

Breaking the cycle

A study of victimisation and violence in the lives of non-custodial offenders

CRIME AND
MISCONDUCT
COMMISSION



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CMC vision: To be a powerful agent for protecting Queenslanders from major crime and promoting a trustworthy public sector.

CMC mission: To combat crime and improve public sector integrity.

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Abbreviations

ADD	attention deficit disorder
ADHD	attention deficit hyperactivity disorder
AUDIT	Alcohol Use Disorders Identification Test
CMC	Crime and Misconduct Commission
CSA	childhood sexual abuse
CTS	Conflict Tactics Scale
NHMRC	National Health and Medical Research Council
OPAL	Offending Persons Across the Lifecourse (project)
PTSD	post-traumatic stress disorder
QCS	Queensland Corrective Services
SF-36	Short Form Health Survey

Preface

Recent estimates suggest the overall cost of crime in Australia to be in the vicinity of \$32 billion annually. To intervene early in the pathways of development that lead to criminal careers is therefore a worthy goal. Early intervention, however, requires an understanding of the risk factors that lead to criminal offending in the first place, as well as the most effective ways to reduce those risks. The first step is to identify where prevention and early intervention efforts may be most effective.

The Offending Persons Across the Lifecourse (OPAL) project described in this report was conducted by the Crime and Misconduct Commission (CMC), with the cooperation and support of Queensland Corrective Services (QCS). It shows, for the first time in Australia, the criminogenic risks — or predictors of crime or recidivism — of non-custodial offenders. In so doing, it provides information for the development and implementation of relevant prevention, early intervention and treatment programs with the ultimate aim of reducing criminal offending and recidivism.

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Lastly, this project would not have been possible without the cooperation of the 480 offenders who participated in the research interviews. The results highlighted in this report reflect their often traumatic and chaotic lives. It is our hope that these findings will illuminate opportunities for early intervention and prevention so that the cycle of victimisation, crime, re-victimisation and re-offending among offenders serving community supervision can be reduced in the future.

This report was written by Professor Paul Mazerolle and Dr Margot Legosz with the assistance of Dr Samantha Jeffries and Dr Rosie Teague. The report was prepared for publication by the CMC's Communications Unit.

Summary

Despite the availability of research evidence about the criminogenic risks and needs of offenders serving prison sentences and the effectiveness of various correctional rehabilitation programs, little is known about offenders serving non-custodial sentences.

The Offending Persons Across the Lifecourse (OPAL) project was conducted by the Crime and Misconduct Commission (CMC) to illustrate, for the first time in Australia, the criminogenic risks associated with non-custodial offenders, as well as opportunities for treatment programs that aim to reduce recidivism.

The OPAL project involved acquiring sensitive personal information from a sample of offenders serving community supervision orders across Queensland, in order to:

- » assess the prevalence of various forms of child maltreatment, including physical and sexual abuse and neglect
- » measure the prevalence of sexual and violent victimisation during adolescence and adulthood
- » examine the relationship between negative early life experiences (e.g. sexual victimisation) and experiences and outcomes later in life (e.g. education, employment, crime)
- » examine the treatment needs of respondents
- » examine whether victimisation experiences and their consequences differ between male and female and Indigenous and non-Indigenous offenders.

The primary mode of data collection for the project was through face-to-face structured interviews with 480 offenders (188 females and 292 males) serving intensive correction or probation orders under Queensland Corrective Services (QCS). The interviews gathered information about a range of matters including victimisation experiences, mental health, drug and alcohol abuse, criminal activity, satisfaction with intimate relationships, and involvement in correctional treatment programs.

The study revealed the following:

- » During childhood, OPAL respondents had experienced high rates of family trauma and turmoil including chaotic family experiences, parental alcohol and drug abuse, and violence between their parents or between a parent and their partner.
- » The respondents experienced high rates of exposure to various forms of childhood trauma including physical and emotional abuse, and physical and emotional neglect (approximately two-thirds of respondents reported experiences that were coded as extreme neglect).

- » The rates of exposure to various forms of childhood sexual abuse (CSA) were generally much higher than levels of reported sexual abuse in the general community. While the levels of childhood trauma were high for males and females alike, non-physical, physical and penetrative forms of CSA were consistently higher for females. Levels of trauma and victimisation did not, however, vary by Indigenous status.
- » The adolescent experiences of OPAL respondents illustrate the high-risk nature of this period of their lives. For example, the respondents had generally poor educational outcomes, high rates of delinquency, early experiences with the juvenile justice system and widespread illicit drug use. Further, respondents who experienced victimisation during childhood generally had worse outcomes in adolescence. These findings were largely similar by gender and Indigenous status.
- » The criminal offending behaviour exhibited by the study participants during adulthood was quite diverse and extensive. For example:
 - Both males and females exhibited a high degree of involvement in violent and property crime (this involvement did not differ by Indigenous status).
 - A high proportion of respondents reported using alcohol and drugs. Many were harmful and dependent users of alcohol and a high proportion reported using serious drugs such as heroin and amphetamines. Almost one-third of respondents reported that their drug use was out of control.
- » Victimization experiences during adulthood were very high and varied among the sample. For example, various forms of criminal victimisation (such as assault and property crime) were widespread, and exposure to intimate partner violence among respondents with partners was very high for both males and females. Overall, some 80 per cent of males and 90 per cent of females with partners had experienced partner conflict or violence, and more than half had experienced some form of sexual victimisation since the age of 16. Sexual victimisation was considerably higher for females than for males. No differences by Indigenous status were observed.
- » Mental health problems were widespread throughout the sample, with almost a quarter (22%) of the respondents having been admitted to a psychiatric unit at some stage during their lives. Levels of depression and anxiety were very high compared with community samples, although depression was higher for females and lower for Indigenous respondents. Episodes of self-harm and attempted suicide were also very prevalent among the respondents.
- » Among the respondents, experiences of CSA appear to have increased the amount and variety of offending committed during adulthood (although a non-offending sample was not available for comparative purposes). For example, female victims of CSA had higher participation rates in violent crime, property crime and total offending than female non-CSA victims. These differences were not observed for males, and the relationship between CSA and adult offending did not differ by Indigenous status.
- » CSA was also associated with alcohol problems (especially for males) and with depression (especially for females). Among females with severe depression at the time of the interview, for example, all reported being sexually victimised during childhood. CSA, especially the more severe forms of abuse, was also clearly related to suicide attempts. While the more severe forms of CSA were associated with more offenders attempting suicide, this relationship appeared to be stronger for males than for females. The most alarming statistic was the finding that, among Indigenous males who experienced penetrative abuse as a child, all had attempted suicide at least once.

- » The degree of sexual re-victimisation in the sample was very high for both males and females. Overall, among the victims of CSA in this sample, 81 per cent experienced some form of sexual victimisation as an adult.
- » The results also suggest that severe forms of CSA can be associated with experiences of CSA among the children of victims of sexual abuse. For example, the children of respondents who had experienced severe CSA as a child were more likely to have been touched sexually by an adult, and to have experienced forced sex, than were the children of those who had not experienced severe forms of CSA as a child.
- » Many respondents had participated in offender-based treatment programs: 45 per cent had participated in a drug and alcohol treatment program, 29 per cent in an anger management program and 21 per cent in a cognitive skills program. Males reported higher participation rates than females in anger management, cognitive skills and substance abuse/relapse programs, and significantly more Indigenous than non-Indigenous respondents reported participating in an anger management program. Prior childhood victimisation (physical abuse in particular) was consistently related to higher rates of participation in various treatment programs among respondents.
- » Respondents reported relatively high ratings of success for various treatment programs, although they rated anger management programs higher than others on improvements in interpersonal relationships with friends and partners, improved work life, and acquiring more control over emotions and behaviour.

Conclusion

This study has been the most comprehensive examination of the risks and needs of a non-custodial correctional population in Australia.

The findings reveal that there are significant problems among most non-custodial offenders. They often lead chaotic, challenging and disadvantaged lives. Understanding this context should assist with identifying the risks among this group for both repeat offending and repeat victimisation.

Some key themes emerge from the results of the project. For example, it becomes clear how important it is to:

- » address the consequences of victimisation
- » interrupt the cycle of victimisation
- » be aware of the differences between genders, and between Indigenous and non-Indigenous groups
- » focus on opportunities for early intervention and treatment.

While the findings of this study are significant in themselves, in that they reveal extensive risks among a rarely studied population of offenders, they will be more significant if they chart a new course for developing practical solutions for preventing re-offending and re-victimisation within this population.

1

The challenges of providing effective responses to criminal behaviour

Introduction

The impact of crime on the community and the role of the criminal justice system in responding effectively to crime continue to present real challenges for local, state and federal governments, as well as causing concern among the general community.

Crime is a costly enterprise, with recent estimates suggesting its overall cost in Australia to be in the vicinity of \$32 billion annually. Fraud is the most costly, followed by violent crime (Mayhew 2003). While the consequences of crime across the community cannot easily be circumscribed in monetary terms, the full range of social, health and fiscal consequences create clear imperatives for government agencies with responsibilities in the area of crime, crime control and crime prevention. The community expects governments of all persuasions to implement the best possible systems and programs for the effective, efficient and just handling of crime and criminal behaviour.

Governments and the community both have important roles to play in preventing crime; governments also have a unique responsibility for providing institutional structures and systems to respond effectively to crime. Governments at local, state and federal levels are expected to invest in programs and services that address crime, its causes and associated consequences. However, the existing resource allocations, systems, structures and programs do not necessarily satisfy community expectations. This is the case in Queensland, in Australia, and indeed in most developed and developing countries.

Correctional organisations can provide unique opportunities to reduce the risk of future criminal offending. Despite the longstanding belief that ‘nothing works’ in reforming offenders (Lipton, Martinson & Wilkes 1975; Martinson 1974), more recent evidence based on direct comparisons between treated and non-treated offender groups demonstrates that correctional treatment programs can be highly effective in reducing recidivism (Andrews et al. 1990; Day & Howells 2002; Gendreau & Ross 1987). Furthermore, comparisons of offender groups participating in various treatment programs clearly show that some programs are more effective than others in reducing recidivism (Howells et al. 2004).

The challenge for correctional organisations is to ensure that appropriately assessed offenders with demonstrable criminogenic needs are provided with treatment programs that minimise their risk of re-offending.

Despite the available evidence of effective correctional rehabilitation programs, much less is known about the specific criminogenic risks and needs of offenders serving non-custodial sentences.

For this population there is an absence of documentation about:

- » the level and extent of various criminogenic risks (e.g. child maltreatment experiences)
- » whether past maltreatment experiences shaped their offending behaviour and subsequent recidivism in adulthood
- » their specific treatment needs and overall suitability for treatment.

This report describes the key findings of the Offending Persons Across the Lifecourse (OPAL) project undertaken by the CMC. The OPAL project was conducted with the primary objective of illustrating, for the first time in Australia, the range of criminogenic risks and needs in a non-custodial offender population, as well as the opportunities for further investment in treatment programs aimed at reducing recidivism.

Background context

Criminal recidivism is an ongoing concern for governments and the general community. Indeed, the persistence of offending behaviour and the development of chronic offending patterns has been a key area of focus in criminology since the pioneering work of Wolfgang and colleagues in the United States (Wolfgang, Figlio & Sellin 1972).

Although the issue of recidivism has wide relevance throughout the world in both academic and public policy contexts, reliable information on recidivism has only recently been available in Queensland. A Queensland-based study in 2003, for example, illustrated the high levels of criminal recidivism among juvenile offenders (Lynch, Buckman & Krenske 2003). This study into youthful offending trajectories, conducted by the CMC, showed that:

- » 79 per cent of juveniles on supervised orders in 1994–95 had progressed to the adult corrections system and 49 per cent had served at least one term of imprisonment by September 2002
- » 91 per cent of the juveniles who had been subject to a care and protection order, as well as a supervised justice order, had progressed to the adult corrections system by September 2002, with 67 per cent having served at least one term of imprisonment.

Also illustrated in this work were the key influences of child maltreatment on juvenile offending and subsequent criminal offending. These relationships have been widely documented internationally (Smith & Thornberry 1995; Widom 1989; Zingraff et al. 1993) and in Queensland (Stewart, Dennison & Waterson 2002). Early formative experiences are thus an important influence on the risk of delinquency and persistence of crime into adulthood. It is therefore important that interventions are proactive, and are aimed at minimising the criminal consequences of victimisation experiences. Criminal justice organisations are also well placed to document the levels of exposure to a range of victimisation experiences (e.g. physical child abuse, sexual abuse, neglect) within correctional populations, as well as the consequences of such experiences (e.g. poor mental health, drug abuse, violence), and the treatment options that are most likely to reduce re-offending.

There are few examples of correctional organisations embracing such an approach, however. A recent study conducted in Queensland with women in custody provided an initial step towards documenting the health needs of this population (Hockings et al. 2002). Although this research was informative, there remains an important gap in

knowledge about the range of criminogenic risks and specific treatment needs for non-custodial correctional populations. Project OPAL seeks to fill this gap.

Early exposure to violent victimisation

Early life experiences play a formative role in child and adolescent development. Research has demonstrated clear relationships between traumatic experiences such as child maltreatment and negative outcomes such as delinquency and crime (Smith & Thornberry 1995; Widom 1989). In addition, adverse childhood experiences often lead to outcomes such as drug abuse, which in themselves tend to increase the risk of delinquency and crime.

Unfortunately, reports of abuse and other forms of childhood maltreatment or victimisation are increasingly common in Australian society. For example, recent information from Queensland demonstrates that, on average, the Department of Child Safety receives between 30 000 and 40 000 notifications of abuse each year.¹ The numbers and types of substantiated notifications of abuse are shown in Table 1.1. These figures illustrate that child maltreatment is an issue of ongoing and possibly growing concern for both the general community and the government, and demands considerable public investment.

Table 1.1: Substantiated notifications by most serious type of harm (Queensland, 2003–04 to 2005–06)

Type of harm	Number of substantiated notifications		
	2003–04	2004–05	2005–06
Physical	4 042	3 829	2 775
Sexual	1 000	965	726
Emotional	5 667	6 753	5 587
Neglect	6 764	5 760	4 096
Total	17 473	17 370	13 184

Source: Queensland Government, Department of Child Safety, *Annual report 2005–06*, p. 66.

For a number of reasons, official reports of childhood maltreatment substantially underestimate its true extent in the community (CMC 2003; Fleming 1997; James 1994; Tomison 1995). Official statistics provide an indication of the number of child maltreatment cases reported, but not actual prevalence or incidence rates. To overcome some of the problems of under-recording and under-reporting, researchers and government officials increasingly rely on community-based surveys.

Recent surveys have illuminated the extent of child maltreatment and violence victimisation across the community. For example:

- » In the Australian Bureau of Statistics *Personal safety survey 2005* (ABS 2006a) 40.5 per cent of men and 29.2 per cent of women reported that they had experienced at least one physical assault and 4.8 per cent of men and 16.8 per cent of women reported experiencing at least one sexual assault since the age of 15 years.

¹ After a sharp increase in the number of notifications of abuse between 2003–04 ($n = 35\,023$) and 2004–05 ($n = 40\,829$), which may have been related to the CMC's inquiry into foster care in Queensland (CMC 2004), there were still well over 30 000 notifications to the Department of Child Safety in 2005–06 ($n = 33\,612$).

- » The Australian component of the International Violence Against Women Survey, published by the Australian Institute of Criminology, gauged the experiences of physical and sexual violence throughout the lives of 6677 women. The survey revealed that 2 per cent of women had experienced sexual abuse by a parent, and 16 per cent had experienced sexual abuse by someone other than a parent; 18 per cent of the respondents also indicated they had been physically abused as a child by a parent (Mouzos & Makkai 2004).
- » Dunne and colleagues (2003) reported, from an Australia-wide study, that 12.2 per cent of women and 4.1 per cent of men had experienced an unwanted penetrative sexual act during childhood; 33.6 per cent of women and 15.9 per cent of men had experienced an unwanted non-penetrative sexual act.

There is a notable lack of information about the nature and extent of maltreatment experiences among high-risk groups such as offenders.

The Queensland Women's Prisoners' Health Survey (Hockings et al. 2002), based on a large sample of females in prison ($n = 212$), revealed that 42.5 per cent of respondents had been a victim of CSA and 37.7 per cent had experienced childhood physical or emotional abuse. It was not surprising that experiences of serious childhood maltreatment and other forms of trauma for this group were higher than in the general population. However, there is currently no information about the nature and extent of early experiences of violent victimisation and other types of trauma among non-custodial community supervision populations in Australia.

The consequences of exposure to child maltreatment

The consequences of child abuse and neglect are varied and overwhelmingly damaging. The short-term and long-term consequences include a multitude of health and social problems (Anda et al. 2001; Chapman et al. 2004; Dietz et al. 1999; Dube et al. 2005; Hillis et al. 2001, 2004). Some of these are described below.

Mental health

International and Australian research consistently shows that individuals with early experiences of childhood maltreatment, including violent victimisation, are more likely than their peers to experience a range of mental health and personality disturbances including depression, paranoia, hostility, anxiety and fear, antisocial disorders, dissociative disorders, post-traumatic stress disorder (PTSD), sleeping problems, avoidant disturbances, low self-esteem, and elevated risk of attempted suicide (Chapman et al. 2004; Dube et al. 2001; Haller & Miles 2004; Johnson et al. 1999; Jumper 1995; United States Department of Justice 2002; Widom 1999).

Social functioning

Abuse, neglect and other adverse childhood experiences also impact on social functioning. Poor moral judgment, risk-taking behaviour and the development of unhealthy and violent familial relationships during adulthood are associated with adverse childhood experiences. Colman and Widom (2004), for example, reported that abuse and neglect have a detrimental effect on both men's and women's ability to establish and maintain healthy intimate relationships in adulthood.

Adults who have been maltreated as children are also more likely to maltreat their own children, and have generally poorer parenting skills. In their exploration of the intergenerational cycle of childhood maltreatment, Newcomb and Locke (2001) found a moderately strong relationship, for both mothers and fathers, between childhood maltreatment and poor parenting. For mothers, early neglect led to poor parenting and sexual abuse as a child led to aggressive parenting. For fathers, maltreatment as a child led to rejecting parenting practices.

Sexual and reproductive problems

Sexual and reproductive health (especially for women) appears to be adversely affected by negative experiences during childhood. Some research has identified relationships between different types of maltreatment and early participation in sexual activity, risky sexual behaviour, teenage pregnancy, unintended adult pregnancy and prostitution (see reviews by Blinn-Pike et al. 2002 and Stevens-Simon & Reichert 1994). For example, a New Zealand study conducted by Fergusson, Horwood and Lynskey (1997) found that, compared with females without sexual abuse histories, females with sexual abuse histories were:

- » 4.4 times more likely to engage in sexual activity and become pregnant
- » 9.3 times more likely to have had five or more sexual partners
- » 6.6 times more likely to have had sexual intercourse by 16 years of age (reported in Buzi et al. 2003).

Using data from the Adverse Childhood Experiences Study, Hillis and colleagues (2001) found that each category of adverse experience (e.g. verbal abuse, physical abuse, sexual abuse, witnessing mother being battered, household substance abuse, mental illness in the household) was associated with an increased prevalence of sexual intercourse by age 15, perceiving oneself as being at risk of AIDs, and having 30 or more sexual partners.

Childhood maltreatment has also been linked with unintended pregnancy among adult women (Dietz et al. 1999) and may be an antecedent to prostitution. Comparing matched cohorts of non-abused with abused children, Widom and Kuhns (1996) found that abuse and/or neglect was a significant predictor of prostitution for females, although the relationships may be indirect, as many maltreated youth run away from home and this magnifies the risk of prostitution (McClanahan et al. 1999; Seng 1989; Siegel & Williams 2003).

Cognitive and academic functioning

Childhood maltreatment can also affect school performance, and may lead to learning difficulties. Many studies assert that, on average, children who have experienced adversity within their families score lower on cognitive measures and demonstrate lower school achievement than their peers from similar backgrounds (Lowenthal 2002). For example, a key piece of research undertaken in the United States by Kurtz and colleagues (1993) found that maltreated children scored significantly lower than non-maltreated children on a composite index of academic performance. In a recent meta-analysis, Mills (2004) reported that 91 per cent of researchers have found that maltreatment leads to poor school achievement, 75 per cent have reported it leads to delays in cognitive development and 86 per cent have reported impaired language development.

Physical health

There are numerous adverse short-term and long-term physical health outcomes associated with child maltreatment and adversity (Walker et al. 1999). In the short term, physical abuse may result in infections, bruises, broken bones, visual and auditory impairment, brain damage, contusions, burns and death; sexual abuse may result in genital trauma, pregnancy and sexually transmitted infections; and neglect may result in increased rates of physical accidents, health problems such as nappy rash, infections, colds, malnutrition, physical defects and delays in physical development (Australian Institute of Family Studies 2005). In the long term, child maltreatment has been linked to a plethora of physical health problems (see a review by Springer et al. 2003) such as:

- » chronic pain (Australian and New Zealand College of Anaesthetists 2005; Heim, Ehlert & Hellhammer 1998; Kendall-Tackett 2001; Walker et al. 1996)
- » gynaecological and reproductive problems (Farley & Patsalides 2001; Walker et al. 1996)
- » eating problems including bulimia, loss of appetite and obesity (e.g. Fairburn et al. 1998; Grilo & Masheb 2001; Grilo et al. 2005; Rayworth, Wise & Harlow 2004; Wonderlich et al. 1996)
- » stomach problems such as ulcers (Goodwin & Stein 2004)
- » frequent tiredness, including chronic fatigue syndrome (Taylor & Jason 2002)
- » bladder problems (Romans et al. 2002)
- » lung problems (Goodwin & Stein 2004; Romans et al. 2002)
- » heart problems, including cardiovascular disease (Batten et al. 2004; Dong et al. 2004; Goodwin & Stein 2004; Romans et al. 2002)
- » diabetes (Goodwin & Stein 2004; Romans et al. 2002)
- » bowel problems, including irritable bowel syndrome (Kendall-Tackett 2001; Salmon, Skaife & Rhodes 2003)
- » liver disease (Dong et al. 2004)
- » autoimmune disorders (Goodwin & Stein 2004).

Substance abuse

There is ample evidence showing that early childhood adverse experiences and maltreatment increase the likelihood of substance abuse during adolescence and adulthood. Researchers have linked adverse childhood experiences, especially female sexual victimisation, to tobacco (Anda et al. 1999, p. 1652), alcohol and illicit drug abuse (Anda et al. 2002; Fergusson & Lynskey 1997).

For the individual experiencing or having experienced childhood maltreatment and other types of familial adversity, substance use may act as a form of emotional and/or psychological escape. Widom, Weiler and Cottler (1999) speculate that alcohol and substance use can:

- » act as a form of self-medication to gain control over negative life experiences
- » act as a form of self-enhancement by improving self-esteem
- » help reduce feelings of isolation and loneliness by providing people with a peer group through joining the drug culture
- » act as a form of self-destructive behaviour arising from poor self-concept, self-blame, and feelings of worthlessness.

Childhood adversity is also shown to have a strong dose–response relationship with illicit drug use. A study by Dube et al. (2003) found that people who had experienced five or more risk factors were seven to ten times more likely than those with fewer risk factors to report illicit drug use and addiction to illicit drugs through adolescence and adulthood. Widom and White (1997) compared the substance use patterns of adults who had experienced abuse and neglect as children with those of a matched control group who had not experienced childhood victimisation. Their conclusion was that those who had been abused and neglected — both males and females — had higher rates of substance abuse (see also Widom & Hiller-Sturmhofel 2001; Widom, Ireland & Glynn 1995; Widom, Weiler & Cottler 1999).

Delinquency and crime

A growing body of research suggests that childhood maltreatment increases the risk of delinquency and crime. Widom’s research on the connection between maltreatment and crime is considered especially robust (see reviews by Lemmon 1999 and Smith & Thornberry 1995).

Widom’s (1989) study followed 1575 individuals over a 25-year period spanning childhood to adulthood. It compared the arrest records of 908 children with substantiated reports of abuse and neglect with those of a comparison group of 667 non-maltreated children, matched on gender, race, age and socioeconomic status. Widom found that being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 per cent, of arrest as an adult by 28 per cent and of violent crime by 30 per cent, even after controlling for the influences of age, gender and race or ethnicity (see Widom 1998; Widom & Maxfield 2001).

In another respected study, Smith and Thornberry (1995) used data from the Rochester Youth Development Study to examine whether dimensions of maltreatment (prevalence, frequency, duration, type, severity) were risk factors for official and self-reported delinquency. They also examined whether these relationships persisted after controlling for race, ethnicity, gender, social class, family structure and mobility patterns. The authors found that, net of other factors, a history of maltreatment directly and significantly affected the prevalence and frequency of arrests as well as the more serious forms of self-reported offences, including violent crime. Their findings provide strong evidence that the effects of maltreatment ‘are not spurious and are independent’ (Smith & Thornberry 1995, p. 468).

In Australia, research analysing the links between childhood maltreatment and delinquency provides further evidence of a close relationship. Investigating a sample of 4656 Queensland children born in 1983 with recorded Department of Families contacts, Stewart, Dennison and Waterson (2002) found that children who had suffered maltreatment (including sexual abuse, physical abuse, neglect and emotional abuse) were more likely to offend in adolescence than children who were not maltreated.

In addition, evidence of the following was found:

- » Certain types of maltreatment heighten offending risk. For example, physical abuse and neglect were more predictive of offending than sexual or emotional abuse.
- » The timing of maltreatment is important. People who were maltreated into adolescence are at greater risk of offending than are those whose maltreatment did not extend beyond childhood.

- » The severity of the maltreatment increases the probability of offending. For example, children with out-of-home placements (indicative of the severity of maltreatment) were more likely to offend than were those who did not receive out-of-home placements.

Re-victimisation in adulthood

Research has shown that people subjected to maltreatment as children have a substantially increased risk of being re-victimised as adults — both sexually and physically, by intimates and by strangers (Coid et al. 2001; Desai et al. 2002; Indermaur 2001; Krahe et al. 1999; Mouzos & Makkai 2004; Parillo, Freeman & Young 2003; Tjaden & Thoennes 2000).

A study by Desai and colleagues of childhood victimisation and subsequent adult re-victimisation among a nationally (US) representative sample of men and women showed that childhood victimisation significantly increased the risks of adult victimisation by (a) any perpetrator for men and women and (b) an intimate partner for women but not for men (Desai et al. 2002). Indermaur's (2001) Australian investigation of young people's experiences of domestic violence revealed that respondents growing up in homes where there had been couple violence were more likely to be victims of relationship violence than those who had not grown up in violent homes. They were, for example, more than twice as likely to be the victims of forced sex as young adults. Additionally, results from the Australian component of the International Violence Against Women Survey revealed that:

- » women who had experienced childhood physical and/or sexual abuse were far more likely than those who had not experienced abuse to experience some type of violent victimisation during adulthood (78% compared with 49%)
- » the risk of sexual violence in adulthood doubled for women who were either physically or sexually abused as children (54%) compared with women who had not been abused during childhood (26%) (Mouzos & Makkai 2004).

Aims of the OPAL project

The CMC's Offending Persons Across the Lifecourse (OPAL) research project examined the life experiences of people serving community supervision orders in Queensland. The project was especially concerned with documenting the experiences and consequences of violent victimisation, in particular child sexual abuse (CSA), in this population. The results of the project will expand the existing knowledge base about levels of victimisation and its consequences among the non-custodial offender population in Queensland. The project also highlights the needs of this group, and illuminates areas that may require greater investment of resources to develop targeted prevention, early intervention and treatment programs aimed at reducing recidivism. Importantly, the project is one of the first large-scale attempts to document the criminogenic risks and needs of a non-custodial offending population in Australia.

The main aims of the project were to:

- » assess the prevalence of various forms of child maltreatment, including physical and sexual abuse and neglect
- » measure the prevalence of sexual and violent victimisation during adolescence and adulthood

- » examine the relationship between negative early life experiences (e.g. sexual victimisation) and experiences and outcomes later in life (e.g. education, employment, crime)
- » examine the treatment needs of respondents
- » examine whether victimisation experiences and their consequences differ between male and female and Indigenous and non-Indigenous offenders.

Role of the CMC

First established in January 2002 by the *Crime and Misconduct Act 2001* (Qld), the CMC has a range of statutory functions that contribute to the operation of criminal justice and the management of official misconduct and public sector integrity in Queensland. In addition to its investigatory and monitoring functions, the CMC undertakes research and prevention activities, as set out in sections 23 and 52 of the Act. The CMC has a specific responsibility to undertake research into the incidence and prevention of criminal activity.

This project, with its focus on identifying the key risk factors that influence offending outcomes and criminal recidivism, seeks to pinpoint opportunities for greater investment in effective prevention and treatment programs that may ultimately reduce crime in Queensland.

Structure of the report

This report presents the overall findings of Project OPAL. The next chapter (**Chapter 2**) describes the objectives of the project, the sampling strategy, the data collection methods employed, and the demographic characteristics of the sample.

Chapter 3 provides information on the early family experiences of the study respondents. It also covers the experiences of various forms of child maltreatment and trauma, such as sexual and physical abuse and neglect, among the sample. The information is presented for the entire sample and, where appropriate, comparisons are made by gender and by Indigenous status.

Chapter 4 discusses adolescent experiences. In particular, it draws attention to the respondents' experiences at school, involvement in delinquency and drug use, and the relationships between childhood maltreatment and various adolescent experiences.

Chapter 5 presents information about various experiences and events occurring during adulthood. It shows how past victimisation experiences shape and influence various criminal and non-criminal (but deleterious) outcomes in adulthood.

Chapter 6 describes the relationships between early victimisation experiences and various adult outcomes. It discusses how past victimisation experiences shape and influence various criminal and non-criminal (but deleterious) outcomes in adulthood, and it examines repeat victimisation.

Chapter 7 presents information about respondents' experiences of treatment programs, and the perceptions of those who have participated in various correctional treatment programs about their relative effectiveness.

Chapter 8, the final chapter, considers the overall findings of the study, and their implications. In particular, it stresses the importance of responding effectively to the various criminogenic needs of offenders in non-custodial correctional environments. Within this context, the concluding chapter discusses the practical benefits, for both governments and the general community, of targeting the specific risks and needs of criminal offenders and providing appropriate interventions.

2

Research procedures and characteristics of the participants

Introduction

This chapter describes the various research procedures used to undertake Project OPAL. The project necessitated the acquisition of sensitive personal information from a sample of offenders in a logistically challenging field research setting. Well-planned and coordinated research methods were therefore essential.

The primary mode of data collection was through face-to-face structured interviews with 480 offenders (188 females and 292 males) serving either intensive correction orders or probation orders under Queensland Corrective Services (QCS). To meet the primary objectives of the study, the interviews gathered information about matters such as victimisation experiences, mental health, drug and alcohol abuse, criminal activity, satisfaction with intimate relationships, and involvement in correctional treatment programs.

The study was undertaken by the CMC with the assistance of QCS. The roles and responsibilities of each agency within the project were formalised in a memorandum of understanding.

Methodology

The research phase of Project OPAL included the following stages:

- » development of a sampling framework
- » development and piloting of a questionnaire
- » collection of data through structured interviews, and through focus groups with correctional personnel
- » extraction of QCS administrative data for the sample.

Sampling approach

Key assumptions of the study were that it:

- » would require face-to-face interviews
- » needed a sufficiently large sample of respondents to be representative of the demographic characteristics of non-custodial offenders in Queensland
- » needed to be conducted statewide.

Because of the primary interest in interviewing non-custodial offenders, the study targeted offenders serving direct-from-court community supervision orders, involving

either an intensive correction order or a probation order. It did not include offenders serving fine option orders, intensive drug rehabilitation orders or community service orders, as they were deemed to present significant logistical challenges and to be outside the focus of the study, which was on relatively serious offenders serving time in the community.

Area offices included in the data collection were selected on the basis of their above-average flow of offenders serving intensive correction and probation orders, their geographical accessibility, and the proportion of Indigenous offenders attending the offices. Information about these details was provided to the CMC by QCS for all 33 area offices, and the two agencies decided jointly on the most appropriate offices to target.

Although some locations — such as rural Queensland sites — were under-represented in the sample because of various logistical challenges and relatively low offender caseloads, subsequent assessments of offender profiles in the offices not included in the study revealed comparable offender characteristics to those in the study sites. Overall, given the wide geographical coverage of the sampling framework, and the comparisons conducted, the study respondents appear to reflect the population of offenders serving intensive correction and probation orders in QCS at the time the data were collected.

The 25 area offices and reporting centres selected for data collection were:

Beenleigh	Innisfail	Southport
Brisbane North	Ipswich	Thuringowa
Brisbane South	Kingaroy	Toowoomba
Brisbane West	Mareeba	Townsville
Burleigh Heads	Maroochydore	Woodridge (Logan)
Cairns	Murgon	Wynnum
Cleveland	Pine Rivers	Yarrabah
Gladstone	Redcliffe	
Inala	Rockhampton	

Sample size and recruitment procedures

A target sample size of 500 was chosen to provide sufficient respondents for meaningful statistical comparisons. Because the study sought to make statistical comparisons on the basis of both Indigenous status and gender, reasonable samples of Indigenous respondents ($n = 100$, or about 20% of the sample) and of females were needed. However, the actual proportion of female offenders serving community supervision was considerably less than needed for the study; also, at the time of the study, the proportion of Indigenous offenders serving probation and intensive correctional orders in the Queensland community supervision population was only 15 per cent. A modified recruitment procedure was used, therefore, for both Indigenous and female participants. The three recruitment processes were as follows:

- » Non-Indigenous respondents were selected at random by non-Indigenous interviewers at selected community supervision offices. Interviewers approached all offenders reporting to the office for their regular reporting appointment. Potential respondents

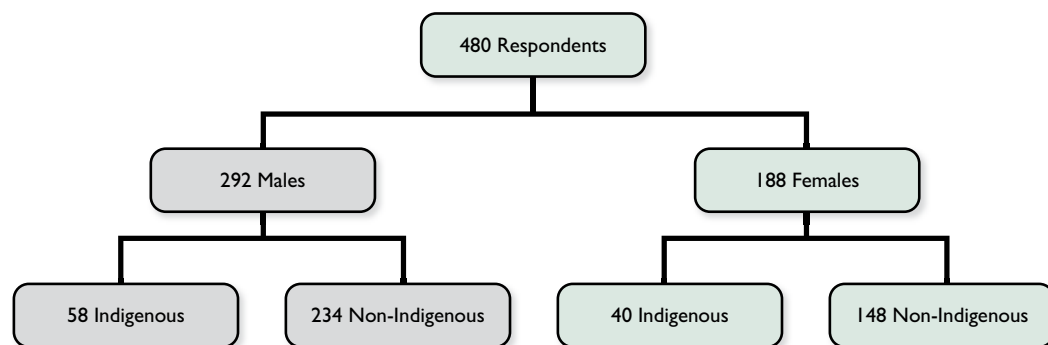
were asked if they would undertake an interview for the project. They were included if they agreed and were over 18 years of age. All respondents participating in the interview received \$20 for completing the interview, which is consistent with interviewing procedures.

- » A non-random sampling selection procedure was employed for Indigenous respondents. As explained above, this approach was undertaken because of the relatively small number of Indigenous offenders serving community supervision, and because it was assumed that a random sampling strategy would not be sufficient to meet the study target (i.e. 100 Indigenous respondents). With information provided by the QCS, CMC Indigenous interviewers contacted community supervision officers in charge of supervising Indigenous offenders to arrange interviews. The interviews were voluntary, and respondents each received \$20 for their participation.
- » A mixed-method sample recruitment process was employed for female respondents. Initially, a random selection method was used for non-Indigenous female respondents, but it became apparent that insufficient numbers of females were being selected (only 100 during the first three months, compared with the target of 200). To increase the number of females in the sample, a non-random sampling strategy like the one employed for Indigenous respondents was adopted.

