

Adverse childhood experiences among youth who offend:

Examining exposure to domestic and family violence for male youth who perpetrate sexual harm and violence

JAMES OGILVIE | LISA THOMSEN | JODIE BARTON DANIELLE ARLANDA HARRIS | JOHN RYNNE | PATRICK O'LEARY

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ANROWS Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the <u>Warawarni-gu Guma Statement</u>.

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This report addresses work covered in the ANROWS research project RP.20.07 "Adverse childhood experiences and the intergenerational transmission of domestic and family violence in young people who engage in harmful sexual behaviour and violence against women". Please consult the <u>ANROWS website</u> for more information on this project.

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Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

ANROWS acknowledges that children and young people living in homes where domestic and family violence (DFV) is present are not simply "exposed" to DFV - they are experiencing it. There are no circumstances in which children and young people are exposed to DFV and are not also being impacted by this violence. Therefore, ANROWS will always default to using "experienced DFV" instead of "were exposed to DFV" or "witnessed DFV". This language aligns with the *National Plan to End Violence Against Women and Children* (due for finalisation in 2022), which recognises that children experience DFV as victims in their own right, and also seeks to honour the voices of victims and survivors who have felt minimised, erased or unacknowledged as childhood survivors.

Please note, in this report the researchers have used the term "exposed to DFV" to ensure fidelity with the terminology used in the datasets analysed. Please see "Adverse childhood experiences" in the Definitions and concepts section for more.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

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Acronyms

ACEs	Adverse	childhood	experiences
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ANROWS Australia's National Research Organisation for Women's Safety

CDC Centers for Disease Control and Prevention

DCYJMA Department of Children, Youth Justice and Multicultural Affairs

DFV Domestic and family violence

GYFS Griffith Youth Forensic Service

HSB Harmful sexual behaviour

MSO Most serious offence

QASOC Australian Standard Offence Classification - Queensland Extension

YJ Youth Justice (also refers to the Department of Children, Youth Justice and Multicultural Affairs, which administers the Youth Justice system in Queensland)

YLS-CMI Youth Level of Service - Case Management Inventory

Definitions and concepts

Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are typically described as potentially traumatic events that can have negative lasting effects on multiple domains of functioning (e.g. health and wellbeing). The contemporary overarching concept of ACEs was first described in relation to health outcomes identified in the CDC-Kaiser study carried out in the United States in 1998. For the current report, ACEs refer to those events established in the original CDC study: emotional abuse, physical abuse, sexual abuse, neglect, parental separation, exposure to domestic and family violence (DFV), family member substance abuse, family member mental health problems, and family incarceration. However, it is acknowledged that the concept of ACEs can extend to a wide range of potentially traumatic events that are not captured by this study, and that the scope of some traumatic experiences (e.g. exposure to DFV) has evolved since the CDC-Kaiser study.

Domestic and family violence (DFV)

The National Plan to Reduce Violence against Women and their Children 2010-2022 defines domestic violence as follows:

Acts of violence that occur between people who have, or have had, an intimate relationship. The broader term of family violence refers to violence between family members in addition to violence between intimate partners. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example, by using behaviour which is violent and threatening. In most cases, violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse. (Council of Australian Governments, 2011, p. 2)

In this research, DFV is limited to experiences recorded in the available data, including those where a young person has been exposed to the physical, verbal, emotional or sexual abuse of a family member by the young person's caregiver. We acknowledge that this definition does not capture the full range of behaviours/actions constituting DFV (e.g. technology and financial abuse) or the broader range of relationships in which DFV occurs (e.g. individuals with disability and their carers). Since 2011, there has been significant progress in developing a more nuanced understanding of DFV and the contexts in which it occurs, especially when considering cultural differences in the ways in which DFV presents and is understood. Caution is therefore warranted in generalising the findings of the current study across different cultural groups in Australia.

Youth who engage in harmful sexual behaviours (HSBs)

Consistent with the recommendation made by the Association for the Treatment of Sexual Abusers (ATSA), we adopt a person-first approach to terminology when referring to individuals who have committed sexual offences or harm. ATSA uses and recommends the use of descriptors that put the person first rather than their behaviour. Preferred terminology includes "adolescents who have engaged in sexually abusive behaviour" or "youth who have perpetrated sexual harm/violence". At the same time, we acknowledge no one term is universally agreed upon. It is important to recognise the power differentials and context when referring to children, youth and adults who have perpetrated sexual harm and/or violence. Throughout this report, we adopt the use of person-first terminology when referring to individuals who have perpetrated sexual harm. "Harmful sexual behaviours" (HSBs) in this report refers to conviction for sexual harm/ violence offences.

Adolescent/young person/youth

No clear criteria exist for differentiating between the terms "adolescent", "young person" and "youth", and research literature frequently uses these terms interchangeably. "Adolescence" is broadly defined as the phase of life bridging childhood and adulthood, encompassing elements of biological maturation and major social role transitions, with Sawyer et al. (2018) defining adolescence as the age period ranging from 10 to 24 years. For the current report, our definition of the age range covered by the terms adolescent, youth or young person/male is consistent with the legal definition of individuals charged under the Youth Justice (YJ) system in Queensland or detected offences, which includes individuals aged 10 to 17 years at the time of the offence. We acknowledge that adolescence extends beyond 18 years.

Aboriginal and Torres Strait Islander peoples

The data sources used in this report contain information about whether an individual identified as an Australian First Nations person, which combined Aboriginal and Torres Strait Islander status. We acknowledge that this aggregation masks the specificities and diversity of First Nations cultural identities. In this report, where possible, we respectfully refer to Aboriginal and Torres Strait Islander peoples as "First Nations people".

Executive summary

Background

The Adverse Childhood Experiences (ACEs) framework, proposed by Felitti et al. (1998), is a well-established tool for understanding the origins of negative outcomes among adolescents and adults who have experienced abuse, trauma and maltreatment during childhood. The core set of 10 ACEs that Felitti et al. (1998) identified - emotional abuse, physical abuse, sexual abuse, neglect, parental separation, exposure to DFV, family member substance abuse, family member mental health problems and family incarceration – have been reliably associated with poor physical and mental health outcomes, and have been found to impact behaviour, life opportunities and economic stability (Boullier & Blair, 2018). Despite the years that have passed since its creation, Felitti et al.'s ACEs framework remains the foremost measure used in research examining the effects of traumatic childhood experiences. It has most often been studied in relation to health outcomes in adulthood but has been increasingly used to understand drivers of behavioural outcomes, including engagement in antisocial behaviour during adolescence (Craig et al., 2017).

Available research highlights that ACEs are highly prevalent among young people involved in the Youth Justice (YJ) system (Baglivio et al., 2015; Malvaso et al., 2018). However, to date, only limited work has been conducted to explore specificity in the association between ACEs and offending in adolescence and adulthood (i.e. specific ACEs and types of offending). In particular, there are few studies that have focused on examining the nature and extent of ACEs in the developmental histories of young people who engage in harmful sexual behaviours (HSBs), despite trauma and maltreatment being central to empirical and theoretical accounts of the aetiology of such behaviour (Seto & Lalumière, 2010).

Emerging evidence suggests that in comparison to antisocial youth in general, adolescents who engage in HSBs may present with ACE profiles that are particular to this subgroup (Barra et al., 2017). For example, elevated rates of sexual abuse victimisation are typically observed among youth who engage in HSBs compared to other youth offenders, which is consistent with theoretical accounts of the origins of sexual violence (Seto & Lalumière, 2010). Further progression in this research area is needed to explore other forms of ACEs that may be prevalent among youth who engage in HSBs,

including exposure to domestic and family violence (DFV). Most knowledge about ACEs and HSBs among youth is derived from North American and European research, meaning there is a vital need to generate Australian-specific knowledge in this domain. This would assist in addressing the unique challenges encountered in the national context, key among them being the overrepresentation of First Nations youth in the YJ system, including those who exhibit HSBs.

Aims and objectives

The research described in this report is the second part of the ANROWS project entitled "Adverse childhood experiences and the intergenerational transmission of domestic and family violence in young people who engage in harmful sexual behaviour and violence against women". This report follows on from the first research report of the project, Exploring the onset, duration and temporal ordering of ACEs in young people adjudicated for sexual offences: A longitudinal qualitative study (Harris et al., 2022). Findings described in the first report suggested an association between the intensity of ACEs and the seriousness of offending, based on a qualitative examination of the developmental histories of a small sample of male youth who had engaged in HSBs. The current research extends this analysis with an aim to examine the nature and extent of ACEs in the developmental histories of young males who encounter the YJ system for offending in Australia, comparing youth who have committed sexual offences to those who have committed non-sexual offences. Specific objectives were to:

- 1. examine whether male youth who perpetrate sexual offences present with differing profiles of ACEs in their developmental histories compared to youth who perpetrate other forms of offending
- 2. examine differences in youth offending broadly (and sexual offending specifically) for young males with histories of exposure to DFV compared to those without DFV exposure
- 3. examine the nature and extent of ACEs among First Nations male youth who have committed sexual offences.

