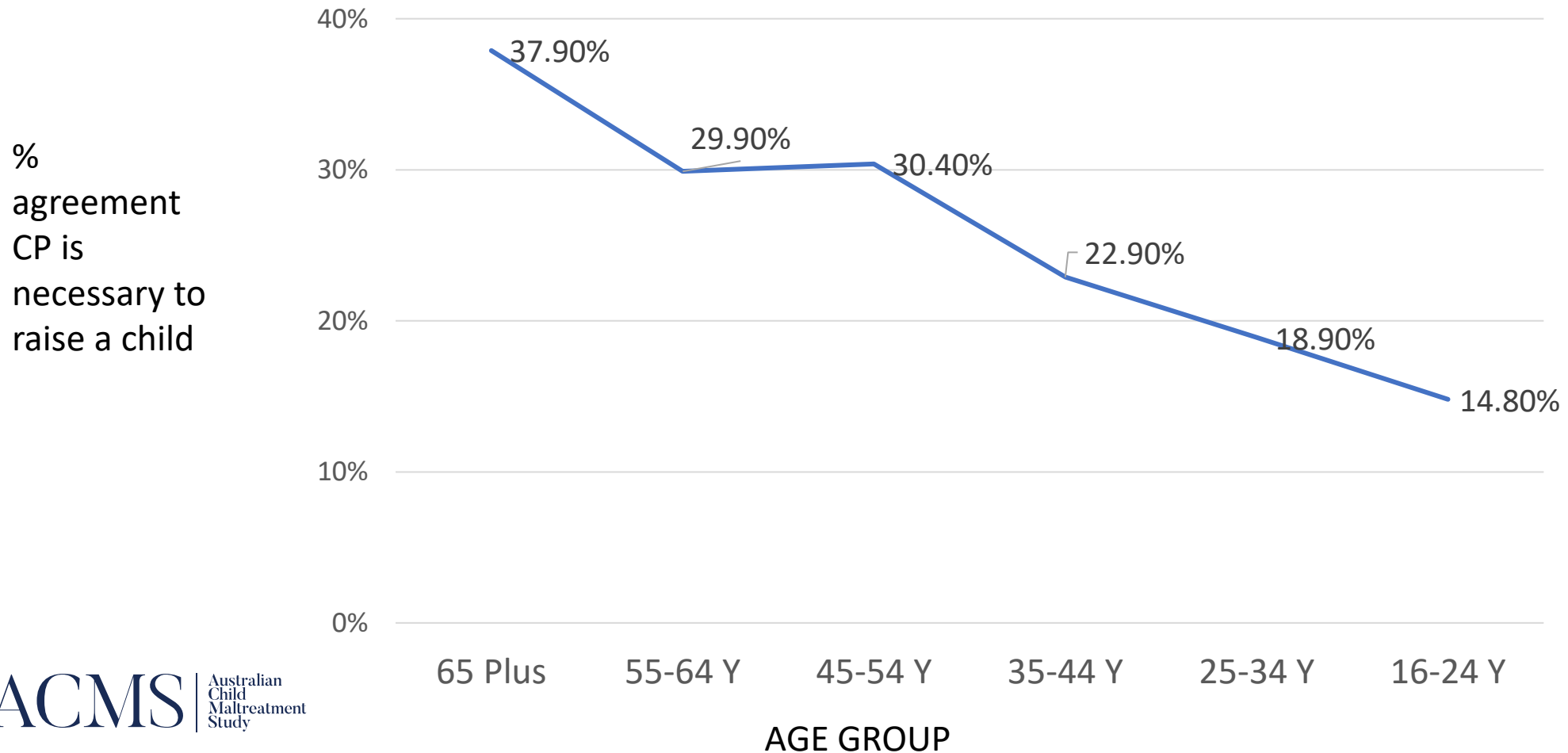


Sample	Unadjusted ORs	Adjusted OR*	Significance adjusted model
Female	1.8 (1.4-2.3)	1.3 (1.0-1.8)	Borderline
Male	1.7 (1.3-2.4)	1.4 (1.0-1.9)	Borderline