CMC staff conducted interviews over a period of five months between October 2003 and February 2004. The interviews took place in community supervision offices and lasted, on average, 76 minutes (range 20–170 minutes). The final size and distribution of the sample for the study by gender and Indigenous status is shown in Figure 2.1. Although the target sample size of 500 was not reached, the final number (480 respondents) was sufficiently large to undertake the required analyses.

The overall participation rate was high, with approximately 85 per cent of the offenders who were asked to take part agreeing to participate in the study. The low refusal rate increases our confidence in the representativeness of the sample. An analysis of possible differences between the study participants and the offenders who refused to be interviewed revealed no material differences in demographic characteristics across groups: for example, the comparisons showed that the profile of refusers was similar to that of participants for gender, ethnicity, marital status, education, offence type and type of order.

Figure 2.1: Sample distribution



Sources of data

Questionnaire

CMC researchers developed a comprehensive questionnaire, which included a combination of previously used valid and reliable measures, as well as new scales designed to assess specific areas of relevance for the research. The majority of questionnaire items had been used previously and provided an opportunity to compare the study findings with local, Australian and international studies. The CMC can provide information about the full questionnaire on request.

The key areas of focus for the interview questionnaire are shown below:

1 Demographic profile

- gender
- age
- ethnicity
- socioeconomic status
- marital status

2 Early life experiences

- education
 - school achievement, performance and attachment
- delinquency and juvenile correctional history
 - arrests
 - time spent in detention
- family characteristics
 - structure of original family
 - family transitions
 - parents:
 - › criminality
 - › employment status
 - › mental health
 - › alcohol and drug use/abuse

3 Later life experiences

- peer support
- alcohol and substance use
- drug/alcohol treatment
- relationships/partner characteristics
 - current status
 - satisfaction
 - past number of relationships
- family structure
 - family size
 - number of children
 - child's financial dependency
 - child's residency
- offending history
- employment experiences/current employment status

4 Physical and mental health

- mental health status
- suicide experiences
 - attempts
 - ideations
- mental health treatment experiences and satisfaction with treatment

5 Involvement in violence

- general violence
 - direct experience
 - witnessed/observed
- perpetration in adolescence
 - participation in violent delinquency
- parental violence
 - physical abuse
 - observing inter-parental violence
- conflict with parents
 - experiences of psychological/emotional aggression
 - verbal aggression
 - minor and severe physical assault
 - financial abuse
- conflict with children
 - perpetrating psychological, verbal and physical aggression against child
- offender history
 - self-reported violent offending
 - official arrests/convictions for violence

6 Sexual experiences

- unwanted sexual experiences during childhood and as an adult
- treatment — type sought and satisfaction with treatment
- sex-offending history based on self-reports and official data

7 Experiences with treatment programs and services in addition to those mentioned above

The questionnaire was administered in two parts. The first part was verbally administered in a one-on-one interview format, and the second part was either verbally administered by the interviewer or self-completed. Respondents were given the option of completing the second half of the survey themselves because it included questions about sensitive issues such as depression, suicide and unwanted sexual experiences. Self-completion was the more commonly chosen option. Show-cards were developed as a visual aid to help with the administration of the questionnaire.

The questionnaire was piloted at two Brisbane community supervision area offices with a sample of 21 community supervision offenders in June 2003. The pilot study was conducted to test the content, format and administration of the questionnaire, trial the proposed sampling strategy, and assess offenders' responsiveness to the study. On the basis of the pilot study, the questionnaire and sampling strategy were reviewed and refined as required.

Focus groups

Focus groups were conducted at two of the monthly Community Supervision Regional Managers meetings in the Brisbane Metropolitan and Brisbane South Coast regional areas. The focus groups included area and regional managers and program and policy staff.

The aims of the focus groups were to gain a better understanding of:

- » how effective the managers and program and policy staff felt the current treatment programs available to offenders to be
- » how effective QCS management considered their liaison with various community helping agencies to be.

Focus groups were also conducted in a number of study sites to provide an opportunity to discuss the nature of the project with frontline QCS professionals and elicit their input about various data collection procedures and protocols. Additionally, focus groups were used as a means of collecting information about the nature of the problems (e.g. mental health, drug use) and other unique issues expected to be prevalent within the non-custodial offender population across specific catchment areas.

Administrative data

Demographic data and information about the respondents' criminal histories were provided by QCS and matched with the interview data for each study respondent. As discussed in the appendix to this report, strict protocols were established to ensure that strict confidentiality and security of the data were maintained throughout the course of the project.

Characteristics of the sample

Demographics

The demographic characteristics of the sample are shown in Table 2.1.

At the time of the interview, the majority of respondents were either unemployed (38.1% of males and 25.5% of females) or receiving a pension or some other kind of benefit (29.6% of males and 36.2% of females). Only 26.5 per cent of males and 16.5 per cent of females were employed. Of those who had married, most (81.9%) had married only once, but some had been married twice (15.9%) or three times (2.1%). Levels of educational attainment were generally low.

Involvement in crime

Respondents reported prior involvement in a diverse array of criminal activities as both juveniles and adults (see Tables 2.2 and 2.3), although the prevalence was higher for males than for females. Between 48 and 60 per cent of female and male respondents also had prior criminal convictions (source: official QCS data), but three times as many males as females reported sexual offending when adult (males 12%, females 4%). Collectively, these results demonstrate that the respondents in the OPAL study are criminally active as a group.

Table 2.1: Demographic characteristics of the sample (n = 480)

	Years of age	n	%
Gender			
Male		292	61
Female		188	39
Age			
Mean	29		
Minimum	18		
Maximum	69		
Indigenous status			
Non-Indigenous		382	80
Indigenous		98	20
Highest level of education (missing data n = 3)			
Primary school		17	3.5
Junior high school (Years 8–10)		259	54
Senior high school (Years 11–12)		112	23
TAFE/college		61	12.7
Tertiary certificate/diploma or degree		28	6
Employment (missing data n = 9)			
Employed		108	22.5
Unemployed		159	33
Housework/home duties		32	7
Student		18	4
Pensioner/caregiver/on benefits		154	32
Receiving unemployment benefits (missing data n = 7)			
Yes		42	9
No		431	91
Marital status (missing data n = 6)			
Never married		288	60.5
Married/de facto		105	22.5
Divorced/separated		81	17

Table 2.2: Gender differences in the prevalence of juvenile offending

	Female (%)	Male (%)	Chi-square
Offending type:			
Violent	62.6	81.5	20.77***
Property	68.7	87.7	25.45***
Sexual	2.7	5.2	1.72
Drug	22.8	36.4	9.58**
Total	88.8	95.0	6.01*

Notes:

These data are based on self-reported juvenile offending.

Official data about juvenile offences for this sample were not available.

***p < .001, **p < .01, *p < .05.

Table 2.3: Gender differences in the prevalence of adult offending

Offending type	Female (%)	Male (%)	Chi-square
Official ^a	48.4	60.3	6.53*
Self-reported:			
Violent	71.6	83.8	10.02**
Property	85.1	89.4	1.87
Sexual	4.3	12.1	8.29**
Drug	47.6	56.7	3.82
Total	92.7	96.8	3.81

Notes:

a 'Official' figures are based on officially recorded data provided to the CMC by QCS (whether or not had a prior conviction).

***p < .001, **p < .01, *p < .05.

Chapter summary

The primary mode of data collection used in Project OPAL consisted of in-depth face-to-face interviews with 480 male and female offenders serving community supervision orders in Queensland. The comprehensive data-collection process sought to extract detailed information from the respondents about the extent of their victimisation experiences while growing up and during adulthood, drug-use behaviour, delinquency, mental health outcomes, and violent conflict in adulthood. Importantly, a key focus of the data collection was on experiences of treatment programs.

The study sample consisted of both males and females and Indigenous and non-Indigenous offenders serving probation or intensive correction orders. The sample is under-represented on some demographics of the general population such as being married, highly educated, and employed. Additionally, the respondents report serious criminal histories that include diverse forms of crime. Thus, the respondents examined in Project OPAL are demonstrably high-risk, in criminogenic terms, compared with the general community.

3

Experiences in childhood

Introduction

Childhood experiences are central to social development and health outcomes. Research has consistently shown that adverse events and experiences such as abuse during childhood can lead to problems including delinquency, drug use and crime, poor mental and physical health, and risks of further victimisation (Chapman et al. 2004; Dube et al. 2001; Haller & Miles 2004; Johnson et al. 1999; Jumper 1995; Smith & Thornberry 1995; US Department of Justice 2002; Widom 1999). The causes of child maltreatment must be understood before preventive strategies can be formulated and community-wide benefits achieved for children.

This chapter provides information about the childhood experiences of the OPAL respondents, including the family environment and exposure to various forms of childhood trauma, such as physical abuse, neglect and sexual abuse. Where possible, comparisons are shown by gender and Indigenous status.

The family environment

This section describes the often chaotic family environments experienced by OPAL respondents during their childhood.

Unstable home life

A substantial proportion of respondents experienced problematic family environments while they were growing up. For example, just under half (44.4%) reported that their parents had asked them to leave home at least once while they were growing up, with 8.5 per cent saying that they had been asked to leave home more than 10 times in that period.

The majority of the respondents' families (82.5%) had moved house at least once while they were growing up, and almost a quarter (22.3%) said they had moved house more than 10 times during that period.

Familial exposure to the criminal justice system

Criminal justice involvement was a common experience among OPAL families. More than half (56%) of the respondents reported that the police had been called to their home while growing up, with 18.8 per cent reporting that this had happened more than 10 times, and for some it was as much as 100–200 times.

A small proportion of respondents reported that their mother or female caregiver had been arrested (8%) or imprisoned (4%) and that their father or male caregiver had been arrested (16%) or imprisoned (10%). Quite a few also reported that other family members had been either arrested (29%) or imprisoned (21%). Overall, nearly half of the respondents had a mother, father, caregiver or another relative who had been arrested or imprisoned (43%).

Problematic alcohol and drug use of parents

Alcohol and drug use was prevalent among the parents of OPAL respondents. For example, 11 per cent of respondents reported that their mother or female caregiver drank more than six alcoholic drinks a day, and 23.5 per cent reported this of their father or male caregiver.

Some respondents reported that while they were growing up alcohol use by their mother or female caregiver had caused problems either inside (20%) or outside (12%) the home or that their mother or female caregiver had become aggressive when drinking (16.5%). These figures were almost twice as high in relation to fathers or male caregivers (caused problems inside the home 39%; problems outside the home 23%; aggressive when drinking 30.0%).

Respondents reported similar amounts of drug use by their mothers, fathers and caregivers while they were growing up. About 13 per cent reported that their mothers and fathers had used drugs, but only a small proportion (2–4%) said their parent's drug use had caused problems either inside or outside the home. About 2.5 per cent said that both parents had become aggressive while using drugs.

Witnessing violence between parents

Respondents had been exposed to considerable conflict and violence between their parents while growing up. Such experiences can be detrimental to childhood development and can also foster learning models that endorse the use of conflict to resolve disputes.

Between about a quarter and a third of the respondents saw their mothers and/or fathers use physical violence (e.g. shove, push, slap) on their partners. A significant proportion of the sample also saw more extreme episodes of violence such as beating, kicking and using a knife or gun (particularly by the fathers of the respondents) (see Table 3.1, facing page).

Experiences of childhood trauma

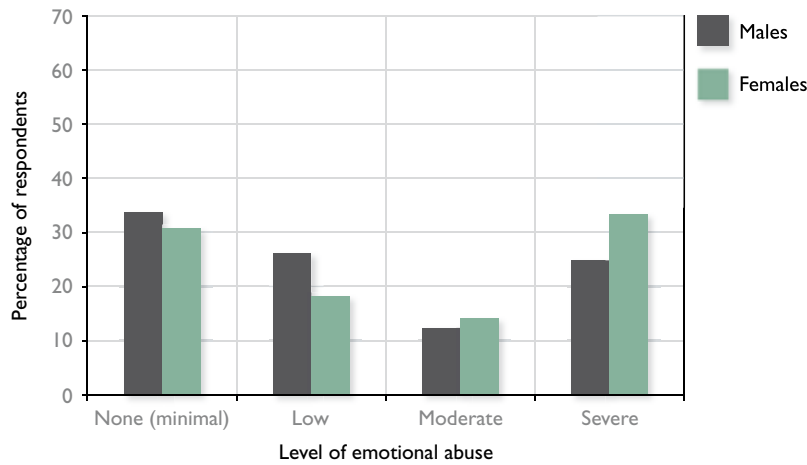
This section describes the extent to which various forms of childhood trauma were experienced by the respondents. Childhood physical and emotional abuse and physical and emotional neglect were assessed by the Childhood Trauma Questionnaire (CTQ) (Bernstein & Fink 1998). The level of trauma was classified as low, moderate or severe on the basis of the types of abuse experienced. Childhood trauma was widespread among the respondents: all individuals had experienced at least one form of abuse or neglect, at least at a low to moderate level. This information is displayed in Figures 3.1–3.4.

Figure 3.1 charts the extent of emotional abuse experienced by the group. It shows that emotional abuse during childhood was common, and that severe forms of emotional abuse were experienced by more than 25 per cent of the sample. Females appear to have generally experienced more severe forms of emotional abuse than males, with almost one-third of the female respondents reporting such experiences.

Table 3.1: Exposure to violence between parents during childhood

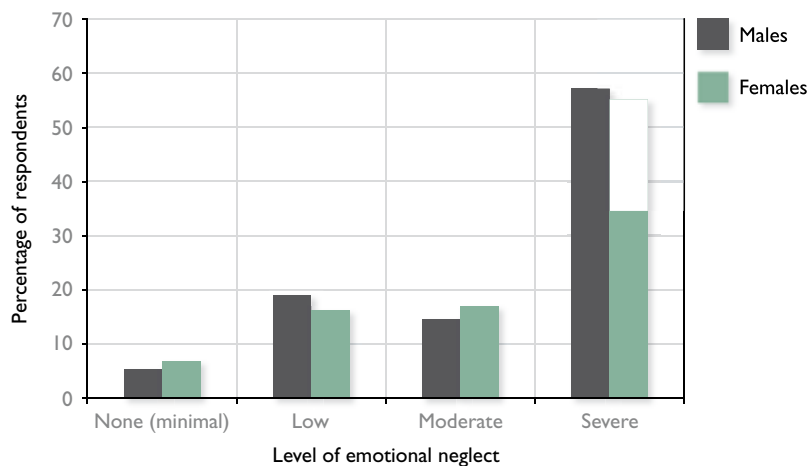
Behaviour observed	Proportion of respondents observing parent instigate behaviour (%)	
	Mother	Father
Shoved partner	28	36
Grabbed partner	26	34
Slapped partner	27	26
Slammed partner against wall	11	24
Kicked partner	12	14
Choked partner	5	14
Beat up partner	9	23
Used gun/knife on partner	7	6

Figure 3.1: Proportion of respondents experiencing emotional abuse during childhood



The levels of emotional neglect were alarmingly high in the sample, and there appear to have been significant deficits in acceptable parenting practices among their parents. Figure 3.2 shows that more than 50 per cent of the respondents experienced severe emotional neglect during their childhood (gender differences were not observed).

Figure 3.2: Proportion of respondents experiencing emotional neglect during childhood



Information about physical abuse and physical neglect during childhood is displayed in Figures 3.3 and 3.4. Approximately 25 per cent of the respondents reported severe levels of physical abuse (this was slightly higher among the males). However, many respondents reported only minimal levels of physical abuse, with females significantly more likely to do so than males ($p = .002$).

The levels of physical neglect experienced during childhood were largely similar for most respondents. The results displayed in Figure 3.4 show that approximately two-thirds of the respondents (both males and females) reported severe levels of physical neglect, with virtually no respondents reporting minimal or low levels. These extreme levels of neglect may illustrate socioeconomic or structural disadvantages experienced by the respondents during their childhoods, as well as deficits in having their physical needs met by their families.

Figure 3.3: Proportion of respondents experiencing physical abuse during childhood

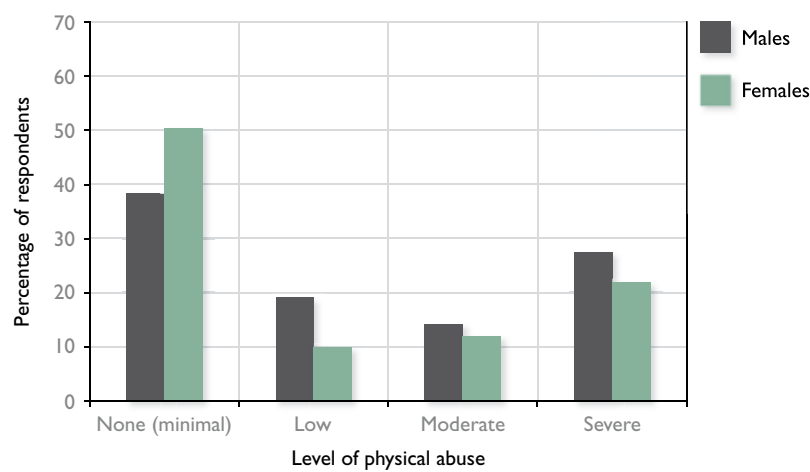
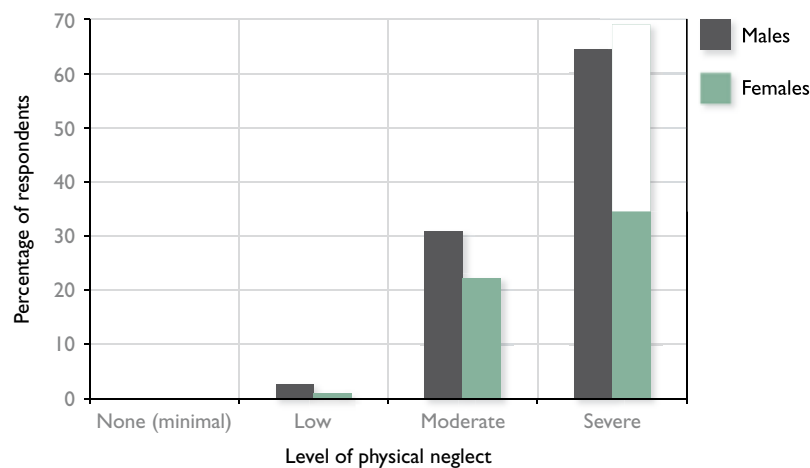


Figure 3.4: Proportion of respondents experiencing physical neglect during childhood



Experiences of childhood sexual abuse

This section provides information about the nature and extent of various forms of childhood sexual abuse (CSA) among OPAL respondents. In general, the rates of CSA were high, with 45 per cent of all respondents having experienced at least one unwanted sexual event before the age of 16 years.

Table 3.2 indicates the number of respondents who had experienced an unwanted sexual event for the first time as a child (up to age 12 years). Different kinds of unwanted behaviours are described in the left-hand column. The results show that levels of CSA were generally high, and that about twice as many females as males experienced unwanted sexual events as children.

Table 3.2: Proportions of male and female offenders experiencing unwanted sexual behaviours as children (to age 12 years)

Behaviour	Proportion of respondents (%)	
	Males	Females
Someone ...		
exposed themselves to me	14.4	33.0
masturbated in front of me	8.6	15.4
tried to sexually arouse me	13.0	23.9
touched/fondled my body	12.0	28.7
made me arouse them	10.6	20.8
rubbed their genitals against me	8.9	19.7
touched my genitals with their mouth	7.2	9.6
made me touch their genitals with my mouth	5.8	11.7
tried to have intercourse with me	8.9	18.6
had intercourse with me	5.8	12.2
tried to have anal intercourse with me	6.2	2.7
had anal intercourse with me	5.1	3.2

Instrument: Fleming 1997.

Unwanted sexual experiences to the age of 16 years were also examined, and compared with data from a national study conducted by Dunne and colleagues (2003), as shown in Table 3.3. The results show that the levels of unwanted sexual experiences for the OPAL respondents are very high compared with those of the community sample, with the extent of exposure being about twice that of the community-based sample for both males and females.

In summary, various forms of CSA have been experienced by many of the individuals in this sample of non-custodial offenders and it is expected that these experiences may have had some impact on the criminal careers of these individuals. This is discussed further in Chapter 6.

Table 3.3: Proportion of unwanted sexual behaviours experienced before the age of 16 years by male and female OPAL respondents, and a comparative national Australian sample (n = 908 women, 876 men)

Behaviour	Offender sample (%)		National sample ^b (%)	
	Males	Females	Males	Females
Someone ... ^a				
exposed themselves to me	22	47	– ^c	–
masturbated in front of me	13	22	5	10
tried to sexually arouse me	22	38	10	20
touched/fondled my body	21	44	12	25
made me arouse them	16	30	–	–
rubbed their genitals against me	15	34	5	15
touched my genitals with their mouth	12	14	2	3
made me touch their genitals with my mouth	9	19	–	–
tried to have intercourse with me	16	34	–	–
had intercourse with me	11	27	–	4
tried to have anal intercourse with me	9	6	–	–
had anal intercourse with me	7	3	1	1

Notes:

a Instrument: Fleming 1997.

b Dunne et al. 2003.

c A dash indicates 'question not asked'.

Figure 3.5 compares the prevalence of various forms of unwanted sexual experiences by gender and Indigenous status. It can be seen that any differences between groups are largely influenced by gender rather than by Indigenous status. Non-Indigenous and Indigenous females generally had consistently higher levels of CSA than their male counterparts although, as a group, non-Indigenous females generally had the highest exposure to unwanted sexual experiences overall.

Further comparisons of CSA experiences were conducted by grouping behaviour types into logical categories. Discrete types of incidents were grouped into three categories: non-physical, physical and penetrative childhood sexual experiences.² Comparisons of these categories by gender are shown in Figure 3.6.

The results reveal some consistent patterns:

- » Female respondents had consistently higher rates of exposure to CSA than males across all categories — generally by a factor of two.
- » A significant proportion of females (about 50% of the sample) had experienced non-physical and physical CSA.
- » The prevalence of penetrative CSA was high (about one-third), especially for females.

² The definitions of these categories were:

- non-physical CSA: exposed to or masturbated in front of
- physical CSA: sexually aroused/fondled child, made child arouse them, rubbed genitals against child, touched genitals (child's/theirs) with mouth, tried to have vaginal/anal intercourse
- penetrative CSA: vaginal or anal penetration.

Figure 3.5: Unwanted sexual experiences before the age of 16 years by gender and Indigenous status

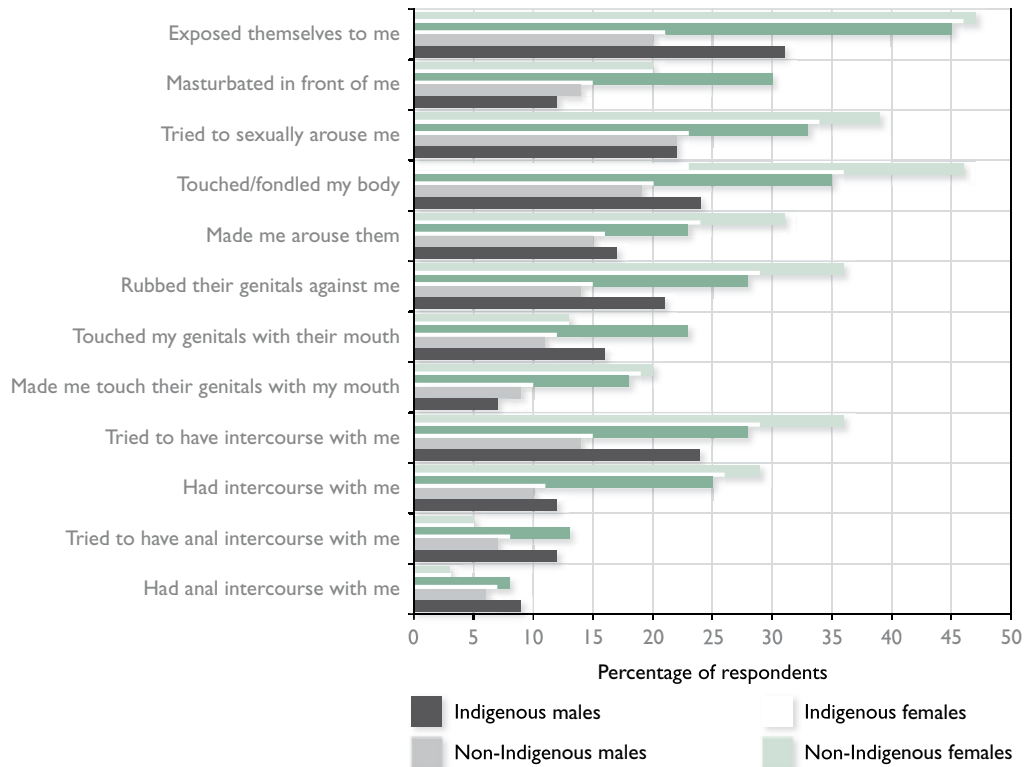
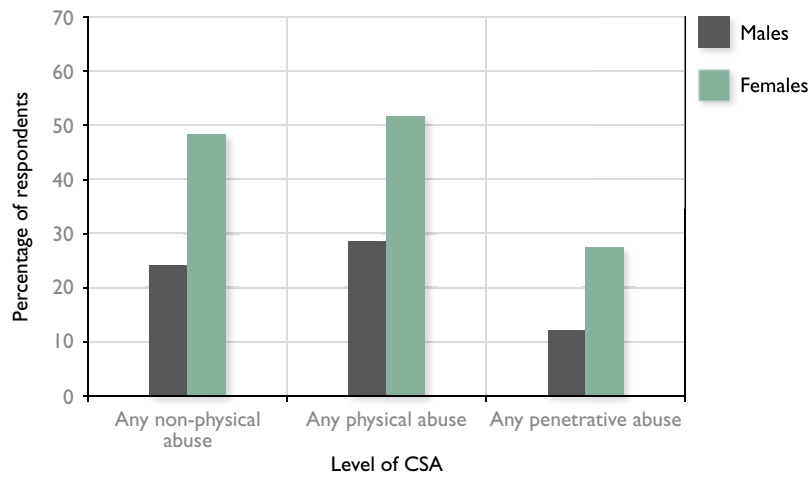
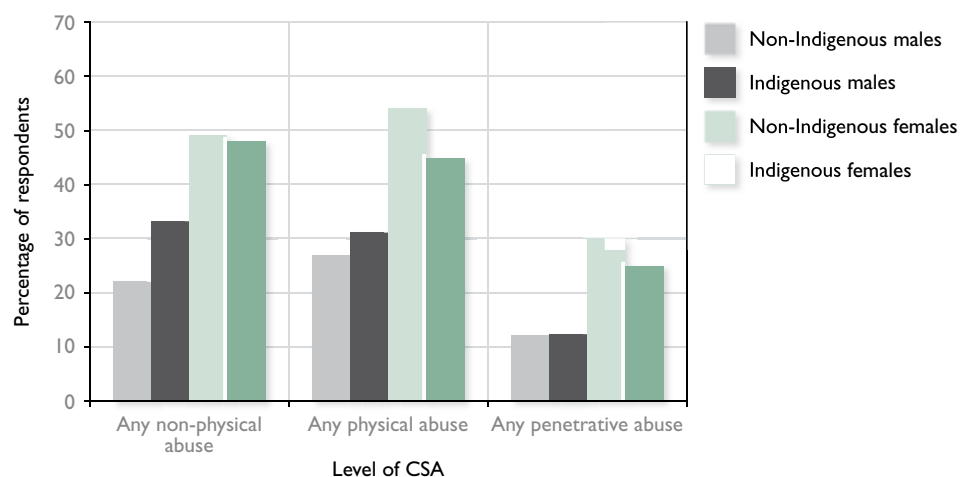


Figure 3.6: Comparisons of the prevalence of non-physical, physical and penetrative CSA by gender



This comparison was repeated for non-Indigenous and Indigenous respondents (see Figure 3.7). The results are virtually identical to the previous graph. The results show that differences across groups in the level of exposure to diverse forms of unwanted sexual experiences prior to age 16 are highly gendered but do not differ significantly by Indigenous status. In short, the levels of exposure are similar for both Indigenous and non-Indigenous respondents.

Figure 3.7: Comparisons of non-physical, physical and penetrative CSA by gender and Indigenous status



Chapter summary

This chapter provided information about a range of potentially damaging experiences and events during childhood for respondents participating in the OPAL study — including family experiences such as exposure to various forms of family dysfunction, levels of exposure to childhood trauma and exposure to CSA. The findings revealed the following:

- » Trauma and related risks were evident in the early family environment of the study respondents. There were high rates of exposure to family turmoil and instability involving parental drug and alcohol abuse, involvement in the criminal justice system and exposure to parental partner violence.
- » Exposure to various forms of childhood trauma was common among respondents. Levels of severe physical and emotional abuse were evident for more than 25 per cent of the sample. The levels of physical and emotional neglect were extreme, with more than two-thirds of the sample reporting such experiences. Gender differences were minimal.
- » There was a high prevalence and wide variety of CSA experiences among study respondents. Unwanted sexual experiences were more prevalent among female respondents than among males, although the rates for the male respondents were much higher than in a comparative community sample. There were no significant differences between Indigenous and non-Indigenous respondents.

4

Adolescent experiences

Introduction

Adolescent experiences tend to be formative, and can facilitate or redirect criminal careers. Research has shown that early life experiences such as victimisation can lead to poor outcomes during adolescence, including mental health problems (Shonkoff & Phillips 2000), alcohol and other drug abuse (Widom & Hiller-Sturmhofel 2001; Widom & White 1997; Widom, Ireland & Glynn 1995; Widom, Weiler & Cottler 1999) and delinquency (Seigel & Williams 2003; Smith & Thornberry 1995). At the same time, events and experiences during adolescence can further influence the likelihood of persistent criminal offending behaviour into adulthood (Moffitt 1993; Patterson, DeBaryshe & Ramsey 1989).

This chapter provides information about the experiences of OPAL respondents during their adolescence, including school experiences, delinquency and drug use. Wherever possible, comparisons are included for gender, Indigenous status and prior victimisation status.

School experiences

This section describes the educational experiences of OPAL respondents — in particular, levels of school completion, performance, suspensions/expulsions and reasons for enjoying school.

Highest level of education completed

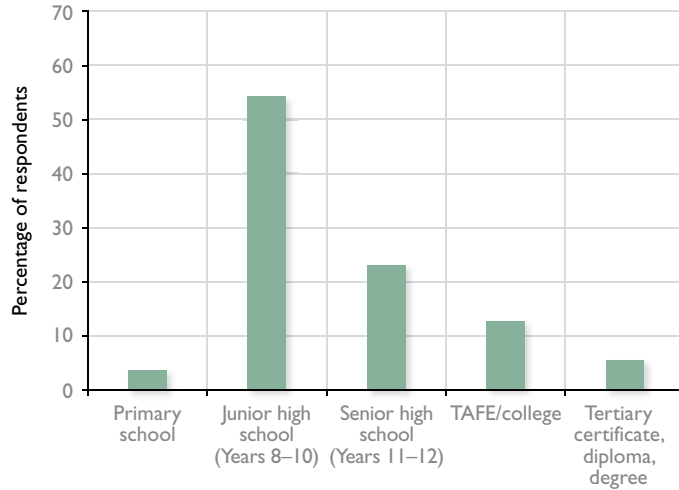
Just over half of the respondents (57.5%) reported their highest educational achievement to be junior high school. Fewer respondents undertook senior high school studies (23%), attended a tertiary institution (12.7%) or achieved a tertiary qualification (5.8%) (see Figure 4.1, next page).

More women attended a TAFE or other college (15.5%) than men (11.1%), and held a tertiary certificate, diploma or degree (women 6.4%; men 5.5%), but these differences were not statistically significant.

Fewer Indigenous than non-Indigenous respondents reported finishing high school (non-Indigenous 13.2%; Indigenous 7.3%), TAFE or other college (non-Indigenous 13.4%; Indigenous 10.4%), or holding a tertiary certificate, diploma or degree (non-Indigenous 6.3%; Indigenous 4.2%).

Unwanted sexual experiences before the age of 16 years (CSA) and physical abuse during childhood do not appear to have had a significant impact on education completion levels. For example, 10.7 per cent of respondents who reported CSA completed high school, and this did not differ significantly from the proportion who did not experience abuse (13.2%).

Figure 4.1: Highest level of education completed

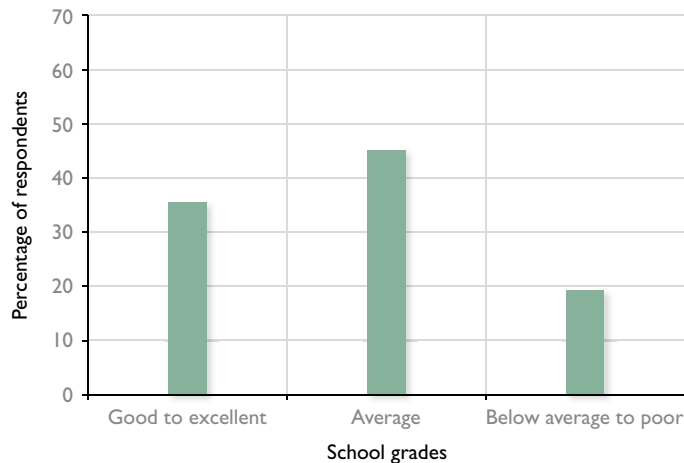


School performance

The majority of respondents said their grades at school were average or good to excellent (80.4%), with about one-third (36.5%) reporting their grades to be good or excellent (see Figure 4.2).

Female respondents were significantly more likely than male respondents to report higher school achievement. For example, 40.4 per cent of women and 32.3 per cent of men stated that their grades were good or excellent ($p = .01$). Conversely, males (24.4%) were more than twice as likely as females (11.7%) to report that their grades were below average to poor.

Figure 4.2: Reported school grades



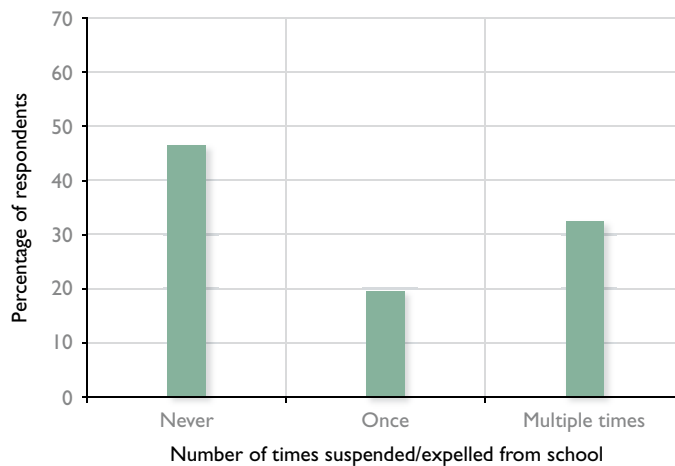
School performance differed only slightly by Indigenous status. Slightly fewer Indigenous than non-Indigenous respondents stated that their grades were good to excellent (Indigenous 31.6%; non-Indigenous 36.5%), but this difference was not statistically significant.