Methods

The research draws on two retrospective data sources that coded information relating to ACEs for male youth in Queensland, who had committed a criminal offence. The first dataset was derived from Queensland YJ administrative data for young males (n = 6,047) placed on supervised orders between 2010 and 2016. ACEs information was coded from assessments completed by caseworkers using the Youth Level of Service - Case Management Inventory (YLS-CMI), and offence histories were derived from YJ records of proven offences in court. This dataset included young people with sexual and non-sexual offences to allow comparative analyses. The second dataset was derived from clinical information (e.g. case files, assessment reports) maintained by the Griffith Youth Forensic Service (GYFS) relating to young males (n =377) who had been referred for services after perpetrating sexual offences, with ACEs information being coded from clinical assessment outcomes. Analyses included descriptive presentation of prevalence rates, comparative analyses of group differences (e.g. sexual vs non-sexual offending) and multivariate models to examine links between DFV and offending.

Key findings

Analyses of the YJ administrative data confirmed that ACEs were highly prevalent among young males who encountered the YJ system, exceeding rates typically observed in the general population. Male youth specifically exposed to DFV were on average younger at their first contact with YJ and had more extensive offending histories when compared to youth who were not exposed to DFV. Rates of ACEs varied across individuals when classified by their most serious type of offending behaviour. Young males with sexual offences exhibited the highest rates of almost all ACEs compared to those with violent and non-violent offences, with exposure to DFV-related experiences being particularly prevalent (experienced by 37.0% of those with sexual offences, compared to 28.5% of those with violent and 20.1% of those with non-violent offences). Male youth with sexual offences on average had a higher accumulated number of ACEs (M =3.3) compared to violent (M = 2.8) and non-violent (M = 2.0) offending male youth, and were significantly more likely to have experienced sexual abuse.

Analyses of the GYFS clinical information confirmed that ACEs were highly prevalent among male youth who had engaged in sexual offending, with exposure to DFV being the most prevalent ACE (experienced by 58.6% of the sample). Those young males who experienced exposure to DFV had a higher number of co-occurring ACEs (M = 4.2) compared to those with no DFV exposure (M = 1.7). This was particularly evident among Australian First Nations male youth. A novel finding emerged for First Nations youth that the experience of DFV during childhood was linked to a greater likelihood of specific sexual offending and developmental outcomes (e.g. victim characteristics, greater total number of ACEs).

Implications for policy and practice

Results of this research demonstrate that ACEs, particularly exposure to DFV, are prevalent in the developmental histories of young males whose antisocial behaviours bring them into formal contact with the justice system. High prevalence of ACEs is particularly the case for male youths who engage in sexual harm and violence. This finding highlights the impact of childhood trauma on perpetuating cycles of violence, and points to clear implications for system communication and intervention policies. The high prevalence and frequent co-occurrence of ACEs found in this research reinforces the need for consistent communication and collaboration between services attending to the care and protection needs of children, those that address health and behavioural problems for adolescents, and those that address criminogenic factors to reduce engagement in the YJ system (Malvaso et al., 2018). The findings suggest that early intervention with children who experience maltreatment and trauma may have the potential to prevent later contact with the YJ system when they are adolescents and may be effective in breaking cycles of violence. This would require investment in processes to identify children most at risk for poor outcomes.

As a result of colonisation, systemic racism and intergenerational trauma, First Nations youth are at a disproportionately higher risk of experiencing childhood trauma and maltreatment. The existing framework, which records only presence or absence of ACEs, is not able to meaningfully illuminate these experiences (Australian Institute of Family Studies,

2020). As a result, cultural perspectives on trauma and context relating to the intergenerational trauma stemming from colonisation experienced by First Nations people are absent in the current ACEs framework. There is a clear need for the development of First Nations-driven approaches to understanding trauma experienced by children and designing methods and tools to assess adverse experiences relevant to their youth and families.

From a practice perspective, the high prevalence of ACEs among justice-involved male youth underscores the importance of incorporating trauma-informed care approaches to service delivery in YJ settings. Meaningful engagement with young people in YJ settings will likely be facilitated through ongoing policy development and related training of service staff to be responsive to trauma-related needs.

Conclusions

Results of this study confirm the high rates of co-occurring ACEs in the developmental histories of male youth who encounter the YJ system in Australia, especially among those who have perpetrated sexual harm. These findings add to a growing body of research demonstrating that a greater accumulation of ACEs is noted among youths with more serious negative outcomes in adolescence. High rates of co-occurring ACEs, and particularly exposure to DFV in the developmental histories of youth who perpetrate sexual harm and violence, highlights how violence can be transmitted through families and emphasises the importance of trauma-informed approaches to intervention. Future directions to advance the research include the following: a more detailed analysis of which ACEs are likely to co-occur and how this relates to outcomes; a revision of the ACEs framework to identify those ACEs most strongly predictive of later engagement in HSBs; a First Nations-driven approach to reconceptualise the ACEs framework; and the identification of resiliency factors for youth who are exposed to ACEs but experience limited negative outcomes. It is important to note that the vast majority of young people who experience ACEs do not engage in antisocial and/or criminal behaviours. Further, the findings in this report are limited to male youth - it cannot be presumed that young females exhibit the same patterns in ACEs and offending behaviours.

Introduction

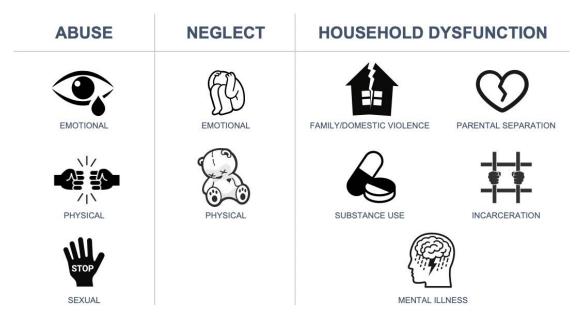
Background

Sexual violence is one of the world's biggest social problems as it has extraordinarily detrimental effects on not only victims and survivors but also victims' and survivors' families and the wider community (Levenson & Socia, 2016; McMahon, 2000). Researchers have begun exploring the aetiology of sexually violent behaviour to identify contributing and mitigating factors of this behaviour (Levenson & Socia, 2016). Youth who engage in sexual violence and abuse are important in the research literature as being a heterogeneous group and distinct from adults who sexually offend (Seto & Lalumière, 2010). Integrated theories assist in understanding the nature and prevalence of harmful sexual behaviours (HSBs) in the adolescent population and draw upon the individual, socio-ecological and situational factors relevant to the perpetration of sexual abuse and violence (Barbaree & Marshall, 2006; Ward & Beech, 2006). While youths who engage in sexual violence and abuse are a heterogeneous group, their developmental histories often highlight their experiences of multiple and different types of abuse, neglect, maltreatment, domestic and family violence (DFV), caregiver inconsistency and residential instability. Substantial gaps remain in understanding how sexually violent behaviour

emerges and evolves in young people. One promising area of research on risk factors for youth sexual offending lies in the exploration of adverse childhood experiences (ACEs).

Much of what is known about the impact of adverse experiences during childhood comes from the ACEs study conducted by the Centers for Disease Control and Prevention (CDC) from 1995 to 1997. In the original study, Felitti and colleagues (1998) examined the childhood experiences of over 17,000 adults using a 10-item ACE scale to determine the impact they had on later health outcomes and behaviours. The ACE scale measured the presence or absence of 10 conditions within the first 18 years of life (CDC, 2019). These conditions are arranged into three broad domains (as shown in Figure 1) and include 1) abuse (physical, emotional and sexual); 2) neglect (physical and emotional); and 3) household dysfunction (domestic violence, parental separation or divorce, and the presence of a mentally ill, substance abusing or incarcerated household member; CDC, 2019). The final ACE score is the sum (out of 10) of the adverse experiences that are present in an individual's life (Naramore et al., 2017).

Figure 1: The 10-item ACEs framework



Source: Original ACEs identified by Felitti et al., 1998.

