

Child Abuse and Neglect

The purpose of this document is to collate published research, the findings of government reports and inquiries, and academic commentary in relation to child abuse and neglect and the effects this may have on a person's behaviour, development, wellbeing (physical, mental and social) and links to contact with the criminal justice system.

Note: This is one of three Bar Book chapters considering the specific impacts of different forms of child abuse and neglect. This chapter should be read in conjunction with [‘Perinatal, Infant and Childhood Exposure to, and Experience of, Domestic & Family Violence’](#) and [‘Childhood Sexual Abuse’](#). Other relevant chapters include [‘Out-of-Home Care’](#), [‘Fetal Alcohol Spectrum Disorders \(FASD\)’](#) and [‘Interrupted School Attendance and Suspension’](#).

Introduction

1 Child abuse and neglect, also called child maltreatment, is endemic in Australia.¹ It is ‘a social and public health problem, as well as a children’s rights issue’.² Child maltreatment is an umbrella term that includes sexual abuse, physical abuse, emotional abuse, neglect, exposure to domestic violence and, commonly, multi-maltreatment, where children experience more than one type of abuse or neglect.³ ‘Child maltreatment’ and ‘child abuse and neglect’ will be used here interchangeably.

2 As stated in the 2023 *Australian Child Maltreatment Study* (‘ACMS’):

The associated impact of [child] maltreatment is broad and long lasting. Mental health disorders and health risk behaviours related to experiences of maltreatment crystallise early and are present across life.⁴

Terminology

3 ‘**Child abuse and neglect**’ is a broad term covering ‘any intentional and non-intentional behaviours by parents, caregivers, or other adults considered to be in a position of responsibility, trust or power that results in a child being harmed physically or emotionally.’⁵

4 The term ‘**child maltreatment**’ is defined by the World Health Organization to include

all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the

¹ Divna Haslam et al, [‘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, 2003) 3 (‘ACMS Brief Report’).

² Australian Institute of Family Studies, [‘Effects of Child Abuse and Neglect for Children and Adolescents’](#) (CFCA Resource Sheet, January 2014).

³ Haslam et al, *ACMS Brief Report* (n 1) 3.

⁴ Ibid 4.

⁵ Australian Institute of Health and Welfare, [Australia’s Children](#) (Report, 2020) 327 (citations omitted) (‘Australia’s Children’).

child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.⁶

5 The *Australian Child Maltreatment Study* ('ACMS') used five categories of child maltreatment:

- **Physical abuse** — includes any non-accidental use of physical force inflicted upon a child that can, or is likely to, cause injury, harm, pain or breach of dignity.
- **Sexual abuse** — includes any act that exposes a child to, or involves a child in, sexual processes for the gratification of another person, that can be contact or non-contact acts. Non-contact acts include voyeurism, grooming, exhibitionism, and exposure to pornography.
- **Emotional abuse** — includes any act that results in the child suffering significant emotional deprivation or trauma, including interactions, usually with a parent or caregiver 'which convey to a child that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs'.
- **Exposure to family violence** — when a child sees or hears acts of violence towards other family members in the child's home. The acts are typically done by (and in relation to) a parent or caregiver. The violence may be (either completed or threatened) physical, verbal, or sexual acts, and may include threats or coercion.⁷
- **Neglect** — failure to provide a child with the basic necessities of life, as suited to the child's developmental stage and recognised by the child's cultural context. Neglect subtypes include medical, educational, supervisory, physical, nutritional, environmental, emotional, developmental and/or institutional.⁸

6 Child abuse and neglect rarely occur as isolated incidents, and different forms of abuse can, and often do, occur simultaneously. Multi-type maltreatment refers to a combination of up to five forms of maltreatment in a single measure.⁹

7 The concept, definition and use of the term 'neglect' is problematic and under-researched, compared with other forms of child maltreatment.¹⁰ As stated in an article by Haworth et al (2024):

Neglect incorporates a variety of experiences for children and young people ranging from lack of supervision to extreme deprivation. It is widely recognized that experiencing neglect during childhood can increase the risk of negative health and of negative emotional and social outcomes later in life.¹¹

There are clear issues in defining neglect in both scholarship and professional practice. While abuse is typically identified as an act, neglect is often correlated with omission ... It has been

⁶ World Health Organization, '[Child Maltreatment](#)', *Violence Info* (Web Page, 2022). See also Australian Institute of Family Studies ('AIFS'), '[What Is Child Abuse and Neglect?](#)' (CFCA Resource Sheet, September 2018); Debbie Scott, '[Understanding Child Neglect](#)' (CFCA Paper No 20, AIFS, April 2014).

⁷ Divna Haslam et al, '[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, 2003) 6–7 ('*ACMS Brief Report*').

⁸ Ibid; Annette L Jackson et al, '[Childhood Neglect and Its Implications for Physical Health Neurobiology and Development: A Scoping Review of the Literature](#)' (2022) *Developmental Child Welfare* 4(2) 114–35.

⁹ Haslam et al, *ACMS Brief Report* (n 7) 3–5.

¹⁰ Simon Haworth et al, '[A Systematic Review of Measures of Child Neglect](#)' (2024) 34(1) *Research of Social Work Practice* 17–40.

¹¹ Ibid 17.

described as the most subjective of all legally recognized concepts in child welfare, which occurs on a continuum with varying frequency and types.¹²

In the absence of clear standards and effective tools, assessments can be subjective, with practitioners setting their own criteria for what is neglectful ... Assessment of neglect is complicated by the role of wider social and political contexts. The roles of social harms, such as poverty and insecure housing, should arguably influence what we define as neglect and where responsibility lies. Chronic neglect often involves families facing a wide range of social harms, including socioeconomic disadvantage.¹³

Prevalence

- 8 Historically, the prevalence of child maltreatment nationally has been difficult to determine, so proxy data from child protection service agencies has been used to provide some indication of prevalence.¹⁴ The Australian Institute of Health and Welfare (2023) states:

In Australia, state and territory governments are responsible for statutory child protection. Relevant departments support vulnerable children

- who have been, or are at risk of being, abused, neglected or otherwise harmed; or
- whose parents are unable to provide adequate care or protection.