In general, there was no significant correlation between childhood victimisation and school grades. Approximately one-third of respondents who reported CSA and one-third who reported no abuse said their school grades were good to excellent. Among those who reported their grades to be below average or poor, the proportions who had experienced prior physical or sexual abuse were somewhat higher than the proportions who had not (physical 23.1%; no physical 14.1%; sexual 20.6%; no sexual 18.8%); however, these differences were not statistically significant.

School suspensions and expulsions

Suspensions or expulsions from school may reflect risks in the family environment which manifest themselves in a school setting. Approximately half of the respondents (51.9%) reported being suspended or expelled from school at some point (see Figure 4.3) and roughly one-third reported being suspended or expelled multiple times.

Figure 4.3: School suspensions and/or expulsions



There were some differences on the basis of gender and Indigenous status:

- » As Figure 4.4 (next page) shows, male respondents were significantly more likely to report being suspended or expelled multiple times from school than females (males 38.9%; females 23.2%); similar proportions of males and females reported having been suspended or expelled just once (males 20.1%; females 19.5%).
- » Indigenous respondents were less likely to report both single suspensions or expulsions than non-Indigenous respondents (Indigenous 17.1%; non-Indigenous 20.5%); and there was a similar difference for multiple suspensions or expulsions (Indigenous 28.9%; non-Indigenous 33.8%), but these differences were not statistically significant (see Figure 4.5, next page).

Figure 4.4: School suspensions and/or expulsions by gender

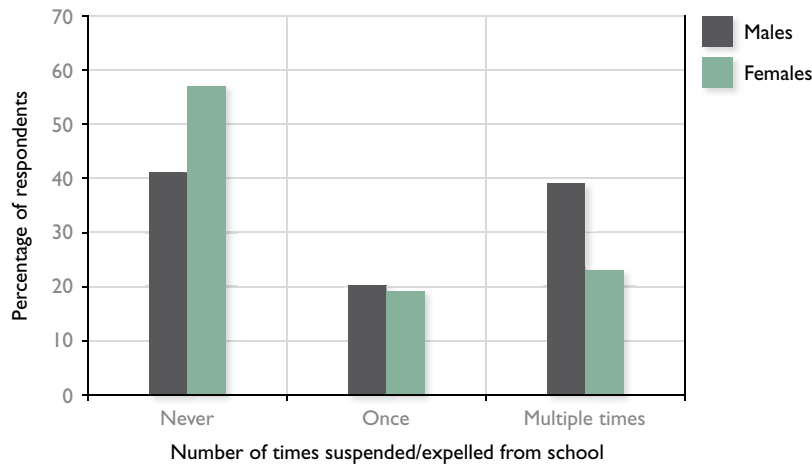
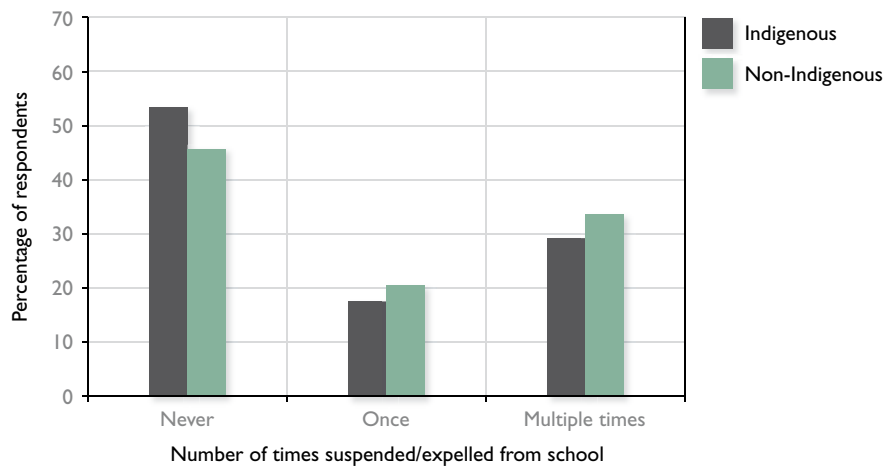


Figure 4.5: School suspensions and/or expulsions by Indigenous status



Some, but not all, prior victimisation experiences during childhood affected the likelihood of school suspensions or expulsions. The relationship between CSA and school suspensions or expulsions was not significant; in other words, respondents who had not experienced CSA were just as likely to be suspended or expelled as those who had experienced it (CSA 55.0%; no CSA 49.6%). Bearing in mind the higher proportion of females experiencing CSA, these analyses were repeated within single-sex groups; again, no links between CSA and suspension or expulsion from school were found. Similarly, no links were found between emotional neglect and school performance.

Respondents who had experienced physical abuse during childhood, however, were significantly more likely to report being suspended or expelled multiple times from school than those who had not (physical abuse 38.6%; no physical abuse 26.8%; $p = .016$). Interestingly, there was no such relationship between physical abuse and a single suspension or expulsion; the relationship only held true for multiple suspensions (see Figure 4.6). Nor did these results remain significant within sex-specific groups — physical abuse during childhood was not linked with either single or multiple suspensions

or expulsions from school among males or females when considered separately, possibly because the number of respondents studied was too small to reach statistical significance.

Respondents who had experienced emotional abuse during childhood were also more likely to be suspended or expelled from school than those who had not ($p = .027$). However, when gender-specific analysis was carried out, the relationship only held true for males, and only for multiple suspensions/expulsions ($p = .037$). (See Figure 4.7.)

The primary message from these analyses is that the relationships between childhood abuse and school-based outcomes can be complex, and at times gender-specific. Multiple instances of suspension or expulsion might be an important indicator of possible abuse, especially among males.

Figure 4.6: The relationship between childhood physical abuse and school suspensions or expulsions

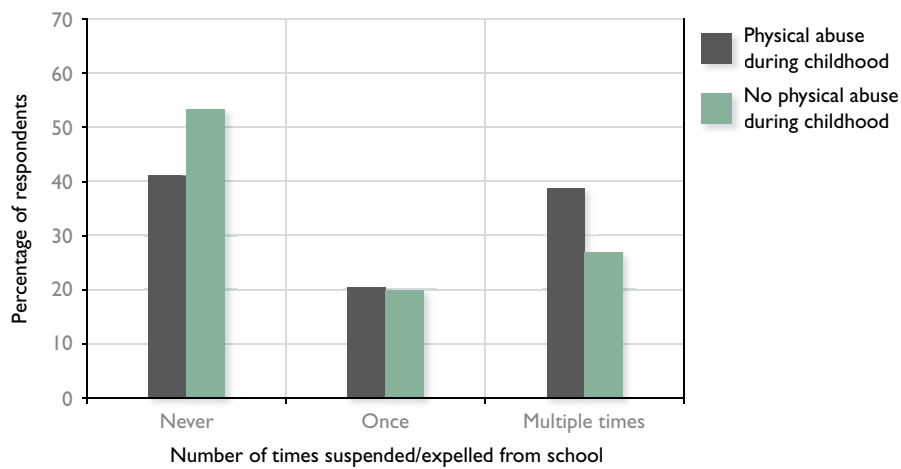
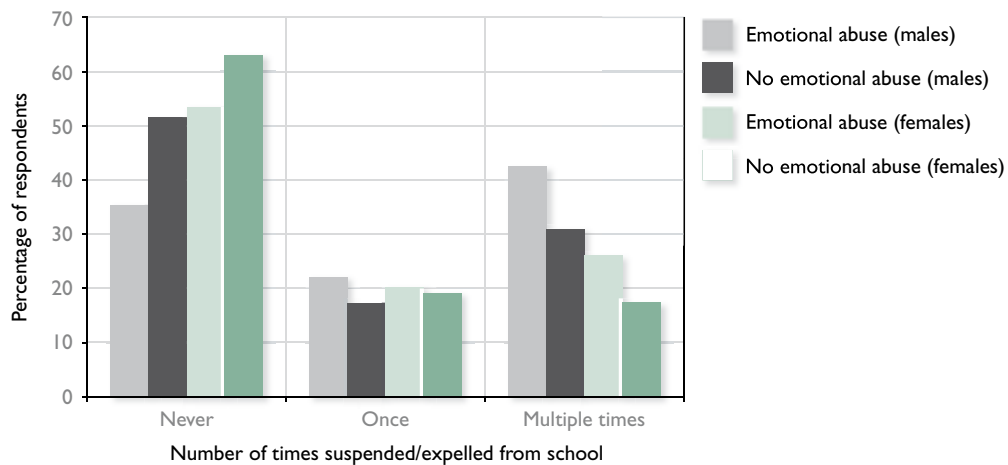


Figure 4.7: The relationship between childhood emotional abuse and school suspensions or expulsions

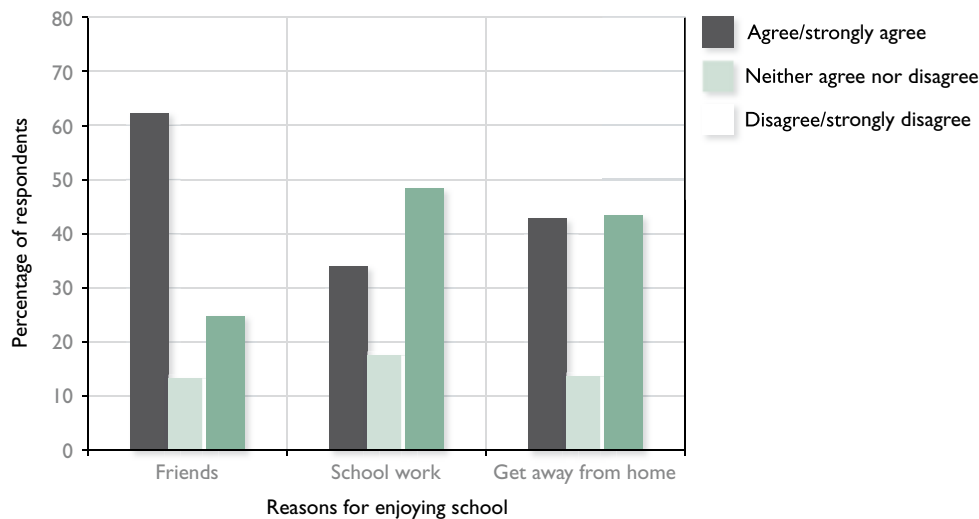


Reasons for enjoying school

Adolescents enjoy and become attached to school for a range of reasons including academic, peer and other social experiences. Family circumstances may influence how youth come to enjoy school, and school may sometimes become an important escape for adolescents who are experiencing trauma in their home environment. Information about the reasons for enjoying school is presented in Figures 4.8–4.10.

The majority of respondents reported enjoying school because of their friends (62.3%). A large proportion also stated they liked school because it meant getting away from home (42.3%) and approximately one-third (34.4%) reported enjoying school because of school work (see Figure 4.8).

Figure 4.8: Reasons for enjoying school



There were only slight differences between males and females in their reasons for enjoying school, and these differences did not reach statistical significance. Female respondents were slightly more likely than males to say they enjoyed going to school because of school work (females 38.3%; males 31.2%) and to get away from home (females 44.4%; males 41.4%). Males, on the other hand, were more likely than females to report that they enjoyed school because of their friends (females 56.9%; males 65.8%).

Indigenous respondents were more likely than their non-Indigenous counterparts to report that they enjoyed school because of their friends, although this difference was not statistically significant (Indigenous 67.3%; non-Indigenous 61.0%). They were also significantly more likely to enjoy school because it got them away from home (Indigenous 52.0%; non-Indigenous 40.1%; $p = .044$), and for the school work (Indigenous 48%; non-Indigenous 30.4%; $p = .012$). (See Figure 4.9.)

A number of significant relationships were found between childhood abuse histories and reasons for enjoying school, most importantly that school provided an opportunity for respondents to get away from home (see Figure 4.10). For example, respondents who reported histories of CSA (49.3%) were more likely than those who had not experienced CSA (35.2%) to say they enjoyed going to school to get away from home ($p = .000$). A similar relationship was found for respondents with histories of physical abuse (victims 48.2%; non-victims 32.4%; $p = .002$) and emotional abuse (victims 48.2%; non-victims 29.7%; $p = .000$). The reverse was found for respondents who had experienced emotional

neglect, however, with victims (39.1%) significantly less likely than non-victims (75.9%) to agree that getting away from home was a reason for enjoying school ($p = .000$). Intuitively this makes some sense, as these individuals may have preferred to be at home in the hope of receiving more emotional support than was actually provided; but this conclusion is purely speculative.

The only other link found between childhood trauma and reasons for enjoying school was that respondents with a history of physical abuse were also more likely than those without such a history to say that friends ($p = .032$) and schoolwork ($p = .030$) were reasons for enjoying school.

Thus it seems that school may provide an escape from home for respondents with some kinds of victimisation experiences at home. The results reported above are consistent with the view that most victimisation experiences occur within the family. They also illustrate the importance of the school environment for fostering resilience among youth with prior victimisation experiences.

Figure 4.9: Reasons for enjoying school by Indigenous status

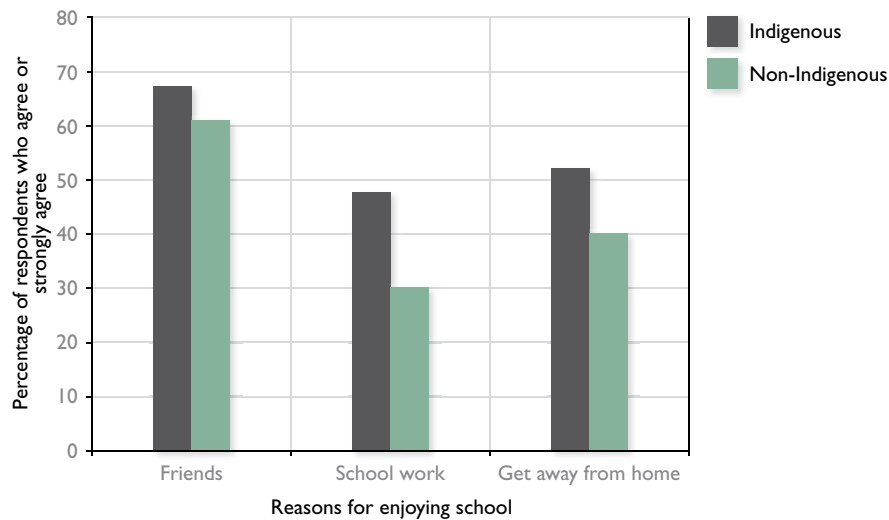
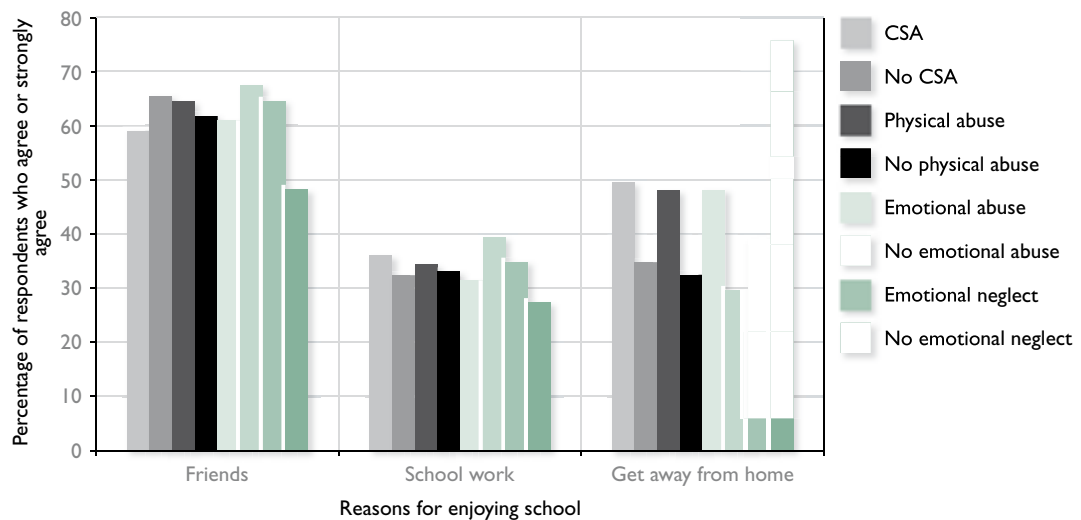


Figure 4.10: Reasons for enjoying school by childhood victimisation experiences



Delinquency

This section includes information about delinquent behaviours by OPAL respondents during their adolescence. Information about delinquency is reported for the entire sample and then compared by gender, Indigenous status and prior victimisation status. Additionally, information on respondents' prior involvement in the juvenile justice system is reported.

Perhaps not surprisingly, the vast majority of respondents reported some delinquent behaviours during adolescence (91.9%). The most commonly reported delinquent acts, involving over half the sample, were running away from home (61.9%), hitting or threatening to hit kids of a similar age (61.7%), stealing or trying to steal something worth less than \$50 (56.5%), and damaging or destroying property (49.8%) (Table 4.1).

Table 4.1: Self-reported juvenile delinquency

Delinquent act reported	Percentage of sample reporting behaviour
Running away from home	61.9
Hitting or threatening to hit other kids of similar age	61.7
Stealing or trying to steal something worth less than \$50	56.5
Damaging or destroying property	49.8
Stealing or trying to steal something worth more than \$50	47.7
Buying, selling, holding stolen goods	32.5
Hitting or threatening to hit parents or caregivers	32.1
Taking a motor vehicle without owner's permission	31.9
Selling marijuana	30.2
Hitting or threatening to hit an adult	29.4
Stealing or trying to steal motor vehicle	28.8
Involvement in gang fights	27.3
Tag or graffiti walls, bus panels, trains or other public places	25.2
Trying to cheat someone by selling them something that was worthless or not what you said it was	21.5
Attacking someone with the idea of seriously hurting or killing them	21.3
Using physical force to get money or things from other kids	16.5
Using or trying to use credit card or cheque without the owner's permission	13.3
Arson	12.9
Selling hard drugs such as heroin, cocaine and LSD	8.3
Hacking into or misusing computer or computer sites	6.0
Using physical force to get money or things from teachers or other adults	5.2
Pressuring someone to go further sexually than they wanted	4.2

Levels of participation in delinquent acts were generally high for both genders, but significantly higher for males than for females (males 95.2%; females 89.7%; $p = .05$). This finding is consistent with prior criminological research. The four most common acts of delinquency reported by male respondents were:

- » hitting or threatening to hit other kids of similar age (70.0%)
- » stealing or trying to steal something worth less than \$50 (61.8%)
- » damaging or destroying property (61.2%)
- » running away from home (61.2%).

For women, the acts of delinquency most frequently reported were:

- » running away from home (65.6%)
- » threatening to hit other kids of a similar age (50.8%)
- » stealing or trying to steal something worth less than \$50 (50.3%) (see Table 4.2).

Table 4.2: Self-reported juvenile delinquency by gender

Delinquent act reported	Percentage of sample reporting behaviour	
	Males	Females
Running away from home	61.2	65.6
Hitting or threatening to hit other kids of similar age	70.0	50.8
Stealing or trying to steal something worth less than \$50	61.8	50.3 ^a
Damaging or destroying property	61.2	33.7
Stealing or trying to steal something worth more than \$50	57.6	33.7
Buying, selling, holding stolen goods	39.3	23.0
Hitting or threatening to hit parents or caregivers	35.5	27.7
Taking a motor vehicle without owner's permission	39.3	21.2
Selling marijuana	36.5	21.6
Hitting or threatening to hit an adult	38.1	16.8
Stealing or trying to steal motor vehicle	35.5	19.0
Involvement in gang fights	36.1	14.8
Tag or graffiti walls, bus panels, trains or other public places	28.0	21.7
Trying to cheat someone by selling them something that was worthless or not what you said it was	26.2	14.8
Attacking someone with the idea of seriously hurting or killing them	26.6	13.6
Using physical force to get money or things from other kids	20.4	10.9
Using or trying to use credit card or cheque without the owner's permission	13.2	14.1
Arson	17.0	7.0
Selling hard drugs such as heroin, cocaine and LSD	10.1	6.0
Hacking into or misusing computer or computer sites	7.6	3.8
Using physical force to get money or things from teachers or other adults	5.9	4.3
Pressuring someone to go further sexually than they wanted	5.2	2.7

Note:

a Difference significant at the $p = .05$ level.

Males were more likely to report involvement in all categories of delinquency apart from running away from home and using a credit card or cheque without the owner's permission, both of which were more often reported by female respondents. Statistically significant differences by gender (at the $p = .05$ level) were only observed for the offence of stealing or trying to steal something worth less than \$50. Across categories of juvenile offending, males reported greater involvement than females in violence, property crime, drugs and total offending (see Table 4.3), but the gender differences were relatively minor across the sample, reflecting the high-risk nature of the sample.

Table 4.3: Gender differences in juvenile offending

Offending type	Female (%)	Male (%)	Chi-square
Violent	62.6	81.5	20.77***
Property	68.7	87.7	25.45***
Sexual	2.7	5.2	1.72
Drug	22.8	36.4	9.58**
Total	88.8	95.0	6.01*

Notes:

*** $p < .001$, ** $p < .01$, * $p < .05$.

While the overall participation rates in delinquency were slightly higher for Indigenous (96.9%) than non-Indigenous respondents (92.0%), the differences were not material or statistically significant.

The three most common acts of delinquency reported by Indigenous respondents were:

- » hitting or threatening to hit other kids of similar age (71.9%)
- » running away from home (66.7%)
- » stealing or trying to steal something worth more than \$50 (55.2%).

For non-Indigenous respondents, the most frequently reported delinquent acts were:

- » running away from home (62.0%)
- » stealing or trying to steal something worth less than \$50 (60.6%)
- » hitting or threatening to hit other kids of similar age (60.2%). (See Table 4.4.)

Indigenous respondents were significantly more likely than non-Indigenous respondents to report involvement in:

- » hitting or threatening to hit other kids of similar age
- » buying, selling, holding stolen goods
- » attacking someone with the idea of seriously hurting them.

When comparing across categories of offending, Indigenous youth had a higher prevalence of violent juvenile offending than non-Indigenous youth (see Table 4.5, p. 38).

Table 4.4: Self-reported juvenile delinquency by Indigenous status

Delinquent act reported	Percentage of sample reporting behaviour	
	Indigenous	Non-Indigenous
Running away from home	66.7	62.0
Hitting or threatening to hit other kids of similar age	71.9	60.2 ^a
Stealing or trying to steal something worth less than \$50	44.3	60.6
Damaging or destroying property	50.0	50.7
Stealing or trying to steal something worth more than \$50	55.2	46.6
Buying, selling, holding stolen goods	41.7	30.8 ^a
Hitting or threatening to hit parents or caregivers	25.0	34.4
Taking a motor vehicle without owner's permission	39.6	30.4
Selling marijuana	24.2	32.3
Hitting or threatening to hit an adult	32.3	29.2
Stealing or trying to steal motor vehicle	42.7	25.7
Involvement in gang fights	35.4	25.9
Tag or graffiti walls, bus panels, trains or other public places	38.5	22.3
Trying to cheat someone by selling them something that was worthless or not what you said it was	22.9	21.5
Attacking someone with the idea of seriously hurting or killing them	30.2	19.3 ^a
Using physical force to get money or things from other kids	20.8	15.6
Using or trying to use credit card or cheque without the owner's permission	16.7	12.8
Arson	12.5	13.3
Selling hard drugs such as heroin, cocaine and LSD	6.3	9.0
Hacking into or misusing computer or computer sites	4.2	6.6
Using physical force to get money or things from teachers or other adults	6.3	5.0
Pressuring someone to go further sexually than they wanted	6.3	3.7

Note:

^a Difference significant at $p = .05$ level.

Table 4.5: Comparison between Indigenous and non-Indigenous respondents in juvenile offending

Offending type	Non-Indigenous (%)	Indigenous (%)	Chi-square
Violent	72.1	82.3	4.13*
Property	79.0	85.4	2.00
Sexual	3.7	6.3	1.20
Drug	32.8	24.2	2.61
Total	91.5	96.8	3.17

Note:

*p < .05.

The interaction between gender and Indigenous status was examined for various offence categories, and one significant finding emerged. Non-Indigenous females self-reported significantly lower rates of violent juvenile offending than the other three groups. Both Indigenous and non-Indigenous males reported the highest levels of involvement in violence as juveniles (over 80%) (see Figure 4.11).

Respondents who disclosed prior physical child abuse (96.1%) were significantly ($p = .004$) more likely to report delinquency than their non-abused counterparts (89.2%) (see Table 4.6), although overall prevalence rates were generally high. Similarly, victims of CSA (96.2%) were more likely ($p = .01$) to report involvement in juvenile delinquency than their non-victimised counterparts (90.5%).

Victims of CSA were significantly more likely than non-victims to report running away from home, hitting or threatening to hit other kids of a similar age, hitting or threatening to hit parents or caregivers, using physical force to get money or things off other kids or teachers, and arson. The largest difference was in the proportions who reported running away from home, with victims of CSA 20 percentage points more likely to say they had run away from home during adolescence than non-victims (Table 4.6).

Figure 4.11: Proportion of respondents reporting violent juvenile offences by gender and Indigenous status

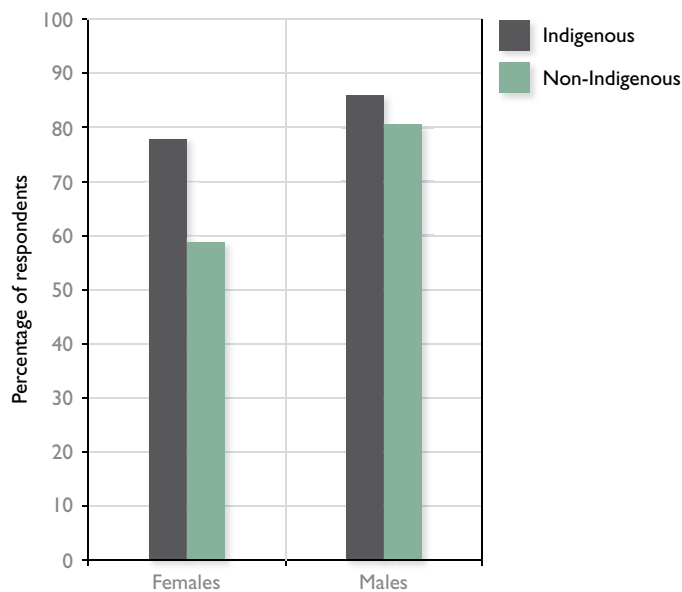


Table 4.6: Self-reported juvenile delinquency by childhood victimisation

Delinquent act reported	Sexual abuse		Physical abuse	
	% reporting behaviour		% reporting behaviour	
	Victims	Non-victims	Victims	Non-victims
Running away from home	74.3	53.7 ^a	69.7	54.4 ^a
Hitting or threatening to hit other kids of similar age	67.8	58.2 ^a	73.7	50.0 ^a
Stealing or trying to steal something worth less than \$50	58.5	56.0	65.9	46.3 ^a
Damaging or destroying property	51.7	49.6	61.8	36.3 ^a
Stealing or trying to steal something worth more than \$50	49.8	46.5	59.2	34.8 ^a
Buying, selling, holding stolen goods	31.0	33.9	38.8	26.1 ^a
Hitting or threatening to hit parents or caregivers	40.3	26.5 ^a	43.5	20.5 ^a
Taking a motor vehicle without owner's permission	31.8	31.4	41.2	22.0 ^a
Selling marijuana	30.2	29.6	37.4	23.0 ^a
Hitting or threatening to hit an adult	31.4	27.3	42.9	14.6 ^a
Stealing or trying to steal motor vehicle	27.5	29.0	36.1	20.1 ^a
Involvement in gang fights	27.6	26.7	36.2	17.3 ^a
Tag or graffiti walls, bus panels, trains or other public places	26.5	25.0	30.6	19.6 ^a
Trying to cheat someone by selling them something that was worthless or not what you said it was	25.1	18.0	29.1	13.7 ^a
Attacking someone with the idea of seriously hurting or killing them	23.7	18.4	32.5	8.3 ^a
Using physical force to get money or things from other kids	21.3	11.1 ^a	24.3	7.8 ^a
Using or trying to use credit card or cheque without the owner's permission	17.1	9.1	16.9	9.8
Arson	16.1	9.8 ^a	17.7	7.4 ^a
Selling hard drugs such as heroin, cocaine and LSD	8.5	6.6	11.1	5.9 ^a
Hacking into or misusing computer or computer sites	6.6	5.7	8.2	3.9
Using physical force to get money or things from teachers or other adults	7.6	2.5 ^a	8.6	1.5 ^a
Pressuring someone to go further sexually than they wanted	4.8	3.7	5.9	2.0 ^a

Note:

a Difference significant at p = .05 level.

In all but two categories (credit card or cheque fraud and computer crime), victims of physical abuse were significantly more likely than non-victims to report involvement in juvenile delinquency. The largest differences were found in:

- » hitting or threatening to hit an adult
- » damaging or destroying property
- » stealing or trying to steal something worth more than \$50
- » attacking someone with the idea of seriously hurting or killing them.

Victims of physical abuse were 25–30 percentage points more likely than non-victims to admit involvement in these delinquent acts (Table 4.6).

Across broad categories of offending, victims of CSA had a higher prevalence of violent and total juvenile offending than non-victims of CSA (see Table 4.7). Additionally, the criminogenic effects of CSA appear to be more pronounced for females. The comparisons displayed in Figure 4.12 illustrate that female victims of CSA have higher rates of participation in property, violent and total juvenile offending than female non-victims. This relationship was not observed for males.

Table 4.7: Juvenile offending by type of offence and prior CSA

Offending type	No CSA (%)	CSA (%)	Chi-square
Violent	70.0	78.5	4.22*
Property	79.6	81.9	0.39
Sexual	3.7	4.7	0.31
Drug	30.6	30.2	0.01
Total	89.8	96.1	6.47*

Note:

*p < .05.

Involvement with criminal justice authorities

Respondents provided information about arrests as juveniles and detention in juvenile detention centres. Among respondents reporting involvement in juvenile delinquency, 46.9 per cent said they had been arrested as a juvenile and 13.3 per cent reported being detained in a juvenile detention centre. Significantly fewer respondents who had not been involved in any delinquent acts reported being arrested as juveniles (24.0%, p = .000).

Female respondents (35.9%) were less likely than male respondents (54.6%) to report being arrested as juveniles, as were non-Indigenous (43.9%) compared with Indigenous respondents (60.8%), but these differences were not statistically significant (see Figures 4.13 and 4.14).

Female respondents were significantly less likely than males to report being detained in a juvenile detention centre (females 18.2%; males 32.7%; p < .05); and non-Indigenous respondents were significantly less likely than Indigenous respondents to report being detained in a juvenile detention centre (non-Indigenous 24.1%; Indigenous 40.7%; p < .05). (See Figures 4.13 and 4.14.) These findings are consistent with research showing that higher proportions of males and Indigenous people experience detention (Lynch, Buckman & Krenske 2003).

Figure 4.12: Proportion of respondents committing juvenile offences by gender and CSA experiences

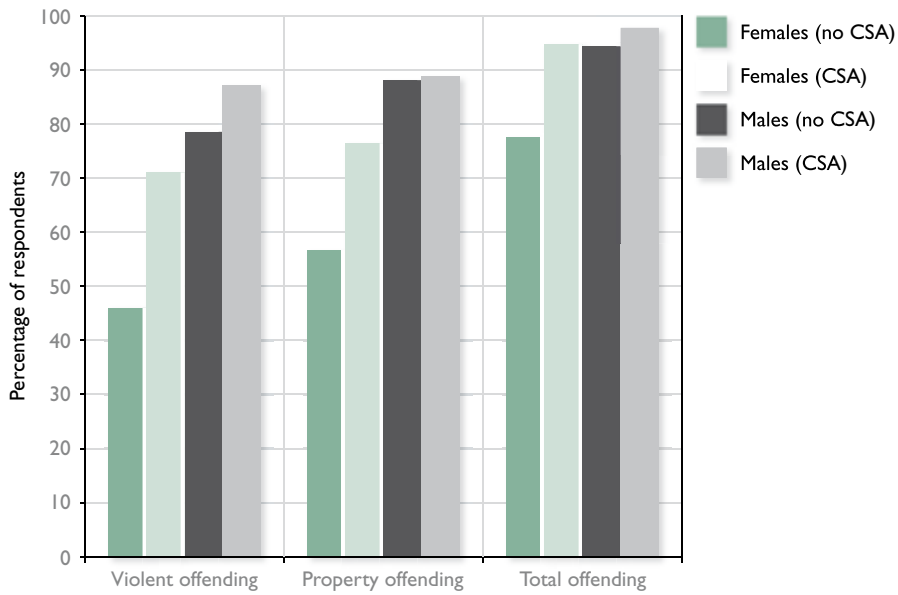


Figure 4.13: Juvenile arrest and detention by gender

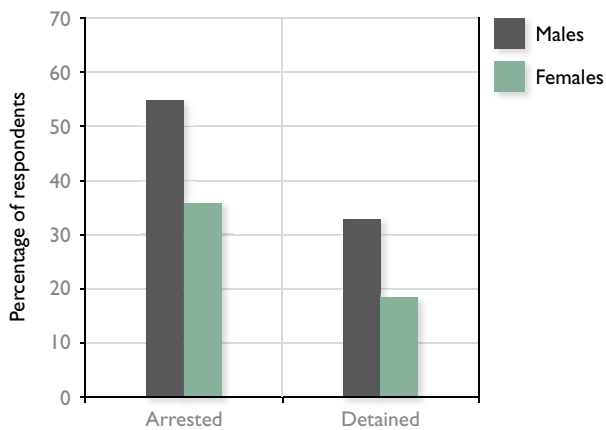
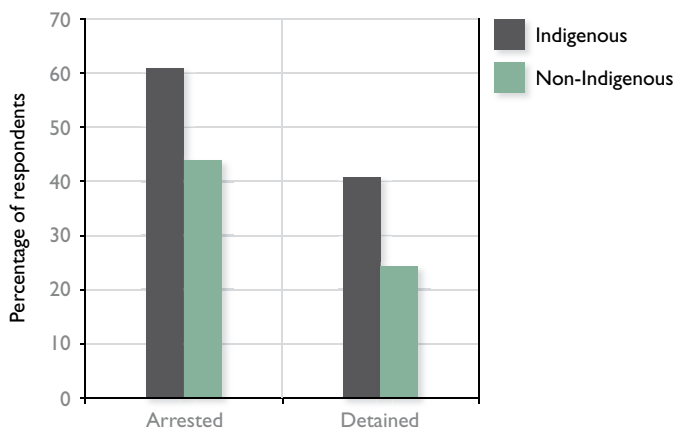


Figure 4.14: Juvenile arrest and detention by Indigenous status



Early drug use

Young people often begin experimenting with illicit drugs during adolescence; and early onset of drug use is often a reflection of prior exposure to various criminogenic risk factors. Early-onset drug use is also predictive of future risks for more persistent, chronic and serious drug use (Kandel & Logan 1984; Yamaguchi & Kandel 1984). This section provides information about the proportions of respondents using illicit drugs before the ages of 14 and 18, as well as the types of drugs used.

One-third of respondents reporting illicit drug use said they had started using drugs for non-medical purposes before they were 14 years old, and the vast majority (80.4%) had used drugs before they were 18.

Marijuana and inhalants were the drugs most commonly used by respondents who reported using illicit drugs before 14 and before 18 years of age (see Figure 4.15).