The frequent co-occurrence of childhood maltreatment and household dysfunction in the general population and associated health problems and high-risk behaviour has been demonstrated (CDC, 2019). Childhood physical abuse was present for more than 28 per cent of the CDC study participants; emotional abuse was present for 11 per cent of participants; and 21 per cent had been the victim of sexual violence. Household dysfunction was also commonly experienced, with 13 per cent witnessing their mother being treated violently; 27 per cent experiencing household substance abuse; 19 per cent living with a person who was mentally ill or suicidal; 23 per cent reporting their parents were separated or divorced; and five per cent living with a person who had served a custodial sentence. Nearly two thirds of the study participants (61.0%) had experienced at least one ACE within their first 18 years of life and, as the number of ACE scores increased, so too did the risk for the presence of other adverse experiences, such as substance use and abuse, mental illness, heart and pulmonary disease, intimate partner violence, suicidality, sexual violence, risky sexual behaviour and teenage pregnancy (CDC, 2019). This previous research has framed our thinking about how adverse experiences during childhood might be related to outcomes beyond health.

Research has increasingly examined the role of ACEs in the development of criminal behaviour, but much of this work centres on adults who have engaged in offending behaviour (e.g. Levenson, 2016; Levenson & Socia, 2016; Levenson, Willis, & Prescott, 2015; Willis & Levenson, 2016), or youth arrested for non-sexual offences (e.g. Baglivio & Epps, 2016; Baglivio et al., 2016; Fox et al., 2015; Perez et al., 2018; Wolff & Baglivio, 2017). Collectively, these studies suggest that for some individuals, early adversity is associated with the development of future criminal behaviour, including HSBs. Such early adversity includes a range of traumas found on the ACEs scale, such as physical violence, verbal abuse, emotional neglect and parental separation (Leach et al., 2016; Levenson et al., 2015; Reavis et al., 2013; Widom & Massey, 2015).

Evidence to support the relevance of ACEs to violent, and particularly sexual, offending is found in studies examining the differential effects that ACEs have on specific types of offending behaviours. DeLisi et al. (2017) examined relationships between ACEs and perpetration of homicide,

sexual assault, and serious persons/property offending in a sample of 2,520 male youth offenders held in a US juvenile corrections centre. Results showed that the effect of ACEs on offending risk varied depending on the type of offence considered. When numbers of ACEs experienced rose, the likelihood of committing a serious person/property offence decreased, but the likelihood of perpetrating a sexual offence increased. No consistent trend in relationship was identified for homicide offences. Similarly, Craig and Zettler (2021) investigated the influence of ACEs on violent recidivism (including aggravated assault, domestic violence, murder and sexual assault) in a sample of 11,788 institutionalised serious delinquents in Texas, United States. Numbers of ACEs did not significantly increase the likelihood of rearrest for aggravated assault or murder during a three-year followup period, but the odds of rearrest for domestic violence (OR = 1.06, p < .001) and sexual assault (OR = 1.11, p < .05)significantly increased in line with ACE scores, as did the likelihood of recidivism for violent felonies (OR = 1.05, p <.001) in general. These findings suggest that ACEs might be particularly pertinent for offending, including HSBs.

Young people exhibiting HSBs share developmental, family, social and community risk factors. Practitioners attest that many youths who have been convicted of sexual offences report a multitude of ACEs (Quadara et al., 2020). One particular ACE that has been noted to frequently feature in these youths' backgrounds is exposure to DFV (Quadara et al., 2020). This is demonstrated through Seto and Lalumière's (2010) meta-analysis, in which numerous studies found that young people who had committed offences of a sexual nature had significant rates of DFV exposure. Further, the Royal Commission into Family and Domestic Violence in Victoria (2014–16) highlighted high rates of DFV in Australian families and the related significant impacts on children's development. Young people exposed to DFV are particularly vulnerable and at greater risk for a range of poor health and social outcomes, including a higher risk of engaging in a range of criminal behaviour. Children and youth who have been exposed to DFV either directly or indirectly are at greater risk of being victimised or perpetrating abuse toward others throughout their development, suggesting an intergenerational cycle of violence (Jung et al., 2019). Exposure to DFV during childhood development, particularly violence against the child's female caregiver, might contribute to an

internalised narrative that endorses gender-typed violence (Howell et al., 2016). The increased focus on DFV in Australia in recent times, alongside the need for further examination of the impact of DFV exposure (particularly for Australian adolescents), makes this particular ACE highly relevant as a focus when exploring relationships between ACEs and youth offending outcomes.

These observations highlight the importance of better understanding how ACEs - and particularly exposure to DFV - might be related to the emergence and evolution of HSBs and sexual offending during adolescence. Relatively few studies have examined ACEs in youth who are known to have engaged in sexually abusive behaviour. One such study by Levenson et al. (2017) examined the prevalence rates of ACEs in 6,549 youth who had been arrested for sexual offences in Florida, United States. Overall ACE scores for youth who had sexually offended were compared with youth who had committed non-sexual offences, adults with sexual offence convictions, and a general population sample. Levenson et al. (2017) found that when compared to youth with non-sexual histories, youth who had sexually offended reported higher prevalence rates of physical abuse (20% vs 15%), sexual abuse (13% vs 5%) and physical neglect (11% vs 6%). Youth who had sexually offended were also more likely to report a greater number of ACE exposures: 32.1 per cent of youth who had sexually offended reported four or more ACE exposures compared to those in the general population (12.5%). Adults with sexual offence convictions were also more likely to report a greater number of ACE exposures, with almost half (45.7%) endorsing four or more ACE items. These results suggest that individuals who engaged in sexually abusive behaviour had experienced numerous forms of early adversity in their lives (Levenson et al., 2017).

Similar conclusions have been drawn from studies conducted in Europe. Barra et al. (2017) examined ACEs in a sample of 322 Swiss male youths who had sexually offended. Their results indicated that male youth had experienced high rates of abuse and neglect, with 60.2 per cent experiencing emotional neglect, 38.5 per cent physical neglect, 34.8 per cent emotional abuse, and 31.1 per cent physical abuse within the first 18 years of life. Two thirds of the youth (66.5%) reported the occurrence of a number of ACEs and 9 per cent of their sample reported an average ACE score of 7.55/10 (Barra et

al., 2017). These results are significantly higher than those found in non-clinical community samples and other samples of youth who had offended. While not the case for all youth, these findings suggest that youth who sexually offend may experience greater levels of emotional, behavioural and psychosocial difficulties associated with their higher levels of child maltreatment and disturbed family systems (Aebi et al., 2015; Ballard et al., 2015; Barra et al., 2017).

A study by Hall et al. (2018) explored the association between ACEs, out-of-home placement and the onset of sexually abusive behaviour in a sample of 120 male youth in rural Appalachia in the United States. Out-of-home placements were common for youth who had engaged in sexually abusive behaviour, with 93 per cent experiencing at least one. Additionally, a large majority (88%) of the sample reported parental separation or divorce; approximately half (57.0%) of the sample had witnessed violence against their female caregiver; and over two thirds (68.0%) reported witnessing substance abuse in the home. Contact abuse (where an abuser makes physical contact with a child) was also commonly experienced by youth who had engaged in sexually abusive behaviour, with 58 per cent reporting sexual abuse and 54 per cent reporting physical abuse (Hall et al., 2018). Consistent with all research presented above, about three quarters of the participants reported four or more ACEs and almost one third reported having experienced eight or more adversities within their first 18 years of life. These results are significantly higher than the rates of ACEs experienced by the general population and other offending samples (Baglivio et al., 2014; CDC, 2019; Levenson & Socia, 2016), and they indicate that some youth who have sexually offended have experienced higher instances of cumulative trauma compared with other populations. Hall et al. (2018) concluded that the risk of engaging in early sexually abusive behaviour was therefore likely associated with higher ACE scores and out-of-home placements during childhood.

Much of the research identifying higher numbers of ACEs among young people in the justice system is, however, primarily based on North American samples and is not entirely generalisable to youth in other jurisdictions who perpetrate sexual violence (Pammenter et al., 2021). This limits knowledge about ACEs in the Australian context, and particularly in relation to First Nations youth, who are

significantly overrepresented in the criminal justice system (Cunneen & White, 2007). To attend to this knowledge gap, Malvaso et al. (2017) conducted one of the few Australian studies examining the prevalence and interrelatedness of ACEs in a sample of young people in detention. Their findings were consistent with international evidence, with ACEs being highly prevalent, highly interrelated, and more prominent among those youth who had been adjudicated for more serious offences. The prevalence of ACEs was found to vary significantly by sex and Indigenous status, highlighting the importance of further examination of these demographic factors (Malvaso et al., 2017).

