Queensland Mental Health Commission

– Not Government Policy –

Consultation paper:

Development of a whole-of-government Trauma Strategy for Queensland

Trauma in young people

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What is this report about?

Adolescents and young adults must contend with complex biological, developmental, and social transitions. Exposure to potentially traumatic events (PTEs) can lead to a developmental cascade of challenges, impeding the successful mastery of adolescent tasks. Far too many young Queenslanders are exposed to PTEs, and this contributes to the rising burden of mental health problems. This paper aims to describe the prevalence and impact of PTEs in young people living in Queensland, and to identify methods to prevent exposure to PTEs and mitigate their harm.

The context for this report

PTEs are associated with wide-ranging and often life-long adverse outcomes. Young people may be subject to a wide range of PTEs including those which are interpersonal in nature, or due to external factors. Common PTEs affecting adolescents and young adults include child maltreatment, sexual and intimate partner violence, and unintentional accidents and injury. Additionally, the rise in digital technologies enable trauma exposure to be perpetrated in new ways. This section describes traumatic experiences and adversities which commonly impact young people aged 12-25 in Queensland.

Child maltreatment

Child maltreatment can be emotional or physical and include physical and sexual abuse, domestic violence and neglect. The landmark Australian Child Maltreatment Study shows approximately two in three Australians have experienced at least one form of child maltreatment prior to the age of 18[1]. It also found that young people aged 16-24-years with experience of child maltreatment are almost three times more likely to have a mental health disorder than those who do not.

Bullying victimisation

Bullying victimisation is repeated exposure to negative actions (either face to face or online) by a peer or peers that are intended to cause harm. An estimated one in four Australians experience bullying victimisation during childhood and adolescence which is associated with enduring negative impacts on mental and physical health[2-4].

Intimate partner violence (IPV)

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IPV refers to behaviours within a romantic relationship that cause physical, sexual or psychological harm and encompasses 'dating violence' which occurs between two people who are 'dating'[5,6]. IPV is a significant public health issue in Australia, with one in four Australian women and one in 14 Australian men having experienced IPV. While IPV is commonly considered in the context of adult relationships, young people experience the highest rates of IPV, with an estimated 30% of 18-19-year-olds having experienced IPV in the previous year[7]. Early experiences of IPV can negatively impact on young people's mental health, education and wellbeing, and future relationships[8].

Sexual violence

Sexual violence[d] is any sexual behaviour that occurs without the informed and freely given agreement of everyone involved[9]. One in seven Australians have experienced sexual violence after the age of 15. Younger adults are more vulnerable and women are more likely to be victims compared to men (22% vs 6%)[10]. Sexual assault is a form of sexual violence and is defined as any sexual act toward another person using physical force, intimidation or coercion[11]. Over one in 10 Australian young women aged 18-24-years have been sexually assaulted in the last two years, with those who have a disability or history of child maltreatment are at an increased risk[12]. In Queensland, young people under the age of 16-years cannot legally consent to sex by law[13]. A sexual act (either physically, emotionally or verbally) carried out with a child 15-years or younger is considered child abuse[14]. Over a third (36%) of young people aged 16-24-years have experienced child sexual abuse, with females experiencing significantly higher rates than men[15]. **Perpetration of child sexual abuse by adults has reduced over recent decades; however, perpetration by adolescents has increased.** In fact, child sexual abuse is most likely to be perpetrated by another adolescent (either a non-romantic known adolescent, or current or former adolescent partner). The proportion of young people who have experienced sexual abuse by an adult remains deeply concerning, with over one in 10 16-24-year-olds being subjected to sexual abuse by either a known or unknown adult.

Digital technologies are increasingly being used to perpetrate sexual violence. One in five Australians say sexually explicit images or videos of them have been shared without consent[16], most often by a friend, or current or former partner[16] and an average of 100 reports of sextortion are recoded by police each month, although it is estimated that less than a quarter of these incidents are reported[17]. Technology based sexual violence can leave victims feeling humiliated and depressed, and negatively impact self-esteem, physical wellbeing and work and school performance[16,18], as well as generating fears for their safety and future relationship and employment opportunities through legal, personal, and reputational repercussions[13.]