Figure 4.15: Types of drugs used by respondents reporting drug use before they were 14 and 18 years of age

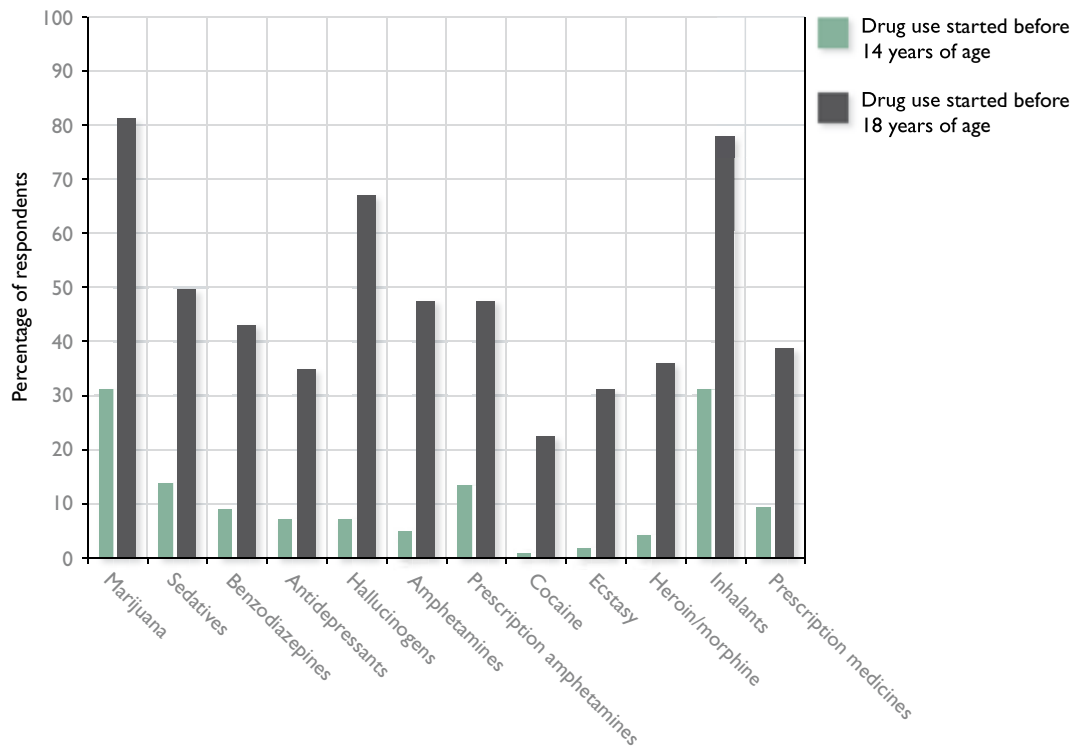
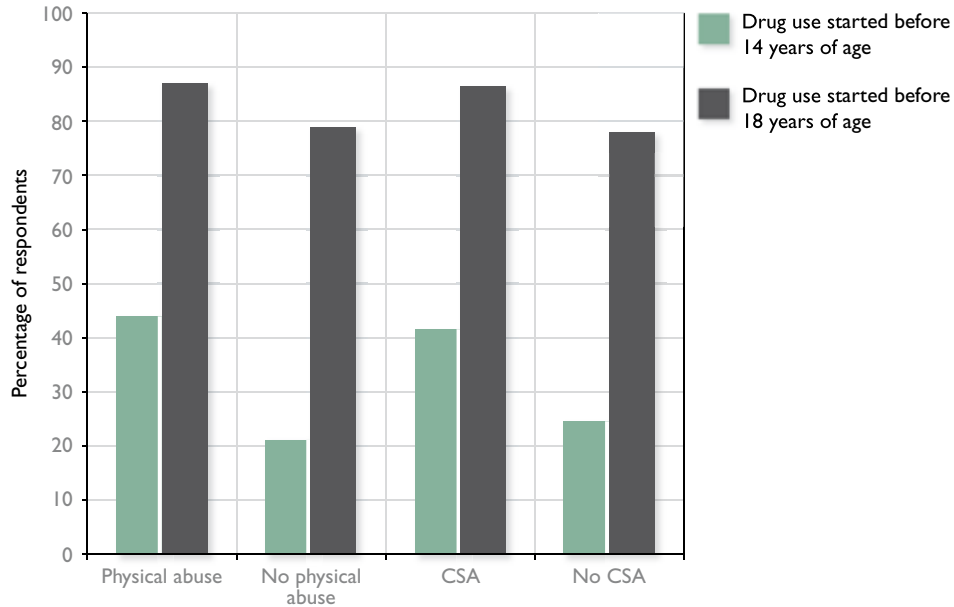


Figure 4.16 compares prevalence rates of drug use before ages 14 and 18 for respondents with varying victimisation histories. Just under half of the respondents who reported CSA (41.5%) and physical abuse (44.0%) started using illicit drugs before the age of 14 years. In contrast, only around one-fifth of those who were not victims of CSA reported using illicit drugs before the age of 14 years. This difference was statistically significant ($p = .01$). In general, the prevalence of early-onset drug use was approximately twice as high among CSA victims.

By 18 years of age, approximately 87 per cent of childhood abuse victims had used drugs for non-medical purposes. Respondents who had not been victimised were around 10 percentage points less likely to report drug use before 18 years of age ($p < .05$).

Figure 4.16: Drug use before 14 and 18 years of age by prior victimisation experiences



Chapter summary

This chapter has provided information about the nature of adolescent experiences and events for respondents participating in the OPAL study. Various areas were examined, including experiences in school, levels of participation in delinquency, prior involvement in the juvenile justice system and adolescent drug use. The findings revealed the following:

- » School experiences were relatively similar for all respondents, with only minor differences in school completion rates and performance. However, the proportion of respondents who had been suspended or expelled from school on multiple occasions was higher among those with a history of victimisation during childhood. The majority of respondents enjoyed or were attached to school because of their friendships. Victims of childhood abuse, however, were significantly more likely than non-victims to state that they enjoyed school to get away from their home environments. This may have been because home was a source of trauma or stress for these respondents.
- » As expected, delinquency was very prevalent among the respondents, and there were only modest differences in delinquency participation rates by gender and Indigenous status. Indigenous respondents self-reported a higher prevalence of some violent delinquent acts, but most comparisons did not reveal material differences across groups. Respondents who had experienced childhood victimisation reported more involvement in delinquency as a group; running away from home during adolescence, in particular, was substantially higher among respondents who had experienced prior sexual abuse. The relationship between CSA and juvenile offending was more pronounced for females.

- » Most respondents had experimented with illicit drugs during adolescence, with marijuana and inhalants being the drugs of choice for most respondents. Respondents with a prior victimisation history involving physical or sexual abuse exhibited much higher involvement in early-onset drug use (before age 14), which is consistent with prior research.

5

Experiences in adulthood

Introduction

People experience a great deal of social change and development during adulthood, which can be related to employment, relationships and family circumstances. This time of enormous social change and personal growth also provides many challenges, as well as opportunities for crime, deviance and victimisation.

This chapter provides information about the experiences of OPAL respondents during adulthood, including family circumstances, crime, drug and alcohol use, victimisation and mental health.

Demographic characteristics

Although most respondents (92.9%) reported that they had been employed in the past, at the time of the interview only 22.5 per cent were employed. The majority were either unemployed (33.1%) or receiving a pension or benefit of some kind (32.1%), including disability, carer's, sickness or sole parent benefits.

More males than females were employed (males 26.5%; females 16.5%), but proportionately more females than males noted their current occupation as housework or home duties (males 0.3%; females 16.5%). The take-home pay ranged between \$80 and \$2100 per fortnight, with an average of \$497 and a median and mode of \$400 per fortnight for all respondents. Approximately 9 per cent of respondents reported 'working for the dole'.

Approximately 60 per cent of respondents reported never having been married, while 23 per cent reported being married or in a de facto relationship. Of those who had married, most had married only once (81.9%), but some had married twice (15.9%) or three times (2.1%). Just over half of the respondents had at least one child (53%).

Offending behaviour

Most of the respondents reported involvement in a range of criminal activities spanning violence, sexual offending, drugs and property crime. Approximately 60 per cent of males and 48 per cent of females had an official prior adult criminal conviction; thus the sample includes a high proportion of recidivistic offenders (see Table 5.1, next page).

Table 5.1: Prevalence of adult offending by gender

Offending type	Female (%)	Male (%)	Chi-square
Official ^a	48.4	60.3	6.53*
Self-reported:			
Violent	71.6	83.8	10.02**
Property	85.1	89.4	1.87
Sexual	4.3	12.1	8.29**
Drug	47.6	56.7	3.82
Total	92.7	96.8	3.81

Notes:

a Based on officially recorded data provided by QCS (whether or not the respondent had a prior conviction).

**p < .01, *p < .05.

There were no significant differences between Indigenous and non-Indigenous respondents in self-reported adult offending (see Table 5.2). However, more Indigenous than non-Indigenous respondents had prior criminal convictions — a substantive difference that approached statistical significance (Indigenous 64.0%; non-Indigenous 54.0%; $p = .053$). In general, official and self-reported levels of adult offending were high, especially for violent and property crime.

Table 5.2: Prevalence of adult offending by Indigenous status

Offending type	Non-Indigenous (%)	Indigenous (%)	Chi-square
Official ^a	53.4	64.3	3.74 ^b
Self-reported:			
Violent	79.0	78.9	0.00
Property	87.0	90.4	0.82
Sexual	8.5	11.5	0.83
Drug	54.8	46.9	1.91
Total	94.8	96.8	0.65

Notes:

a Based on officially recorded data provided by QCS (whether or not the respondent had a prior conviction).

b The group difference between Indigenous and non-Indigenous respondents approached significance ($p = .053$).

Drug and alcohol use

Drug and alcohol use and abuse is common among high-risk samples. This section provides information about the drug and alcohol use patterns of OPAL respondents.

Alcohol abuse

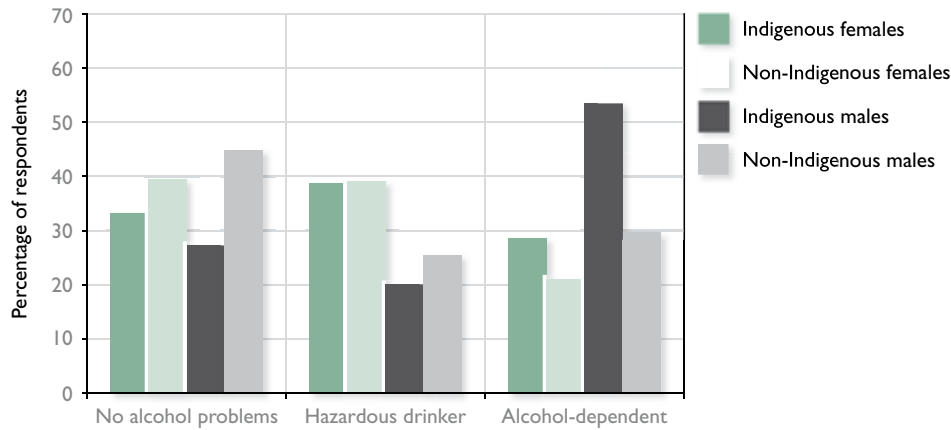
Alcohol use patterns and problematic use were assessed using the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organisation (Babor et al. 1992; Conigrave, Hall & Saunders 1995). The AUDIT is a 10-item scale that establishes the prevalence of low, hazardous or harmful and dependent patterns of alcohol consumption. The scoring of the AUDIT differs for males and females.

The majority of male respondents were assessed as having problematic levels of alcohol consumption: according to the AUDIT about one-third (32.9%) were classified as alcohol-dependent and about a quarter (28.1%) were classified as hazardous or harmful drinkers. The remaining 39 per cent of males were classified as non-problem drinkers.

Alcohol consumption patterns were broadly similar for females, although the proportion categorised as alcohol-dependent was somewhat smaller (22%) and the proportion of hazardous or harmful drinkers somewhat larger (39%). The percentages of females and males classified as non-problem drinkers were almost the same (females 37%; males 39%).

When subgroups of the sample were analysed, statistically significant differences by Indigenous status were noted for males ($p = .005$) but not for females. As shown in Figure 5.1, more than half of the Indigenous males in the OPAL sample (52.7%) were classified as alcohol-dependent, whereas only 29.9 per cent of the non-Indigenous males (still a substantial proportion) were classified in this way.

Figure 5.1: Alcohol abuse by gender and Indigenous status



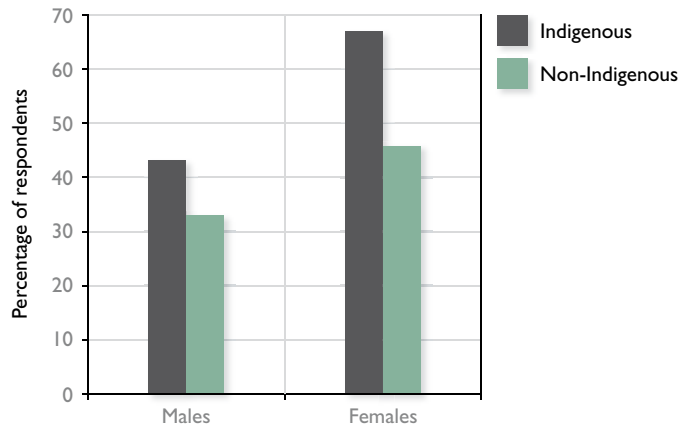
Alcohol use by partner

Alcohol consumption by partners can exacerbate existing alcohol problems in individuals and increase the risks of victimisation such as domestic violence. The proportion of respondents who had partners with serious alcohol problems appears high, and especially so for female respondents. For example, 33 per cent of male respondents and 57 per cent of female respondents reported one or more serious relationships with a partner who they thought suffered from alcohol problems.

The higher exposure of female respondents to problematic alcohol use by partners is further illustrated by their responses to survey questions that sought information about whether their current or most recent partner's drinking had caused problems in or outside the home. More than one-third of male respondents (37.9%) and almost half of the female respondents (45.8%) reported that their current or most recent partner's drinking had caused problems in the home. Similarly, 32.2 per cent of males and 43.1 per cent of females reported that their current or most recent partner's drinking had caused problems outside the home.

Female respondents also reported a higher level of exposure to alcohol problems causing violence by their current or most recent partner than did males (females 50.3%; males 34.1%). This was significantly worse for Indigenous than for non-Indigenous females (Indigenous 66.7%; non-Indigenous 45.9%; $p = .032$) (see Figure 5.2, next page).

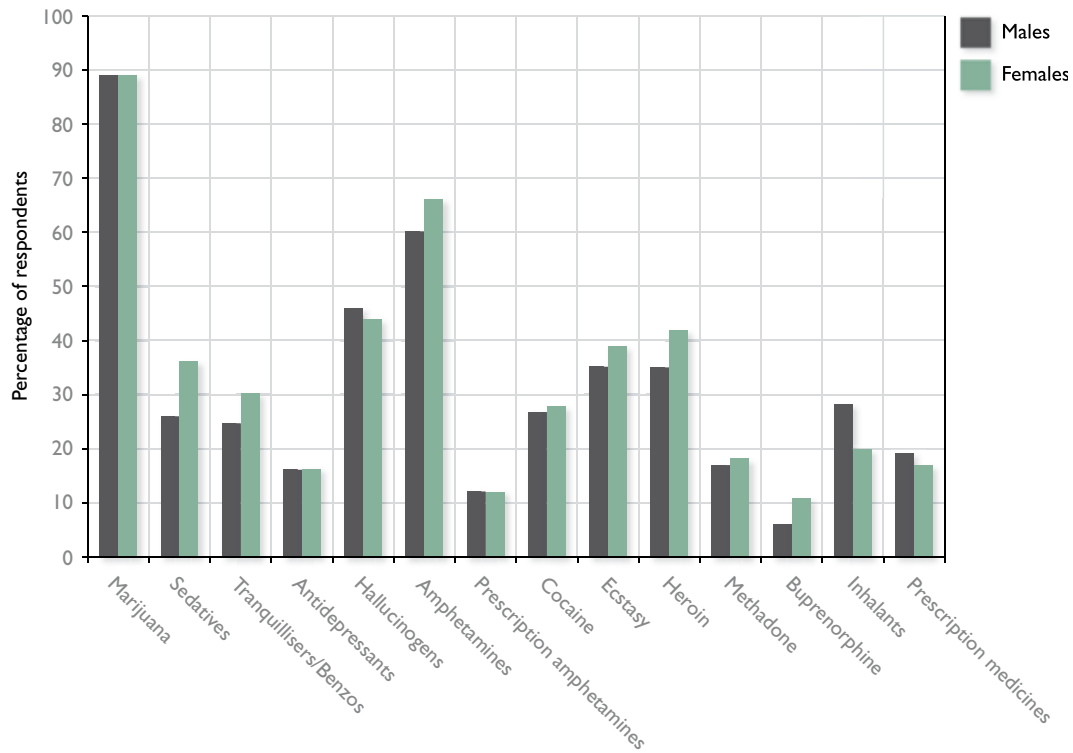
Figure 5.2: Proportion of respondents whose partners act aggressively when drinking, by gender and Indigenous status



Drug abuse

Illicit drug use was common among respondents, and did not vary significantly by gender. Approximately 90 per cent of respondents reported that they had used marijuana, and a high proportion of the sample (63%) reported using amphetamines. Use of other hard drugs such as heroin (females 35%; males 42%) was also comparatively common in this sample. Only two significant gender differences were noted: females more frequently reported using sedatives than males ($p = .048$) and males more frequently reported using inhalants than females ($p = .042$) (see Figure 5.3).

Figure 5.3: Prevalence of ever having used drugs illicitly



Generally speaking, non-Indigenous respondents reported using more illicit drugs than Indigenous respondents. For example, non-Indigenous respondents were more likely than Indigenous respondents to use sedatives (33.1% versus 18.6%; $p = .005$), tranquillisers (31.1% versus 12.2%; $p = .000$), hallucinogens (50.1% versus 23.5%; $p = .000$), amphetamines (66.1% versus 45.9%; $p = .000$), prescription amphetamines (15.0% versus 3.1%; $p = .002$), cocaine (29.9% versus 14.3%; $p = .002$), ecstasy (42% versus 16.3%; $p = .000$), heroin (40.5% versus 27.6%; $p = .019$) and methadone (19.7% versus 6.1%; $p = .001$).

Many respondents reported that they were concerned that their drug use was ‘out of control’, at least for some types of drugs. Figure 5.4 indicates that marijuana, heroin and amphetamines stand out as the drugs of greatest concern. Significantly more males than females (males 36.9%; females 20.9%; $p = .000$) and more Indigenous than non-Indigenous (Indigenous 42.3%; non-Indigenous 27.6%; $p = .003$) respondents indicated that they were concerned that their drug use was out of control.

Most respondents (91%) also reported that they wished they could stop using drugs. At the same time, 73 per cent said that it was quite or very difficult or impossible to give up drugs, and only 23 per cent reported being currently enrolled in a drug treatment program (see Figure 5.5, next page).

Figure 5.4: Proportion of respondents concerned that their drug use was ‘out of control’, by drug type

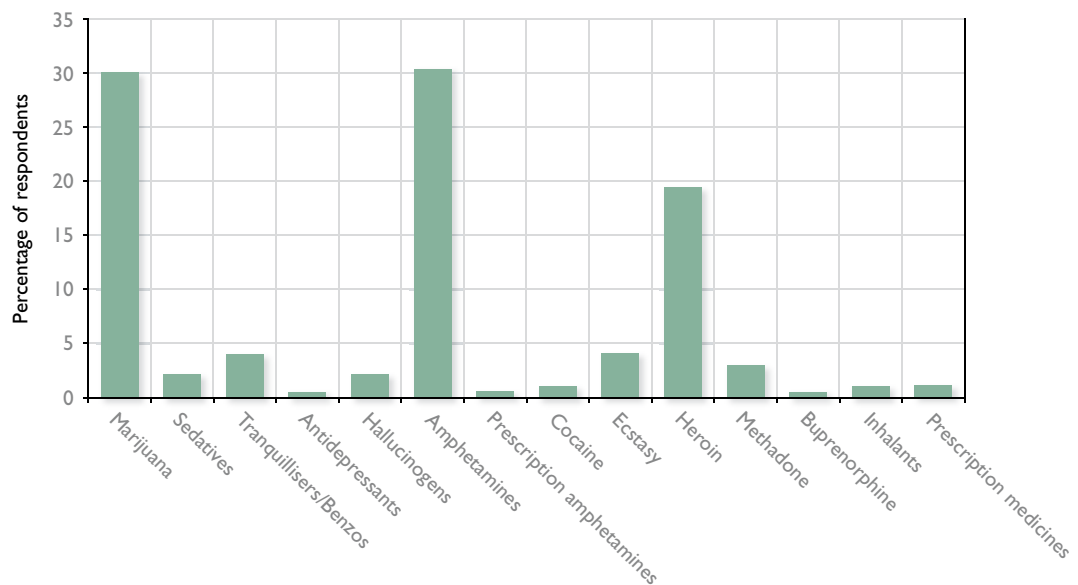
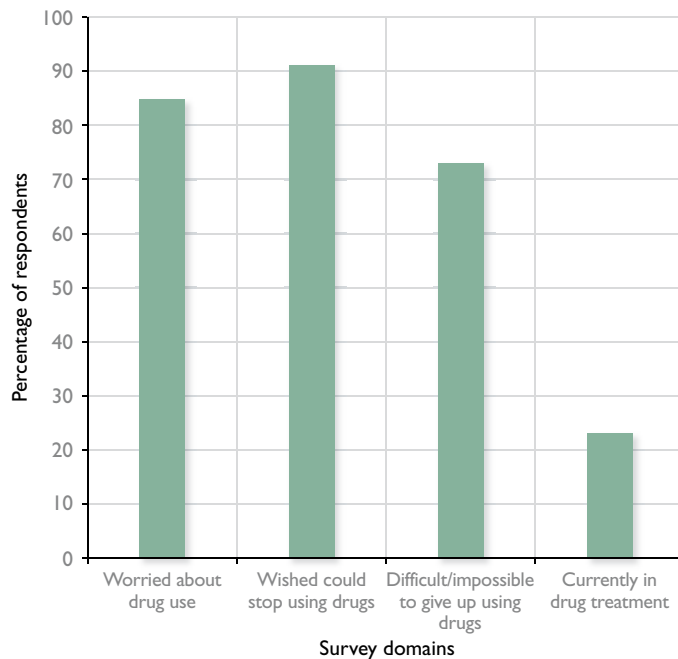


Figure 5.5: Respondents' concerns about drug use



Drug use by partner

Exposure to drug use and abuse by a partner can create further risks for individuals in terms of victimisation and other physical risks. A significant proportion of respondents had previously been, or were currently, with partners who used drugs for non-medical purposes. As for alcohol, this relationship was stronger for females than for males (females 66.0%; males 43.0%; $p = .000$), but did not differ by Indigenous status.

Indeed, many respondents reported more than one serious relationship with a partner with a drug problem, and again this was more frequently the case among female respondents. For example, 33.3 per cent of females and 26.1 per cent of males reported at least one previous serious relationship with a partner with a drug problem; 18.8 per cent of females and 9.8 per cent of males reported two previous relationships with partners with drug problems; and 16.1 per cent of females and 5.9 per cent of males reported three or more previous relationships with partners with drug problems.

In summary, whereas both males and females reported having intimate partners who used drugs, the overall prevalence for females was much higher than for males.

Victimisation experiences

Victimisation experiences were widespread among respondents. This section examines the extent of criminal victimisation, sexual victimisation and domestic violence.

Criminal victimisation

The extent of criminal victimisation in adulthood was high for this sample, with more than 90 per cent of both males and females having experienced at least some form of criminal victimisation. As Figure 5.6 shows, female respondents had experienced greater exposure than had the males to most forms of interpersonal victimisation.

The prevalence of criminal victimisation in the preceding year was also very high among this sample. Approximately two-thirds of both males and females had experienced some form of criminal victimisation during that period. More females had experienced interpersonal forms of violent victimisation such as domestic violence, stalking and sexual assault, whereas males experienced more theft-related crime and assault. Some of the results are compared with annual victimisation rates from a previous community-wide national crime victimisation survey (see Figure 5.7). These comparisons illustrate the extreme levels of exposure to victimisation among OPAL respondents.

Figure 5.6: Prevalence of ever having been a victim of crime, by type of victimisation

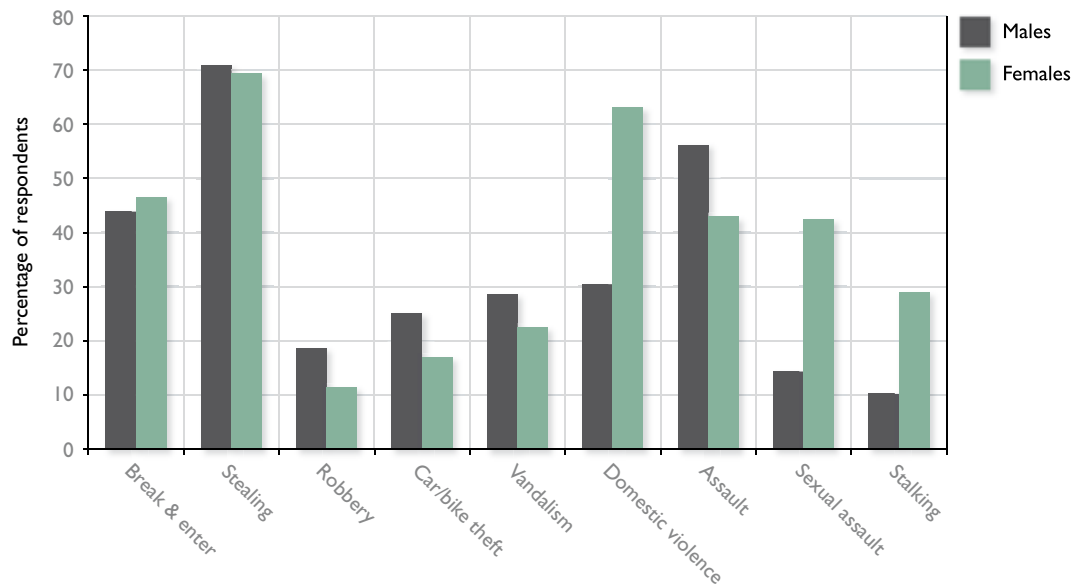
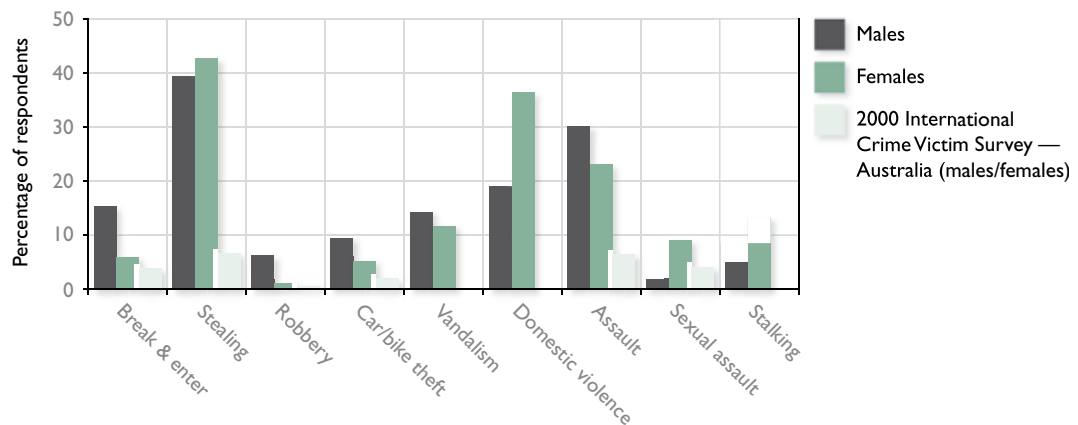


Figure 5.7: Prevalence of crime victimisation in the year preceding participation in the survey, by type of victimisation



Source: International Crime Victim Survey (van Kesteren, Mayhew & Nieuwbeerta 2000).

Sexual victimisation in adulthood

Information about the level and type of exposure to sexual victimisation as adults (i.e. since age 16) for male and female respondents is shown in Table 5.3. The overall prevalence of any form of adult sexual victimisation was 54 per cent. The results demonstrate that exposure to sexual victimisation in adulthood, as in childhood, ranges across diverse types of experiences such as having someone expose themselves (i.e. non-physical) to more extreme penetrative behaviours. Females, as a group, experienced significantly more sexual victimisation across all victimisation types, with gender differences ranging from approximately 2 to 1 for the less invasive behaviours to 6 to 1 for penetrative abuse (e.g. had intercourse because of physical force). In sum, the findings reveal high levels of exposure to varied types of unwanted sexual behaviours as an adult among this sample, as well as higher overall exposure for females.

Table 5.3: Unwanted sexual experiences since the age of 16 years, by gender

Behaviour	Proportion of sample (%)	
	Male	Female
Someone exposed themselves to me	22	39***
Given in to sex play when overwhelmed by arguments	15	36***
Given in to sex play because of position/authority	6	11
Given in to sex play because of force	5	24***
Given in to sex play due to drugs/alcohol	18	36***
Experienced attempted intercourse with force	5	28***
Attempted intercourse when someone gave me drugs/alcohol	13	36***
Had intercourse due to power/authority	5	11**
Had intercourse because of drugs/alcohol	12	33***
Agreed to sex but felt used afterwards	21	49***
Had intercourse because of physical force	4	24***

Notes: **p < .01; ***p < .001.

Source: Koss and Gidycz 1985.

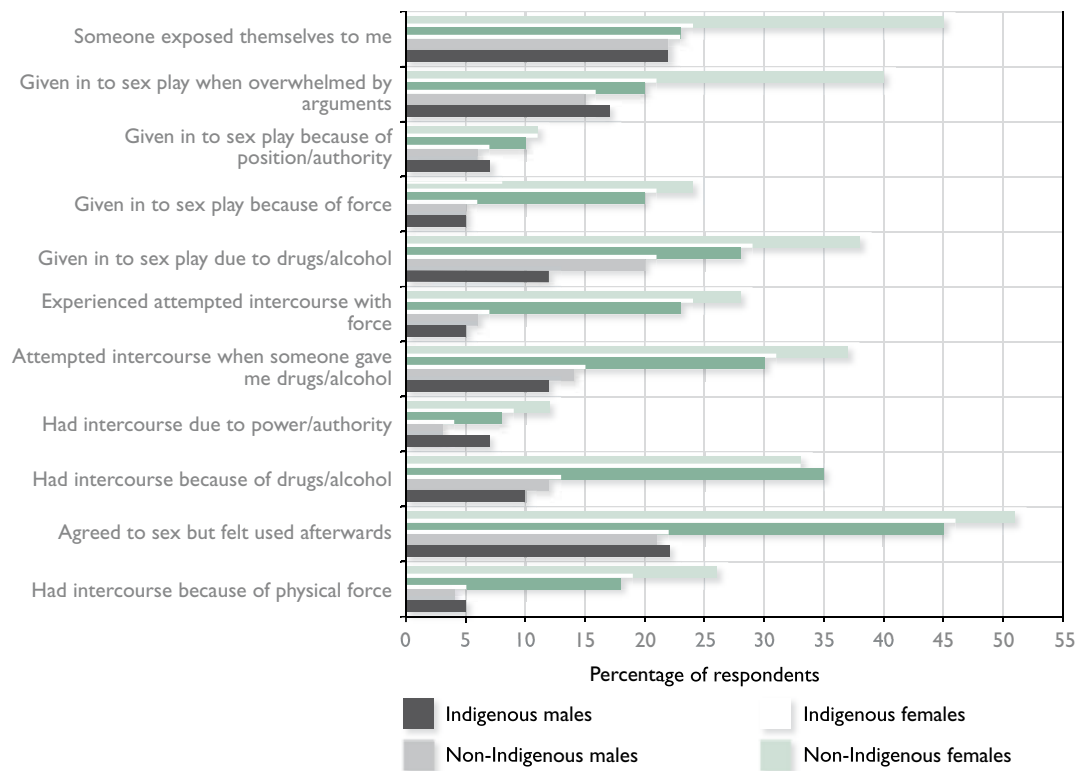
Comparisons based on Indigenous status failed to reveal any consistent differences in the prevalence of adult sexual abuse, apart from two behaviours for which there was a statistically significant higher prevalence among non-Indigenous females (‘someone exposed themselves to me’ and ‘given in to sex play when overwhelmed by arguments’; see Figure 5.8, facing page).

Intimate partner violence

Given the known links between substance abuse and various kinds of victimisation (and the wide range of substance abuse risks already identified in this sample), it was expected that respondents would have experienced significant rates of domestic or intimate partner violence in their current and former relationships — and this proved to be the case.

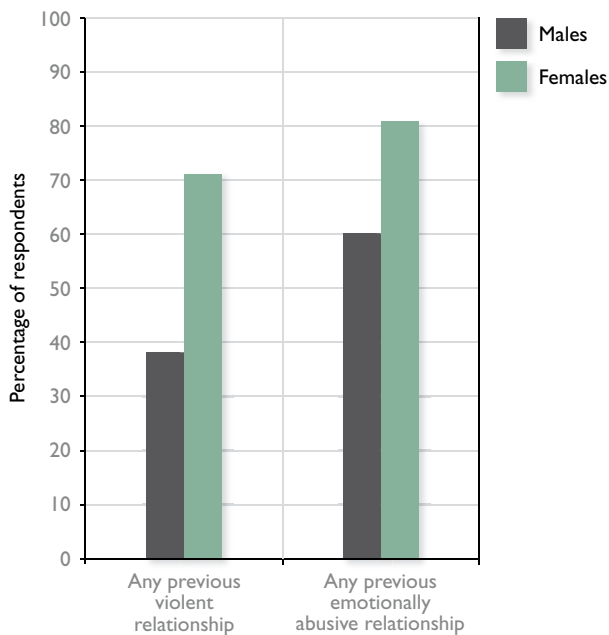
Gender differences were also apparent, with 71 per cent of females compared with 38 per cent of males reporting a prior physically violent relationship. Most females (81%) had also experienced a previous emotionally abusive relationship. Again, males reported fewer of these, but the prevalence was still very high (60%) (see Figure 5.9, facing page).

Figure 5.8: Unwanted adult sexual experiences by gender and Indigenous status



Note: The only two comparisons where the differences were statistically significant were ‘Someone exposed themselves to me’ and ‘Given in to sex play when overwhelmed by arguments’.

Figure 5.9: Exposure to physical and emotional abuse in intimate relationships



Measures of partner violence/conflict were assessed by the Conflict Tactics Scale (CTS) developed by Murray Straus (Straus 1979; Straus & Hamby 1997). The measure provides an opportunity to gauge the prevalence of different incidents of partner conflict, from verbal threats to extreme violence involving weapons. Due to some missing data ($n = 30$ respondents), the analysis was limited to 450 respondents.

Based on the responses to the CTS, approximately 84 per cent of the sample had been a previous victim of partner violence, having experienced at least one of the CTS incidents. Significant gender differences were found, with 80 per cent of males and 90 per cent of females reporting that they had been victims ($p < .01$). No significant differences for Indigenous status were observed, with 85 per cent of Indigenous respondents and 84 per cent of non-Indigenous respondents reporting having experienced at least one of the CTS incidents. Like many of the other experiences reported so far, exposure to some form of violence from an intimate partner appears to be common among this sample.

Table 5.4 shows the varied types of partner conflict and violence experienced by respondents. The rates of exposure to more serious categories of violence are disturbingly high, with 33 per cent of all respondents reporting that they had been beaten up by an intimate partner at some stage in their lives. Many more respondents were exposed to milder, but still inappropriate, forms of partner conflict and violence.