Rationale

ACEs have been consistently linked to poor outcomes later in life, including engagement in antisocial behaviour and offending (Malvaso et al., 2021). However, there is less ACEs research that examines young people who engage in HSBs. Further, despite an increased focus on DFV in Australia, and an understanding of cycles of violence, the relationship between DFV exposure and the perpetration of sexual offences has not been sufficiently explored in youth samples. This gap in knowledge is particularly the case when considering Australian youth and is especially noted for First Nations populations. This research project addresses these gaps by exploring data from two distinct sources on ACEs experienced by male adolescents who have been in contact with the youth criminal justice system, including perpetrators of sexual offences.

This research has important implications for policy and practice. First, it will address the substantial gaps that exist in understanding how HSBs emerge in young males. This is important given that child maltreatment and family violence are known risk factors for later criminality, but little research is generalisable to Australian youth who engage in HSBs. Second, the research examines the intersection of ACEs and HSBs to better understand the intergenerational impact of specific adverse experiences such as family violence, thereby informing the development of appropriate policy responses. Third, through an examination of ACEs in the developmental histories of First Nations young males who exhibit HSBs, this project will enhance understanding of the factors contributing

to the overrepresentation of First Nations youth in the criminal justice system. Given research has found higher rates of ACEs among minority groups such as Black and Hispanic youth in the United States (Craig & Zettler, 2021), the lack of knowledge concerning relationships between ACEs and offending for First Nations youth is concerning. Overall, this research will provide insight into strategies for reducing violence, abuse and HSBs for young people from both First Nations and non-Indigenous backgrounds.

Aims and objectives

The overarching aim of this research is to better understand how ACEs feature in the developmental histories of young Australian males who offend, and particularly for those who engage in HSBs. The research examines the nature and extent of ACEs for male youth who encounter the YJ system for offending in Australia, comparing youth with convictions for sexual offences to those with convictions for non-sexual offences. Analyses will be focused on identifying potential patterns in the characteristics of young people and their offences in relation to ACEs. The role of ACEs, including exposure to DFV on later sexual offending, is explored to determine their impact on likelihood of offending, as well as relationships between specific ACEs and offending behaviours. A key focus of the research is the examination of First Nations experiences of ACE-offending relationships, to determine how exposure to ACEs (such as DFV) is associated with perpetration of HSBs by young males in First Nations populations.

Research questions

While the nature of the data used prohibits conclusions on causality, this research hypothesises that a relationship exists between experiences of ACEs and offending (including HSBs) during adolescence. Specifically, we anticipate that male youths who have perpetrated sexual harm will have experienced ACEs during their childhoods. The degree (frequency and severity) of offending is anticipated to be related to the number of ACEs experienced during childhood.

In investigating this hypothesis, three key research questions are addressed:

- 1. What is the prevalence of different ACEs in the developmental histories of male youth in contact with the justice system, particularly those who engage in HSBs?
- 2. What are the differences in profiles of ACEs and offending behaviours (including HSBs) for young males with and without exposure to DFV during childhood?
- 3. What is the nature and extent of ACEs for First Nations young males who offend and/or engage in HSBs?

Methods

This research utilised two distinct datasets to investigate relationships between ACEs and youth offending, with a focus on sexual offending. The first dataset consists of administrative data received from the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) Queensland, which provides a broad overview of ACEs and offending outcomes for youth experiencing formal contact with the Queensland YJ system (i.e. placed on a supervised order for a proven offence/s from a finalised court appearance). The second dataset was constructed from clinical files maintained by the Griffith Youth Forensic Service (GYFS), which provides specialised and field-based assessment and treatment services for young people found guilty of committing sexual offences in Queensland. GYFS clinical data provides a rich source of detailed information on the developmental histories of young people and the nature of their offending behaviours.

Utilising both of these two datasets was considered a strength of the study. The YJ administrative dataset was a large sample that enabled robust investigation of ACE-offending relationships across a variety of offence types, while the GYFS clinical data provided a more in-depth exploration of ACE prevalence for a smaller sample of youths who had engaged in sexual harm only. Across both datasets, samples were limited to males only, given that the majority of officially recorded HSBs are perpetrated by males (i.e. upwards of 95% of perpetrators are male). Details of the study datasets and the characteristics of their related samples are outlined below. The guidelines laid out in *Strengthening the Reporting of Observational Studies in Epidemiology* (von Elm et al., 2008) were adopted for the current study.

Data sources

YJ administrative data

The YJ dataset is composed of administrative data provided by the DCYJMA, which is responsible for providing services to young people in the Queensland YJ system and administering and supervising court orders. The dataset was constructed from two administrative data sources: 1) Youth Level of Service – Case Management Inventory (YLS–CMI) assessment outcomes; and 2) proven offence details from finalised court appearances for young people who had completed YLS–CMI assessments. Both datasets were deidentified and provided by YJ to the researchers, who then merged data by matching ID numbers generated by DCYJMA. The dataset provided by YJ contained no missing values¹ and provided data on 6,047 male and 1,753 female youths. Given this project examined male youth in contact with the justice system, the female offending data was not retained in the sample.

The YLS-CMI assessment outcomes dataset formed the basis of identifying the sample for analyses. The YLS-CMI (Hoge & Andrews, 2011) is a structured risk and need assessment measure consisting of 42 items that relate to the "Central Eight" risk and need domains identified by Andrews and Bonta (2010). In addition to providing a preliminary estimate of the risk of further engagement in antisocial behaviour, the YLS-CMI provides insight for areas of intervention need for youth offenders through the inclusion of 55 supplementary items. It was from these supplementary items that most data on ACEs was drawn.

Since 2007, YLS-CMI risk assessments are compulsory for YJ supervised young people in Queensland on conditional bail, on most types of sentenced supervised orders, and for those held in remand beyond a certain period. YJ policy requires that young people undergo a risk assessment within the first six weeks of starting a new order, with new assessments performed every six months during continuous supervision. Risk assessments are performed by YJ caseworkers who are trained in their administration, and therefore represent the case worker's understanding of the young person's situation and history at that point in time.

Cases with missing data were removed by DCYJMA at the time of data extraction and before being provided to the research team.

Table 1: ACE item descriptions in the YJ dataset

Original ACEs	YLS-CMI item
ACE 1 Emotional abuse	Poor relations: mother/father There is a particularly poor relationship (e.g. hostile, alienated, or uncaring) between the young person and mother/father
ACE 2 Physical abuse	Victim of physical abuse Young person is currently experiencing or has previously experienced physical abuse
ACE 3 Sexual abuse	Victim of sexual abuse Young person is currently experiencing or has previously experienced sexual abuse
ACE 4 Emotional neglect ACE 5 Physical neglect (Combined Neglect item)	Victim of neglect The young person is currently experiencing or has previously experienced neglect
ACE 6 Parental separation or divorce	Parental marital issues The young person's parents are experiencing marital conflict or have recently (past year) experienced marital conflict
ACE 7 Family violence/ exposure to domestic violence	Abusive caregiver The young person's father or mother has engaged in physical, verbal, emotional or sexual abuse of a family member
ACE 8 Household substance abuse	Caregiver: drug and alcohol abuse One/both parents have current substance abuse problems or a recent history (past year) of such problems
ACE 9 Household mental illness	Caregiver: emotional or psychiatric issues One/both parents have a current psychiatric disability or a recent history (past year) of such problems
ACE 10 Household member incarceration	Caregiver or family offending Members of the young person's immediate family (parents or siblings) are engaged or have previously engaged in criminal acts

Table 1 provides the YLS-CMI items used to measure the original ACE items. Not all ACEs could be adequately captured by the YLS-CMI items. Specifically, "emotional abuse" (ACE 1) was not effectively captured in the YLS-CMI items, so it was replaced with a measure of "poor parent-child relationships", but it is noted that these constructs are far from synonymous. Also, there was no available measure of "parent separation or divorce" (ACE 9) and consequently "parental marital issues" was used in place of this item. ACE items related to "neglect" (emotional neglect/physical neglect) were combined to create a single neglect variable due to a lack of differentiation in the data; this is in line with the way the neglect is conceptualised and examined by child protection services. While ACEs are usually examined based on occurrence at any time during childhood, the YLS-CMI items related to parents refer to

current or recent historical events (i.e. during the previous year). Therefore, examination of these factors in the dataset may not include instances of ACEs from earlier in the young person's developmental history. YLS–CMI items in the dataset were coded 0 (absent) or 1 (present) according to the absence or presence of the risk.