In 2021–22, around 1 in 32 (178,000) children aged under 18 came in contact with the child protection system. 1 in 124 (45,500) Australian children aged under 18 became subjects of substantiated maltreatment. That is, an investigation concluded that they were being, or were at risk of being, maltreated.¹⁵

- 9 The Australian Bureau of Statistics 2023 *Personal Safety Survey* stated women are more likely than men to experience child abuse and that

an estimated 2.7 million people aged 18 years and over (14%) have experienced abuse (physical and/or sexual) by an adult before the age of 15 (ABS 2023).¹⁶

- 10 The *Australian Child Maltreatment Study* ('ACMS') collected information about the prevalence of five types of child maltreatment experienced during childhood from a nationally representative sample of 8,500 adults aged 16 years and over. The study found that:

- almost two-thirds (62.2%) had experienced some form of maltreatment as a child;
- around 32.0% experienced physical abuse in childhood;
- more than one-quarter (28.5%) experienced sexual abuse;
- almost one-third (30.9%) experienced emotional abuse;
- one in eleven (8.9%) experienced neglect;
- two in five (39.6%) were exposed to family violence.¹⁷

¹² Simon Haworth et al, '[A Systematic Review of Measures of Child Neglect](#)' (2024) 34(1) *Research of Social Work Practice* 18 (citations omitted).

¹³ Ibid.

¹⁴ Australian Institute of Health and Welfare ('AIHW'), [Australia's Children](#) (Report, 2020) 305 ('*Australia's Children*'). See also BetterStart, '[Child Protection in South Australia](#)' (Research Report, Series 5, October 2017) 4.

¹⁵ AIHW, '[Child Protection Australia 2021–22](#)' (AIHW Web Report, 7 May 2024).

¹⁶ Australian Bureau of Statistics, 'Personal Safety, Australia' 2021–2022 (Web Page, 15 March 2023) ('*Personal Safety Survey*').

¹⁷ Divna Haslam et al, '[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, 2003) 13–14 ('*ACMS Brief Report*').

11 The *Australian Child Maltreatment Study* ('ACMS') further found that:

the various types of child maltreatment have been an enduring feature of Australian society. Prevalence rates for each maltreatment type are relatively stable across different age groups we surveyed. The exception to this was that participants aged 65 years and older reported lower prevalence of all types of maltreatment, except for sexual abuse.¹⁸

12 Child maltreatment rarely occurs as a single type or on an isolated occasion. The *ACMS* identified that more than three in five (62.2%) people experienced at least one form of maltreatment, around 39% of these reported multi-type maltreatment and 3.5% experienced all five types of child maltreatment. Prevalence of multi-type maltreatment was highest in the 16–24 cohort.¹⁹13 Multi-maltreatment is highly gendered. More than four in 10 (43.2%) girls, more than three in 10 (34.9%) boys, and two-thirds of gender diverse people (66.1%) experienced at least two forms of child maltreatment. The gender disparities increase with the increasing number of maltreatment types. Girls are more than twice as likely to experience all five types of maltreatment as boys (4.7% and 2.0%, respectively). People with diverse genders are more than twice as likely as girls, and six times as likely as boys to experience all five maltreatment types (12.4%).²⁰ Girls are twice as likely as boys to experience sexual abuse in childhood, 1.5 times as likely to experience emotional abuse, and 1.6 times as likely to experience neglect.²¹14 Gender diverse Australians were far more likely to experience child maltreatment. Half of gender diverse people experience physical abuse (50%) and sexual abuse (52%); almost three in five experience emotional abuse (58%); and more than one-quarter experience neglect (26%).²²15 The *ACMS* also reported on the chronic nature of child maltreatment, in terms of the number and duration of incidents: 'children are rarely maltreated on only one occasion. Most maltreatment is chronic, occurring multiple times, over a period of years.'²³ The median or middle number of incidences for physical abuse was 9.5 times (although 19% reported 50 individual incidents). Over three-quarters of those who experienced maltreatment reported that it occurred multiple times. Four in five (80%) people who experienced emotional abuse, and three-quarters (75%) of those who experienced neglect, reported the abuse occurred for several years.²⁴

16 The person inflicting the child abuse or neglect is overwhelmingly somebody known to the child, and is often a family member:

The majority of adults who reported childhood physical abuse only (97%) and sexual abuse only (86%) knew the perpetrator, with 81% of those who experienced physical abuse only being abused by a family member.²⁵

¹⁸ Divna Haslam et al, '[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, 2003) 15 ('*ACMS Brief Report*').

¹⁹ Higgins et al, '[The Prevalence and Nature of Multi-Type Child Maltreatment in Australia](#)' (2023) 218(6 Suppl) *Medical Journal of Australia* S19, S21.

²⁰ *Ibid.*

²¹ Ben Mathews et al, '[The Prevalence of Child Maltreatment in Australia: Findings from a National Survey](#)' (2023) 218(6Suppl) *Medical Journal of Australia* S13, S15.

²² *Ibid.*

²³ Haslam et al, *ACMS Brief Report* (n 18) 19.

²⁴ *Ibid.*

²⁵ Australian Institute of Health and Welfare ('AIHW'), '[Australia's Children](#)' (Report, 2020) 328 ('*Australia's Children*').