The level of exposure to various forms of partner conflict or violence was higher for females than for males (see Figure 5.10, facing page); it was also higher for Indigenous than for non-Indigenous respondents (Figure 5.11, facing page), especially in relation to more serious partner violence (e.g. threat with weapon, hit).

Table 5.4: Proportion of respondents reporting various types of partner conflict and violence

CTS ^a item	Proportion reporting (%)
Threatened to hit me	70.2
Pushed/shoved/grabbed me	68.3
Smashed/hit/kicked something	64.4
Threw something	60.1
Slapped me	58.9
Kicked/bit/hit me with a fist	54.1
Hit me but not with anything	51.8
Hit me with something hard	40.4
Beat me up	33.1
Choked me	26.0
Threatened me with knife/gun	31.0
Used knife/gun	12.4

a CTS = Conflict Tactics Scale (Straus 1979).

Figure 5.10: Exposure to partner violence by gender (percentage of respondents reporting acts committed against them by their partner)

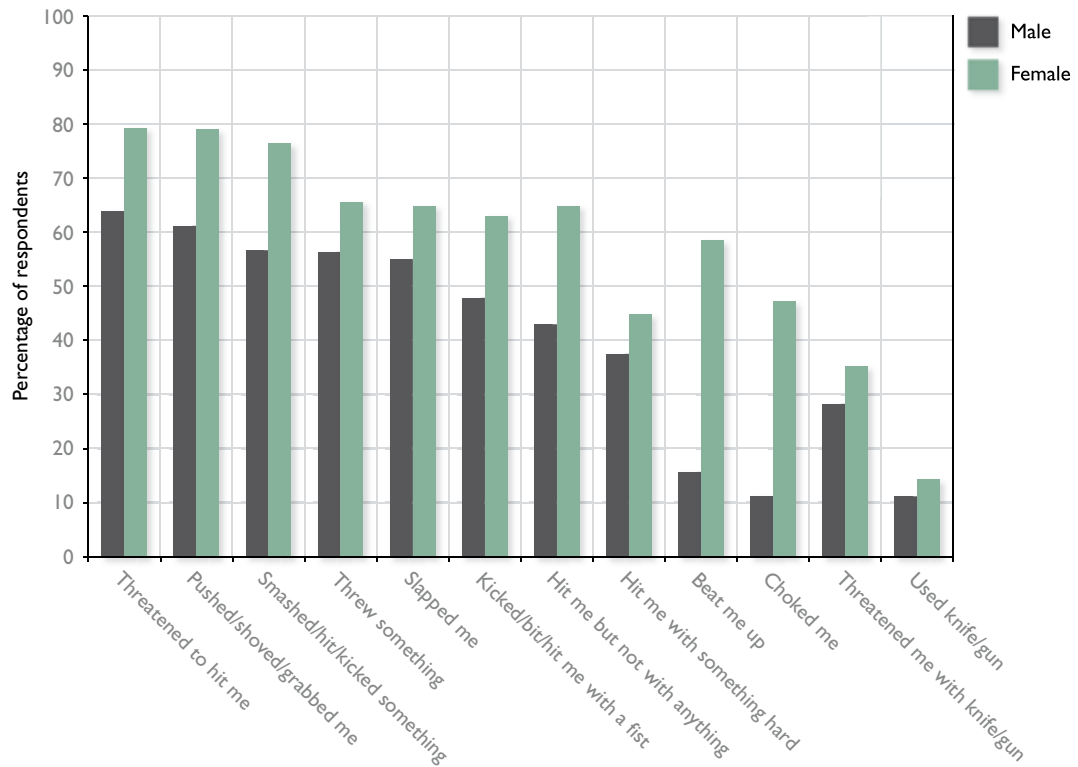
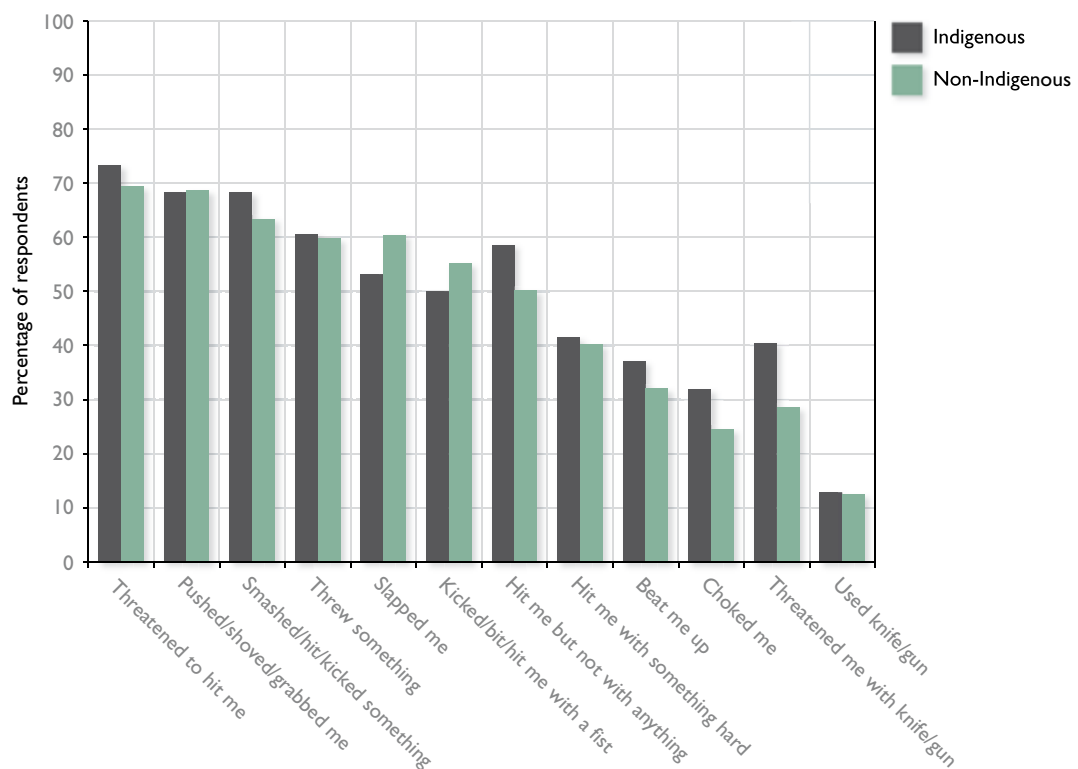


Figure 5.11: Exposure to partner violence by Indigenous status (percentage of respondents reporting acts committed against them by their partner)



Mental health

Given the known strong relationships between victimisation, mental illness and criminal offending, various aspects of respondents' mental health were included in the OPAL study. This section describes various aspects of mental health including the respondents' health histories, current mental health status, attempted suicides and self-harm, and mental health treatment.

Health histories

Perhaps not surprisingly, a higher proportion of OPAL respondents (26%) than of the general Australian population (10%) perceived their general health to be poor or fair (ABS 2006b). Also, according to the SF-36 (Ware et al. 1993), almost a quarter (23%) rated their health as worse at the time of the interview than 12 months earlier.

A substantial proportion of respondents also reported that they had attempted suicide at some stage in their lives (males 35%; females 41%) and about 60 per cent had received treatment for a mental health problem in the past. A range of mental health experiences were reported. For example:

- » 22 per cent had been admitted to a psychiatric unit
- » 16 per cent were currently receiving treatment for a mental health problem
- » 17 per cent were not receiving treatment, but believed they should be, for:
 - stress (9%)
 - alcohol dependence (3%)
 - drug dependence (5%)
 - depression (9%)
 - anger management (7%)
 - sexual abuse (3%)
 - another problem, such as domestic violence, grief, loneliness, post-traumatic stress, emotional and physical abuse, or anxiety (5%).

A large proportion of respondents also reported that they had been told by a doctor at some stage in their lives that they suffered from a range of mental health problems, including:

- » depression (43%)
- » bipolar disorder (8%)
- » personality disorder (7%)
- » schizophrenia (8%)
- » anxiety (23%)
- » drug dependence (26%)³
- » alcohol dependence (14%)
- » attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD) (9%)
- » other mental illness (9%).

³ The levels of alcohol and drug dependence are likely to be conservative estimates, as these responses may have been affected by the wording of the interview questionnaire.

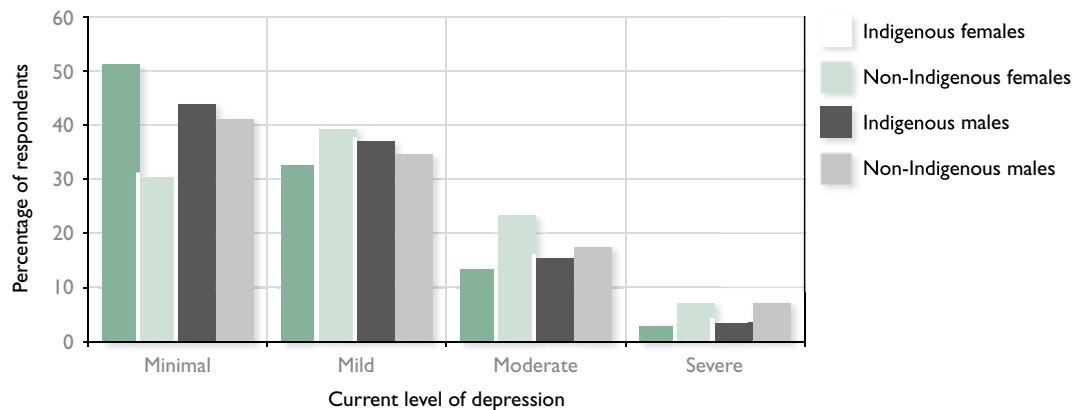
In summary, a significant number of respondents in this sample reported mental and general health problems, and a significant proportion had attempted suicide. The current mental health status of respondents is considered next.

Current levels of depression

During the course of the survey, the BDI-Fast Screen instrument (Beck, Steer & Brown 2000) was administered to determine respondents' current levels of depression. Less than half were relatively free from depression, or only suffering minimal depression (see Figure 5.12). About 6 per cent of both males and females were assessed as severely depressed, and 21 per cent of females and 17 per cent of males were moderately depressed. About one-third of both males (35%) and females (38%) were mildly depressed.

Although the differences were not significant, depression appears to be more prevalent among non-Indigenous than among Indigenous respondents. For example, 7 per cent of non-Indigenous respondents were assessed as severely depressed compared with only 3.2 per cent of Indigenous respondents. In particular, non-Indigenous females reported markedly higher levels of depression than Indigenous females. The differences were not as marked between Indigenous and non-Indigenous males (see Figure 5.12).

Figure 5.12: Current levels of depression by gender and Indigenous status



Previously diagnosed mental health problems

Group differences (gender and Indigenous status) in the prevalence rates of mental health problems are reported in Table 5.5 (next page). Respondents were asked whether they had been told by a doctor that they had ever suffered from a range of mental health disorders. Significant group differences were found. For example, female respondents reported higher rates of depression, bipolar disorder, anxiety and ADHD than males. Compared with non-Indigenous respondents, Indigenous respondents had a lower prevalence of depression, bipolar disorder, personality disorder, schizophrenia, anxiety, ADHD and alcohol dependence, but greater prevalence of drug dependence (see Figures 5.13 and 5.14, next page).

Table 5.5: Proportion of respondents previously diagnosed by a doctor as having a mental health disorder, by gender and Indigenous status

	Depression	Bipolar disorder	Personality disorder	Schizophrenia	Anxiety	Drug dependence	Alcohol dependence	ADHD
Total sample	43.4	7.7	6.9	7.7	24.0	26.6	13.9	8.8
Males	37.1	4.6	5.3	8.2	18.4	23.8	15.6	12.1
Females	53.0***	12.4**	9.2	7.0	32.4**	30.8	11.4	3.8**
Non-Indigenous	46.3	9.4	8.3	9.4	27.3	20.2	14.7	9.1
Indigenous	31.9**	1.1**	1.1**	1.1**	10.6**	28.2*	10.6*	7.4*

Notes:

* p < .05; **p < .01; ***p < .001.

Figure 5.13: Proportion of respondents previously diagnosed with depression, by gender and Indigenous status

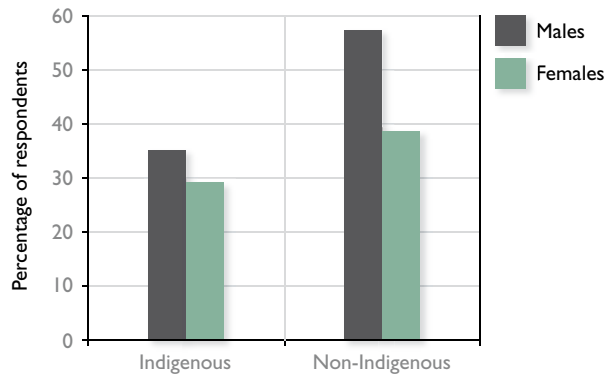
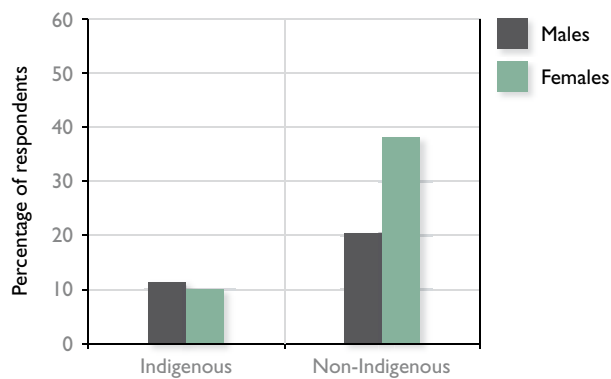


Figure 5.14: Proportion of respondents previously diagnosed with anxiety, by gender and Indigenous status



Comparison with mental health data for the Australian population

The Australian Bureau of Statistics (ABS) has conducted two national surveys examining the mental health of the Australian population. The 1997 national survey, *Mental health and wellbeing: profile of adults* (ABS 1998), examined mental health problems among a representative sample of 10 600 respondents. Mental health problems were assessed using a clinical interview that examined symptoms experienced by respondents during the preceding 12 months. The lifetime prevalence of mental health problems was therefore underestimated.

The National Health Survey (ABS 2006b), on the other hand, examined mental health among a representative sample of 25 900 respondents. Respondents were asked to report whether they had suffered from any long-term mental or behavioural problem. The differences between the prevalence of mental health problems (depression and anxiety) as reported by ABS survey participants and by OPAL participants are shown in Figures 5.15 and 5.16. The rates of mental health problems are clearly three to seven times higher among OPAL participants than in the Australian population as a whole.

Figure 5.15: Prevalence of depression among OPAL respondents compared with the Australian population

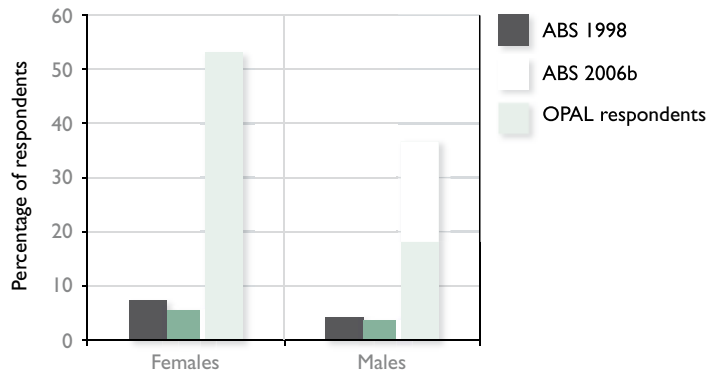
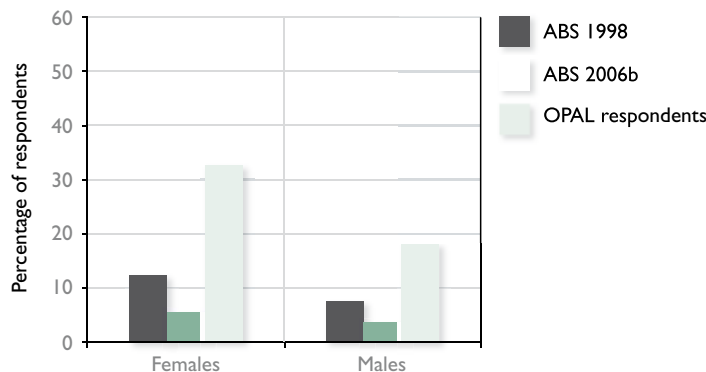


Figure 5.16: Prevalence of anxiety among OPAL respondents compared with the Australian population



Self-harm and attempted suicide

Levels of self-harm and suicide attempts were high in the OPAL sample. Overall, 36 per cent of respondents had reported some self-harming behaviour and 38.5 per cent had attempted suicide. Statistically significant differences were not found across groups (by gender or Indigenous status), although a higher proportion of females than males reported both self-harm (females 38%; males 34%) and attempted suicide (females 42%; males 36%). In addition, a slightly higher proportion of non-Indigenous than Indigenous respondents reported self-harm (non-Indigenous 37%; Indigenous 31%) and attempted suicide (non-Indigenous 40%; Indigenous 32%). Comparing across gender and Indigenous status, non-Indigenous females had a higher prevalence of self-harming behaviour than both non-Indigenous males and Indigenous respondents in general (see Figures 5.17 and 5.18).

Figure 5.17: Prevalence of self-harm by gender and Indigenous status

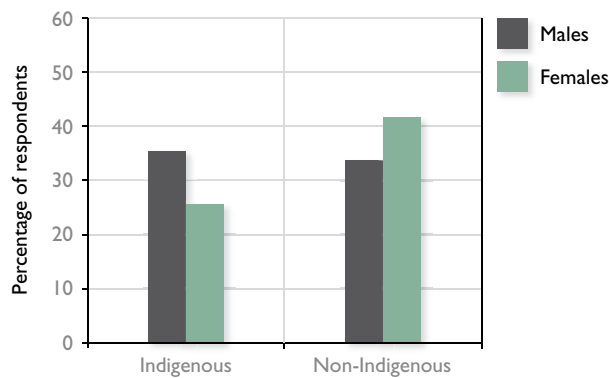
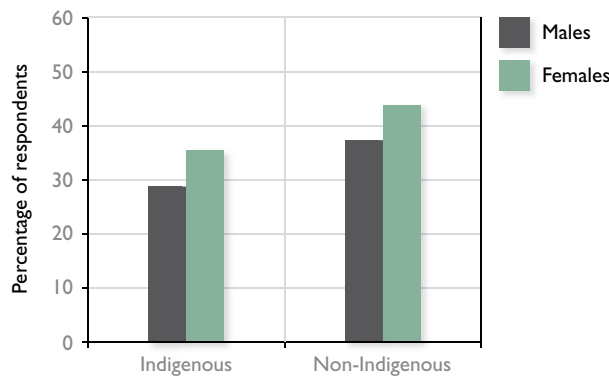


Figure 5.18: Prevalence of attempted suicide by gender and Indigenous status



Treatment of mental health problems

The survey contained a number of items regarding the respondents' experiences with mental health treatment programs. Overall, 16.3 per cent of the sample reported currently being treated for a mental health problem, but more females (20%) than males (14%) and more non-Indigenous (17.6%) than Indigenous respondents (11.3%) were receiving treatment. Fewer Indigenous than non-Indigenous males were currently being treated for a mental health problem, but the group differences were not significant. The rates of treatment for Indigenous and non-Indigenous females were similar (Indigenous 17.5%; non-Indigenous 20.7%). These comparisons are shown in Figure 5.19.

Overall, 22 per cent of the sample had been admitted to a psychiatric unit at some stage in their lives. However, more females (26%) than males (19%) and more non-Indigenous (23.3%) than Indigenous (16.7%) respondents reported this to be the case.

Significantly fewer Indigenous than non-Indigenous males had been admitted to a psychiatric unit and a higher proportion of non-Indigenous than Indigenous females had been admitted, although the difference was not significant (see Figure 5.20).

Figure 5.19: Proportion of respondents receiving current treatment for a mental health problem

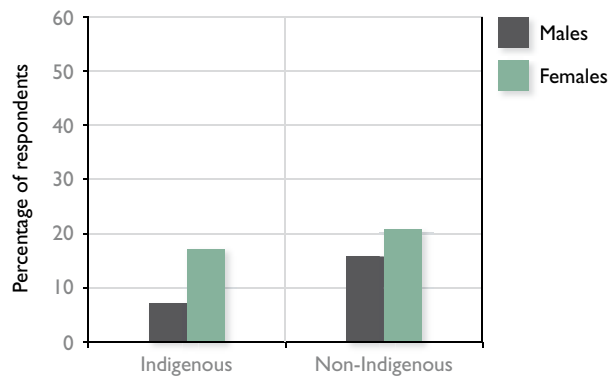
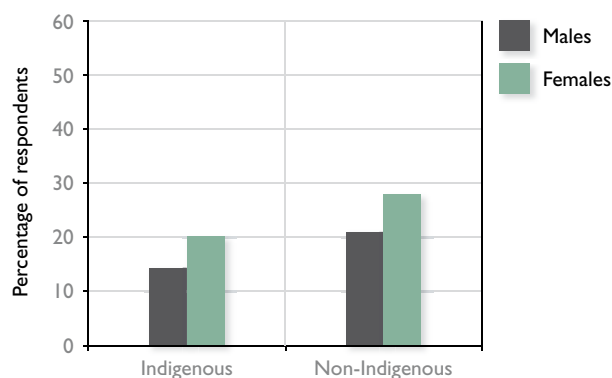


Figure 5.20: Proportion of respondents ever admitted to a psychiatric unit, by gender and Indigenous status



Chapter summary

This chapter has provided information about some of the events experienced during adulthood by the OPAL respondents. Various areas were examined including involvement in crime, drug and alcohol use, experiences with diverse forms of victimisation including partner violence and sexual abuse, and dimensions of mental health, including depression and suicide attempts. In summary, the findings were:

- » Criminal offending behaviour was diverse and widespread across the sample. This was not unexpected, given the nature of the sample. Both males and females exhibited a high degree of involvement in violent and property crime, with a higher proportion of official criminal convictions apparent among males. No significant differences in criminal involvement were observed between Indigenous and non-Indigenous respondents.
- » A high proportion of respondents reported using alcohol and drugs. A large proportion of respondents were harmful and dependent users of alcohol, and many of the females reported having intimate partners with alcohol problems. While most respondents reported using marijuana, a high proportion also reported using more serious drugs such as heroin and amphetamines. Almost one-third of respondents reported that their drug use was out of control, and the vast majority of users were worried about their drug use. Many wished they could stop but found it very difficult to do so.
- » Victimization was prevalent in the sample. Various forms of criminal victimisation were widespread, and a high proportion of respondents (both males and females) were exposed to violence from intimate partners. Overall, some 80 per cent of males and 90 per cent of females had been exposed to partner conflict or violence. These are disturbingly high figures. More than half of the respondents had been exposed to some form of sexual victimisation since the age of 16, the nature of exposure ranging from non-physical to penetrative sexual abuse. Sexual victimisation was more prevalent among females than among males. There were no significant differences by Indigenous status.
- » Mental health problems were widespread throughout the sample. Many respondents reported that their health had deteriorated in the preceding 12 months, and almost a quarter (22%) had been admitted to a psychiatric unit at some stage in their lives. OPAL respondents also exhibited high levels of depression and anxiety compared with community samples. Depression was more prevalent among females and less so among Indigenous respondents. Levels of self-harm and attempted suicide were also high across the sample.

6

Links between early trauma and outcomes in adulthood

Introduction

This chapter examines the links between early childhood victimisation experiences and outcomes in adulthood such as crime, drug and alcohol use, mental health problems and re-victimisation. The chapter also includes some information about intergenerational risks for victimisation.

Impact of CSA

It might be expected that childhood experiences of sexual abuse would give rise to a range of deleterious outcomes later in life. This section looks at relationships between CSA and outcomes such as crime, substance abuse and mental health problems in adulthood.

Crime

The relationship between CSA and criminal activity in adulthood is examined in Table 6.1. As expected, the results show that CSA increases the likelihood of offending in adulthood. Victims of CSA had higher participation rates in violent crime, property crime, drug crime and total offending. Many influences may mediate or accentuate this relationship, but there is a clear association between experiencing CSA and engagement in various forms of crime as an adult.

Table 6.1: Links between CSA and adult offending (proportion of respondents reporting type of offence by victimisation status)

Offending type	No CSA (%)	CSA (%)	Chi-square
Official ^a	52.2	57.4	1.24
Self-reported:			
Violent	74.7	83.3	5.00*
Property	84.5	90.9	4.16*
Sexual	7.4	10.7	1.56
Drug	44.4	61.7	13.56***
Total	91.5	99.0	13.08***

Notes:

a Based on officially recorded data provided by QCS (whether or not the respondent had a prior conviction).

***p < .001, *p < .05.

The relationship between CSA and adult offending is much more pronounced for female than for male respondents. Female CSA victims reported far higher participation rates in violent crime, property crime and total offending than did female non-victims, whereas the differences were not significant for males (see Figure 6.1).

The relationship between CSA and adult offending does not appear to differ by Indigenous status. Even though CSA is associated with an elevated risk of drug offences, this risk is similar for both Indigenous and non-Indigenous respondents (see Figure 6.2).

Figure 6.1: Links between CSA, adult offending and gender

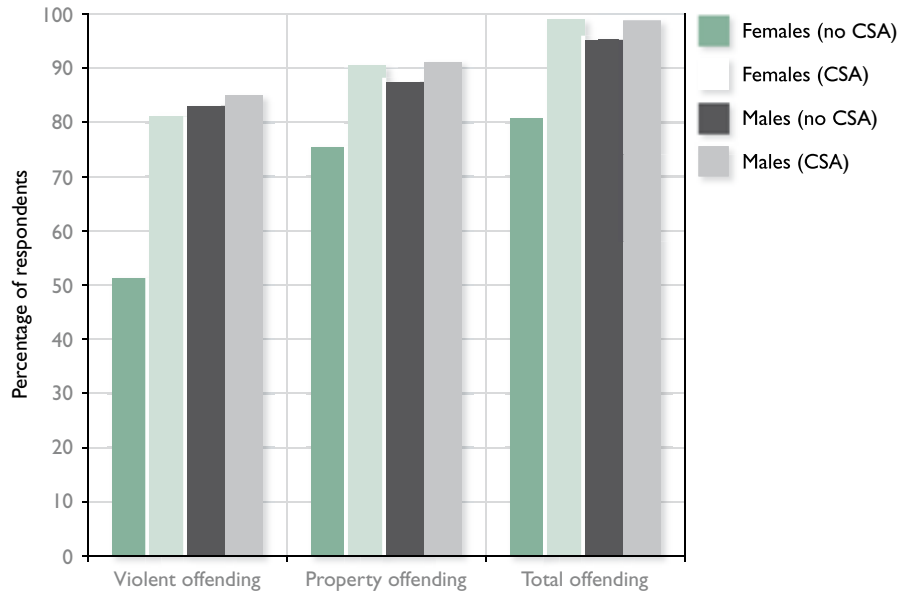
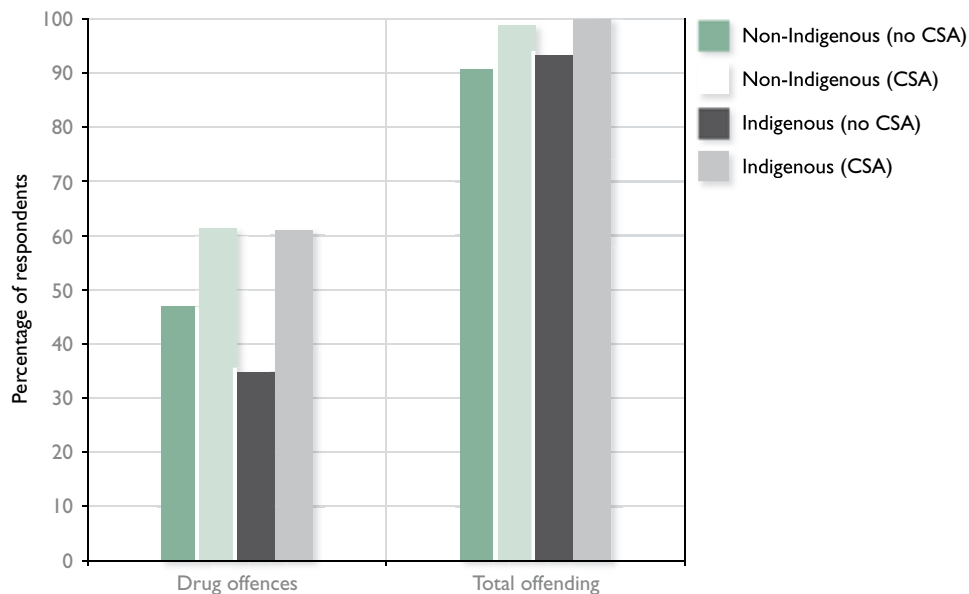


Figure 6.2: Links between CSA, adult offending and Indigenous status



Alcohol and drug abuse

This section looks at the relationships between CSA and drug and alcohol abuse. Figure 6.3 shows that experiencing various forms of CSA is associated among males with an increased chance of being classified as alcohol-dependent by the AUDIT, but not among females. The differences are consistent across all types of abuse, which suggests that the impact of CSA on becoming alcohol-dependent does not differ by the severity of child sexual experiences, at least for males (see Figure 6.3).⁴ Figure 6.4 shows a similar picture: CSA is associated with alcohol problems diagnosed by a doctor, but only for males.

Figure 6.3: Links between CSA and being classified as alcohol-dependent (AUDIT)

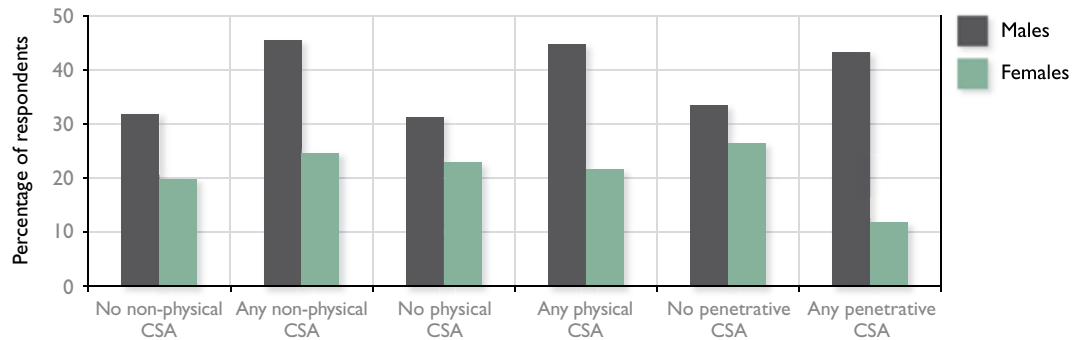
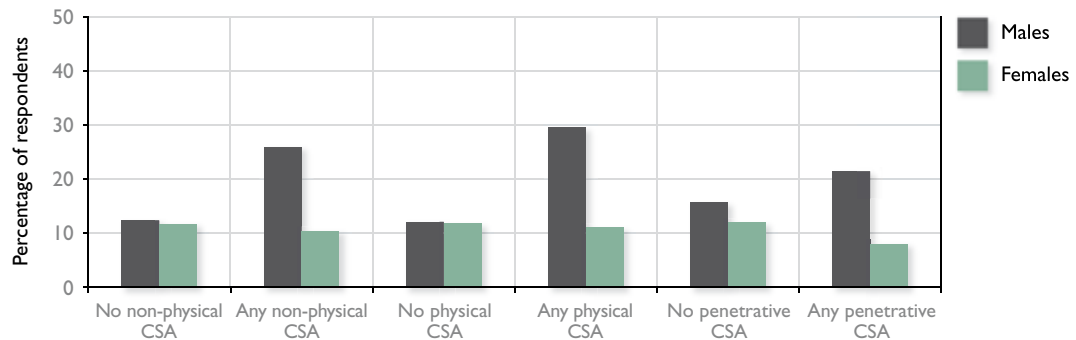


Figure 6.4: Links between CSA and being told by a doctor that they ‘have an alcohol problem’

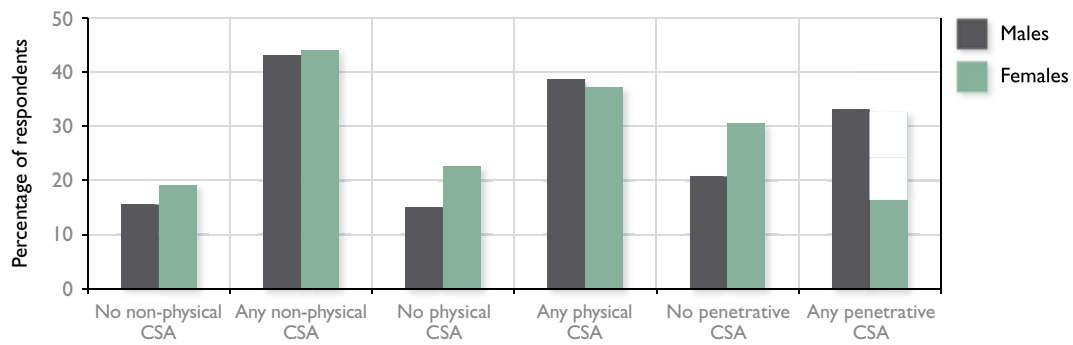


However, the relationships between CSA and drug problems are somewhat different. The comparisons reveal that CSA is associated with a greater likelihood of being told by a doctor that they have a drug problem, but the relationships are virtually identical for males and females (see Figure 6.5, next page).

Further comparisons between CSA and serious drug use showed that past victimisation was significantly associated with more self-reported amphetamine and heroin use by females ($p = .000$) but not males. Self-reported cocaine use was also higher for both male and female respondents with a history of CSA.

⁴ Many mediating and moderating relationships may be operating between CSA and alcohol abuse.

Figure 6.5: Links between CSA and being told by a doctor they 'have a drug problem'

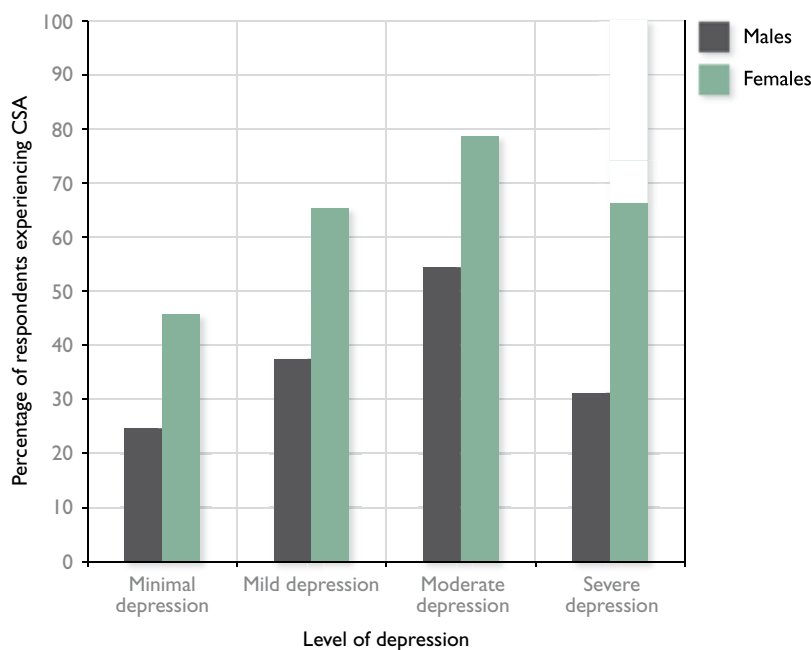


Mental health outcomes

The relationships between CSA and various mental health problems are shown in Figures 6.6–6.9. Figure 6.6 shows that female respondents with depression are much more likely than males to have previously experienced CSA. The results also illustrate that there is a strong relationship between depression and sexual victimisation. For example, all of the females experiencing severe forms of depression reported having been sexually victimised during childhood.