In May 2016, YJ began a transition from Version 1 to Version 2 of the YLS-CMI. This updated version of the risk assessment combined items assessing physical abuse and sexual abuse, meaning it was not possible to accurately assess the extent of these specific ACEs (and consequently their effects on offending) using the YLS-CMI Version 2 data. For this reason, the dataset was limited to risk assessments completed

between January 2010 and December 2016. Any Version 2 assessments completed during this time were excluded. We included only YLS-CMI assessments that were complete and approved by caseworker supervisors. Given that the YLS-CMI data spanned a six-year time frame, a young person could have multiple YLS-CMI assessments completed during their contact with YJ services. In the case of a young person having multiple complete YLS-CMI assessments, we adopted an approach where we combined assessment outcomes such that if an item was endorsed across any instance of assessment, it was coded as present. That is, in reducing the dataset to only one entry per young person, each case was assigned a value of 0 if the ACE/risk had *never been* endorsed, and 1 for the item if the ACE/risk had *ever been* endorsed in any risk assessment taken.

The second source of YJ data contained the demographic information and reported offending histories of young people who featured as cases in the YLS-CMI dataset. Demographic information included date of birth, sex, Indigenous status, and postcode of usual residence at the date of final court appearance, which allowed for matching to Socio-Economic Indexes for Areas measures (Index of Relative Advantage and Disadvantage) and the Australian Standard Geographical Classification (ASGC) to provide a measure of remoteness (Australian Bureau of Statistics [ABS], 2016b, 2021). Offence data for each young person was extracted for cases with finalised court appearances during the period between 1 July 2003 and 30 June 2021. This timeframe for offence extraction maximised the possibility that the complete YJ offence histories (i.e. offending occurring at 10 to 17 years of age) for each young person who had received a YLS-CMI assessment between 2010–16 was captured. Offences were coded according to the Australian Standard Offence Classification - Queensland Extension (QASOC; Office of Economic and Statistical Research, 2008) and were classified into three categories: sexual, violent and non-violent offences (see Appendix A for detailed divisions, subdivisions and corresponding QASOC codes for offences within these categories).

Sexual offences were further subdivided into assaultive and non-assaultive sexual offences. Offences were binary coded (never convicted/convicted) and total counts of each offence category were also recorded. Given an individual could have a history of conviction for offences across all categories, a

hierarchical approach was adopted to classify individuals into the three groups of having been convicted of sexual, violent and non-violent offences. If an individual had been convicted for any sexual offence, they were classified as having a sexual offence regardless of having been convicted for a violent or non-violent offence. Individuals were classified as having a violent offence if they had been convicted of any violent offence, but not a sexual offence and regardless of having a non-violent offence. Finally, individuals were classified as having a non-violent offence only if they did not have a sexual or violent offence. Consequently, non-violent offences are also non-sexual offences, and violent offences are non-sexual violent offences.

YJ sample characteristics

Following the matching of YLS–CMI data with young person demographic and offence histories, and the removal of data relating to females, the YJ dataset contained information for 6,047 unique individuals. Almost half (46.1%) of the sample identified as First Nations people. For the total sample, the mean age at the first finalised court appearance was 14.73 (SD=1.63) years and the mean number of total offences was 26.40 (SD=32.44). It is important to note that youths receiving YLS–CMI assessments tend to be chronic/more serious offenders in contact with the YJ system (given the YLS–CMI is administered to those on conditional bail, on sentenced supervised orders or in detention). This, as well as the exclusion of female YJ clients, means that the YJ sample is not representative of all young people in contact with the YJ system.

Table 2 documents descriptive details for the YJ sample, separated by the hierarchically classified three offending groups. Young males with sexual offences (n = 427) represented only 7.1 per cent of the sample. Most individuals were classified into the violent (49.9%) and non-violent (43.1%) offence groups. There was a significant but small difference across offence groups in the age of first finalised court appearance, F(2,6044) = 48.37, p < .001, $\eta^2 = .02$, with male youth with sexual offences on average having their first appearance at an older age (15.01 years, SD = 1.89) compared to youth with violent offences (14.52 years, SD = 1.68). Young males with violent offences on average had the highest number of total offences (32.25, SD = 37.57) compared to all other groups

Table 2: YJ sample characteristics

	Group				
	Sexual (n = 427)	Violent (n = 3,017)	Non-violent (n = 2,603)	$F[\eta^2]/\chi^2[\phi_c]^*$	
Aboriginal and Torres Strait Islander individuals [n (%)]	183 (42.9%)	1,397 (46.3%)	1,207 (46.4%)	1.93 (.02)	
Age at first finalised court appearance [M (SD)]	15.01 (1.89)	14.52 (1.68)	14.93 (1.50)	48.37*** (.02)	
Total number of offences [<i>M</i> (<i>SD</i>)]	26.09 (33.38)	32.25 (37.57)	19.66 (23.25)	109.10*** (.03)	
Sexual	2.79 (3.75)				
Violent	4.33 (5.03)	2.71 (2.90)		93.43*** (.03)	
Non-violent	18.97 (31.52)	29.54 (36.68)	19.66 (23.25)	77.43*** (.02)	

Notes: N = 6,047. Group differences examined using Pearson's chi-squared test (χ^2 , df = 2) and one-way analysis of variance F-tests (df = 2/6044) for continuous variables. ϕ_c = Cramer's V effect size for chi-squared test. η^2 = eta-squared effect size for F-tests. -- = not applicable. *p < .05, **p < .01, ***p < .001.

(F(2,6044) = 109.10, p < .001, $\eta^2 = .03$), followed by the sexual offence group (26.09, SD = 33.38), and the non-violent offence group (19.66, SD = 23.25). Youths with sexual offences on average had significantly more violent offences (4.33, SD = 5.03) compared to youths in the violent offence group (2.71, SD = 2.90; F(2,6044) = 109.10, p < .001, $\eta^2 = .03$). Finally, the group with violent offences on average had significantly more non-violent offences (29.54, SD = 36.68) compared to the sexual (18.97, SD = 31.52) and non-violent (19.66, SD = 23.25) offence groups (F(2,6044) = 77.43, p < .001, $\eta^2 = .02$).

Griffith Youth Forensic Service (GYFS) clinical data

GYFS operates as a partnership between Griffith University and the Queensland Government DCYJMA. GYFS is a statewide service that provides specialised clinical and forensic assessment, treatment and consultation services for young people adjudicated for serious sexual offences. In line with the risk-need-responsivity model (Bonta & Andrews, 2007), GYFS prioritises treatment referrals received for youths determined to be at highest risk and/or having foremost treatment needs. Consequently, GYFS clientele consist of youths with more serious offences and/or more complex needs compared to the wider group of youth who commit sexual offences (Allard et al., 2015).

During service delivery by GYFS, a rich array of information on young people is documented in client clinical files. This includes demographic information; Child Safety and YJ contact histories; and referral information, such as details of the offence and offending behaviours. All clients who receive services from GYFS are subject to an initial comprehensive assessment, which involves collecting detailed information related to their developmental histories (including exposure to ACEs). In addition, client files also contain risk assessment results. Risk assessments and clinical notes entered into files are completed by GYFS practitioners who are registered or provisionally registered (in training and supervised) psychologists. It is from these client clinical files that the GYFS database is drawn.

To create the GYFS database, information was extracted from the clinical files of young people who had provided permission to be involved in research at the outset of their contact with GYFS. For some participants, some items related to developmental experiences had already been coded and entered into a database by trained graduate research assistants for a previous research project examining developmental histories of the GYFS youth. To maximise sample size, we continued with these existing definitions (i.e. those outlined in Table 3 in the section on ACEs in the GYFS dataset). The GYFS sample included clients referred between 2001 and 2018.

It is important to note that clients in the GYFS dataset were also captured in the YJ dataset, as they make up a proportion of the young people in contact with the YJ system who have been convicted for perpetrating sexual offences; however, the YJ data does not allow for the identification of youth who were referred to GYFS. The richness of the GYFS database allows for deeper examination of the characteristics of these young people and their offences than is possible in the YJ dataset.