17 In 2021–22 there were 55,800 Australian children in out-of-home care (OOHC)* for at least one night. In the same period, 1,200 Australian children were ‘the subject of a substantiation of abuse in care.’²⁶ The *National Framework for Protecting Australia’s Children 2021–2031* states that children and young people in out-of-home care can experience a range of adverse outcomes.²⁷

Aboriginal and Torres Strait Islander communities

18 The Australian Institute of Health and Welfare observes that the reasons for the over-representation of Aboriginal and Torres Strait Islander children in child protection are complex. The underlying causes include:

- the intergenerational trauma and dispossession** caused by past policies of protection, assimilation, forced removals*** and the legacy of colonisation and separation from family and culture;
- the lower socio-economic factors that disproportionately affect Aboriginal and Torres Strait Islander families and communities including overcrowding, unemployment and limited access to services; and
- racism, discrimination and cultural biases against differences in child-rearing practices of Aboriginal and Torres Strait Islander families and communities.²⁸

19 The most common child maltreatment experienced by Aboriginal and Torres Strait Islander children are emotional abuse and neglect (neglect is the least prevalent form of child maltreatment in the *ACMS* study).²⁹ Australian children living in poverty can be labelled as experiencing ‘neglect’, and at times the terms have been used synonymously.³⁰ Differences in child rearing practices may be seen as ‘neglect’.³¹ Claims of child maltreatment, predominantly neglect, increase with increasing remoteness.³²

20 A report to the *Royal Commission into Institutional Responses to Child Sexual Abuse* found that compared with other children, disclosure by Aboriginal and Torres Strait Islander children was complicated by additional factors, including fear of shame being brought on the extended family and community, mistrust of authorities due to past experiences of forced removal, and fear of being ostracised by their community.³³ A study on Aboriginal children who experienced sexual

* See also *Bugmy Bar* Book chapter ‘[Out-of-Home Care](#)’.

²⁶ Australian Institute of Health and Welfare (‘AIHW’), ‘[Safety of Children in Care](#)’, in *Child Protection Australia 2021–22* (AIHW Web Report, 7 May 2024).

²⁷ Department of Social Services (Cth), Australian, *Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031* (National Framework, 8 December 2021) 16 (‘*Safe and Supported*’).

** See also *Bugmy Bar* Book chapter ‘[Cultural Dispossession Experienced by Aboriginal and Torres Strait Islander Peoples](#)’.

*** See also *Bugmy Bar* Book chapter ‘[Aboriginal and Torres Strait Islander Stolen Generations and Descendants](#)’.

²⁸ AIHW, *Child Protection Australia 2021–22* (n 26); Australian Institute of Family Studies, ‘[Child Protection and Aboriginal and Torres Strait Islander Children](#)’ (CFCA Resource Sheet, January 2020).

²⁹ Divna Haslam et al, ‘[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, 2003) 14 (‘*ACMS Brief Report*’).

³⁰ Simon Haworth et al, ‘[A Systematic Review of Measures of Child Neglect](#)’ (2024) 34(1) *Research of Social Work Practice* 17; B J Newton, ‘[Understanding Child Neglect in Aboriginal Families and Communities in the Context of Trauma](#)’, (2019) 24(2) *Child & Family Social Work* 218.

³¹ Paul H Harnett and Gerald Featherstone, ‘[The Role of Decision Making in the Over-Representation of Aboriginal and Torres Strait Islander Children in The Australian Child Protection System](#)’ (2020) 113(June) *Children and Youth Services Review* 105019, 5.

³² AIHW, ‘[Child Protection Australia 2021–22](#)’ (n 26).

³³ Jan Breckenridge and Gabrielle Flax, ‘[Service and Support Needs of Specific Population Groups that Have Experienced Child Sexual Abuse](#)’ (Report for the Royal Commission into Institutional Responses to Child Sexual Abuse, July 2016) 32–3.

abuse found that children who expressed greater amounts of shame required more prompts in an investigative interview to make a disclosure.³⁴

- 21 Fetal alcohol spectrum disorders (FASD) are prevalent among Indigenous communities, and may be associated with experience of maltreatment and risk of involvement in the criminal justice system.* A Western Australia study found that of children with FASD (77% of whom were Aboriginal and Torres Strait Islander), 70% reported alcohol or substance misuse at home, half reported domestic violence, 46% reported either emotional neglect or physical neglect, and 11% reported sexual abuse.³⁵ Meanwhile, a study of Aboriginal children in the Northern Territory found an association between hearing impairment and maltreatment, including neglect and physical abuse.³⁶

Impact

- 22 It should be noted that many studies on the impact of neglect/abuse/maltreatment are retrospective cohort studies, which are only able to identify associations, rather than causation.
- 23 Abuse and neglect may have lifelong and intergenerational consequences, with a wide range of physical health problems linked to experiences of maltreatment in childhood.³⁷ A scoping review of 345 studies categorised problems associated with children or adults in the aftermath of neglect as ‘physical health issues, atypical neurobiology, developmental problems, attachment and relationship problems, emotional problems, mental health problems, behavioural problems, further traumatization, parenting problems, more entrenched involvement with the service system, compromised quality of life, and socio-economic difficulties.’³⁸
- 24 Evidence suggests that post-traumatic stress and trauma can affect the brain and result in
- Changes in brain structure, such as in the volume of the hippocampal area associated with memory consolidation and in the amygdala which processes emotional information.³⁹
 - Changes in brain function, which may result in delays in cognitive and language development, problems with memory, compromised executive functioning (attention, problem solving, planning and self-regulation) and difficulty regulating emotional responsiveness in response to stimuli.⁴⁰
 - Stress hormone dysregulation – caused by a disruption in the hypothalamic-pituitary adrenal axis (HPA axis) and the corticotropin-releasing factor (CRF) circuits that

³⁴ Gemma Hamilton, Sonja P Brubacher and Martine B Powell, ‘[Expressions of Shame in Investigative Interviews with Australian Aboriginal Children](#)’, (2016) *Child Abuse & Neglect* 51, 64.

* See also *Bugmy Bar* Book chapters [Fetal Alcohol Spectrum Disorders \(FASD\)](#) and [Hearing Impairment](#).