Unintentional injury

Young people are more likely to engage in risk taking behaviours and to underestimate the probability of injuries and accidents, placing them at higher risk of unintentional injury. Young people with a history of trauma are also at greater risk of unintentional injury[19]. Unintentional injuries are commonly caused by land transport accidents, exposure to inanimate forces (i.e., being struck by an object) and falls or collisions (i.e., slipping, being pushed or a scooter or skateboard accident)[20]. Young people aged 15-24 have the highest rate of hospitalisations for unintentional injuries in Australia with males being 2.3 times more likely to be hospitalised than females, which can lead to anxiety and the development of post-traumatic stress disorder[21,22].

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[d] Includes sexual assault and coercion, threats of sexual abuse, stalking, image-based abuse (e.g., non-consensual sharing of another's nude images, or taking non-consensual videos of another engaging in sexual acts), and reproductive and sexual-health related abuse (e.g., removal of condoms during intercourse without respondent's consent, or lying about one's sexual health status).

Suicide

In Australia, suicide is the leading cause of death in young people aged 15-24 with 9.8 per 100,000[e] females and 34.8 per 100,000 males in this age group dying by suicide in Queensland in 2021[23]. Over half of Australian adults (58%) will personally know someone who had died by suicide within their lifetime[24]. Young people may be profoundly affected by the suicide of peers and can have difficulties adequately expressing and processing their grief[25]. Young people who are exposed to a peer suicide (or attempted suicide) are at an increased risk of developing symptoms of trauma and thoughts of suicide and self-harm[24,26].

Environmental disasters

With climate change, young people face a lifetime of exposure to more frequent and intense extreme weather events. There have been over 100 environmental disaster events in Queensland since 2011, including storms, fires, cyclones, storm tides and floods[27]. Beyond immediate physical safety, extreme weather events can lead to food and water shortages, forced displacement, disruptions to education and health services, as well as loss of loved ones, placing young people at risk of developing post-traumatic symptoms or exacerbating pre-existing mental health problems. Further, research finds higher rates of family dysfunction occur in the aftermath of a natural disaster, which may compound or prolong distress in young people[28,29].

The key findings

Trauma is the emotional response following exposure to PTEs. Trauma exposure in adolescence and early adulthood may result in an increased risk of mental health problems, problematic substance use, self-harm and suicide throughout adulthood[30-33] and premature exit from education with accompanying reductions in vocational opportunities[34-36]. As well as the psychological impacts of PTEs, there are numerous adverse physical health outcomes associated with trauma exposure in young people. Prolonged stress can affect the nervous and immune systems resulting in persistent pain, fatigue and other health conditions, and many physical health complaints in adolescents and young adults can be explained by post-traumatic stress symptoms[37]. A large 30-year study of individuals born in Queensland found that PTEs experienced in the early adolescent period increased the likelihood of depression and drug use at age 30[38], and that abuse and neglect in childhood predict the presence of cardiometabolic risk factors including obesity and high cholesterol[39]. Obesity is a risk factor for numerous physical health problems, reduced quality of life, low self-esteem and loneliness and premature mortality[40]. Thus, the exposure to trauma in adolescents leads to an increased risk of lifelong physical and mental health problems and psychosocial disadvantage.

What does this research mean for policymakers?

Findings from the Australian Child Maltreatment Study shows child maltreatment is pervasive in Australia and is associated with a significant disease burden[34]. Young people who experience child maltreatment as well as bullying are more likely to experience interpersonal difficulties that negatively impact on the formation of healthy relationships. Individuals who have experienced any form of childhood maltreatment have a three-fold increased risk of developing a mental health disorder and an almost five-fold increase in risk of developing post-traumatic

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[e] Expressed as the age-specific rate: number of suicides in that age group divided by the population of that age group, multiplied by 100,000.

stress disorder, whereas in those who have not been maltreated, mental disorders and suicidality were uncommon[31,41]. By contrast, supportive family, engagement in school and healthy social networks protects against exposure to other PTEs in young people such as bullying and sexual and intimate partner violence. Exposure to PTEs in childhood is a risk factor for experiencing further exposure to PTEs in adolescence and adulthood, therefore, preventing early life adversity such as child maltreatment is an important prevention measure[42-44]. The complex nature and enduring effects of trauma exposure necessitates a life course approach to preventing and reducing health and social harms in young people.

Options for reform

There is a compelling need to reduce both exposure to PTEs in adolescents and young adults and prevent traumatic responses. Prevention of exposure to PTEs begins in early childhood. Preventative interventions are the most effective way to reduce the incidence of PTEs and their associated harms in adolescents and young adults. However not all PTEs can be prevented, and many young Queenslanders will be exposed to injuries and natural disasters. Efforts to strengthen protective factors known to mitigate the traumatic responses must therefore also be made through the enhancement of social support systems and a trauma informed provision of care.