Variables in the GYFS dataset included information relating to ACEs, details of offences (such as offence type, offence setting and details of co-offenders), and victim details (including the number of victims, victim ages, and relationship of the victim to the offender). ACEs were originally coded as 0 =absent, 1 = possibly present, 2 = definitely present; however, this was collapsed into a binary category of absent (0)/present (1), where only those ACEs deemed definitely present were coded as 1s. In cases where ACEs were suspected to have occurred, but there was not sufficient supporting information in case files to confirm this, a score of 0 was given. Thus, it is likely that experiences of ACEs are underreported in the GYFS sample. In some cases, clinical files did not contain sufficient information to enter data, resulting in some missing values; this was most often the case with items related to cultural status, residential location at the time of offending, victim of DFV (when youths were exposed to DFV), and characteristics of offences (such as victim age and their relationship to the offender).

GYFS sample characteristics

GYFS clients are predominantly male. Inclusion of the limited number of females in the GYFS database would affect interpretation of findings for this group and result in issues related to generalisability of findings. Consequently, this research included only male participants. As ACEs were an integral part of the research, only participants with sufficient information from which to assess the absence or presence of items related to ACEs were included in the dataset. As such, the final dataset consisted of 377 young males.

Young male GYFS clients in the sample ranged in age at the time they were referred to GYFS from 12 to 19 years (M = 15.7 years, SD = 1.37). Just over one third of the GYFS sample (n = 129; 34.2%) identified as First Nations youth.

Of the non-Indigenous young males, the vast majority (n = 215; 57.0%) reported their ethnicity as Anglo-Australian. The remainder of the sample was made up of youths who did not provide information about ethnicity (n = 15; 4.0%), as well as small numbers of young males identifying from a range of culturally and linguistically diverse backgrounds (n = 18; 4.8%), such as African, Māori, and Papua New Guinean.

GYFS offending characteristics

All the young males in the sample were referred to GYFS for services due to being found guilty of perpetrating HSBs. The age of participants at time of the index offence (the offence for which they were referred) ranged from 10 to 17 years (M = 14 years). The most serious offence (MSO) for which young people were referred was overwhelmingly aggravated sexual assault (n = 336; 89.1%). Other MSOs occurred infrequently and included non-aggravated sexual assault (n = 19), child sexual exploitation-related offences and non-assaultive sexual offences (each n = 6), offences against public order (sexual nature; n = 2), non-assaultive sexual offences against a child (n = 10), and stalking (n = 1). More than one quarter (n = 105), 27.9%) of male youths had non-sexual offences associated with their referral to GYFS. Most often, offences were committed where the young person was the sole perpetrator (85.7% of index offences).

Most often (for 84.4% of the GYFS sample), HSBs were perpetrated against a sole victim. In these cases, victims were predominantly female (78.9%) and under the age of 16 years (79.3%). Victims also tended to be known to the offender, with only 16.8 per cent of sole victims being strangers. Sole victims were most frequently non-relatives known to the offender (37.5%) or relatives (31.9%), with a smaller proportion of victims listed as acquaintances (13.8%). Multiple victims featured in 59 GYFS cases (15.5%) and were more often relatives to the offender. Victims in the dataset aged in range from one year to 90 years old.

The historical, offence and victim characteristics derived from the GYFS dataset that were included in multivariate analyses included the following: age in years at first referral to GYFS; number of sexual and non-sexual offences associated with the referral; YJ history (coded 1 if young person had a history of contact with YJ service prior to GYFS referral);

child protection history (coded 1 if the young person had a child protection notification prior to GYFS referral); adult only victim(s) (coded 1 if all victims were 16 years or older); female victim (coded 1 if first victim was female); stranger victim (coded 1 if first victim was a stranger to the perpetrator); relative victim (coded 1 if first victim was a relative to the perpetrator); domestic offence setting (coded 1 if the first sexual offence occurred in a domestic setting); and the total ACE score (i.e. number of ACEs present for each young person).

ACEs in the GYFS dataset

Assessment and coding of ACEs within the GYFS dataset replicated the methods used by Pammenter et al. (2021). As such, nine of the original 10 items on the ACE checklist were used, with "physical neglect" and "emotional neglect" collapsed into one category ("neglect") due to the overlap of these concepts in the data collected. For all items, each case was assigned a score of 1 where there was convincing evidence of the young person having experienced that ACE at any time prior to their offending that resulted in a GYFS referral. A score of 0 was assigned where the adverse experience was deemed to be absent from the young person's developmental history, or where experience of the ACE was suspected but could not be confirmed. Therefore, it should be noted that data on ACEs in this dataset likely underestimates the true occurrence rates in the GYFS population. Table 3 outlines the variables utilised from the GYFS-ANROWS dataset to represent ACEs. The original ACE scale item descriptions and corresponding items from both the YJ and the GYFS datasets are provided in Appendix B.

Analytic plan

There is much to be learned about the relationships between ACEs and male youth offending, particularly regarding young people who exhibit HSBs. The dearth of knowledge in this area means that rather than testing hypotheses, research is largely exploratory in nature. There is also a need, however, to avoid running many statistical tests with the hope of discovering something of interest in the absence of a hypothetico-deductive framework. Such "data dredging" approaches can be problematic in suggesting meaningful associations of relationships that exist by chance (Banerjee

et al., 2009). Further, the large sample size of the YJ cohort increases the likelihood of statistically significant results with small effect sizes, which affects interpretability. Given these concerns, our analytic approach was predominantly descriptive.

In addressing the three research questions, we focused on describing the prevalence of specific ACEs, as well as cumulative numbers of ACEs across the YJ and GYFS samples. Tests of significant differences (including ANOVA and chi-square tests) were conducted where group-based differences in relationships between ACEs and offending could be meaningfully rationalised. For the YJ dataset, this included contrasting the prevalence of ACEs across young males classified by offence type (i.e. sexual, violent and nonviolent). Further, multinomial logistic regression was used to explore whether specific ACEs were differentially associated with different types of young males classified by their MSO type. For the GYFS dataset, contrasts were performed by examining the prevalence of ACEs across male youth with and without histories of DFV. In examining ACEs among male First Nations youth referred to GYFS, a logistic regression analysis was conducted to examine potential historical and offence features that may distinguish young First Nations males with and without exposure to DFV. Where missing values were identified in the data, these cases were not included in relevant analyses and are noted in table notes.

Ethical considerations

This project involved coding and analysis of clinical data contained in client records, and analysis of deidentified information held by YJ. No direct contact with participants was required for the purpose of this research. The project satisfied the requirements of Griffith University's Human Research Ethics Council and was granted ethical approval on 12 May 2021 (GU ref no.: 2021/316).

The ethical considerations relevant in a study of a vulnerable population such as ours go beyond those required to access a deidentified spreadsheet. The handling of all files by GYFS staff and clinical assistants is bound by the ethical guidelines established by and articulated in the *APS Code of Ethics* (Australian Psychological Society, 2010). Since its inception

Table 3: ACE item descriptions in the GYFS dataset

Original ACE	GYFS item
ACE 1 Emotional abus	Emotional maltreatment Psychological denigration and failure to provide a child with adequate emotional availability and nurturance by a person who is in a position of trust and caretaking at the time that is likely to have a negative impact on the child's self-esteem or social competence. For example, adult refuses to acknowledge the child's worth and the legitimacy of the child's needs (rejection); isolating the child, terrorising the child; or ignoring the child
ACE 2 Physical abuse	Victim of physical abuse The non-accidental use of physical force against a child by a person who is in a position of trust and caretaking at the time (e.g. parent, older sibling, other relative, caregiver) and that results in harm to the child. Includes shoving, hitting, slapping, shaking, throwing, punching, kicking biting, burning, strangling and poisoning
ACE 3 Sexual abuse	Victim of sexual abuse Victim of hands-on sexual assault (sexual touching, sexual assault with or without violence)
ACE 4 Emotional neglect ACE 5 Physical neglect (Combined Neglect item)	Victim of neglect Failure by parent or caregiver to provide a child (where there are in a position to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and wellbeing. As indicated in at least one of the following types of neglect: physical - failure to provide basic physical necessities such as safe, clean, and adequate clothing, housing, food and healthcare; emotional - lack of caregiver warmth, nurturance, encouragement, and support; educational - failure to provide appropriate educational opportunities for the child; environmental - failure to ensure environmental safety, opportunities and resources. Lack of involvement in child's day-to-day activities
ACE 6 Parental separation or divorce	Single-parent living environment Living in a single parent environment
ACE 7 Exposure to domestic violence	Witnessing family violence Witnessing of verbal, physical or sexual violence toward another family member with whom the child has a significant relationship (including extended family and guardians). This may include direct (visual) and indirect (auditory) exposure to physical assaults on family members Caregiver a victim of domestic violence
	Caregiver has been a victim of domestic violence during the young person's developmental years
ACE 8 Family member substance abuse	Caregiver substance abuse or dependence A maladaptive pattern of substance use leading to clinically significant impairment or distress. This might include being unable to fulfil major role obligations at work, school or home (e.g. neglect of children or household, absence from work); driving car while intoxicated; disorderly conduct; interpersonal problems exacerbated by effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)

Original ACE	GYFS item
ACE 9 Family member mental health	Caregiver history of mental health problems Caregiver has a formal history of mental illness
ACE 10 Family incarceration	Household incarceration Maternal, paternal or sibling involvement in crime; criminal records; periods of incarceration; parent or stepparent or older siblings have a positive attitude towards antisocial (and criminal) behaviour; maternal, paternal or older sibling have a history of sexual offending behaviour

in 2001, GYFS has ensured that all existing protocols relating to informed consent for client research participation are completed at the commencement of contact. Before assessment begins, clients are informed of the possibility that details relating to their deidentified personal history and offence and treatment participation information may be used for research purposes and reported at an aggregate level. At this time or at a later date, clients can opt out of having their redacted file information available for future research.