³⁵ Grace Kuen Yee Tan et al, ‘[Adverse Childhood Experiences, Associated Stressors and Comorbidities in Children and Youth with Fetal Alcohol Spectrum Disorder across the Justice and Child Protection Settings in Western Australia](#)’ (2022) 22(587) *BMC Pediatrics* (2022) 1.

³⁶ Vincent Yaofeng He et al, ‘[The Link Between Hearing Impairment and Child Maltreatment Among Aboriginal children in the Northern Territory of Australia: Is There an Opportunity for a Public Health Approach in Child Protection?](#)’ (2020) 20(449) *BMC Public Health* 1.

³⁷ Department of Health and Human Services (US), ‘[Long-Term Consequences of Child Abuse and Neglect](#)’ (Child Welfare Information Gateway Factsheet, April 2019) 1.

³⁸ Annette Jackson et al, ‘[Childhood Neglect and Its Implications for Physical Health Neurobiology and Development: A Scoping Review of the Literature](#)’ (2022) 4(2) *Developmental Child Welfare* 114.

³⁹ Sara McLean, [The Effect of Trauma on the Brain Development of Children](#) (Australian Institute of Family Studies, CFCA Practice Resource, June 2016).

⁴⁰ *Ibid.*

regulate endocrine, behavioural, immune, and autonomic responses to stress (fight or flight). Studies have shown both hyperactive and hypoactive HPA axis response.⁴¹

25 Stress hormone dysregulation has been associated with an increased risk for alcohol and substance abuse disorders.⁴²

26 International research suggests that in childhood these alterations in brain structure and function may be beneficial or protective adaptations that over time lead to behavioural problems:

A blunted fight-flight response may be beneficial in young children with parents who are episodically abusive and nurturing in order to maintain the attachment bond. By teenage years an enhanced fight-flight response may be beneficial, especially in adolescents experiencing bullying. However, a blunted amygdala response, later in life, is associated with impaired recognition of dangerous situations and increased risk for substance use disorders, while an exacerbated amygdala response is associated with increased risk for anxiety and depression.⁴³

27 Recent international research indicates that there are distinct differences in the alteration in brain structure associated with deprivation ('neglect') and threat ('abuse'). A study on the brain structure of 72 children showed that 'threat is associated with widespread differences in [brain] surface area, and deprivation is associated with differences in cortical thickness'.⁴⁴ An additional review of Dutch longitudinal cohort studies (4037 cases) found that abuse was a strong risk factor for schizophrenia and neglect was associated with bipolar disorder, while combined abuse and neglect was related to an increased risk of major depressive disorder.⁴⁵

28 Factors that may influence the impact and consequences of child maltreatment on children and adolescents can be independent or interrelated, and include:

- positive or protective factors, such as extended family and friends;
- socio-economic disadvantage or living in a dangerous neighbourhood;
- caregiver with depression or substance dependence;
- social isolation;
- the age and developmental stage at which childhood maltreatment occurred;
- the type(s), duration and severity of the maltreatment;
- whether the child or young person experiences shame, self-blame or stigmatisation; and
- the relationship the child or young person had (or has) with the perpetrator.⁴⁶

Additional factors influencing the impact of child maltreatment on adult survivors include:

- whether the abuse or neglect was detected;
- whether action was taken to assure the safety of the child; and

⁴¹ Sara McLean, *The Effect of Trauma on the Brain Development of Children* (Australian Institute of Family Studies, CFCA Practice Resource, June 2016); Elizabeth T C Lippard and Charles B Nemeroff, 'The Devastating Clinical Consequences of Child Abuse and Neglect: Increased Disease Vulnerability and Poor Treatment Response in Mood Disorders' (2020) 177(1) *American Journal of Psychiatry* 20; Paraskevi Kazakou, Nicolas C Nicolaides and George P Chrousos, 'Basic Concepts and Hormonal Regulators of the Stress System' (2023) 96(1) *Hormone Research in Paediatrics* 8.

⁴² Lippard and Nemeroff, (n 41) 27.

⁴³ Martin H Teicher, Jeffrey B Gordon and Charles B Nemeroff, 'Recognizing the Importance of Childhood Maltreatment as a Critical Factor in Psychiatric Diagnoses, Treatment, Research, Prevention, and Education' (2022) 27(3) *Molecular Psychiatry* 1331, 1333 (citations omitted).

⁴⁴ Laura Machlin, et al, 'Distinct Associations of Deprivation and Threat with Alterations in Brain Structure in Early Childhood' (2023) 62(8) *Journal of the American Academy of Child & Adolescent Psychiatry* 885.

⁴⁵ Anne Alkema et al, 'Childhood Abuse v Neglect and Risk for Major Psychiatric Disorders' (2024) 54(8) *Psychological medicine* 1598.

⁴⁶ Australian Institute of Family Studies ('AIFS'), 'Effects of Child Abuse and Neglect for Children and Adolescents' (CFCA Resource Sheet, January 2014) ('Effects for Adolescents').

- whether adult survivors received therapeutic services/treatment, to assist their recovery.⁴⁷

29 In an overview of the potential effects of child maltreatment, the Australian Institute of Family Studies found the following adverse consequences could occur in childhood and adolescence:

- attachment and interpersonal relationship problems;
- teenage pregnancy;
- mental health problems;
- youth suicide;
- alcohol and other drug use;
- behavioural problems;
- aggression, violence and criminal activity;
- physical health problems;
- homelessness;*
- learning and developmental problems (eg poor academic achievement, speech and language development in infants); and
- fatal abuse.⁴⁸

The following adverse effects may continue into adulthood:

- intergenerational transmission of maltreatment / effects of trauma;
- re-victimisation;
- physical health problems;
- mental health problems;
- suicidal behaviour;
- eating disorders and obesity;
- alcohol and substance [use disorders];
- aggression, violence and criminal behaviour; and
- high-risk sexual behaviour.⁴⁹

Mental health impacts

30 The NSW Law Reform Commission noted that the term ‘mental illness’ or ‘mental disorder’ refers to a ‘dysfunction affecting the way in which a person feels, thinks, behaves and interacts with others’, of which depression, anxiety or personality disorders are examples, and they are usually diagnosable with reference to the presence of disorders and aspects of a person’s life.⁵⁰ Meanwhile, a ‘cognitive impairment’ generally refers to a loss of brain function which affects judgment, in turn causing a ‘decreased ability to process, learn and remember information’.⁵¹

⁴⁷ Australian Institute of Family Studies (‘AIFS’), ‘[Effects of Child Abuse and Neglect for Children and Adolescents](#)’ (CFCA Resource Sheet, January 2014) (‘*Effects for Adolescents*’).

