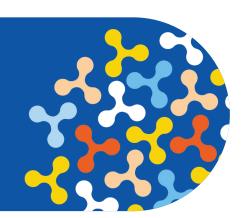
Australian experiences of multiple events of child sexual abuse and its effects



Many children and young people experience child sexual abuse repeatedly, according to data released in April 2023 by the <u>Australian Child Maltreatment Study</u>¹ (ACMS). The study measured *chronicity* — the number of events of different abuse types experienced by participants in their survey. In this Knowledge Summary, we shine a light on the ACMS findings about repeated child sexual abuse, reflecting on the impacts of cumulative events of child sexual abuse across the lifespan. Understanding chronicity and its effects can help practitioners and supporters to respond effectively. It also resources policy makers to identify and consider the need for early intervention and support.

Child sexual abuse chronicity

In the ACMS survey, 8,503 participants were asked about five different child maltreatment types, including sexual abuse before age 18. Those who said they had experienced child sexual abuse, physical abuse and exposure to domestic violence were also asked to indicate *how many times* the incidents occurred throughout their childhood. The survey found that child sexual abuse rarely happens once and is likely to have happened a number of times over many years. The table below shows that 78% of people who experienced child sexual abuse experienced more than one event, 42% experienced more than six events, and 11% experienced child sexual abuse more than fifty times in their childhood. This grave reality of the chronicity of child sexual abuse illustrates the genesis of complex trauma arising from child sexual abuse.

Chronicity of maltreatment events among those experiencing maltreatment

Number of times	>1	> 6 times	> 50 times	Median
Physical abuse	88%	62%	19%	9.5 times
Sexual abuse	78%	42%	11%	3.5 times
Exposure to domestic violence	89%	65%	32%	11.8 times

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Of the 78% of people who reported that child sexual abuse was inflicted more than once:



sexually abused 6 or more times

sexually abused more than once

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Child sexual abuse and mental health diagnoses

Child sexual abuse is a crime involving the corruption of a child's sense of safety and autonomy for another person's sexual gratification. Most victims and survivors will experience physical, emotional and social impacts that permeate different areas of life, such as relationships with family, friends, partners and colleagues, in school and work, and in cultural and spiritual life. It makes sense then, that the mental health and wellbeing of people who experience multiple events of child sexual abuse would reflect the cumulative impact of those events.1

The study examined both physical and mental health impacts. In considering the types of mental health outcomes associated with child abuse, these included major depressive disorder, post-traumatic stress disorder (PTSD), alcohol use disorder (mild, moderate and severe), and generalised anxiety disorder.² For each type of mental health diagnosis, the likelihood of experiencing that mental health issue was greater for people who experienced any form of child maltreatment. Sexual abuse of children was found to be associated with all three levels of severity of alcohol use disorder (mild, moderate and severe). Victims and survivors of child sexual abuse were almost two times as likely to experience PTSD than people who did not experience child abuse.

Child sexual abuse and health risk behaviours

When people experience child sexual abuse, the mental distress and other negative impacts can be immediate or last over months, years or even a whole lifetime. Victims and survivors find ways of managing their distress and impacts. Some coping strategies may have physical and emotional benefits, such as moderate exercise and artistic expression. Other ways of coping may provide relief at first, but over time can pose a risk to health and wellbeing and are referred to as health risk behaviours in the ACMS study. Health risk behaviours outlined were smoking, binge drinking, cannabis dependence, obesity, self-harm, and suicide attempts. The ACMS examined these health risk behaviours and their association with different child maltreatment types.³ Child sexual abuse and emotional abuse were associated with the highest odds for all six health risk behaviours.

Amongst young people aged 16-25 years who have experienced child sexual abuse and emotional abuse, self-harm and attempted suicide were found to be dangerously high.



Another area which the ACMS examined was health service utilisation. Some health service-related data showed that people who experienced child sexual abuse had the highest odds (aOR, 1.75) of six or more visits to the GP in the last 12 months, when compared to all other abuse types. Also, in the last 12 months, 19.2% of people who had experienced child sexual abuse had an overnight hospital admission which was also the highest odds (aOR, 1.24) of all abuse types.

National Centre Insight

The Australian Child Maltreatment Study was not the first research study to outline the links between child sexual abuse and the health outcomes of young people and adults4. However, it is the first time this type of data has so comprehensively and undeniably brought home the health costs of child sexual abuse to the Australian population. Unpacking the practice implications will take time. However, the policy implications are clear and the ACMS is an opening of a conversation. A conversation which needs far more in-depth dialogue.

Future research exploring the chronicity of child sexual abuse and its interactions with mental health outcomes will help practitioners to understand the cumulative impacts on victims and survivors' wellbeing, friendships, education and family and cultural connections. It may also provide an opportunity to make sense of the different coping mechanisms people adopt as well as the strengths of people who have experienced multiple events of child sexual abuse, and additional resources needed.

Help us understand your learning needs

The National Centre's Learning and Professional Development Plan aims to build and strengthen the capability of practitioners and organisations in how they respond to and support victims and survivors of child sexual abuse through training, learning, development and knowledge exchange resources and activities. Please help us to understand your learning needs by emailing us your feedback at: practice@nationalcentre.org.au

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⁴ The ACMS will release additional analyses relating to chronicity and mental health impacts. In the meantime, see, for instance, Chartier MJ. Walker JR & Naimark B. Separate and Cumulative Effects of Adverse Childhood Experiences in Predicting Adult Health and Health Care Utilization. Child Abuse & Neglect, 2010; 34, (6): 454–64; Amado BG, Arce R & Herraiz A. Psychological Injury in Victims of Child Sexual Abuse: A Meta-Analytic Review. Intervención Psicosocial, 2015; 24,(1): 49–62; Gabrielli J, Jackson Y, Tunno AM & Hambrick EP. The Blind Men and the Elephant: Identification of a Latent Maltreatment Construct for Youth in Foster Care. Child Abuse & Neglect, 2017; 67: 98–108; Hébert M, Smith K, Caouette J, Cénat JM, Karray A, Cartierre N, Veuillet-Combier C, Mazoyer AV & Derivois D. Prevalence and Associated Mental Health Outcomes of Child Sexual Abuse in Youth in France: Observations from a Convenience Sample. Journal of Affective Disorders, 2012; 282: 820–28.