This study exclusively utilised previously collected secondary data such that no individuals were involved directly as participants in the research. All data reviewed by the research team was de-identified, thereby ensuring participant anonymity. Additional measures were taken in some instances with the GYFS dataset where some specific cases were excluded from consideration due to sensitivities and the potential of inadvertent identification of individuals and/or their families.

The research team is acutely aware that secondary data regarding First Nations peoples can be analysed without due attention to its colonising potential (Smith, 2021). In acknowledgement of this concern and to limit this potential, the research was also consistent with Griffith University ethics protocols for research involving First Nations peoples. The research was conducted according to the Australian Institute of Aboriginal and Torres Strait Islander Studies' guidelines for conducting research with First Nations people and adhered to the ethical standards detailed in the Aboriginal Health and Medical Research Council Ethics approval process. Finally, cultural advisors were consulted during project design and throughout the analysis and interpretation of results to ensure cultural sensitivity in the conduct of the research and interpretation of findings.

Findings relating to First Nations people must be interpreted in the colonial context. The overrepresentation of First Nations people in the criminal justice system is extensively documented and is best understood as a reflection of the concentrated and systemic disadvantage experienced by First Nations people (Behrendt et al., 2019). This disadvantage ultimately stems from the ongoing and intergenerational traumatisation and disempowerment of First Nations people from colonisation and the forced removal of children from families (Atkinson et al., 2014). Systemic disadvantage is maintained by colonial systems and processes, including overpolicing, lack of diversionary options, and inappropriate bail and remand policies that disproportionately impact First Nations people.

Results

ACEs among justice-involved male youth

ACEs in the YJ population

As the literature suggests, ACEs are common in youth offending samples, and occur at rates which greatly exceed those found in the general population (Baglivio & Epps, 2016). Figure 2 provides the number and proportion of male justice-involved youth with histories of ACEs. As shown, close to three in five (56.7%) young males reported poor quality relationships with parents or caregivers (described as hostile, alienating, or lacking in care). Almost one in four youths (23.4%) were victims of childhood neglect; just under one in five (18.5%) were victims of physical abuse; and 5 per cent of the sample had experienced sexual abuse victimisation. Problematic family contexts were also frequently found, with marital conflict between parents/caregivers reported by 45.2 per cent of the sample. High rates of substance abuse problems (37.0%) and mental health issues (15.6%) were found for parents and caregivers, and histories of criminal involvement within families (19.5%) were noted by one in five young males. One quarter (25.5%) of male youths with YJ involvement reported having parents or caregivers who had engaged in physical, verbal, emotional or sexual abuse of a family member.

When examined according to offence type, some differences in ACE occurrences were noted. As demonstrated in Table 4, in all categories of ACEs except for caregiver offending, ACE prevalence was greatest for young males perpetrating HSBs, followed by those involved in violent (but non-sexual crimes), with lowest rates noted among those with non-violent offences. For some ACEs, there was only a small decline in proportions across the three offence groups; however, for others – such as experiences of sexual abuse and, to a lesser extent, physical abuse and neglect – differences across groups were more distinct. Chi-square tests assessing proportions of ACEs across offence types found group differences to be significant (p < .001) for all categories of ACEs.

A multinomial logistic regression was run to determine how well ACEs predicted differences in types of offending, with the non-violent offending group used as the reference point to which youth with sexual offences and youths with violent offences were compared (see Table 5). Six of the nine ACEs examined (poor caregiver relations, physical abuse, neglect, caregiver marital conflict, caregiver mental health issues, and caregiver offending history) significantly predicted greater odds of involvement in violent rather than non-violent offences. Experiences of neglect (OR = 1.38, p < .05), physical abuse (OR = 1.86, p < .001), and particularly sexual abuse (OR = 4.42, p < .001) significantly increased likelihood of perpetrating sexual rather than non-violent offences. The Cragg-Uhler (Nagelkerke) R squared value (0.07) suggests that ACEs alone (or at least those ACEs included in the current index) do not provide a strong explanation for differences in types of offending behaviours.

Cumulative ACE scores in the YJ population

Literature on cumulative risk demonstrates that when there are numerous risks, stressors tend to interact with each other, exacerbating the effect on outcomes, meaning that the influence of multiple risk factors is far stronger than the additive effect of each risk factor alone (Evans et al., 2013). Exposure to multiple forms of childhood trauma appears to have such a compounding effect, with each additional ACE greatly increasing the likelihood of experiencing further adverse events (Levenson et al., 2015). For these reasons, it is necessary to examine ACE scores when exploring associations between childhood adversity and offending outcomes.

Young people in the YJ sample reported ACE scores ranging from 0 (where youths had reported no adverse experiences) to 9 (where youths had experienced all ACEs included in the index). The mean ACE score for the total group was 2.5 (*SD* = 2.2). As shown in Table 6, 23.2 per cent of young people in contact with the YJ system had not experienced any ACEs. As expected, numbers of ACEs experienced decreased in a linear fashion, with fewer young people experiencing higher numbers of cumulative ACEs.

Figure 2: Prevalence of ACEs in the YJ sample

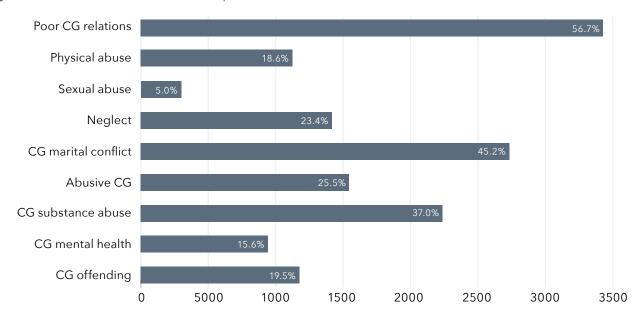


Table 4: Proportions of ACEs by offence type

	Sexual	Violent	Non-violent	$\chi^2 \left[\phi_c \right]^a$
Poor caregiver (CG) relations	62.5	60.6	51.2	56.78 (.10)
Physical abuse	31.6	22.8	11.6	167.61 (.17)
Sexual abuse	19.0	4.7	3.0	199.55 (.18)
Neglect	35.6	27.3	17.0	120.49 (.14)
CG marital conflict	51.8	49.4	39.3	65.33 (.10)
Abusive CG	37.0	28.5	20.1	83.86 (.12)
CG substance abuse	44.5	40.8	31.4	63.87 (.10)
CG mental health	22.0	18.1	11.6	58.65 (.10)
CG offending	21.3	24.2	13.8	97.52 (.13)
	n = 427	n = 3,017	n = 2,603	

Notes: ^a Group differences examined using Pearson's chi-squared test (χ^2 , df = 2). $\phi_c = Cramer's V$ effect size for chi-squared test. All chi-square results significant at p < .001.