* See also *Bugmy Bar* Book chapter ‘[Homelessness](#)’.

⁴⁸ AIFS, ‘[Effects of Child Abuse and Neglect for Children and Adolescents](#)’ (CFCA Resource Sheet, January 2014) (‘*Effects for Adolescents*’).

⁴⁹ AIFS, *Effects of Child Abuse and Neglect for Adult Survivors* (CFCA Policy and Practice Paper, January 2014) (‘*Effects for Adults*’).

⁵⁰ NSW Law Reform Commission, ‘[People with Cognitive and Mental Health Impairments in the Criminal Justice System: An Overview](#)’ (Consultation Paper 5, January 2010) 11.

⁵¹ *Ibid.*

31 International research suggests that child maltreatment

is the most important preventable risk factor for psychiatric disorders. Maltreated individuals typically develop psychiatric disorders at an earlier age, have a more pernicious course, more comorbidities, greater symptom severity, and respond less favorably to treatments than non-maltreated individuals with the same primary DSM-5 [Diagnostic and Statistical Manual of Mental Disorders, edition 5] diagnosis.⁵²

32 The *ACMS* found that almost half (48.0%) of people who experienced child maltreatment ‘met the criteria for one of four mental health disorders [current post-traumatic stress disorder, generalised anxiety disorder or alcohol use disorder, and/or lifetime major depressive disorder] compared with one in five (21.6%) of those who did not experience maltreatment’.⁵³33 The *AMCS* found that ‘Mental disorders are significantly more likely to occur in individuals who experience child maltreatment, particularly multi-type maltreatment.’⁵⁴ More than one in three (36.2%) of those who experienced a single type of child maltreatment met the diagnostic criteria for one of the four mental health disorders identified through the survey, whereas more than half (54.8%) who experienced multi-type maltreatment met the diagnostic criteria.⁵⁵34 Scott et al. noted that ‘Findings from previous research suggest a causal relationship between child maltreatment and mental disorders’⁵⁶ and that:

[A]djusting for current and childhood financial disadvantage did not significantly attenuate these associations, suggesting that the association between child maltreatment and mental disorders is independent of these social determinants of health ...

Child maltreatment leads to cognitive alterations including distrust of others, hypervigilance to threat, impaired emotion recognition and regulation, and reduced responsiveness to rewards. Experiences of child maltreatment heighten threat perception, which activates the body’s stress response and sensitises the neurobiological systems, making an individual more vulnerable to mental illness. In addition, low reward responsiveness, a key element of neglect and punitive parenting, is underpinned by neural changes associated with depression. Experiences of child maltreatment disrupt emotion recognition and regulation skills, which are critical for healthy relationships with peers and foundational to interpersonal relationships throughout life. These maladaptive interpersonal problems — for example, the premature sexualisation and shame that accompany sexual abuse — compromise the ability of some maltreated children to form stable friendships, which may lead to persistent relationship challenges over the life course. In this way, child maltreatment initiates a developmental cascade that disrupts social connection and other opportunities, conferring risk of mental disorders. In summary, the increased risk of multiple biological changes and psychosocial challenges in maltreated children are hypothesised to increase the risk of mental illness.⁵⁷

35 Neglect that occurs in the first two years of life may be associated with childhood aggression: ‘In babies, neglect can affect all areas of cognitive, social, and emotional functioning and can result in an impaired attachment style.’⁵⁸

⁵² Martin H Teicher, Jeffrey B Gordon and Charles B Nemeroff, ‘[Recognizing the Importance of Childhood Maltreatment as a Critical Factor in Psychiatric Diagnoses, Treatment, Research, Prevention, and Education](#)’ (2022) 27(3) *Molecular Psychiatry* 1331, 1333 (citations removed).

⁵³ Divna Haslam et al, ‘[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, 2003) 24 (‘*ACMS Brief Report*’).

⁵⁴ James G Scott et al, ‘[The Association between Child Maltreatment and Mental Disorders in the Australian Child Maltreatment Study](#)’ (2023) 218(6 Supp) *Medical Journal of Australia* (2023) S26, S26.

⁵⁵ *Ibid* S30.

⁵⁶ *Ibid*.

⁵⁷ *Ibid*.

⁵⁸ Debbie Scott, ‘[Understanding Child Neglect](#)’ (CFCA Paper No 20, Australian Institute of Family Studies, April 2014) 9.