Reduce intimate partner and sexual violence

1. **Implement and standardise evidence based respectful relationship education programs across all QLD schools.**
   Queensland state schools are required to provide respectful relationship education (RRE)[f] as a part of the health and physical education (HPE) curriculum. However, the delivery of RRE is not streamlined nor is it mandated for non-government schools[45]. Moreover, HPE is optional in years 11 and 12 some adolescents do not receive RRE during a period they are most likely to enter into sexual relationships. A review of RRE programs delivered in Australian schools by Monash University[46] shows that there is considerable variation in the quality and scope of these programs and evidence of their effectiveness is limited due to a greater emphasis on evaluating student acceptability of the program over behaviour change and reductions in IPV. RRE is likely to be effective when it is implemented within a whole-of-school approach that considers wider school context including school culture, school structures that support the translation of RRE into practice, and in tandem RRE training for teachers[46-48]. Consent education is a component of RRE that was recently mandated to be taught in Australian schools. Implementation barriers have been identified; however, particularly in single-sex male and more affluent private schools[49,50]. A streamlined delivery of evidence-based RRE is needed, across both government and private secondary schools using an evidence based whole-of-school approach, with targeted strategies to address barriers to implementation. Evaluation of programmes must include acceptability to students, teachers and parents as well as changes in knowledge and behaviour.

2. **Reduce alcohol consumption.**
   Alcohol consumption is a well-established risk factor for sexual and domestic violence. Reducing access and availability of alcohol to young people reduces the risk of harm. Parental provision of alcohol to minors remains an issue. While public health messaging is an effective approach to reducing parental provision of alcohol, evidence suggests campaigns that target specific parent characteristics that are associated with a parental provision of alcohol may improve their effectiveness[51-53]. Compliance with the industry marketing code requirement for age-

[f] Respectful relationships education (RRE) teaches students how to develop behaviours and attitudes that promote healthy, safe and respectful relationships.

restriction controls via social media advertising is inconsistent among the largest alcohol companies operating in Australia[54] and improved regulation is required. Additionally, tighter restrictions and compliance regarding the online sale and delivery of alcohol are needed. The Queensland Government has recognised this need and a new regulatory framework being currently drafted[55]. The completion and implementation of this framework must be prioritised to reduce further harm. Evaluation of these initiatives are needed, with a focus on reducing the proportion of adolescents <18-years drinking alcohol and the frequency of harmful alcohol use by young adults.

3. **Public health initiatives targeting intimate partner violence (IPV) in adolescence.**
   Public health messaging has predominately focused on adult relationships despite evidence indicating that IPV is a major issue for adolescents. There are growing calls for a targeted public health approach to reducing youth IPV; however, a lack of youth focused initiatives has created an evidence gap regarding which approaches are successful[56-58]. Considerations of the unique nature and characteristics of youth IPV is essential. Co-design and implementation of public health messaging to prevent IPV in Queensland adolescents is needed.

4. **Public health initiatives targeting sexual violence among adolescents.**
   The rise in sexual abuse by adolescents reflects a cultural shift that demands a public health that targets factors influencing social attitudes such as gender norms, parental supervision, and access to violent pornography online. A review of Australian primary interventions commissioned by the Department of Social Services indicates public health initiatives addressing sexual violence are frequently incorporated within broader domestic and family violence campaigns and fail to address the specific nature and drivers of sexual violence perpetrated by other young people[59]. As such, targeted public health initiatives that address youth sexual violence are needed.

Enhance online safety for adolescents and young adults.

1. The E-safety commissioner commissioned a body of research to develop a national best practice framework for online safety education to protect children and young people from online harm[60]. *The Framework will support schools in teaching online safety, assessing the quality of programs and approaches, and guiding best practice*. It is important that all potential harms that can occur online (grooming, non-consensual image sharing, cyber-bullying sexting and sextortion) are addressed within a comprehensive education programme. Increasing exposure to, and consumption of pornography by children and young people can influence attitudes and beliefs and promote sexual violence[61]. It is also critical that public education occurs so that victims are not stigmatised and are able to access help and support early. Partnerships with technology companies for improving cyber-safety have been proposed but seem slow to develop, and a failure to implement technological solutions must be addressed.