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

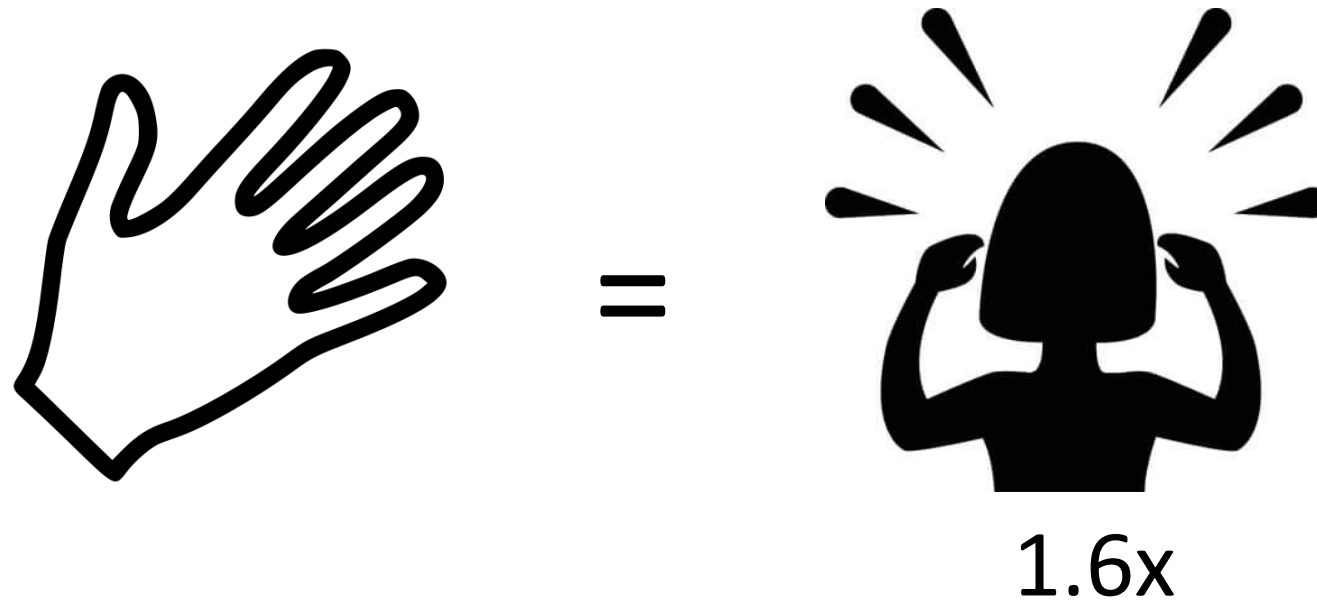
Perceptions about the need for corporal punishment are changing



Discussion

- Experience of corporal punishment in Australian youth is common (Around 61%).
- CP is only slightly more common in males than females
- CP associated with major depression & generalized anxiety disorder but driven by other maltreatment
- Belief in the need for corporal punishment is dramatically lower in younger people than older people indicating wide-spread attitudinal change

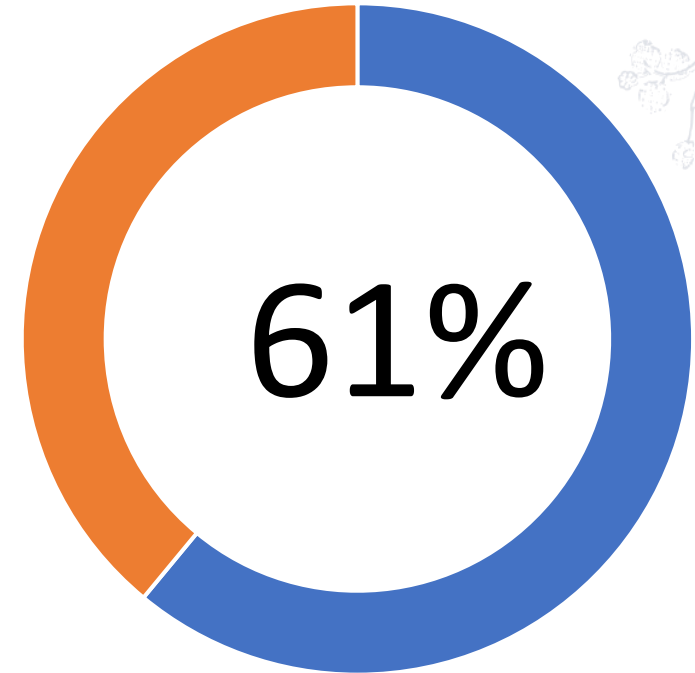
Girls who experience corporal punishment are more likely to report clinical anxiety