- 36 International research found that childhood maltreatment at preschool age, as well as the experience of chronic maltreatment have ‘poorer inhibitory control and working memory’ and anxiety, although emotional abuse and neglect between eight and nine and in adolescence increases symptoms and risk of depression.⁵⁹

Other impacts

- 37 A literature review identified that physical health problems associated with childhood neglect include problems associated with the cardiovascular, respiratory and central nervous systems and wide-ranging, atypical neurobiological structures. Specific problems included: ‘sensory processing difficulties, serious illnesses, infectious diseases, metabolic and hormonal differences, injuries, skin problems, and oral health problems as well as health-risk behaviors’ and fatalities.⁶⁰
- 38 Factors such as severity, frequency and developmental timing can influence the impacts of physical abuse, Hinds and Giardino (2017) outlined the following acute and long-term impacts:
- physical injury including death;
 - emotional responses including fear, anger, sadness and humiliation;
 - significant stress in instances where psychological and physical safety is threatened;
 - lifelong injuries including head trauma and associated impacts; and
 - poor mental health (eg depression, conduct disorder and substance [use disorders]).⁶¹

Complex trauma (complex post-traumatic stress disorder)

- 39 Sustained experiences of multiple forms of abuse may lead to the development of complex trauma and cumulative harm.⁶² Complex harm is repeated, ongoing and may ‘encompass violence, abuse, neglect or exploitation experienced as a child, young person or adult. Complex trauma is more extensive in its impacts across a range of functioning and is more prevalent.’⁶³ The term complex trauma is employed to encompass the broad range of psychological outcomes that are experienced by victims/survivors of abuse,⁶⁴ whereas the term cumulative harm ‘is used to describe both the ongoing trauma ... and the negative outcomes resulting from multi-type maltreatment and polyvictimisation’.⁶⁵ Research has shown that the effect of cumulative harm is worse if a child experiences multiple forms of abuse across various developmental life stages.⁶⁶
- 40 Symptomatology of complex trauma or complex PTSD can include:
- somatic symptoms — irritable bowel syndrome, chronic fatigue and fibromyalgia, substance abuse and eating disorders;

⁵⁹ Raquel A Cowell et al, ‘[Childhood Maltreatment and Its Effect on Neurocognitive Functioning: Timing and Chronicity Matter](#)’ (2015) 27(S2) *Development and Psychopathology* 521.

⁶⁰ Annette Jackson et al, ‘[Childhood Neglect and Its Implications for Physical Health Neurobiology and Development: A Scoping Review of the Literature](#)’ (2022) 4(2) *Developmental Child Welfare* 114, 121; see also Annette Jackson et al, ‘[Interventions to Support Children’s Recovery from Neglect: A Systemic Review](#)’ (2023) (0: Online First) *Child Maltreatment* 1.

⁶¹ Tanya S Hinds and Angelo P Giardino, *Child Physical Abuse: Current Evidence, Clinical Practice, and Policy Directions* (Springer, 2017) 27–31.

⁶² Rhys Price-Robertson et al, ‘[Rarely an Isolated Incident: Acknowledging the Interrelatedness of Child Maltreatment, Victimization and Trauma](#)’ (CFCA Discussion Paper No 15, Australian Institute of Family Studies, 12 June 2013) 1 (‘*Rarely Isolated*’).

⁶³ Judicial Commission of NSW, *Trauma-Informed Courts: Guidance for Trauma-Informed Judicial Practices* (E-resource Series) 8.

⁶⁴ Price-Robertson et al, *Rarely Isolated* (n 62).

⁶⁵ *Ibid* 6.

⁶⁶ *Ibid* 7.

- emotional dysregulation — irritability, chronic hyperarousal, suicide ideation, self-harm;
- interpersonal instability — poor relationships and parenting skills;
- dissociation — re-experiencing, nightmares, flashbacks’
- disordered memory — fragmented childhood memories; and
- shame — poor self-worth, belief they are defective, toxic or worthless.⁶⁷

Links to Contact with the Criminal Justice System

- 41 While the link is not deterministic, research indicates that children and young people who have experienced abuse and neglect are at a greater risk of having contact with the criminal justice system.⁶⁸
- 42 A South Australian-based study identified that 84% of young people who had supervision in the youth justice system had prior contact with the child protection system (‘crossover’ children). Of those who had spent time in OOHC, a higher proportion of those under youth justice supervision experienced emotional abuse, physical abuse and neglect (but not sexual abuse).⁶⁹ Subsequent South Australian research indicated that 64% in the youth justice system had experienced frequent emotional abuse, 62% frequent neglect, and 45% frequent physical abuse.⁷⁰
- 43 The adverse impact of child physical abuse on cognitive and social development and the resultant poor impulse control, emotional regulation issues, aggression, mental illness and substance misuse are thought to increase the risk of delinquent and criminal behaviour.⁷¹
- 44 A Victorian study found that neglect and physical and emotional abuse affected between 53% to 67% of ‘crossover’ children. Neglect was a significant predictor of being younger when first charged by police.⁷²
- 45 Another Victorian study examining child maltreatment in detained youth found that 77% reported child maltreatment and 23% reported being exposed to high rates of physical and emotional abuse.⁷³
- 46 The recent *ACMS* study found that ‘Men and women with chronic multi-type maltreatment had more than 2.5 times the odds of being arrested than those experiencing no maltreatment or one or two types of maltreatment’ and 75% of individuals that had been arrested had experienced maltreatment.⁷⁴

⁶⁷ Wei-May Su and Louise Stone, ‘[Adult Survivors of Childhood Trauma: Complex Trauma, Complex Needs](#)’ (2000) 49(7) *Australian Journal of General Practice* 423.

⁶⁸ Australian Institute of Health and Welfare (‘AIHW’), [Young People under Youth Justice Supervision and in Child Protection 2018–19](#) (Report, 2 December 2020). See also Catia Malvaso et al, ‘[The Intersection between the Child Protection and Youth Justice Systems in South Australia](#)’ (Report, BetterStart, 1 November 2020) (‘*Intersection Report*’); Catia Malvaso et al, ‘[Adverse Childhood Experiences and Trauma among Young People in the Youth Justice System](#)’ 651 *Trends & Issues in Crime and Criminal Justice* (Australian Institute of Criminology, 14 June 2022) (‘*Adverse Childhood Report*’); Catia Malvaso, ‘[Investigating the Complex Links between Maltreatment and Youth Offending](#)’ (CFCA Short Article, Australian Institute of Family Studies, August 2017).

⁶⁹ Malvaso et al, *Intersection Report* (n 68) 3–6.