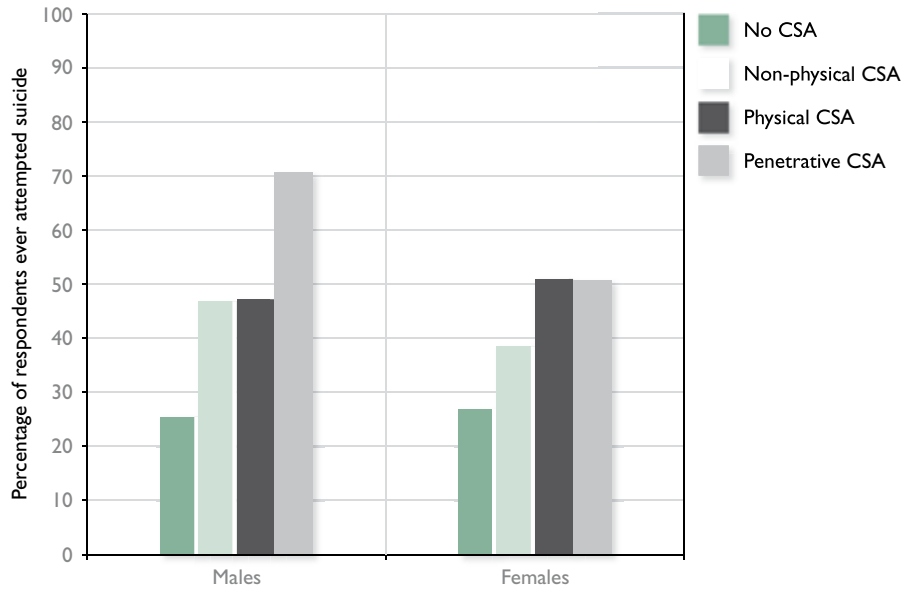
The proportions of respondents with and without a prior history of CSA who had attempted suicide are reported in Figure 6.7. There is a clear relationship between prior experiences of CSA, especially the more severe forms of abuse, and attempted suicides. While the more severe forms of CSA are associated with a higher proportion of victims attempting suicide, the relationship appears to be stronger for male respondents. Approximately 70 per cent of males (compared with 50% of females) who had experienced penetrative CSA reported that they had attempted suicide. These differences indicate that coping responses to the most intrusive forms of CSA may differ by gender.

Figure 6.6: Relationship between CSA and current level of depression



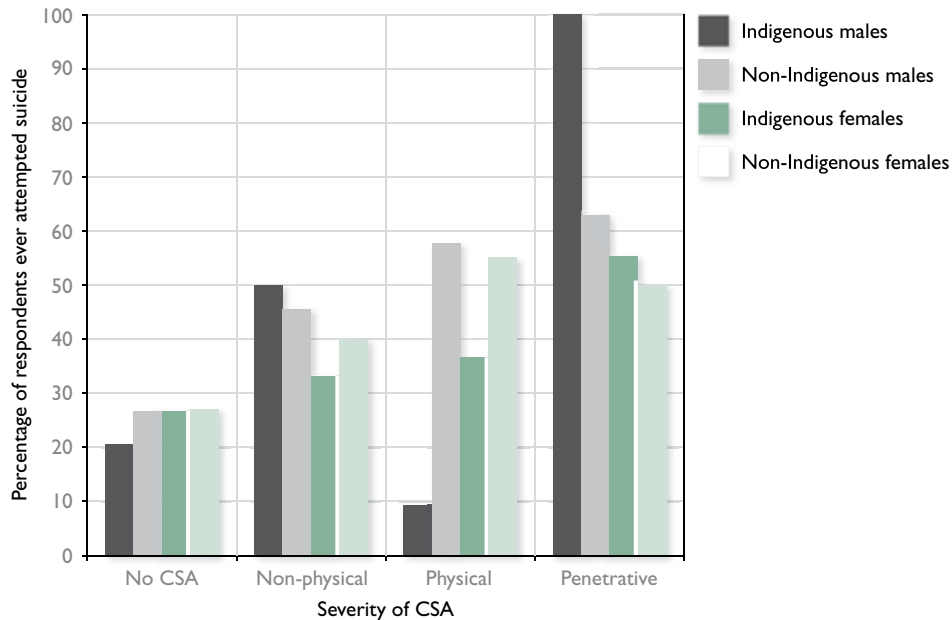
Source: Beck, Steer & Brown 2000.

Figure 6.7: Relationship between CSA and having ever attempted suicide, by gender



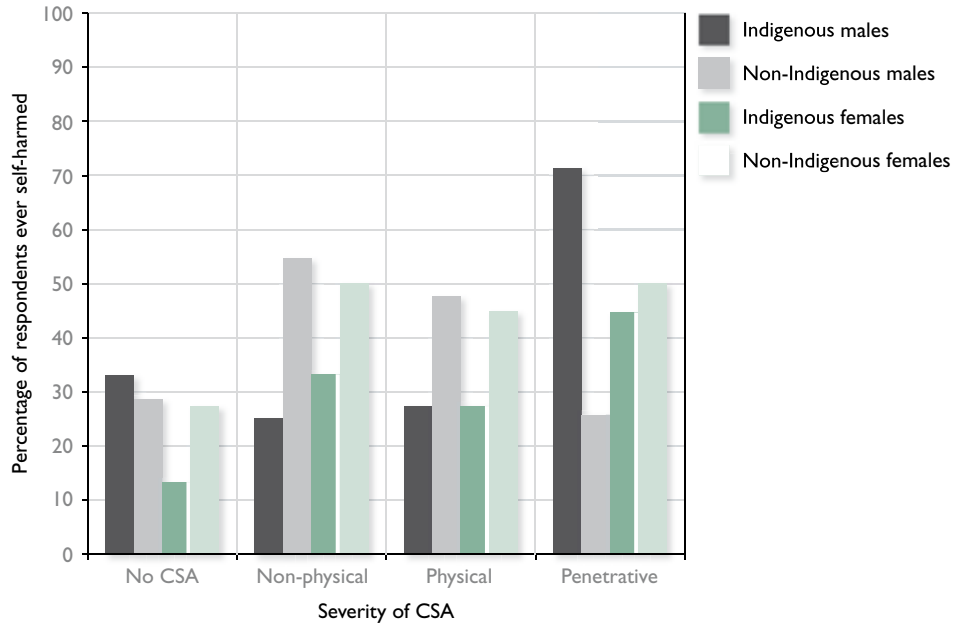
The relationship between CSA and suicide attempts was further examined by gender and Indigenous status. Figure 6.8 shows some important differences across groups. For all groups of offenders, more extreme and perhaps sequential exposure to CSA is related to higher proportions of the groups attempting suicide. Perhaps the most alarming statistic concerns the consequences for Indigenous males. Among Indigenous males who experienced penetrative abuse as a child, all (100%) had attempted suicide. The relationship was nowhere near as strong among the other groups.

Figure 6.8: Relationship between CSA and having ever attempted suicide, by Indigenous status and gender



Similar observations were made for the relationship between CSA and self-harm. Across groups, the level of self-harm is especially high for Indigenous males, exceeding 70 per cent of those who experienced penetrative CSA (see Figure 6.9).

Figure 6.9: Relationship between CSA and having ever self-harmed, by Indigenous status and gender



Impact of other forms of childhood trauma

This section includes information about the relationships between other forms of childhood trauma and various adult outcomes. The types of trauma considered include physical and emotional abuse, and physical and emotional neglect. Information about crime, substance misuse, self-harm and suicide attempts is presented.

Examining the relationship between various forms of childhood trauma and self-reported offending behaviour shows that prior victims of childhood trauma have elevated risks of being involved in violence. This is particularly the case for respondents with a history of physical and emotional abuse.

Further information about the relationships between exposure to physical abuse and types of adult offending is presented in Table 6.2. The results indicate that respondents who have been physically abused as children have higher rates of self-reported participation in violence, property crime and total offending. Note, however, that the abused and non-abused respondents do not differ in their rates of engagement in official offending (convictions).

Further comparisons by offending frequency similarly show that respondents with a history of physical abuse during childhood have elevated rates of violent crime, property crime and total offending.

Table 6.2: Links between physical abuse in childhood and adult offending

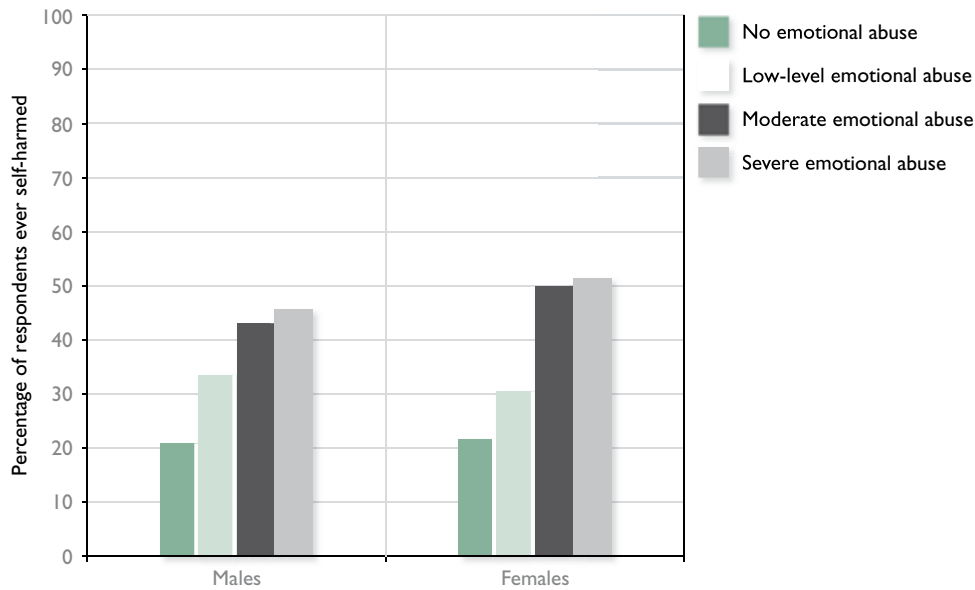
	Official offending data	Self-reported offending			
		Violent	Property	Sexual	Total
Prevalence of offending (%)					
No physical abuse	54.5	71.9	84.1	8.4	92.1
Physical abuse	56.7	86.0	91.3	9.7	98.3
Chi-square	0.23	14.11***	5.53*	0.23	9.49**
Frequency of offending (mean)					
No physical abuse	1.61	10.07	33.92	0.33	53.52
Physical abuse	1.46	19.74	49.53	0.37	86.09
T	0.74	-5.52***	-3.48**	-0.31	-4.82***

Notes:

***p < .001, **p < .01, *p < .05.

Relationships between abuse and neglect during childhood and levels of self-harm are shown in Figures 6.10 to 6.13. They reveal that both male and female respondents with exposure to emotional or physical abuse during childhood have elevated risks of self-harm (see Figure 6.10 below, and Figure 6.11, next page).

Figure 6.10: Relationship between emotional abuse during childhood and self-harming behaviours



No significant relationships were found between neglect — either emotional or physical — and self-harm (Figures 6.12, 6.13).

Figure 6.11: Relationship between physical abuse during childhood and self-harming behaviours

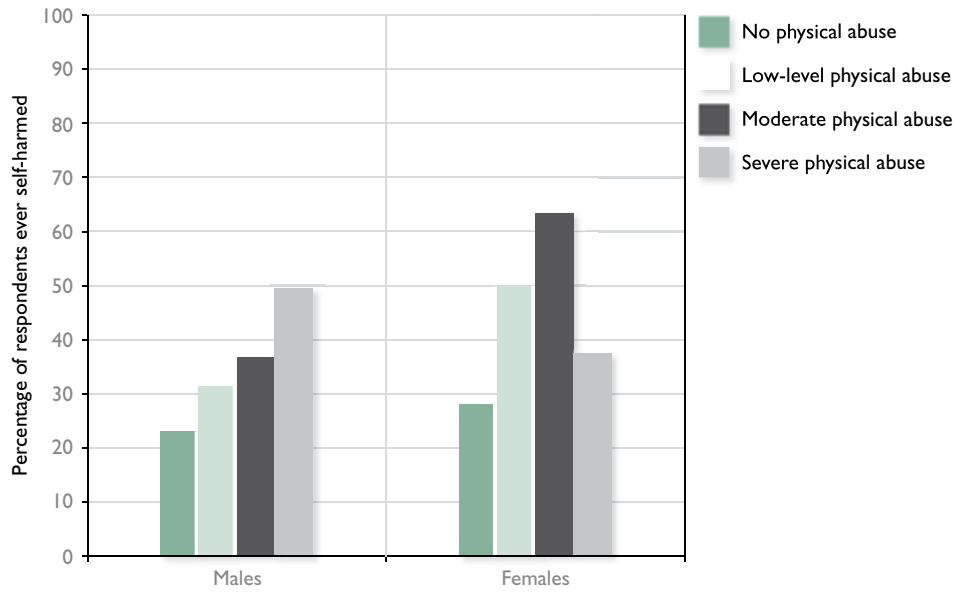


Figure 6.12: Relationship between emotional neglect during childhood and self-harming behaviours

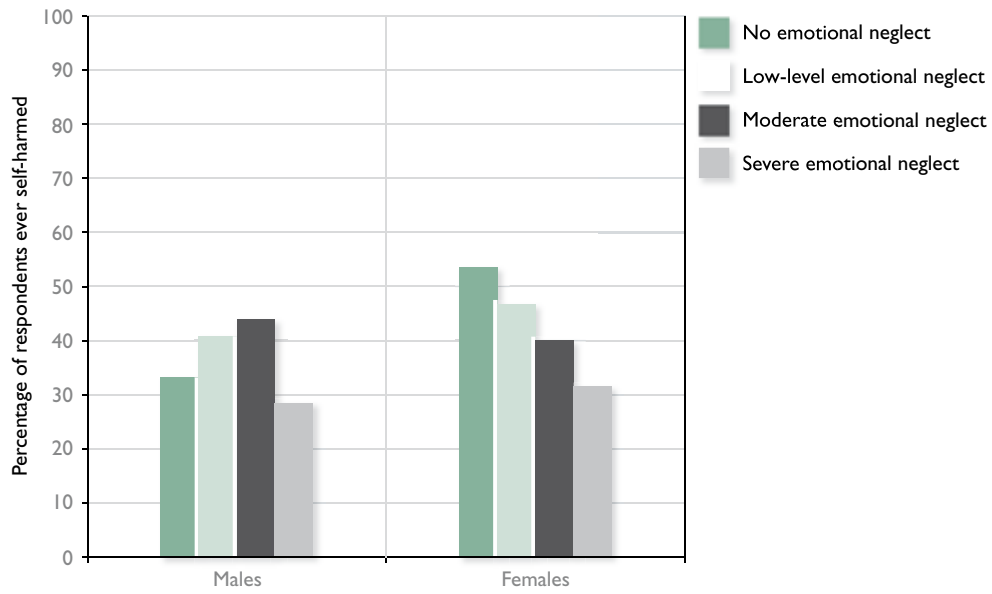
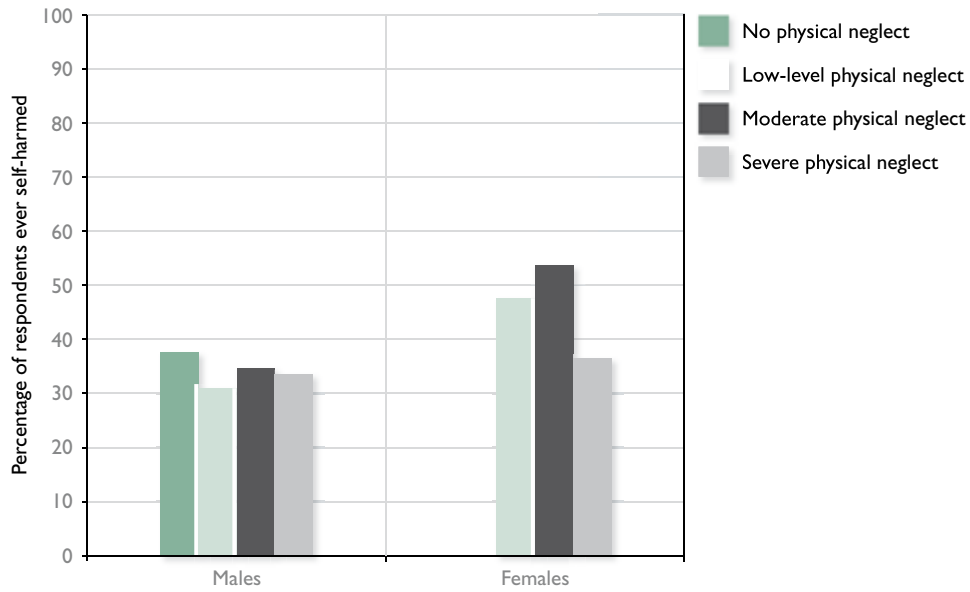
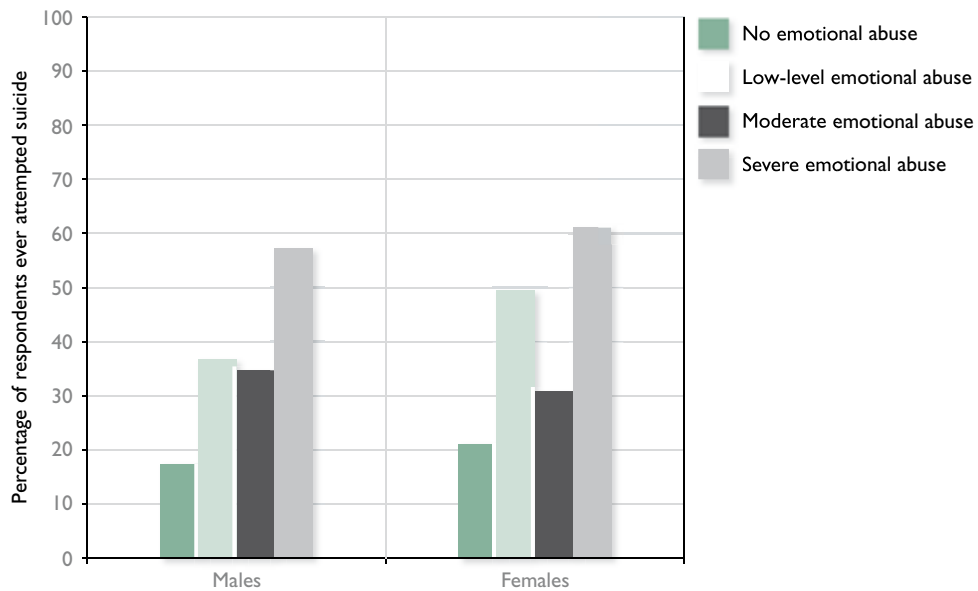


Figure 6.13: Relationship between physical neglect during childhood and self-harming behaviours



The relationships between childhood trauma and attempted suicide were also considered, and the results are reported in Figures 6.14 to 6.17. Increased severity of emotional abuse was associated with a higher proportion of victims attempting suicide for both males and females (see Figure 6.14).

Figure 6.14: Relationship between emotional abuse during childhood and attempting suicide



As Figure 6.15 shows, the risk of attempted suicide was also increased among respondents with a history of physical abuse ($p = .000$). However, the findings for emotional neglect were the reverse of what might have been expected (Figure 6.16), and no significant relationships were observed between physical neglect and attempted suicide (Figure 6.17). In other words, neither physical neglect nor emotional neglect was correlated with attempted suicide.

Figure 6.15: Relationship between physical abuse during childhood and attempting suicide

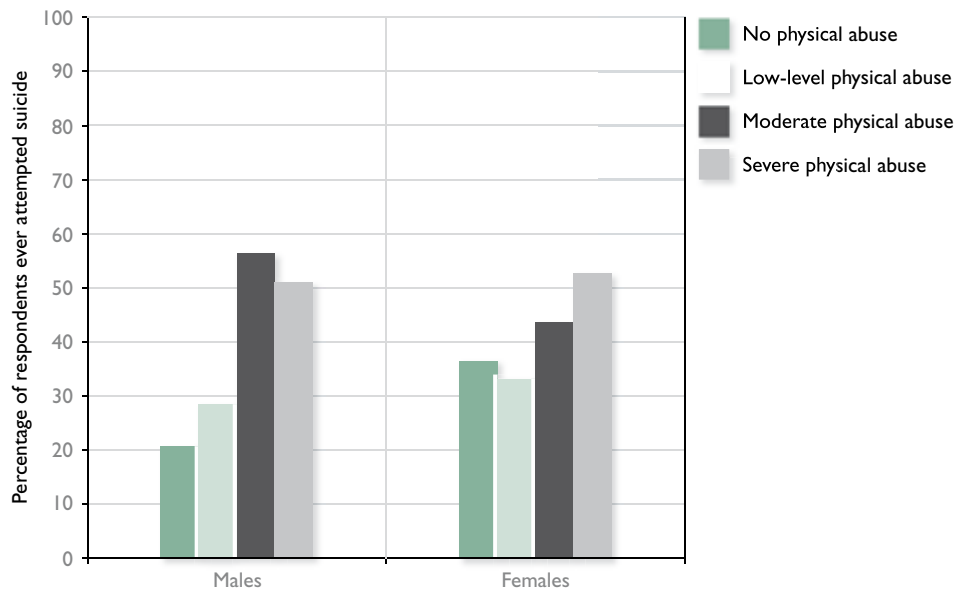


Figure 6.16: Relationship between emotional neglect during childhood and attempting suicide

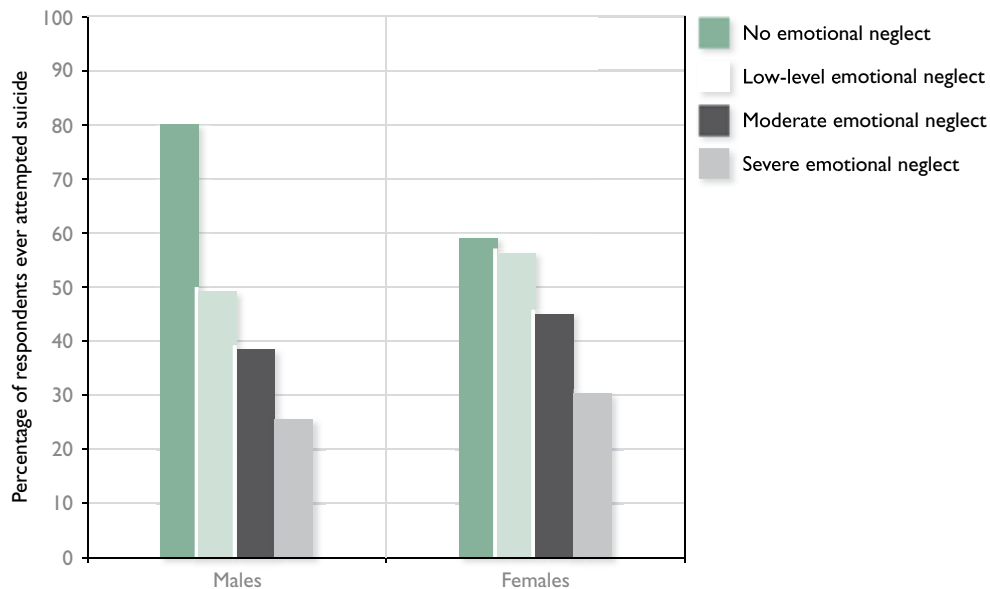
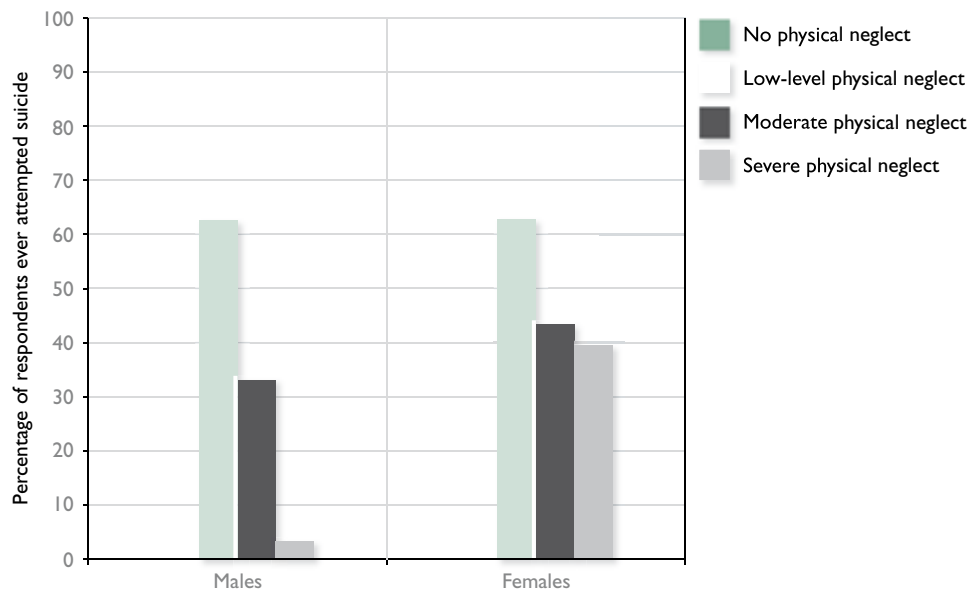


Figure 6.17: Relationship between physical neglect during childhood and attempting suicide



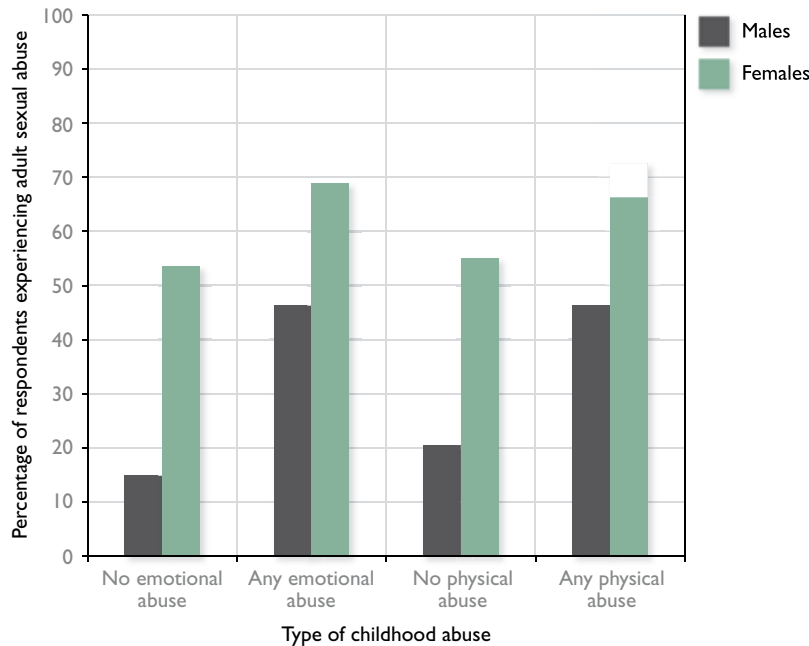
Continuity of sexual victimisation (re-victimisation)

This section examines the persistence of sexual victimisation over time. Past research has indicated that victims of sexual abuse in childhood have two to three times the risk of becoming victims of sexual abuse again, compared with those who have not been victimised in this way (Fleming et al. 1999; Gidycz et al. 1993). This observation appears to hold true across a range of samples (college students, clinical and community-based samples) and study types (retrospective and prospective studies) (Fergusson, Horwood & Lynskey 1997; Gidycz et al. 1993; Messman & Long 1996). For example, the Australian component of the International Violence Against Women Survey revealed that the risk of sexual violence in adulthood doubled for women who had been abused as children (54% compared with 26%: Mouzos & Makkai 2004).

Not surprisingly, there is also some overlap or linkage between various forms of victimisation. The results shown in Figure 6.18 (next page), for example, indicate that victims of childhood emotional and physical abuse generally have higher rates of sexual abuse in adulthood.⁵ In other words, the risk of sexual victimisation as an adult has been shown to be elevated among respondents who have been exposed not only to sexual violence but also to physical and emotional abuse during childhood.

⁵ The relationships for emotional abuse were statistically significant for both males ($p = .000$) and females ($p = .003$). The relationships for physical abuse were only statistically significant for males ($p = .02$).

Figure 6.18: Relationships between different types of victimisation during childhood and unwanted sexual experiences as an adult



The relationships between CSA and adult sexual victimisation are displayed in Table 6.3. The results reveal remarkable continuity in sexual victimisation experiences across childhood and adulthood for this sample.

The information is presented across four different categories of CSA experience: no CSA, non-physical sexual abuse only, physical sexual abuse only, and penetrative abuse (see definitions of these categories in footnote 2 on page 24).

All of the relationships in Table 6.3 are statistically significant, suggesting that prior experiences of CSA are statistically associated with adult sexual victimisation. The relationships are particularly strong for physical and penetrative CSA. Individuals experiencing more extreme forms of CSA report much higher prevalence rates of adult sexual victimisation than non-CSA victims and those who had only experienced unwanted non-physical sexual behaviours as a child. These results strongly suggest that there is continuity between CSA and adult sexual victimisation.

This observation is reinforced by the information provided in Figure 6.19, which suggests that experiencing penetrative CSA is strongly associated with experiencing penetrative sexual victimisation as an adult. The information is also consistent with the view that no exposure to CSA is strongly associated with no sexual victimisation in adulthood.

Table 6.3: Relationship between sexual abuse as a child and sexual victimisation as an adult (since 16 years)

Unwanted sexual behaviours experienced as an adult ^a	Severity of sexual abuse experienced as a child (% of all respondents) ^b			
	No CSA	Non-physical	Physical	Penetrative
Someone exposed themselves to me	14	44	46	55
Given in to sex play when overwhelmed by arguments	10	30	41	42
Given in to sex play because of position/authority	2	4	11	24
Given in to sex play because of force	5	7	17	33
Given in to sex play due to drugs/alcohol	11	22	45	49
Experienced attempted intercourse with force	5	11	27	31
Attempted intercourse when someone gave them drugs/alcohol	9	22	41	42
Had sexual intercourse due to power/authority	2	4	8	23
Had sexual intercourse because of drugs/alcohol	8	19	37	41
Agreed to sex but felt used afterwards	15	37	52	6
Had intercourse because of physical force	4	11	17	31

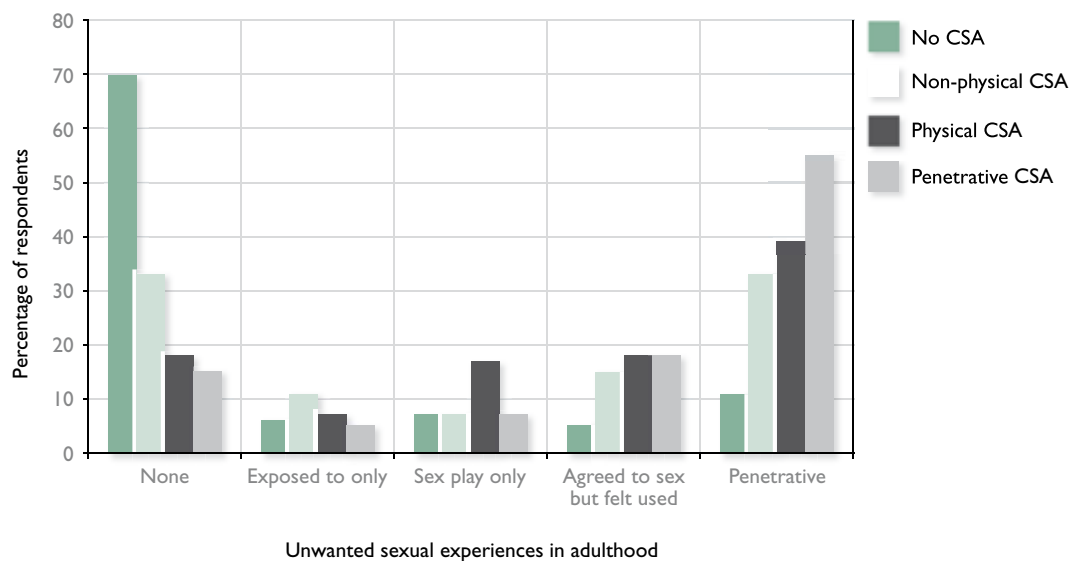
Note: All comparisons, $p < .001$.

Sources:

a Koss and Gidycz 1985.

b Fleming 1997.

Figure 6.19: Continuity in sexual victimisation from childhood to adulthood by severity of abuse



The levels of continuity of sexual victimisation in the sample were generally very high for both males and females. Among prior victims of CSA in this sample ($n = 210$), 81 per cent went on to experience some form of sexual victimisation in adulthood. This is a higher figure than has been observed in most other samples (e.g. Gidycz et al. 1993).

A high level of sexual re-victimisation was observed for both males and females, but the rate was nearly 10 percentage points higher for female respondents (males 76%; females 85%). It is important to note, however, that the majority of male victims of CSA also reported experiencing some form of sexual victimisation in adulthood.

Intergenerational violence

Experiences of violence and victimisation can be highly persistent both within and between generations (Huesman et al. 1984). The OPAL study included some information about respondents who had children, and provided an opportunity to assess whether certain forms of victimisation exhibit continuity between generations.

Overall, more than half (53%) of the respondents had children, although more females (66.5%) had children than males (44.5%). Almost one-fifth of the respondents (18%) also had stepchildren, and about one-third (33%) had children who were still financially dependent on them.

Among respondents with children:

- » 42 per cent said that their child had experienced an emotional or behavioural problem during the last 6 months — this is about 13 percentage points higher than the Australia-wide community prevalence of emotional or behavioural problems in the last 6 months among children, as reported by 4501 parents interviewed by Sanders et al. (2005) between July 2003 and February 2004 for the evaluation of the Positive Parenting Program (PPP)
- » 11 per cent said that their child had been touched in a sexual way by an adult or older child, or had been forced to touch an adult or older child in a sexual way
- » 3 per cent said that their child had been forced to have sex with an adult or older child.

The intergenerational relationships between sexual victimisation among the study respondents and the risks of CSA among their children are illustrated in Figures 6.20 and 6.21. The nature of the relationships suggests that, among respondents who had experienced severe (penetrative) CSA, their own children appear to have elevated risks of being touched sexually (25%) and/or having experienced forced sex with an adult or older child (12%) (see Figure 6.20).

It is possible that individuals with a history of severe CSA continue to be in situations in which their children face the same risks. This may be related to intergenerational risks within the extended family or the community. However, the relationships are similar when adult sexual victimisation is considered (see Figure 6.21). Therefore, there may be other conditions in their environments that place children of CSA victims at increased risk of victimisation. It is impossible to say, from the data collected for this study, whether these are the same risks as those faced by the parents themselves when they were children.