Promote resilience.

1. **Safe, Stable, Nurturing Relationships**
   Safe, stable, nurturing relationships and environments form an important subset of resilience factors for young people that could moderate the impact of adverse experiences and reduce the risk for intergenerational transmission of child maltreatment[62,63]. The Strengthening Families Approach and Protective Frameworks™, which was originally developed to support young families, has been implemented in other areas such as child welfare, education, health care, public policy and early intervention systems. Fostering social connections is vital in both preventing and buffering against the cascade of negative outcomes associated with trauma and adversity and building resilience[35,64-66]. Family cohesion can be increased through the promotion of positive parenting practices that foster healthy child development[67]. This can be achieved through public health campaigns and universal and

targeted provision of parenting programs and resources via child and maternal health clinics, early childcare centers and other services families are engaged with. Positive peer relationships can be increased through the RRE by incorporating education on interpersonal skills and social connection. Educational institutions could draw on a Circle of Courage model and a strengths-based approach to foster resilience[68,69].

2. **Increase opportunities for social and community engagement.**
   Young adults experience the highest rates of loneliness in Australia[64]. Creating diverse opportunities for meaningful social engagement and promoting safe spaces that facilitate young people to come together are desperately needed. Incorporating young people in their development, implementation and evaluation is essential in ensuring opportunities are relevant and meet the needs of young people, and that they effectively target vulnerable groups and those who experience greater social isolation[70]. Existing communities such as local clubs, churches, sporting and other groups, that support young Queenslanders should be aided to increase engagement and social cohesion.

3. **Promoting resilience to climate change and natural disasters.**
   Systematically reducing the risks associated with climate change and disasters is a key priority. It is also essential to provide support for young people and their communities before, during and after disasters (as proposed by the Second National Action Plan) [71]. Public health messaging should focus on providing tangible strategies that youth can implement that help to mitigate climate change[72-74]. Regulating exposure to sensationalist climate-related content or news of environmental disasters could help reduce re-traumatization and distress[73,74]. Engaging in community or school environmental projects not only helps to reduce the impacts of climate change but can be important sources of active hope and social support for young people[73-75]. Schools, families, and health professionals can promote resilience in youth by helping them engage in active coping (e.g., pro-environmental behavior), emotion-focused coping (e.g., self-care) and meaning-focused coping (e.g., hope and reappraisal)[76].

4. **Create trauma informed workforces.**
   Many consumers of health and human services have a lived history of exposure to trauma in childhood, adolescence and early adulthood. As described, many health problems, harmful substance use, education and employment disadvantage and involvement in the youth and criminal justice systems is attributable to early life trauma. Queensland has the highest number of young people under either community supervision or in detention nationally[77]. The vast majority (>85%) of youth justice involved young Australians <18-years have experienced multiple adversities and childhood maltreatment, and exhibit symptoms of trauma[78,79]. Despite this, the workforce in health services, human services, youth and criminal justice systems and the education sector have little to no training about the impact of trauma on the consumers they service. To improve the effectiveness of these services, trauma training[g] should be provided to these workforces to educate staff about: the impact of trauma; recognizing trauma-related presentations and behaviours; and practical, evidence-based methods that can be appropriately used in their setting to support individuals exposed to trauma. Training should be individualized to the workforce in each sector, co-designed with staff along with consumers who have a lived experience of trauma and piloted to determine if it leads to greater consumer satisfaction as well as improved outcomes in health care, education and other human services[80]. There is also evidence to suggest Multisystemic Therapy (MST)[h], may be an effect approach

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[g] Trauma informed care shifts the focus from "what's wrong with you?" to "what happened to you?" by acknowledging the widespread impact of trauma, recognizing the signs and symptoms of trauma and integrating knowledge about trauma into policies, procedures, and practices.

[h] Multisystemic Therapy (MST) is an intervention for at-risk young people and their families. Therapists work in the home, school and community to provide caregivers with the tools they need to transform the lives of troubled youth and reduce behaviours such as criminal activity, substance use, and family conflict.

for specialist Australian Child and Adolescent Mental Health Services in reducing emotional and behavioural problems[81] and potentially within the child protection services also, although some implementation barriers have been noted[82]. A lack Australian evaluations has created an evidence gap regarding the effectiveness of MST in the Australian context and are needed to better understand its potential benefits locally[83].

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