⁷⁰ Malvaso et al, *Adverse Childhood Report*’ (n 68).

⁷¹ Catia G Malvaso, Paul H Delfabbro and Andrew Day, ‘[The Child Protection and Juvenile Justice Nexus in Australia: A Longitudinal Examination of the Relationship between Maltreatment and Offending](#)’ (2017) 64 *Child Abuse & Neglect* 42.

⁷² Susan Baidawi and Rosemary Sheehan, ‘“[Crossover kids](#)”: Offending by Child-Protection-Involved Youth’ (2019) 582 *Trends & Issues in Crime and Criminal Justice* (Australian Institute of Criminology).

⁷³ Nina Papalia et al, ‘[Patterns of Maltreatment Co-Occurrence in Incarcerated Youth in Australia](#)’ (2022) 37(7–8) *Journal of Interpersonal Violence* NP4341, NP436121.

⁷⁴ Ben Mathews et al, ‘[Child Maltreatment and Criminal Justice System Involvement in Australia: Findings from a National Survey](#)’ (2023) 681 *Trends & Issues in Crime and Criminal Justice* 12 (Australian Institute of Criminology).

47 It has been suggested that both the type of child maltreatment experienced and the age at which it occurred may influence development of behaviour that brings the person into contact with the criminal justice system. According to two Australian studies,

maltreatment that either starts or continues beyond age 12 into adolescence is more consequential in the development of offending behaviour compared to maltreatment that is limited to the childhood years prior to age 12.⁷⁵

48 However, adolescence tends to coincide with the age of criminal responsibility in most Australian jurisdictions. In relation to abuse while in OOHC,

Most children and young people in out-of-home care who experience maltreatment are aged 10–14 years (40%) or 15 years and above (25%), with most of the substantiated cases citing physical abuse (32%).⁷⁶

49 The relationship between experience of OOHC and involvement in the juvenile justice system is particularly pronounced for Aboriginal and Torres Strait Islander Children. A 2018 study of Western Australian children aged 18 found that ‘60% of Aboriginal youth who had a period of care had at least one juvenile community-based sentence and 35% had at least one juvenile detention, compared to 27% and 13% of non-Aboriginal youth’.⁷⁷ A study of South Australian child protection and youth justice cohorts found that among children who experienced maltreatment the greatest predictors of convictions were being a male Aboriginal and Torres Strait Islander youth, experiences of physical abuse and emotional abuse, a greater number of substantiations (recurrence), experiencing maltreatment that commenced in childhood and continued into adolescence, and placement in OOHC and living below the 25th percentile for socioeconomic disadvantage.⁷⁸

50 The same research suggested that

young people with child protection or care backgrounds are subject to distinct disadvantages including: greater police attention for, and the criminalization of, behaviors that would usually be dealt with by parents in family homes; a decreased likelihood of receiving probation for first time offences; and, a greater likelihood of placement in juvenile justice facilities in the absence of other appropriate accommodation.⁷⁹

51 A 2007 study relying on both officially reported convictions and self-reported offences of male and females under community corrections orders in Queensland made the following findings regarding the relationship between physical abuse during childhood and offending:

- No association was found between physical abuse and sexual offending.
- Respondents with a history of childhood physical abuse had significantly higher rates of violent, property and total offending than did respondents with no history of physical abuse.
- As levels of abuse increase, so too do levels of violent, property and total offending.

⁷⁵ Catia Malvaso, ‘[Investigating the Complex Links between Maltreatment and Youth Offending](#)’ (CFCA Short Article, Australian Institute of Family Studies, August 2017), citing Catia G Malvaso, Paul H Delfabbro and Andrew Day, ‘[The Child Protection and Juvenile Justice Nexus in Australia: A Longitudinal Examination of the Relationship between Maltreatment and Offending](#)’ (2017) 64 *Child Abuse & Neglect* 32; Anna Stewart, Michael Livingston and Susan Dennison, ‘[Transitions and Turning Points: Examining the Links between Child Maltreatment and Juvenile Offending](#)’ (2018) 32(1) *Child Abuse and Neglect* 51.

⁷⁶ Australian Institute of Health and Welfare (‘AIHW’), ‘[Safety of Children in Care](#)’, in *Child Protection Australia 2021–22* (AIHW Web Report, 7 May 2024).

⁷⁷ Fernando Lima, Miriam Maclean and Melissa O’Donnell, ‘[Exploring Outcomes for Children Who Have Experienced Out-of-Home Care](#)’ (Report, Telethon Kids Institute, 2018) 47.

⁷⁸ Malvaso, Delfabbro and Day (n 75) 32, 42.

⁷⁹ *Ibid* 41 (citations omitted).

- Paternal support was a protective factor for respondents with a history of physical abuse. Maternal support did not have the same protective effect.
- Being suspended or expelled from school and being attached to school for non-academic reasons (eg to spend time with peers) were significant vulnerability factors; both increased the likelihood of offending among respondents with a history of physical abuse.⁸⁰

Treatment and Healing*

52 Trauma arising from mistreatment ‘interrupts the connections between our different systems of functioning — physical, emotional and cognitive. Recovery occurs when these different levels of functioning become connected or integrated again.’⁸¹

53 The Australian Government’s *National Framework for Protecting Children (2021–31)* recognises the importance of a public health model in child care and protection, rather than relying on an incident-based approach. The National Frameworks recognises ‘the need to prioritise prevention and early intervention, with child protection services as a last resort’.⁸² This approach encompasses:

primary intervention services that target everyone, to secondary or early intervention services that target families in need, through to tertiary intervention services that target families where abuse and neglect has already occurred.⁸³

54 A public health model provides universal support for all families and more intensive services for families requiring assistance. It aims to address the underlying social and economic causes of abuse and neglect by linking multi-disciplinary professionals, families and the broader community with a variety of systems, including health, welfare, public housing and education.⁸⁴