Figure 6.20: CSA history of respondent by sexual assault experiences of their children

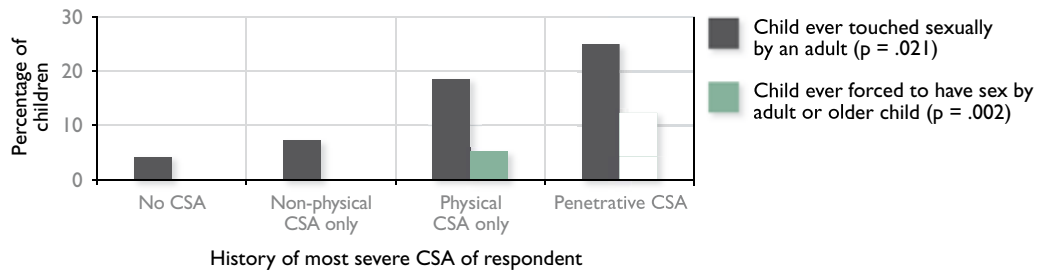
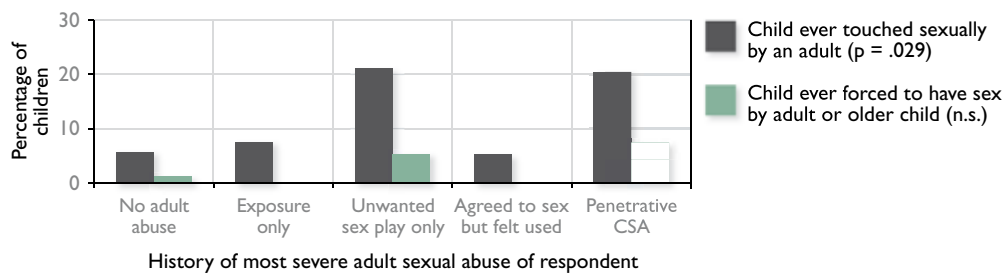


Figure 6.21: Associations between the severity of adult sexual abuse in the parent and sexual assault experiences of their children



Among the data collected for this study were several variables which were explored to see whether they could explain these demonstrable intergenerational links. Exploratory analyses indicated that 70 per cent of parents whose children had been in state care had experienced some form of CSA (and 30% had not). As Figures 6.22 and 6.23 show, respondents who had themselves been victims of CSA were more likely than non-victims to report that their children had experienced inappropriate touching or had been forced to have sex, and to report that their children had been in state care. This may, at the very least, explain their knowledge of the children’s experiences.

It is important to note that we have no evidence that the respondents were responsible for this abuse, and it would be incorrect to jump to such a conclusion. Rather, it is likely to be related to the risky and traumatic environments in which the OPAL respondents live (which have been made worse by their own sexual abuse experiences) and their need for greater support in their parenting role.⁶

There were also strong links between respondents’ belief that their children had experienced emotional or behaviour problems in the six months preceding the interview and the children’s experiences of unwanted touching (p = .000) and forced sex (p = .016). Children who had been abused experienced more problems in the preceding six months than those who had not (see Figure 6.24, page 79). This is not surprising, but presents a potential avenue for early intervention.⁷

⁶ Twenty-two per cent of respondents told us that they felt unsupported in their parenting during the six months preceding interview, but we found no links between this and CSA experiences.

⁷ The reader should be aware of the limitations of the data presented, as these issues were not central to the research undertaken for this report.

Figure 6.22: Experiences of inappropriate touching among children of respondents, by CSA history of parent, and by children ever having been in state care

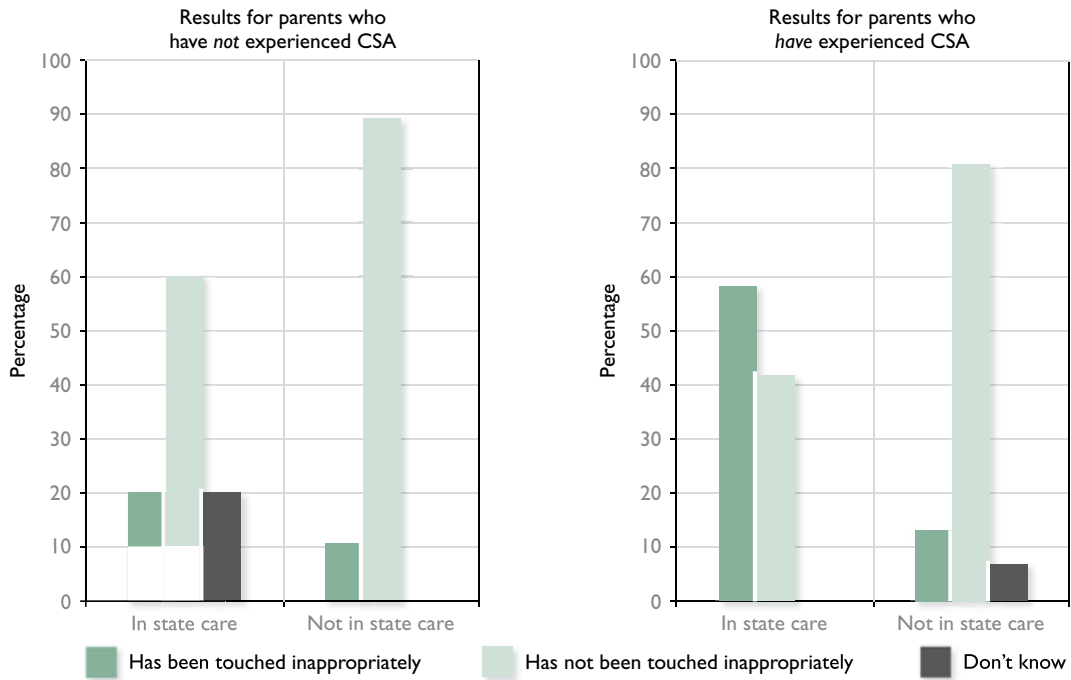


Figure 6.23: Experiences of forced sex among children of respondents, by CSA history of parent, and by children ever having been in state care

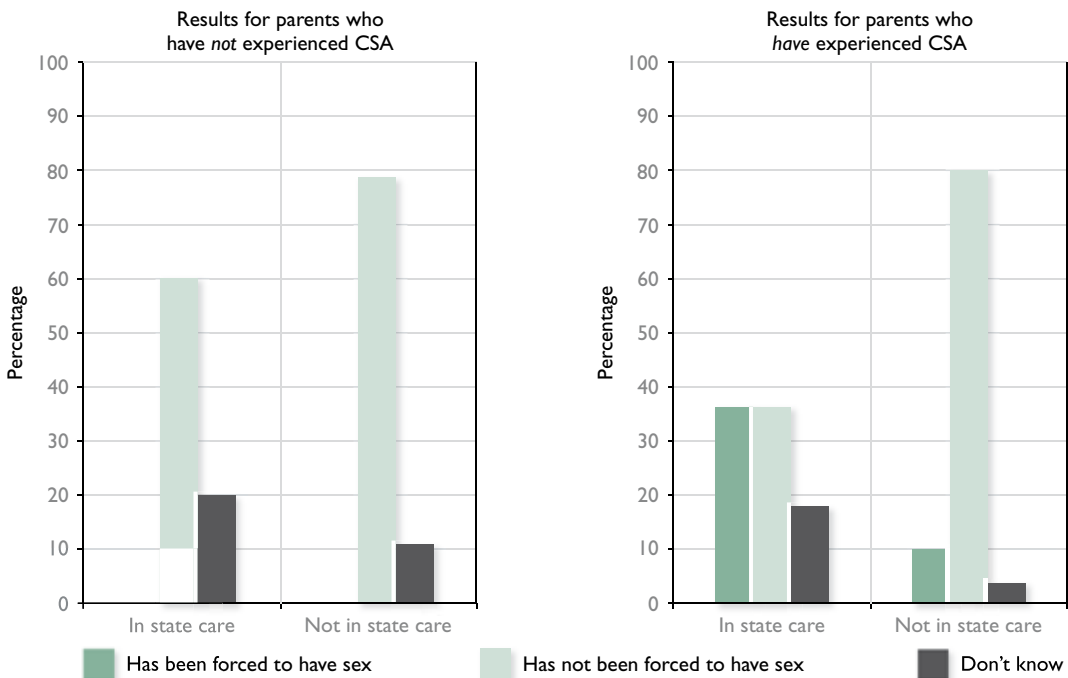
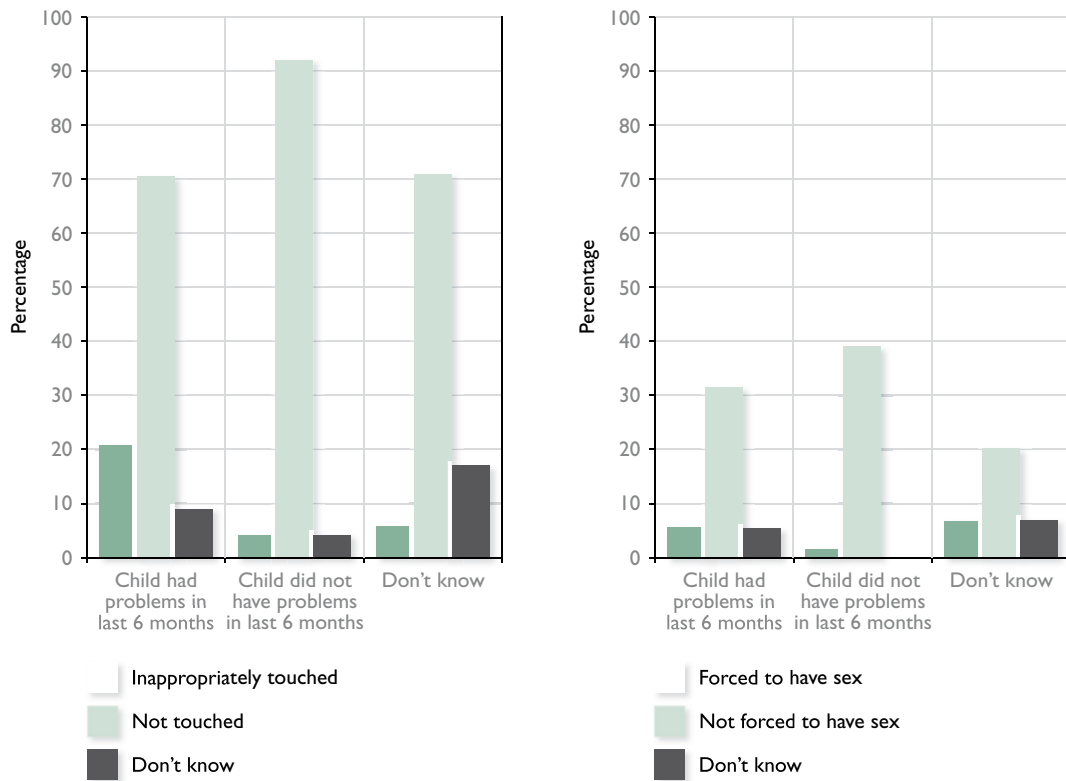


Figure 6.24: Proportion of respondents' children having emotional or behavioural problems in the preceding six months, by ever having been inappropriately touched or forced to have sex



Chapter summary

This chapter discussed the nature of the relationships between childhood experiences of victimisation and adulthood outcomes such as involvement in crime, drug and alcohol use, mental health and re-victimisation. The findings illustrate how early risks can shape adult outcomes, and indicate a number of opportunities for intervention. In summary, the findings reveal the following:

- » Among this sample of offenders, CSA increases the likelihood of offending in adulthood, especially among females. Female respondents who had been victims of CSA reported higher participation rates in violent crime, property crime and total offending than did female non-victims. These differences were not observed for males. The relationship between CSA and adult offending does not appear to differ by Indigenous status.
- » CSA is associated with increased alcohol problems, especially among males. We came to a somewhat different conclusion for drug problems. Our comparisons revealed that CSA is associated with increases in having a drug problem diagnosed by a doctor, but the relationships are virtually identical for males and females. On the other hand, female respondents with depression have a much higher likelihood than males of prior sexual victimisation. All females experiencing severe current depression reported having been sexually victimised in childhood.

- » There is a clear relationship between prior experiences of CSA, especially penetrative CSA, and attempted suicide. While the more severe forms of CSA are associated with a greater prevalence of attempted suicides, this relationship appears to be stronger for male than for female respondents. Approximately 70 per cent of males (compared with 50% of females) who had experienced penetrative CSA had attempted suicide. The most alarming statistic was that all Indigenous males who had experienced penetrative abuse as a child had attempted suicide.
- » The degree of continuity in sexual victimisation in the sample was generally very high for both males and females. The findings indicate that, among victims of CSA in this sample, 81 per cent had experienced some form of sexual victimisation in adulthood. The results also suggest that severe forms of CSA among parents tend to increase the risks of sexual victimisation among their children.

7

Treatment and rehabilitation

Introduction

Treatment and rehabilitation programs are important for addressing the criminogenic risks and needs of offenders, and for ensuring that the risks of recidivism are minimised. This chapter provides information about participation in various treatment programs provided by QCS and other providers, and the relationships between various risks and experiences and treatment outcomes.

Participation in treatment programs

Many of the respondents had participated in offender-based treatment programs:

- » 44.6 per cent in drug and/or alcohol treatment
- » 28.8 per cent in anger management
- » 21.3 per cent in cognitive skills
- » 2.3 per cent in violence intervention
- » 1.3 per cent in sex offender treatment
- » 11.5 per cent in other programs (e.g. budgeting, domestic violence, drink-driving, literacy, positive parenting and relationship programs).

Involvement in substance abuse treatment programs was the most common, as might be expected given the demonstrable need in this area. Drug treatment programs have been well informed by research that shows strong associations between drug use and abuse and crime (Makkai & Payne 2003). Participation in drug treatment programs was largely similar for males and females (see Figure 7.1, next page), but significant gender differences were found for participation in anger management ($p < .001$), cognitive skills ($p < .05$) and substance abuse/relapse programs ($p < .01$). In each case, males were more likely than females to have participated in these programs. No significant gender differences were found regarding participation in the 'other' category of programs. Gender differences in violence intervention programs and sex offender programs could not be examined because of limited participation in these programs.

As shown in Figure 7.2 (next page), only one significant difference was found between Indigenous and non-Indigenous respondents in participation in treatment programs: significantly more Indigenous (41.2%) than non-Indigenous respondents (26.2%) reported participating in anger management programs ($p < .001$).

Figure 7.1: Participation in treatment programs by gender

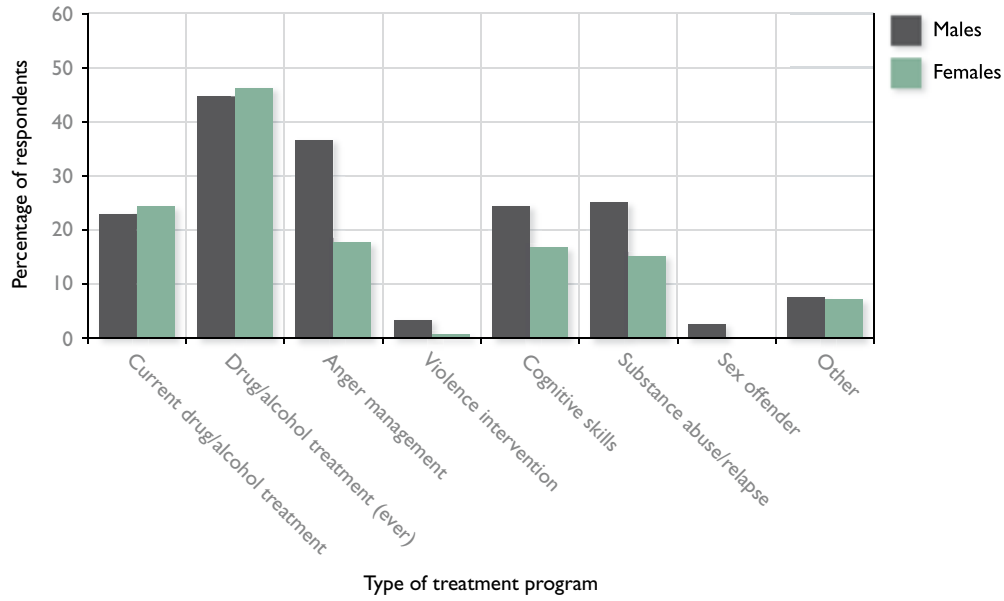
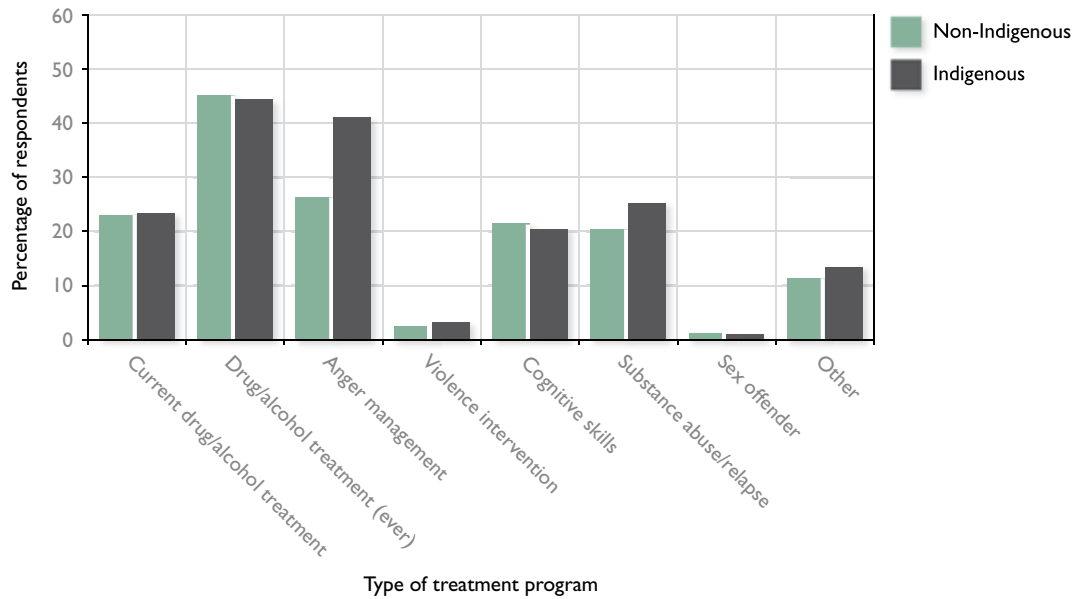
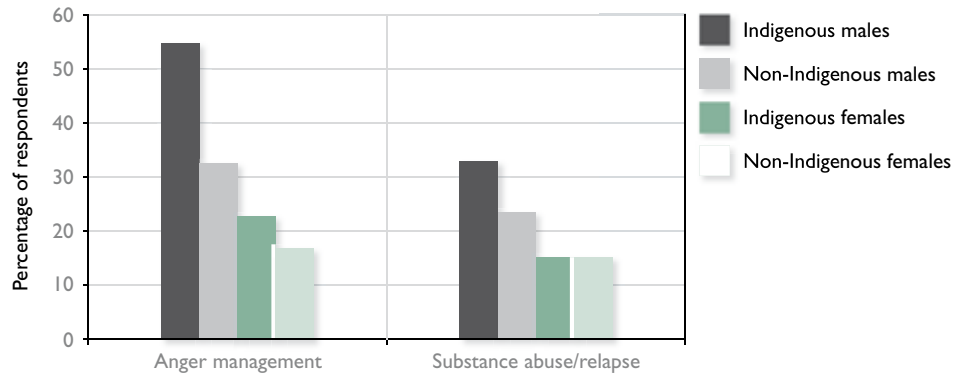


Figure 7.2: Participation in treatment programs by Indigenous status



Interactions between gender and Indigenous status on participation in treatment were examined. A markedly higher proportion of Indigenous males reported participating in anger management and substance abuse/relapse programs than Indigenous females and non-Indigenous respondents (Figure 7.3).

Figure 7.3: Participation in treatment programs by gender and Indigenous status



Drug and alcohol treatment programs

While 45 per cent of respondents had attended a drug or alcohol treatment program at some stage in the past, 23 per cent (111 respondents) were participating in such programs at the time of data collection. Among this group, respondents were being treated for a variety of drug types, including:

- » alcohol: 41% ($n = 46$)
- » heroin: 34% ($n = 38$)
- » amphetamines: 25% ($n = 28$)
- » marijuana: 21% ($n = 23$)
- » cocaine: 4.5% ($n = 5$)
- » ecstasy: 4.5% ($n = 5$)
- » buprenorphine: 3.5% ($n = 4$)
- » sedatives: 3.5% ($n = 4$)
- » inhalants: 2.5% ($n = 3$)
- » methadone: 2.5% ($n = 3$)
- » prescription medicines: 2.5% ($n = 3$)
- » tranquillisers/benzodiazepines: 2.5% ($n = 3$)
- » hallucinogens: 2.0% ($n = 2$)
- » antidepressants: 1.0% ($n = 1$)
- » prescription amphetamines: 1.0% ($n = 1$)
- » other: 7.0% ($n = 8$) (morphine, opiates, tobacco).

The most common substances for which respondents were receiving treatment were alcohol, marijuana, amphetamines and heroin.

Location of drug and alcohol treatment

One-quarter (25%) of the respondents currently participating in drug/alcohol treatment (28 of 111, or 5.8% of all respondents) were receiving their treatment at QCS. Other providers of treatment for respondents at that time were:

- » Queensland Health ATODS (Alcohol, Tobacco and Other Drug Services) programs (17.1%)
- » Biala (7.2%)
- » Alcoholics Anonymous (AA) (4.5%)
- » Peel Street (3.6%)
- » BoysTown (2.7%)
- » Drug Arm (2.7%)
- » Salvation Army (1.8%)
- » Mirikai (1.8%)
- » others (22 individuals/agencies).

Most respondents (83%, or 92 out of the 111 who had been in some form of treatment) had been in only one program, but some respondents had participated in up to 20 programs.

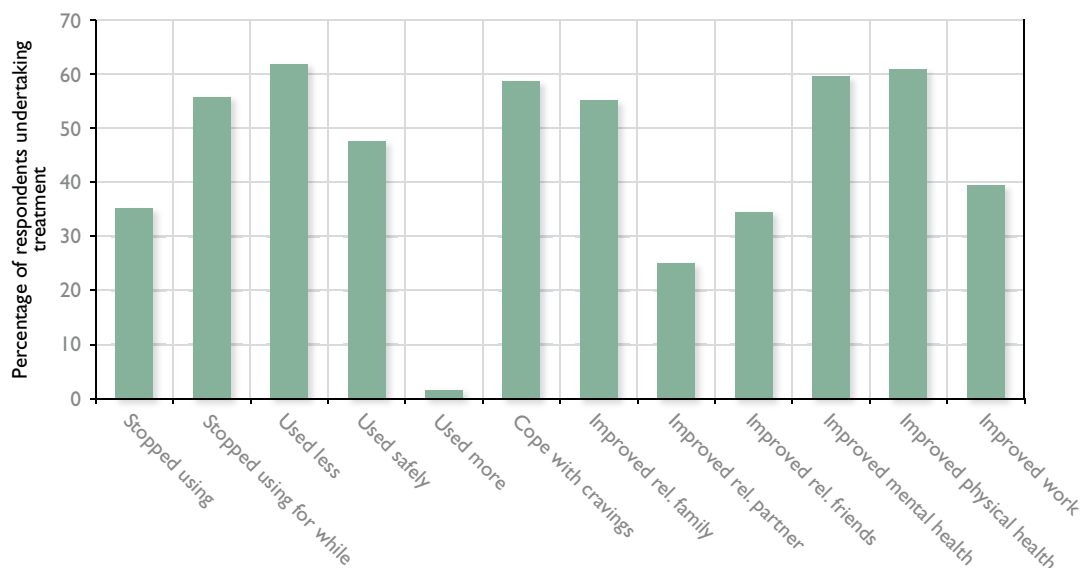
Duration of drug and alcohol treatment

Almost half (44.6%) of all respondents ($n = 214$) had attended a program at some stage in the past. The intensity of prior treatment experiences varied considerably between respondents, with treatment duration ranging from one day to six years. Mean reported treatment duration was around 3.8 months (standard deviation = 7.9 months). No differences in gender or Indigenous status regarding treatment duration were observed.

Perceived effectiveness of drug or alcohol treatment programs

Respondents' perceptions about the effectiveness of their treatment were also assessed. Just over half of those currently in drug or alcohol treatment (60%, or 76 out of 111) said that treatment had resulted in their stopping using the drugs or alcohol altogether and about two-thirds said that they certainly 'used less' (see Figure 7.4). This is a very encouraging finding.

Figure 7.4: Perceived effectiveness of drug or alcohol treatment program



No gender differences were observed for the effectiveness of drug and alcohol programs. Although a higher proportion of females than males reported that treatment helped them to stop using drugs or alcohol altogether, this difference was not statistically significant (females 37.6%; males 26.7%; $p = .09$).

Only one significant difference was found between Indigenous and non-Indigenous respondents regarding how effective they perceived the programs to be. More Indigenous (72.7%) than non-Indigenous (53.9%) respondents reported that program participation meant that they were now able to use drugs more safely.

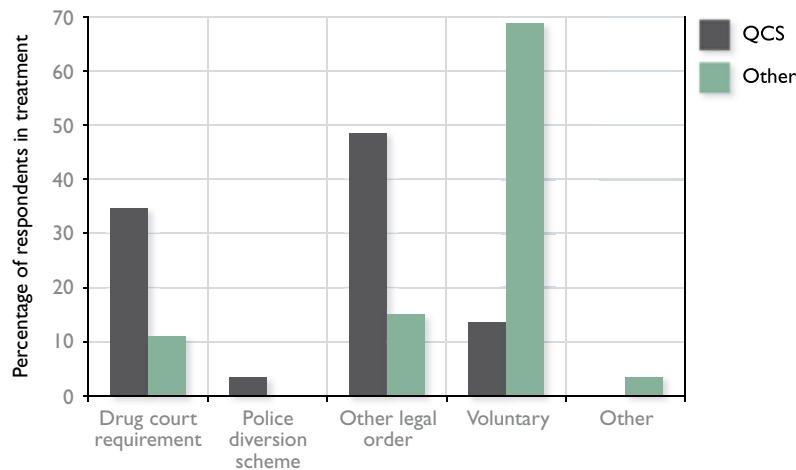
There was a relationship between the length of time spent in a drug or alcohol program and success in permanently stopping the use of drugs or alcohol — the mean treatment duration for those who had stopped was 5.5 months, whereas the mean for those who had not was 3.2 months. However, this difference was not statistically significant ($p = .09$).

Perceived treatment need and reasons for attending treatment

Many participants ($n = 103$, or 21.5% of all respondents) reported that they needed help to quit drugs or alcohol. More males (29.0%) than females (19.6%) believed this to be the case, as did more Indigenous (33.3%) than non-Indigenous (23.4%) respondents. Again, however, these group differences were not significant. The reasons for attending treatment programs varied (see Figure 7.5). For example:

- » 17 per cent of those respondents who were currently attending treatment (19 out of 111), or 4 per cent of all respondents, had attended treatment because of a drug court requirement
- » 23 per cent (26 out of 111) or 5.4 per cent of the total sample had entered current treatment because of another legal order
- » most respondents (52%, or 58 out of 111) attended treatment voluntarily (12.1% of all respondents).

Figure 7.5: Reasons for current treatment, QCS program participants and others



Anger management and cognitive skills programs

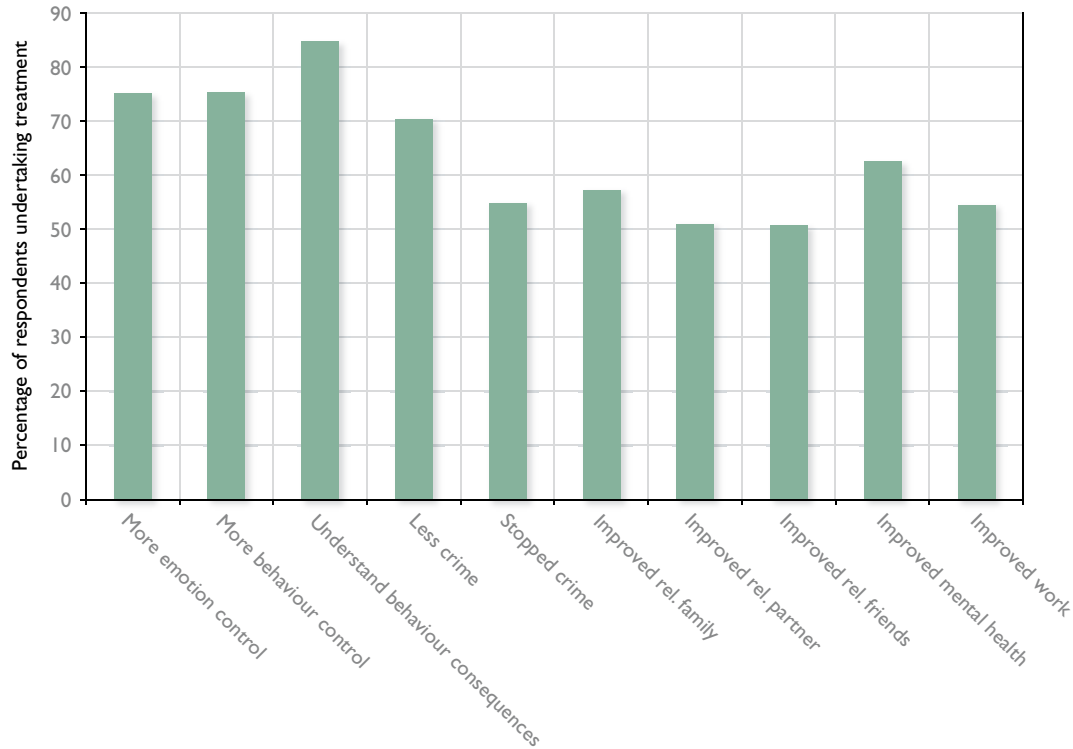
Anger management and cognitive skills treatment programs are increasingly being used. Many of the respondents ($n = 138$, or 28.8% of all respondents) had previously participated in an anger management program and 3.1 per cent were currently undertaking one.

Those undertaking such programs had done so in the following settings:

- » 72 per cent community supervision
- » 30.4 per cent in prison
- » 28.3 per cent at another agency.

Participation in anger management programs received a number of positive endorsements from respondents (see Figure 7.6).

Figure 7.6: Perceptions of treatment outcomes for anger management



An examination of gender differences revealed only one significant difference, with more males than females reporting that the anger management program had had a positive effect on their relationship with their partner (males 57.9%; females 27.3%).

However, an examination of differences by Indigenous status revealed a number of significant group differences. Indigenous respondents were significantly more likely than non-Indigenous respondents to report that the anger management program had helped them better control their emotions (Indigenous 92.3%; non-Indigenous 68.4%) and better control their behaviour (Indigenous 92.3%; non-Indigenous 69.1%). More Indigenous than non-Indigenous respondents also reported that participation in a program had had a positive effect on their relationship with their family (Indigenous 76.3%; non-Indigenous 49.5%).

Almost half the respondents (44%) had participated in an anger management program because of a court order, and about one-third (37%) had volunteered to participate (see Figure 7.7, facing page).

About one in five of the respondents ($n = 102$, or 21.3% of respondents) had participated in a cognitive skills program and 4.6 per cent were undertaking the program at the time of the interview.

Cognitive skills programs were conducted in the following settings:

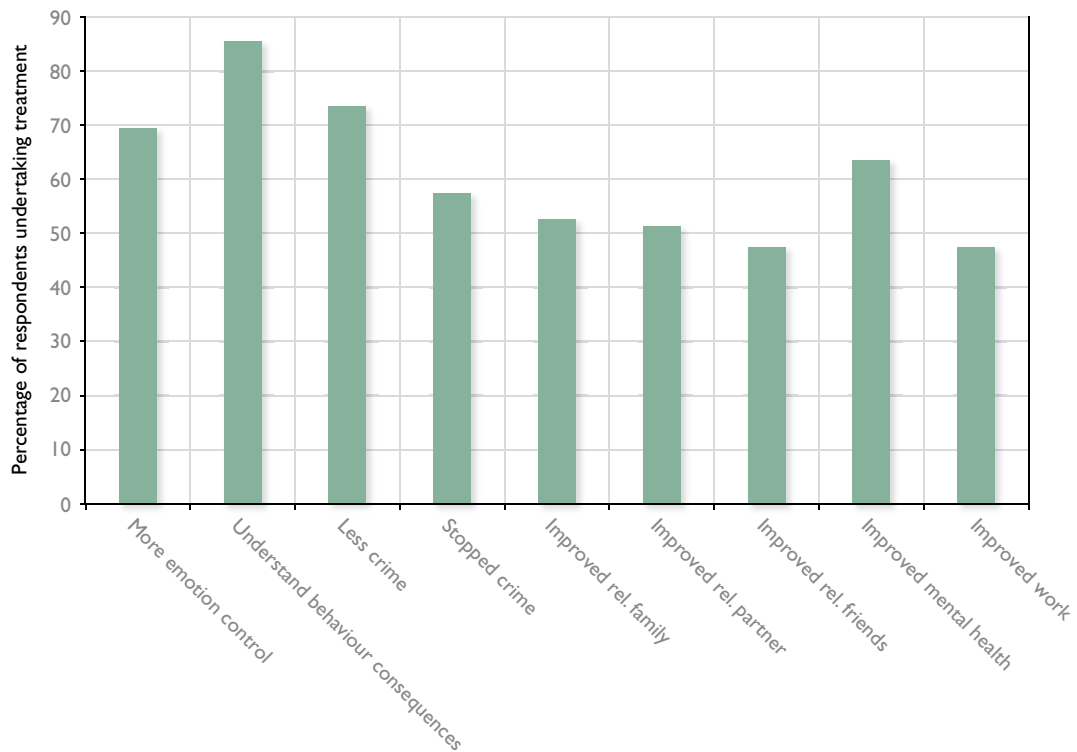
- » 54.4 per cent community supervision
- » 38.2 per cent in prison
- » 13.7 per cent at another agency.

Overall, a large proportion of respondents who had participated in a cognitive skills program reported a range of positive effects, with more than 80 per cent reporting that it had helped them better understand the behavioural consequences of their actions. In general, the positive assessments were widespread, with no significant group differences by either gender or Indigenous status (see Figure 7.8).

