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Australian Institute of Criminology

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# Child abuse to the juvenile justice system and the role of alcohol and other drugs

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## Size of the problem: Child maltreatment in Australia

Australian prevalence estimates:

- 5-10% of children suffer physical abuse;
- 2-12% are neglected (underestimate);
- 6-17% are emotionally abused or neglected;
- 12-23% are exposed to parental (domestic) violence.

Sexual abuse:

- 4-8% of males suffer penetrative abuse and 12-16% non-penetrative abuse;
- 7-12% of females suffer penetrative abuse and 23-36% non-penetrative abuse (Price-Robertson et al. 2010).



## Child protection statistics (AIHW 2011)

- Nationally, in 2009/10 there were 286,437 reports of suspected child abuse and neglect
  - 167% increase in reports from 1999/00 to 2009/10
  - 16% decrease in notifications since 2008/09
- Approx 1% of Australian children were confirmed by child protection services as having been abused or neglected in 09/10
  - 35% of reports (n = 46,187) were substantiated
  - 87% increase in substantiations since 1999/00 (24,732 to 46,187)



## Demographic differences

- Females are more likely than males to be the subject of sexual abuse substantiations in all jurisdictions
- Males are more likely than females to be the subjects of physical abuse substantiations in most jurisdictions
- Approx 66% of children across all substantiated forms of maltreatment are aged less than 10 years
  - children aged less than one year most at risk
  - Children aged 15 to 16 years are at least risk
- Indigenous children are 7.7 times more likely to have maltreatment substantiated



## Costs of Child Abuse and Neglect

### Short and long term effects are more likely if:

- there is a *long-term pattern of abuse/neglect*
- the abuse/neglect is *more severe*
- the concerns are *not addressed*

### Possible outcomes (and indicators)

- Low self-esteem
- Depression and/or suicidal thoughts
- Withdrawn behaviour



- Anxiety disorders, poor coping and emotional instability
- Attachment issues (peers, relationships, school) & inability to trust
- Learning disorders
- Aggression/violence or behaviour problems ('acting out')
- Re-victimisation (physical or sexual abuse)
- Physical effects such as: failure to thrive and developmental delays, eating disorders, physical ailments (e.g. hypertension, asthma)
- Delinquency and criminal behaviour



Child maltreatment does not often occur in isolation. It is associated with:

- other family violence
- parental history of childhood abuse
- poverty and a 'toxic' environment
- social isolation
- lack of professional and community support
- substance abuse
- mental illness and/or intellectual disability
- criminal activity



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# Pathways from child maltreatment to juvenile offending



## Widom & Maxfield 2001

- Tracked 1,575 cases over 25 years from childhood to adulthood and compared arrest records:
  - 908 substantiated victims of abuse or neglect
  - 667 children not officially recorded as 'abused' or 'neglected' but matched by race, age, sex and family socio-economic status
- The maltreated children were found to be 30% more likely to be arrested for a violent crime later in life



## Stewart et al. 2008

- Study of all children born in Queensland in 1983/84 who had contact with the child protection system
  - school transitions were times when children were more likely to experience maltreatment
  - children whose maltreatment trajectories started or continued into adolescence were more likely to offend



- 26% of maltreated children went on to offend c/f
  - 17% of children who were not maltreated
  - 20% of children who had a 'not substantiated' notification
- Significant predictors of offending:
  - gender (males ↑)
  - Indigenous status (Indigenous children ↑)
  - timing of final maltreatment incident (adolescent ↑)
  - number of notifications and maltreatment incidents
  - experience of physical abuse and neglect (Dennison et al. 2005)



## Cutajar, Mullen & Ogloff – Centre for Forensic Behavioural Science, Monash University

- Tracked outcomes for 2759 children aged less than 16 who were sexually abused between 1967 and 1995.
- Compared with a control group of 2677 persons matched on gender and age.
- Abuse survivors:
  - 3 times more contact with mental health agencies (23% vs 7.7%)
  - Those abused between 12 and 16 had greater risk for psychopathology.
  - Suicide was 19 times higher in the sexually abuse cohort compared with the control (.76% vs .039%).