55 Noting that there ‘is no quick, easy, “one size fits all” response’,⁸⁵ the Australian Institute of Family Studies considers that responses to child abuse and neglect should be evidence- and context-informed, and ‘must be based on careful assessment of needs and take into account the diverse nature of neglect and the compounding impact of multiple and complex needs’.⁸⁶ For example, ‘[p]overty and child neglect are closely linked but not all children from poor families are neglected and children from more affluent families can be neglected’.⁸⁷

56 The Australian Child and Adolescent Trauma, Loss and Grief Network lists specific therapies with a good evidence base for working with children who have experienced maltreatment. These

⁸⁰ Rosie Teague and Paul Mazerolle, ‘[Childhood Physical Abuse and Adult Offending: Are They Linked, and Is There Scope for Early Intervention?](#)’ (Research and Issues Paper No 6, Crime and Misconduct Commission, July 2007) 1, 8. See also *Bugmy Bar* Book chapter ‘[Interrupted School Attendance and Suspension](#)’.

* The research does not prescribe or recommend what is required for any individual’s treatment and healing. That will be determined by factors such as the individual’s personal experience or condition, the advice of relevant experts, health providers or other supports, the availability of treatment and opportunities to recover and heal.

⁸¹ Judicial Commission of NSW, [Trauma-Informed Courts: Guidance for Trauma-Informed Judicial Practices](#) (E-resource Series) 10.

⁸² Department of Social Services (Cth), [Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031](#) (National Framework, 8 December 2021) 37 (‘*Safe and Supported*’), citing Todd Herrenkohl, Rebecca T Leeb and Daryl Higgins, ‘[The Public Health Model of Child Maltreatment Prevention](#)’ (2017) 17(4) *Trauma, Violence and Abuse* 363.

⁸³ *Safe and Supported* (n 82) 49, citation omitted.

⁸⁴ Department of Social Services (Cth), [Protecting Children Is Everyone’s Business: National Framework for Protecting Australia’s Children 2009–2020](#) (1 June 2009) 7. See also Australian Institute of Health and Welfare (‘AIHW’), [Australia’s Welfare 2023: Data Insights](#) (7 September 2023); Catia Malvaso et al., ‘[A Public Health Approach to Preventing Child Maltreatment: An Intelligent Information Infrastructure to Help Us Know What Works](#)’ (2020) 106 *Child Abuse and Neglect* 104466 [82].

⁸⁵ Debbie Scott, ‘[Understanding Child Neglect](#)’ (CFCA Paper No 20, Australian Institute of Family Studies, April 2014) 1.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

are dyadic developmental psychotherapy, the Neurosequential Model of Therapeutics, and trauma-focused cognitive behaviour therapy.⁸⁸

Resilience and community

57 The Australian Institute of Family Studies identifies the following as protective factors:⁸⁹

Individual/child factors	social and emotional competence attachment to parents
Family/parental factors	strong parent/child relationship parental self-esteem family cohesion two-parent household high level of parental education self-efficacy family functioning knowledge of parenting and child development parental resilience concrete support for parents
Social/environmental factors	positive social connection and support employment neighbourhood and social capita adequate housing socio-economically advantaged neighbourhood access to health and social services

Aboriginal and Torres Strait Islander communities

58 In the context of the abuse and neglect of Aboriginal and Torres Strait Islander children, the 2021–31 National Framework stresses the importance of maintaining connections to family, community and culture while providing culturally appropriate care, and of understanding broader historical issues and how they relate to intergenerational cycles of adversity and trauma.⁹⁰

59 A longitudinal study of 1285 children in OOHC and their carers over five years found evidence that children who had social contact with birth communities had lower internalising, externalising and total problem behaviours, even controlling for the quality or financial security of the caregiver.⁹¹ In a large study of focus groups from government departments, non-government organisations and Aboriginal community-controlled organisations across Australia, it was identified that important protective factors for children leaving OOHC included early planning, supporting relationships within wider social and community networks, inclusive of

⁸⁸ Nicola Palfrey and Amanda Harris, '[The Impact of Abuse and Neglect on Children](#)' in *Abuse, Neglect & Violence* (Resources, Australian Child and Adolescent Trauma, Loss and Grief Network, 2022) 4.

⁸⁹ Australian Institute of Family Studies, '[Risk and Protective Factors for Child Abuse and Neglect](#)' (Policy and Practice Paper, May 2017) table 2.

⁹⁰ Department of Social Services (Cth), *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031* (National Framework, 8 December 2021) 37 ('*Safe and Supported*').

⁹¹ Paul Delfabbro, '[Pathways of Care Longitudinal Study: Developmental Outcomes of Children and Young People in Relative/Kinship Care and Foster Care](#)' (Research Report No. 16, NSW Department of Communities and Justice, June 2020) 48.

key transition areas such as housing, education and employment, and a strong connection to culture.⁹²

- 60 Recognising the importance of connection to family and community and sense of identity and culture, the Aboriginal and Torres Strait Islander Child and Young Person Placement Principles require that such young persons are to be placed in statutory OOHC — that is, with (in order of preference):
1. A member of the child’s or young person’s extended family or kinship group;
 2. A member of the Aboriginal or Torres Strait Islander community to which the young person belongs;
 3. A member of some other Aboriginal or Torres Strait Islander family residing in the vicinity of the child’s or young person’s usual place of residence; or
 4. A suitable person approved by the Secretary after consultation with members of the young person’s extended family or kinship group, and Aboriginal and Torres Strait Islander organisations ‘as are appropriate’.⁹³

⁹² Philip Mendes et al, ‘[Aboriginal and Torres Strait Islander \(Indigenous\) Young People Leaving Out-of-Home Care in Australia: A National Scoping Study](#)’ (2021) 121 *Children and Youth Services Review* 105848 [90].

⁹³ *Children and Young Persons (Care and Protection) Act 1998* (NSW) s 13.