Figure 7.7: Reasons for participation in anger management treatment



Figure 7.8: Perceptions of treatment outcomes for cognitive skills programs



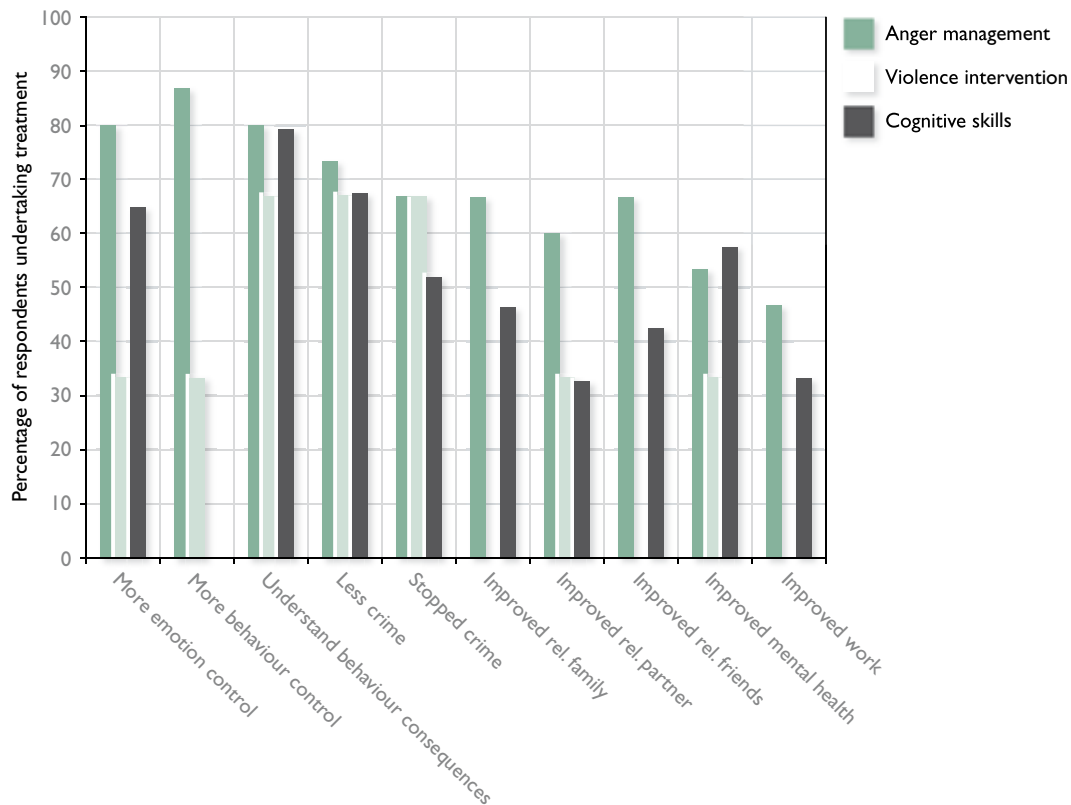
Many respondents (42%) participated voluntarily in cognitive skills programs, and a substantial proportion (39%) did so because of a court order (see Figure 7.9).

Figure 7.9: Reasons for participating in a cognitive skills program



The perceived effectiveness of anger management, violence intervention and cognitive skills programs is compared in Figure 7.10. The results show that, while respondents placed relatively high ratings of success on all three types of programs, anger management programs were rated highest on improvements in interpersonal relationships with friends and partner, improved work life, and acquiring more control over emotions and behaviour.

Figure 7.10: Program effectiveness: anger management, violence intervention, cognitive skills



Belief in needing help

Respondents were asked whether they needed help with various life skills and other needs (Andrews et al. 1990). They provided a range of needs in areas highly relevant for treatment interventions, as listed in Table 7.1.

Table 7.1: Respondents' nominated areas of need

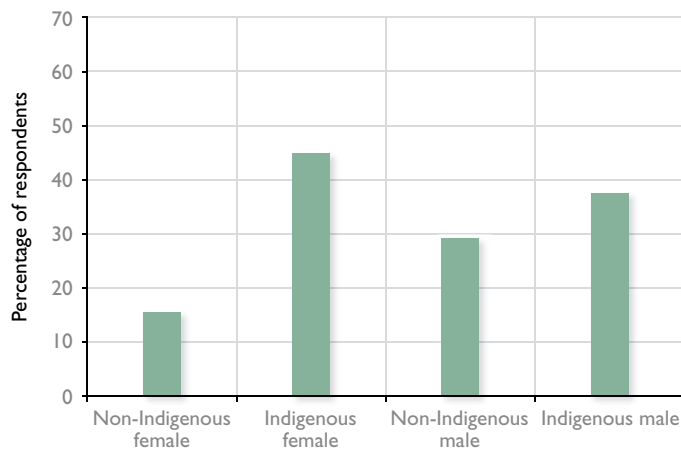
Area of need	Proportion reporting (%)
Financial management	54.0
Relationships	40.0
Anger management	31.0
Behaviour management	29.0
Parenting	29.0
Education (reading and writing)	27.0
Gambling	13.0
Other (e.g. attaining employment, communication, grief/loss, domestic violence, family support, trades, martial arts)	15.5

Significantly more males than females believed they needed assistance with reading and writing (males 31.1%; females 21.7%). More males than females also believed they needed help with gambling, but this group difference did not attain statistical significance (males 15.9%; females 9.8%; $p = .06$).

Significantly more Indigenous than non-Indigenous respondents believed they needed some form of educational program (Indigenous 40.8%; non-Indigenous 23.9%). More Indigenous than non-Indigenous respondents also believed they needed help with parenting, but again this group difference was not significant (Indigenous 37.8%; non-Indigenous 28.0%; $p = .07$).

Perceived treatment area needs were also assessed by gender and Indigenous status. One interesting and significant finding is that Indigenous females are the group most likely to believe that they require educational support programs. Other comparisons did not reveal significant or substantive differences across groups (see Figure 7.11).

Figure 7.11: Proportion of respondents believing they need educational programs, by gender and Indigenous status



Assessing the gaps between self-identified need for treatment and participation in treatment programs

Ideally, respondents with demonstrable treatment needs that are linked to criminal recidivism risks receive assessment and an opportunity to attend an appropriate treatment program.

Table 7.2 shows that, among this small group of respondents, the majority were not receiving current treatment in an area of identified need. A similar conclusion can be drawn from the data shown in Table 7.3 (earlier treatment). Other than alcohol and drug treatment, the majority of respondents with specific self-identified needs had not at any time received treatment in the relevant area. In short, there seems to be an opportunity to provide additional treatment services for these respondents.

Table 7.2: Respondents' self-identified treatment needs and current treatment participation

Type of treatment need identified	Number (and %) identifying treatment need	Currently in relevant treatment program (n and % of those with identified need)	Not currently receiving treatment (n and % of those with identified need)
Alcohol dependence	12 (2.5)	4 (33.3)	8 (66.6)
Drug dependence	26 (5.4)	9 (34.6)	17 (65.4)
Anger management	31 (6.5)	2 (6.4)	29 (93.6)
Stress/not coping ^a	43 (9.0)	3 (7.0)	40 (93.0)
Depression ^a	45 (9.4)	4 (8.9)	41 (91.1)
Sexual abuse ^a	12 (2.5)	0 (0.0)	12 (100.0)

a The only relevant program addressing these needs is the cognitive skills program.

Table 7.3: Respondents' self-identified treatment needs and previous treatment

Type of treatment need identified	Previously participated in treatment program (% of those with identified need)	Never received treatment (% of those with identified need)
Alcohol dependence	8 (66.6)	4 (33.3)
Drug dependence	16 (61.5)	10 (38.5)
Anger management	6 (19.4)	25 (80.6)
Stress/not coping ^a	8 (18.6)	35 (81.4)
Depression ^a	10 (22.2)	35 (77.8)
Sexual abuse ^a	2 (16.7)	10 (83.3)

a The only relevant program addressing these issues is the cognitive skills program.

Links between childhood victimisation and participation in treatment programs

This section explores the relationships between exposure to various forms of victimisation during childhood and participation in various treatment programs. Research evidence suggests that exposure to various forms of maltreatment tends to increase criminal activity, substance abuse and mental health problems. Thus it was expected that respondents with a victimisation history might have had more opportunities to experience correctional treatment programs.

Figure 7.12 shows that respondents who experienced physical abuse during childhood had higher rates of participation in drug treatment, violence intervention, anger management, and substance abuse and relapse programs than those who had not been physically abused. Similar findings were observed for participation in drug and anger management treatment programs among victims of childhood emotional abuse (see Figure 7.13).

Figure 7.12: Relationship between physical abuse during childhood and participation in treatment

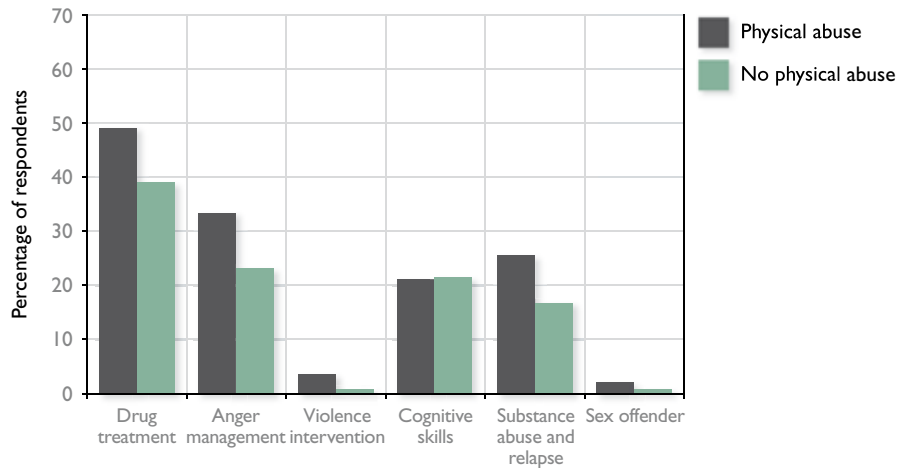
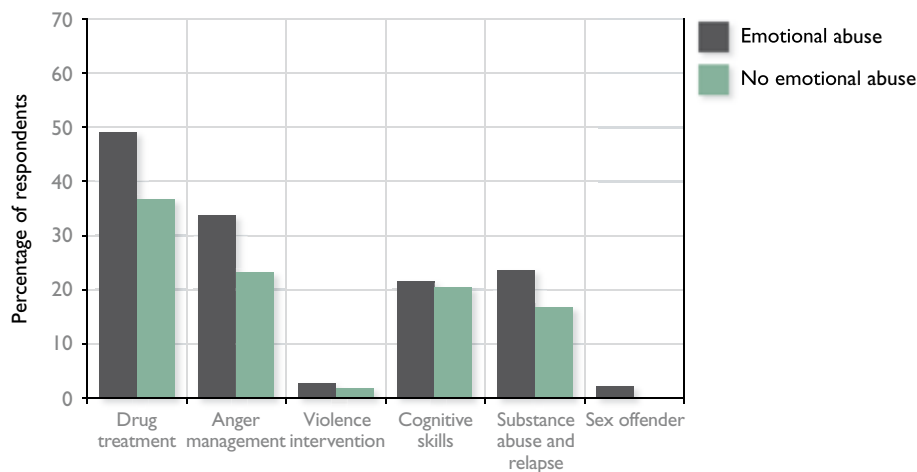


Figure 7.13: Relationship between emotional abuse during childhood and participation in treatment



No such findings were observed, however, for respondents with a history of emotional neglect (see Figure 7.14). It was not possible to make any comparisons for childhood experiences of physical neglect because there were very few respondents who had not been physically neglected.

Respondents with a history of CSA were also examined. The results shown in Figure 7.15 indicate that victims of CSA had higher rates of participation in drug treatment and substance abuse and relapse programs than non-victims. Thus it is reasonable to assume that prior sexual victimisation increases the risk of drug abuse and its associated consequences. A further comparison illustrates this point: prior victims of sexual abuse (either during childhood or as an adult) were more likely than non-victims to have been told by a doctor that they were drug dependent, and/or to be undergoing treatment for alcohol problems or amphetamine dependence (see Figure 7.16, facing page).

Figure 7.14: Relationship between emotional neglect during childhood and participation in treatment

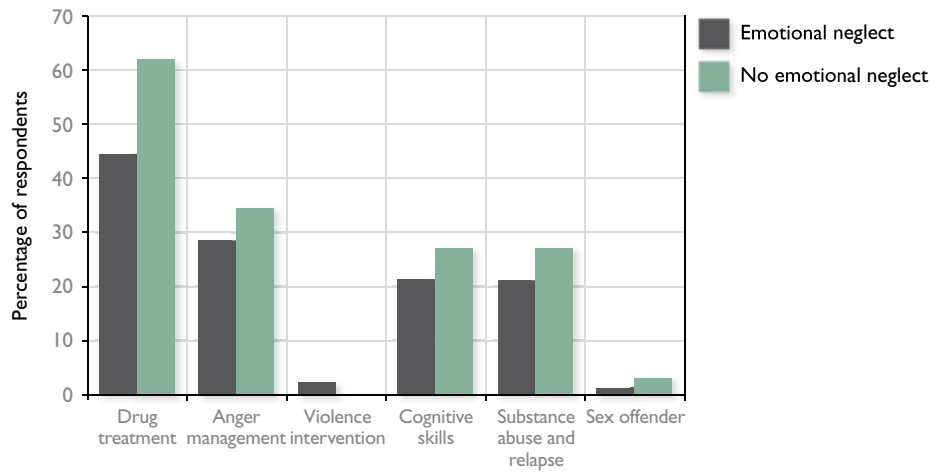


Figure 7.15: Relationship between exposure to sexual abuse during childhood and participation in treatment

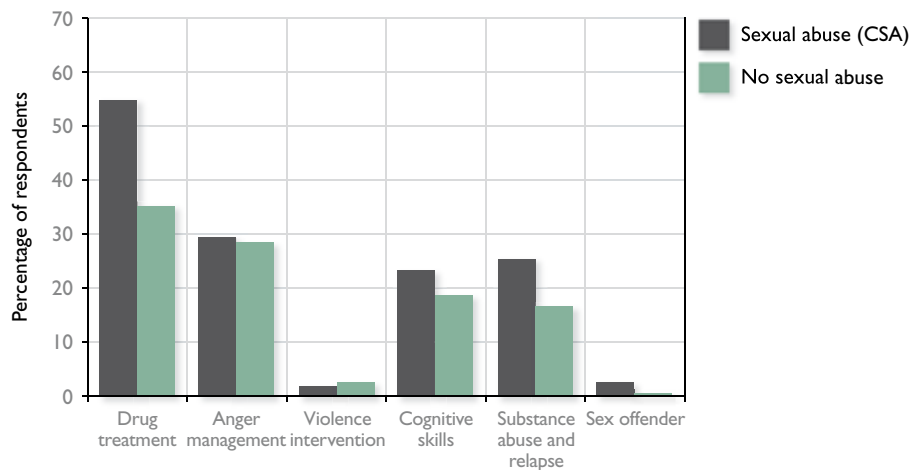
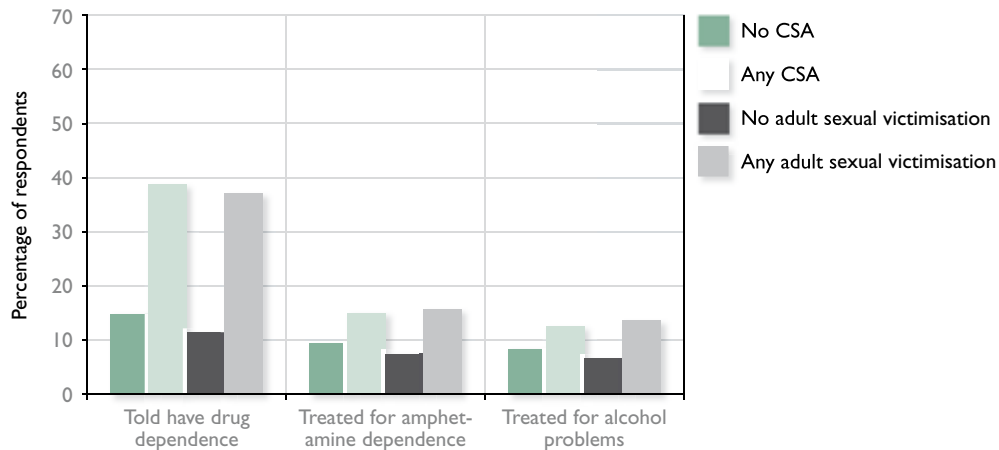


Figure 7.16: Relationship between sexual victimisation as a child or adult and drug dependence and substance abuse treatment



Offending behaviour and participation in treatment

This final section of the chapter examines the relationships between officially recorded offending and participation in treatment, to examine whether identified needs that were likely to be criminogenic were being met.

For most treatment programs (e.g. drug and alcohol, cognitive skills), participation rates were the same for violent and non-violent offenders. However, a significantly higher proportion of violent offenders than non-violent offenders had participated in an anger management program (violent 35.9%; non-violent 26.4%), suggesting that these programs are being appropriately targeted towards violent offenders. However, there was still a large proportion of violent offenders (64.1%) who had not participated in such a program.

For most treatment programs, participation rates were the same for property and non-property offenders. However, a significantly higher proportion of property offenders (49.4%) than non-property offenders (39.8%) had participated in a drug treatment program. Given the strong association between substance misuse and property crime (Makkai & Payne 2003) it appears that these programs are appropriately targeting the criminogenic risk areas of these offenders. However, a large proportion of property offenders (50.6%) had not participated in any such program.

It is important to point out that most serious offenders do not specialise in particular types of offending, and are likely to be highly versatile in their offending (Bursik 1980; Mazerolle et al. 2000; Wolfgang, Figlio & Sellin 1972). Therefore, programs devoted to addressing the general criminogenic risk areas of all serious offenders — which perhaps involve deficits in anger management or cognitive skills — seem appropriate.

Chapter summary

This chapter has provided information about the OPAL respondents' experiences of correctional treatment programs. Various areas were examined, including the scope and nature of participation across the sample, perceived effectiveness of various treatment approaches, perceived beliefs about criminogenic needs, perceptions of treatment area gaps, as well as the relationships between victimisation, prior offending and treatment participation. In summary, the findings revealed:

- » Prior involvement in offender-based treatment programs was moderately common for respondents. For example, 45 per cent had participated in a drug or alcohol treatment program, 29 per cent in an anger management program and 21 per cent in a cognitive skills program. Levels of participation in drug treatment programs were largely similar for males and females, although significant gender differences were found for participation in anger management ($p < .001$), cognitive skills ($p < .05$) and substance abuse/relapse programs ($p < .01$). Only one significant difference was found in program participation, with significantly more Indigenous than non-Indigenous respondents reporting participation in an anger management program.
- » A comparison of the perceived effectiveness of anger management, violence intervention and cognitive skills programs revealed that, while respondents rated all three programs as relatively successful, they rated anger management programs higher on improvements in interpersonal relationships with friends and partner, improved work life, and acquiring more control over emotions and behaviour.
- » Respondents were asked whether they needed help with various life skills or other criminogenic needs. Significantly more males than females believed they needed educational assistance and help with gambling. Significantly more Indigenous than non-Indigenous respondents believed they needed some form of educational program. Indigenous females were the most likely to believe that they required educational support programs.
- » Prior childhood victimisation was consistently associated with higher rates of participation by respondents in various treatment programs, particularly for physical abuse.
- » Rates of participation in most treatment programs were similar for violent and non-violent offenders, although a significantly higher proportion of violent offenders had participated in anger management programs. Participation rates were generally similar for property and non-property offenders, but a significantly higher proportion of property offenders had participated in a drug treatment program.

8

Implications and future directions

Introduction

The OPAL project is the first comprehensive study in Australia of a non-custodial offender population. This report has provided an illustration of the risks and experiences of this sample of offenders, and has pinpointed many of the consequences of early experiences of victimisation. This chapter provides an overview of the findings of the study, their significance, the key themes arising from the study, and the challenges for the future.

Key findings

There are many interesting, important, and at times worrying, findings embedded in this report. They include the following:

- » Among this sample of offenders serving community supervision orders, childhood exposure to trauma was varied and extensive, with as much as 45 per cent of respondents having experienced sexual victimisation and many others having suffered severe forms of physical abuse.
- » Experiences during adolescence illustrated the ‘at risk’ lives of many respondents. Many reported diverse and sometimes negative school experiences, and some prior victims of abuse viewed school as providing an escape from their home environment. The respondents also reported a high rate of involvement in diverse forms of delinquency during their adolescent years.
- » Events and experiences during adulthood included significant rates of criminal offending and victimisation, illustrating the risks of poor outcomes among this group. Violence between intimate partners was very common, for example, and as many as 54 per cent of respondents experienced sexual victimisation as adults. The mental health of OPAL respondents was generally poor, with levels of depression and anxiety exceeding community rates by a substantial margin.
- » Adult outcomes and the consequences of early exposure to childhood victimisation were consistently negative. Early exposure to these risks was linked with poorer outcomes such as substance abuse, criminal offending, mental health problems, self-harm and suicide attempts. There were some especially strong links with these outcomes on the basis of gender or Indigenous status. For example, all male Indigenous respondents who had experienced penetrative CSA had attempted suicide. This stark finding shows how coping skills differ among victims of childhood trauma.

- » Continuity in victimisation over time was very marked, with early exposure to sexual victimisation strongly linked to further sexual victimisation in adulthood. There was also evidence of an intergenerational risk of sexual victimisation among the children of respondents who had been victims of serious sexual victimisation in childhood and as adults. The study thus provides strong evidence of a cycle of victimisation among offenders serving community supervision orders.
- » Many respondents had participated in correctional treatment programs, particularly for substance abuse and anger management problems. Many respondents rated these programs as relatively successful, especially the violence intervention, cognitive skills and anger management programs. Anger management programs were generally rated the most successful.

Significance of the results

The OPAL study has brought to light a variety of opportunities for interventions that may minimise the risks of recidivism.

Unquestionably, the findings of the study point to a disconcerting level of risk and harm among this group of offenders, which far exceeds that of any other group in the general Australian population. The findings do, however, appear to be in line with the results from studies of institutional correctional populations (Hockings et al. 2002). In short, these findings should dispel any belief that non-custodial offenders exhibit lower levels of risk than custodial populations. The OPAL findings show that the risks for this population are many and varied, extensive and consequential. They illuminate the often chaotic, challenging and disadvantaged lives of these offenders. Such a context can exacerbate the risks of both repeat offending and repeat victimisation.

While the findings of this study are significant in that they reveal extensive risks among a rarely studied population of offenders, they will be all the more significant if they chart a new course for developing practical solutions to help prevent re-offending and re-victimisation among this population.

Key themes

The key themes emerging from the project are discussed below.

Addressing the consequences

The findings of the OPAL study illustrate the consequences of early exposure to child maltreatment and its associated trauma. For example, among the population studied, CSA seems, from both official and self-reported data, to lead to an increase in the amount of crime committed as well as greater variety in the nature of the crimes. Physical or sexual abuse and/or neglect during childhood appear to be highly significant in pushing individuals further into criminal trajectories or pathways involving substance abuse, delinquency and adult offending, as well as increasing their likelihood of mental health problems, relationship difficulties and re-victimisation.

However, in this context, it is important to be aware of the limitations of the OPAL data. We did not have a non-offending control group with which to compare experiences and outcomes. We are therefore unable to take a step backwards and say why some people

with traumatic childhood experiences go on to commit crimes (and are therefore eligible for inclusion in this study), whereas others do not (and are therefore ineligible for inclusion). Many people who are abused do not go on to become criminals. All we can say is that, among people serving community supervision for having committed a crime, those who have had traumatic childhood experiences appear to be likely to commit more crimes, and a greater variety of them, than those without a traumatic childhood.

Families and the wider community provide the context within which these early forms of trauma give rise to events that have serious impacts on public safety and public health. While there are no easy, quick-fix solutions, it is worth emphasising that a significant body of research about crime and victimisation highlights the need to develop collective responses that involve engagement and early intervention across various institutional settings such as families, schools, community, churches and government.

Interrupting the cycle of victimisation

'Cycle of violence' is a term often used in the disciplines of criminology and public health to describe the links between experiencing maltreatment during childhood and perpetrating delinquent acts and violent crimes in the future (Widom 1989). The OPAL study shows that a 'cycle of victimisation' is also evident for child victims of abuse and trauma. It has shown a strong relationship between prior and future victimisation, and there is reason to believe that these risks may also be intergenerational.

Knowing and understanding the nature of repeat violent victimisation can pave the way for intervention. Identifying current child victims of abuse and those at high risk, and providing them with appropriate support and assistance, should help them develop a layer of resistance to the criminogenic consequences of abuse. This greater resilience may help them break the cycle that leads to delinquency and crime, poor mental health, substance abuse and repeat victimisation. We believe this approach will prove beneficial and cost-effective over time, with decreased engagement in substance abuse and mental health services and in the criminal justice system.

Complexities relating to gender and Indigenous status

The findings of Project OPAL presented in this report should have wide application, because they demonstrate the experiences of a reasonably large sample of male, female, Indigenous and non-Indigenous offenders.

There is ample criminological research that has illustrated the key differences and important similarities in offending behaviour for males and females (Broidy & Agnew 1997; Smith & Paternoster 1987) and Indigenous and non-Indigenous offenders (Lynch, Buckman & Krenske 2003). Project OPAL has demonstrated that, while there are some differences between groups in their degree of exposure to risk (e.g. females as a group have greater exposure to sexual victimisation) and the degree of criminogenic consequences of prior risks (e.g. all the Indigenous males who had experienced penetrative sexual abuse as children had subsequently attempted suicide), many of the relationships linking prior risk to negative consequences and further risks appear to be shared by all groups. Therefore it appears that, although interventions for offenders need to address the general criminal orientations that motivate most offenders, they must also be adaptable enough to respond to the specific problems that magnify the criminogenic effects for certain groups of offenders.

Treatment needs and opportunities

Individuals participating in Project OPAL had a range of needs that appeared to influence their risk of ongoing criminal offending and victimisation, and determining the nature and extent of these needs is an essential first step in the development of appropriate interventions. This observation reinforces the view, embraced by many correctional authorities in the Western world, that effective classification and assessment are fundamental for matching available programs to offenders and their specific needs.

QCS currently has a commitment to the more extensive use of both rehabilitation and treatment for custodial offenders, as worthwhile investments to minimise the risks of recidivism. The results from Project OPAL reinforce the importance of extending this commitment to non-custodial offenders.

Key challenges for the future

There are no quick or easy solutions to the complex and intractable problems of crime and victimisation. This project illustrates the nature and extent of victimisation and its associated risks among a sample of non-custodial offenders. The results, while comprehensive and at times worrying, should be embraced for the practical opportunities they present. While the findings reinforce the importance of ongoing reform, innovation and commitment to designing and implementing effective programs and strategies, there are numerous challenges in working effectively in this area. Some of these challenges are described below.

Co-morbidity

Many offenders in this study had numerous problems. Experiences of childhood trauma can give rise to substance abuse, mental health problems (e.g. PTSD, depression), poor educational attainments and unemployment. A clear challenge for correctional authorities is to tackle the underlying problems that give rise to offending behaviour, as well as the conditions that work against individuals developing skills for integrating into society. When the needs and causes are complex, the interventions need to be equally comprehensive, durable and persistent.

Treatment program integrity

Increasingly, research and evaluation evidence shows that correctional programs that embrace the principles of effective rehabilitation can reduce recidivism (Andrews et al. 1990; Cullen & Gendreau 2000; Howells et al. 2004). Accumulated evidence over the past 20 years (e.g. Gendreau & Ross 1987; Lipsey 1995) consistently demonstrates that highly structured programs that target high-risk offenders, that address needs linked with criminal recidivism, and that are tailored to the learning styles of the offenders, are associated with reductions in criminal recidivism.

Project OPAL has revealed that offenders serving community supervision orders have many risk factors and criminogenic needs. However, implementing effective programs in a non-institutional setting can be difficult.

As this study has shown, many non-custodial offenders have chaotic lives, and their problems are complex and varied. Most would require programs that were tailored to

their needs and delivered in a flexible manner, taking account of their needs and learning styles. It would also be very likely that many would relapse into drug use or be hindered by mental health problems, and would be at risk of dropping out of the programs. Nevertheless, investment in treatment programs targeting the needs of serious offenders is still worthwhile. Such efforts can be highly cost-effective in the longer term, given the appreciable gains to be made when their risk of criminal offending is reduced.

While implementing the principles of effective correctional rehabilitation in a correctional setting appears straightforward, and is a philosophy endorsed in Queensland, it can be challenging to implement these principles in a non-custodial setting. Despite these challenges, correctional organisations need to remain committed to this course of action, because of the potential gains to be made.

A collaborative approach

There is ample evidence that many responses to crime and justice are ill-planned and reactive (e.g. responses such as ‘boot camps’, ‘three strikes and you’re out’, and ‘scared straight’ programs have been shown to be ineffective). One of the ongoing challenges in developing effective responses to crime and criminal behaviour is to minimise reactive responses to crime problems and develop more collaborative approaches.

Collaborative responses to criminal behaviour are those where a range of stakeholders who are all equally committed to reducing crime in the community work in partnership. They need to be proactive in preventing crime in the community, as well as working to minimise the risks of recidivism and promoting social integration. Developing effective, lasting responses to criminal behaviour requires cooperation, consultation and input from community groups, government departments, families and individuals.

Evidence-based policies and practices

There is currently a healthy degree of momentum regarding the role of evidence-based or evidence-informed policies and practices in crime and justice. This is especially important in correctional settings, because they provide opportunities for influencing the future criminal or non-criminal behaviour of their clientele. Embracing such an approach within correctional institutions can help make managers aware of the effectiveness of current and emerging practices in other jurisdictions. It also allows them to assess the effectiveness of current treatment protocols for the individuals in their care and, where necessary, implement more effective alternatives.

Policy-making in crime and justice is complex, however, and comes under many influences such as institutional values, fiscal constraints and political ideology. Nevertheless, it is important for correctional institutions to be fully aware of current and emerging research so that they can base their treatment options and services on solid evidence of what works, how, why and for whom.

Closing thoughts

Project OPAL is a unique and comprehensive study, among a sample of 480 offenders serving non-custodial community-based orders in Queensland, of the nature and extent of victimisation, its consequences, and its implications for criminal recidivism and correctional programming.

The results of the study reveal a level of exposure to prior risk and harms that has not been previously documented in a non-custodial population in Australia. The findings demonstrate strong relationships between victimisation and various criminogenic consequences, many of which influence criminal offending trajectories. Additionally, the findings illustrate the disturbing degree of continuity in victimisation across the life course, and between generations. This cycle of victimisation has serious implications for public health and safety and for the intergenerational transmission of risks.

There are no quick or simple solutions to intractable and complex crime problems, but it is our hope that the findings from Project OPAL will contribute to the development of future policies that will help, directly or indirectly, to minimise the risks for recidivism of non-custodial offenders.

Appendix

Ethical considerations for data collection

A range of highly sensitive issues were examined in this project. Key concerns of the research team were that the data collection be conducted with integrity, and that ethical practices ensure that any harm or discomfort for the respondents be minimised.

The research team adhered to all guidelines and principles outlined by the NHMRC (2001) concerning the appropriate ethical conduct for research involving humans. In many ways we went beyond those safeguards, to ensure that respondents felt comfortable with their involvement in the research project, that they were provided support (e.g. professional counselling) if necessary, and that any discernible risks of harm to themselves or others were appropriately managed.

The ethical data collection procedures used in the research project were endorsed by the Research Committee at QCS, the CMC's expert advisory group for the project and the Chair of The University of Queensland's School of Social Sciences Research Committee.

Recruitment and debriefing of interviewers

Interviewers who possessed relevant research qualifications and interviewing experience and skills were hired for the project. Due to the sensitive nature of many of the items in the questionnaire, interviewers with counselling or psychology experience were also sought. Twenty-one interviewers were hired, including four Indigenous interviewers. All interviewers underwent an intensive two-day training workshop which included lectures on the functions of the CMC and QCS, the role of community supervision, and the aims and methodology of the project. Interviewers were also briefed extensively on ethical and research considerations and protocols, and were provided with an 'interviewer's handbook' (i.e. a quick reference guide) to use in the field.

Weekly debriefings were held with the interviewers. These debriefing sessions enabled project staff to discuss with the interviewers any issues that had arisen, and allowed the interviewers to discuss how data collection was proceeding. These debriefing sessions also provided an open forum in which interviewers could speak about the interviewees they had encountered during the previous week.

Informed consent

Before agreeing to participate in the research study, participants were informed of the purpose of the study, the procedures to be followed, the potential risks and benefits of participating, their rights as participants, and the measures taken to ensure confidentiality. Participants were made aware that a refusal to participate in the project or a decision to withdraw from the study would not result in any penalty, discrimination or other negative consequence, from either the CMC or QCS. The participants were

asked to tick a consent form to acknowledge that they understood the explanation of each of these important areas and that they agreed to participate in the study under these conditions.

An attempt was made to gender-match interviewers to interviewees to minimise any potential embarrassment felt by interviewees while answering questions of a sensitive nature. Before the interview began, participants were given the option of being interviewed by an interviewer of the opposite sex if they felt this would make them more comfortable.

Participants were given the contact details of the senior research officers working on the project and a copy of the consent form to keep. They were also told that any complaints about the research could be lodged with the Parliamentary Crime and Misconduct Committee. We are not aware of any complaints arising from the data collection procedures.

As is standard practice in research of this sort, participants were reimbursed for their involvement in the project. The nominal payments (\$20 per person) were given to the participants at the completion of the interviews.

Minimising participants' distress

The research team was aware that some respondents might become distressed when responding to some of the sensitive questions during their interviews. Several measures were implemented to minimise any distress for participants, including the following:

- » Participants were told that they were not obliged to answer any questions they did not wish to answer, and could withdraw from the study at any time without penalty.
- » Interviewers had previous training and experience in undertaking interviews of a sensitive nature in sensitive environments.
- » Counselling assistance, paid for by the CMC, was made available for respondents who became distressed during or after interview.⁸
- » Information packs were provided to every respondent at the completion of the interview. The packs included information on a variety of issues broached in the interview, such as substance abuse, domestic violence, welfare issues and counselling. The packs contained telephone contact lists for a variety of local support agencies and were modified for Indigenous participants and for different regions in which the interviewing occurred.

Managing participants at risk of harm

Before data collection, QCS and CMC project managers developed a Risk of Harm protocol, which specified the measures to be taken if an interviewee was believed to be at risk of self-harm or harm to others. The Risk of Harm protocol stipulated the actions to be taken if a participant disclosed during the course of the interview that they were a potential danger to themselves or to another person. Such disclosures included suicidal tendencies and threats of violence to others. In these instances, interviewers were required to offer the participant counselling assistance. Interviewers were further

⁸ Interviewers were asked to comment on whether they thought respondents had been distressed at any time during the interview. Sixty respondents (12.5% of all respondents) were identified as somewhat distressed at some stage during the interview. Only three of these respondents, however, did not finish the interview. Less than half a dozen respondents overall accepted the offer of complimentary counselling services.

required to telephone the CMC project managers immediately after completing the interview with the at-risk participant to communicate their concerns. The CMC project managers then notified the relevant QCS community supervision area manager where the interview had taken place. The project managers did not disclose any confidential details of the interviews to the QCS area managers. If appropriate, QCS area managers would subsequently notify the CMC project managers of the precautionary steps that they had taken with the at-risk offender. Interviewers and CMC project managers documented all steps taken in the management of at-risk participants. The Risk of Harm protocol was developed early in the project and proved to be an effective procedure for handling such circumstances, even though it was required only a few times.

Involvement of Indigenous participants

Measures were also undertaken to ensure that the study was culturally appropriate and ethically sound in relation to the involvement of Indigenous respondents. The questionnaire was constructed in such a way that the items were culturally contextualised and relevant. Aboriginal and Torres Strait Islander interviewers were recruited to interview Indigenous participants, and care was taken to ensure that Indigenous interviewers who originated from a particular geographic region (e.g. Townsville) did not interview participants who also originated from that region. This procedure was used to ensure the anonymity of participants.

Management of respondents presenting with substance misuse

During the training program, interviewers were made familiar with the symptoms of substance misuse, and procedures to be used in handling situations where this arose. Interviewers were advised, when confronted with a participant who appeared to be under the influence of drugs or alcohol, to make an informed decision as to whether they perceived the degree of influence to be likely to prevent effective completion of the interview. If the interviewer decided in the affirmative, the interview was aborted. Interviewers were required to make a log of their perceptions and consequent actions at the completion of each interview in the designated 'interviewer's comments' section of the questionnaire. Only three respondents were perceived to be mildly intoxicated by alcohol at the time of the interview and all of these respondents completed their interviews. More respondents ($n = 23$ or just under 5% of the sample) were thought to be mildly affected by illicit drugs at the time of the interview. Three of these respondents did not complete the interview.

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