## Sexual abuse and offending

- A subsample of 1232 (932 female and 300 males) was taken.
- 34.8% of the sexually abused cohort committed an offence c/f 6.8% from the control.
- The age at onset of offending for the sexually abused cohort was 16 yrs compared with 26 yrs in the control – offending 10 years earlier
- 9.4% of abused males committed sexual offences c/f 0.7% in the control.
- 21.9% of male children who experienced sexual abuse when they were > 12 yrs committed a sexual offence compared with 5.3% of those who were sexually abused when they were < 12 years.



## McGee et al. 2011 – anti-social behaviour

- Examined individual, family and neighborhood predictors of ASB using the Mater University Study of Pregnancy (MUSP)
  - Longitudinal study of mothers and their children in Brisbane, Australia –used data from birth through to adolescence (age 14 years).
- Strongest predictors were disruptions in parenting processes, poor school performance and early childhood aggression.
- Suggests that programs that aim to enhance parenting practices, including improving communication, supervision and monitoring of children, are important



## Substance use and maltreatment

- The 'demon rum' explanation for violence and abuse in the home is one of the 'most pervasive and widely believed explanations for family violence in the professional and popular literature' (Gelles 1993:182).
- Subsequently supported by research investigating homicide, assault, child maltreatment and domestic violence - all producing substantial associations between alcohol or illicit drug abuse and violence.



# Biological intergenerational transmission: Exposure to AOD in utero

‘Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe a range of disabilities and a continuum of effects that may arise when alcohol passes freely through the placenta during pregnancy, raising the blood alcohol level of the fetus equal to that of the mother. It is a lifetime, incurable disability that is preventable’ (Mundy 2008).



- Child affected in utero requires more care
  - = more family stress & less coping
  - = parent may not have skills or capacity to parent
  - = higher risk of abuse and neglect

## **Environmental intergenerational transmission:**

- Social learning/modelling
  - Social acceptability of using grog/drugs
  - Normalisation of behaviour in an alcohol/drug culture
  - In extreme: parents push children into substance abuse



## AOD as a coping mechanism

- AOD may be used by children as a mechanism to cope with experiences of abuse
- Adverse childhood experiences such as abuse increase adult misuse of alcohol (Dube et al. 2002)
- Environmental stress is critical to understanding substance abuse. Individuals who are exposed to stress are more likely to abuse AOD (Mason 2004)



## Conclusion: Ways forward

- Some young people are naturally resilient
- Others will need assistance at key points to address issues of trauma and to prevent anti-social behaviour
  - Esp. those experiencing significant trauma combined with a genetic predisposition
- Others will need assistance to prevent the recurrence of anti-social behaviour or crime ie 'rehabilitation'
  - The importance of therapeutic intervention, not just incarceration or restorative justice focus
  - May require changes to current sentencing practices



- AoD services
  - Treat/support the family not the individual adult
  - Improved training on children's issues for AoD workers
  - More youth-centred services
  - Enhanced engagement with child protection/family support sector (and vice versa)



## **Maltreatment: Prevention is better than cure**

- Home visiting
- Early intervention
  - child in utero
  - in the early years
  - at key transitions across life course (esp. adolescence)
- Parenting programs
  - Support for youth and soon-to-be parents
  - Education and support for young women and the newly pregnant



## The role of community

- Set clear behavioural parameters and social sanctions
- Education system as a provider (citizenship classes)
  - Problem solving and Decision making skills
  - Identification of consequences of actions
  - Communication and assertiveness skills
- Engagement of young people in developing solutions and peer support
- Provide more alternatives for 'appropriate' risk-taking



## Barriers to prevention

- Failure to use the evidence base to inform investments & an ongoing failure to invest for the long term
- A continued strong focus on ‘putting out the fires’ leaves less focus on prevention and more effective long-term solutions – fuelled by media, scandals etc.
- Despite competing roles and issues, despite siloed funding streams, there is a need for concerted cross-sectoral support for prevention



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# Thank you

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