AFTER adjusting for other child abuse and neglect

Take home messages

- Corporal punishment 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
(>3 times)

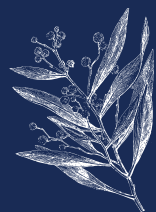
Associations between childhood exposure to domestic violence and subsequent mental health: Findings from the ACMS

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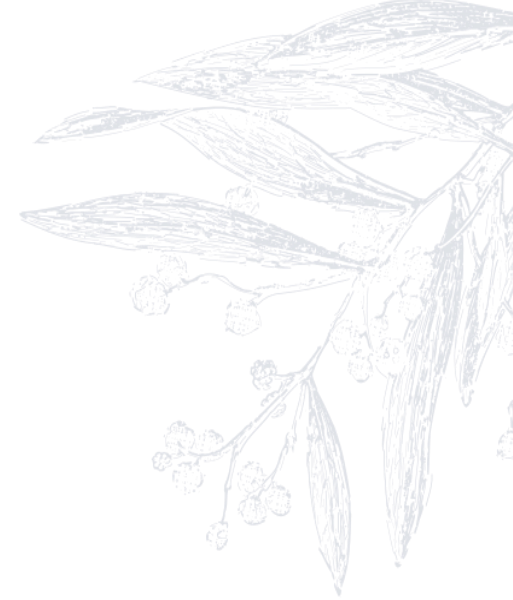
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Exposure to domestic violence (EDV)

EDV is considered one of the five types of child maltreatment

Exposure to EDV can be particularly traumatising even if child themselves is not physically harmed

May be more common than expected & occur alongside other maltreatment



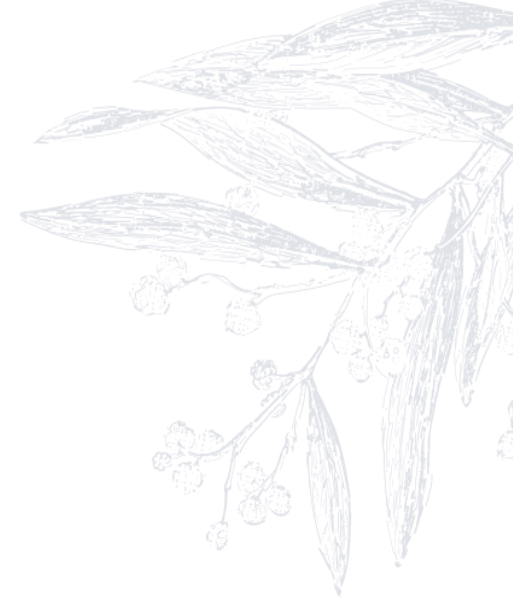
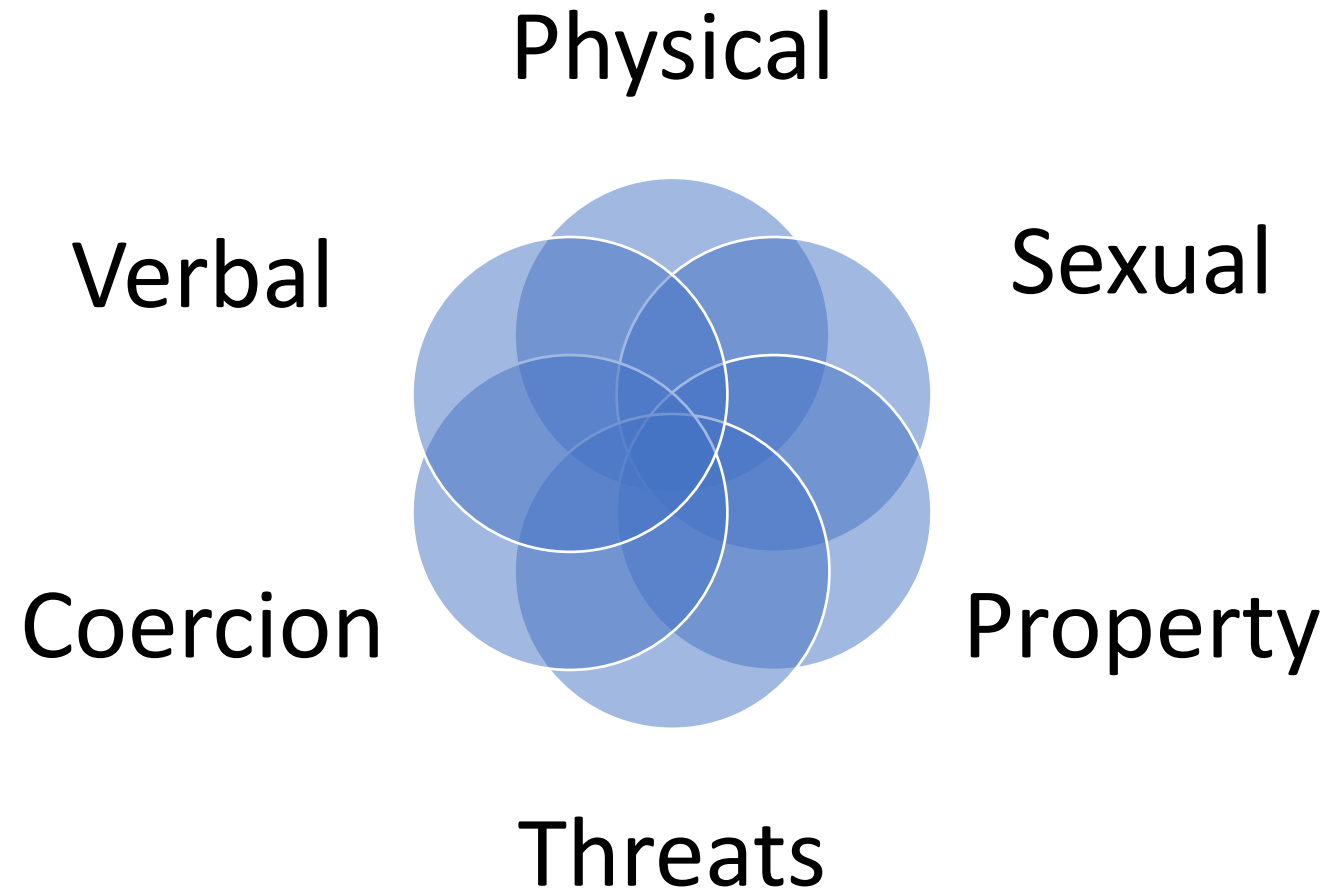
What is exposure to domestic violence

Child witnessing (seeing or hearing) acts of violence towards other family members in the child's home, typically between parents/caregivers.

The acts are typically done by (and in relation to) a parent or caregiver.

The acts may cause harm to the person, but direct harm is not required; similarly, direct harm to the child is not required.

Exposure to domestic violence



Aims

- Examine associations between childhood exposure to domestic violence and later mental health disorders (Major Depression Disorder & Generalized Anxiety Disorder).
- Identify gender patterns
- Examine the unique association of EDV and mental health after adjusting for other experiences of child maltreatment

Measures

Exposure to domestic violence (EDV)

Juvenile Victimization Questionnaire R2
(Australian Child Maltreatment Study)

- 4 items assessing aspects of physical and psychological violence within the family
(Limited to child witnessing events)

Major Depressive Disorder (Lifetime)

Mini International Neuropsychiatric Interview (M.I.N.I.)

- Major Depressive Disorder (MDD) Lifetime
- Generalized Anxiety Disorder (GAD) (Current)

Administered via telephone interview and CATI

Associations between any EDV & MDD



Sample	Unadjusted ORs	Adjusted OR*	Full Adjustment
Female	2.4 (1.9-3.1)	1.4 (1.0-1.9)	↓
Male	1.9 (1.4-2.5)	0.9 (0.6-1.4)	Nonsignificant

Associations between any EDV & GAD



Sample	Unadjusted ORs	Adjusted OR*	Full Adjustment
Female	2.2 (1.7-2.8)	1.1 (0.8-1.6)	Nonsignificant
Male	2.4 (1.7-3.3)	0.9 (0.6-1.4)	Nonsignificant

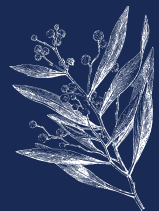
Discussion

- Childhood exposure to domestic violence associated with increased odds of MDD and GAD for both males and females
- However, after adjusting for other types of maltreatment relationships become less significant or non-significant (except females with MDD)
- EDV may occur alongside other types of child maltreatment accounting for relationships with later mental health



Lifeline

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For more information

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