Table 5: ACEs as predictors of offence type

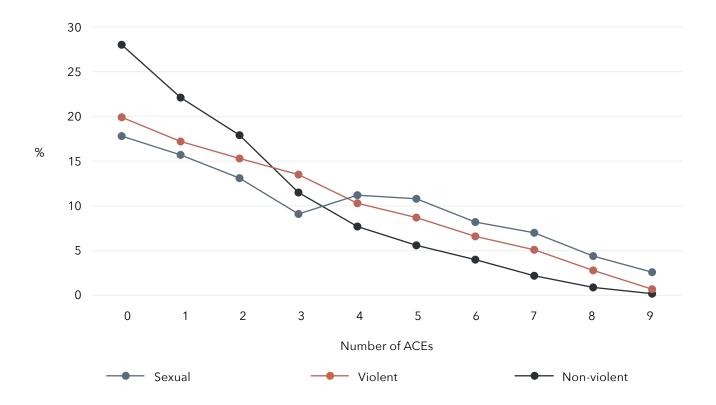
	Sexual offences			Violent offences				
	β	OR	95% C	95% CI for OR β		OR	95% C	I for OR
Poor CG relations	0.01	1.01	0.80	1.29	0.14	1.15*	1.02	1.30
Physical abuse	0.62	1.86***	1.35	2.56	0.58	1.78***	1.48	2.14
Sexual abuse	1.49	4.42***	3.08	6.34	-0.02	0.98	0.73	1.32
Neglect	0.32	1.38*	1.03	1.84	0.18	1.20*	1.02	1.40
CG marital conflict	0.18	1.19	0.94	1.51	0.18	1.19**	1.06	1.34
Abusive CG	0.41	1.04	0.77	1.41	-0.13	0.88	0.75	1.04
CG substance abuse	-0.01	0.99	0.77	1.29	-0.02	0.98	0.86	1.12
CG mental health	0.21	1.24	0.93	1.66	0.19	1.21*	1.03	1.43
CG offending	0.83	1.09	0.81	1.45	0.47	1.60***	1.37	1.87

Notes: Reference group = non-violent offences. * p < .05; ** p < .01; *** p < .001. Cragg-Uhler (Nagelkerke) R^2 = 0.07.

Table 6: Numbers and proportions of cumulative ACEs by offence type

	All ca	All cases Sexual		ual	Violent		Non-violent	
Number of ACEs	N	%	N	%	N	%	N	%
0	1,405	23.2	76	17.8	599	19.9	730	28.0
1	1,161	19.2	67	15.7	520	17.2	574	22.1
2	984	16.3	56	13.1	463	15.3	465	17.9
3	744	12.3	39	9.1	406	13.5	299	11.5
4	560	9.3	48	11.2	311	10.3	201	7.7
5	453	7.5	46	10.8	261	8.7	146	5.6
6	336	5.6	35	8.2	198	6.6	103	4.0
7	242	4.0	30	7.0	155	5.1	57	2.2
8	127	2.1	19	4.4	84	2.8	24	0.9
9	35	0.6	11	2.6	20	0.7	4	0.2
M(SD)	2	.5 (2.2)	3	3.3 (2.6)		2.8 (2.3)		2.0 (2.0)
	N:	= 6,047		n = 427	r	n = 3,017		n = 2,603

Figure 3: Number of ACEs by offence type



Some key differences in prevalence are noted, however, when cumulative numbers of ACEs experienced are examined in relation to offence types. As seen in Table 6, numbers of ACEs experienced by male youth with violent and non-violent offences also decreased in a linear fashion (i.e. with greater proportions of youths experiencing fewer ACEs). Notably, young males who perpetrated violent offences were subject to greater numbers of ACEs (M = 2.8; SD = 2.3) than their non-violent counterparts (M = 2.0; SD = 2.0). Youth with sexual offences were more likely to have experienced multiple ACEs (M = 3.3; SD = 2.6); they more frequently reported four or more ACEs, and less often reported three or fewer ACEs, than other justice-involved young males. These differences are illustrated in Figure 3, which plots the proportion of young males with sexual, violent, and non-violent offences against the numbers of ACEs reported.

These findings suggest that ACEs might be particularly relevant for understanding offending behaviours of young people who perpetrate HSBs. To investigate this, the GYFS dataset was examined to identify adverse experiences within the developmental histories of youths referred to this service.

Prevalence of ACEs among GYFS clients

GYFS clients are young people whose perpetration of HSBs has resulted in a referral from YJ to GYFS for treatment. These young people are typically involved in more serious forms of sexual offending. As such, GYFS clients also feature in the

YJ data, along with other young people who have committed less serious sexual offences and/or those whose sentence has not included GYFS contact.

In accordance with the occurrence of ACEs for justice-involved youths with sexual offences, ACEs were commonly observed among young males referred to GYFS. As illustrated in Figure 4, exposure to DFV was the most frequently experienced ACE in the GYFS sample, with exposure for close to three in five youths (58.6%) during their childhood. One in two young males (52.5%) had been raised in a single parent environment. Close to half of the sample reported adverse experiences such as neglect (49.3%), physical abuse (49.1%) and emotional abuse (44.6%). Problematic family environments were common, with almost half (46.4%) of male youth living with caregivers who were abusing substances; over one quarter (28.6%) of male youth having caregivers with mental health issues; and one in five of them (20.7%) having a family member who had been previously incarcerated. Over one quarter of the sample (26.5%) had been sexually abused as a child. A comparison of prevalence of ACEs for the YJ and GYFS cohorts is provided in Appendix C.

Cumulative ACE scores in the GYFS sample

In the GYFS sample, ACE scores ranged from 0 to 9, with the mean ACE score being 3.76 (SD = 2.54). As shown in Table 7, one in eight young males (12.5%) referred to GYFS had not experienced any ACEs. The largest proportions of

Figure 4: Prevalence of ACEs in the GYFS sample

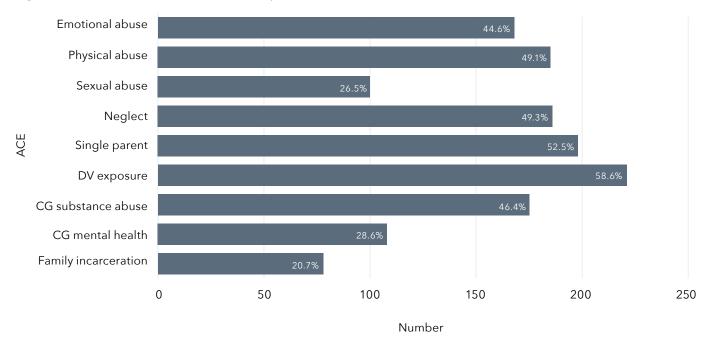


Table 7: Cumulative ACE score prevalence for male GYFS clients

Numbers of ACEs	Proportion of GYFS clients
0	12.5
1	12.7
2	10.6
3	10.9
4	10.9
5	13.8
6	13.0
7	8.2
8	5.0
9	2.4

youths reported either five (13.8%) or six (13.0%) adverse experiences, but prevalence rates were fairly consistent for those experiencing any number of ACEs between zero and six. After this, score prevalence dropped, with fewer youths found to have experienced seven (8.2%), eight (5%), or nine (2.4%) adverse life events.

Young people referred to GYFS generally are those with more serious histories of sexual offending. A comparison of the cumulative ACE scores of GYFS clients with young people who have committed sexual offences in the YJ data (see Figure 5) shows that young males receiving services from GYFS

more often have experienced higher cumulative numbers of ACEs. This once again highlights the co-occurrence of more extensive ACE histories and more serious offending.

20 15 % 10 5 0 0 1 2 3 4 5 6 8 Number of ACEs **GYFS** Justice-involved (sexual)

Figure 5: Comparison of ACE scores - Justice-involved youth and GYFS clients

Summary of ACEs among justice-involved male youth

As detailed below, ACEs are highly prevalent in the developmental histories of young males in contact with the justice system:

- Over three quarters (76.8%) of young males in the YJ sample had experienced one or more ACE.
- Having poor relationships with caregivers (56.7%), living in a household characterised by caregiver marital conflict (45.2%), and living with a caregiver who abuses substances (37.0%) were the ACEs most prevalent among young males in the YJ sample.
- In the GYFS sample, the absence of ACEs was uncommon, with only 12.5 per cent of GYFS clients reporting no childhood adversities.
- Around half of the group of young males referred to GYFS due to serious HSBs had experienced exposure to DFV (58.6%), emotional abuse (44.6%), physical abuse (49.1%) or neglect (49.3%); lived in a single parent household (52.5%); or had a caregiver who engaged in substance abuse (46.4%).

As detailed below, the extent and type of ACEs experienced differs according to offence seriousness:

- Young males in the YJ sample who perpetrated sexual offences were more likely than those with violent and nonviolent offences to have experienced four or more ACEs.
- Male youths referred to GYFS for treatment due to the seriousness of their sexual offending had more often experienced five or more ACEs than the cohort of youth with sexual offences within the YJ dataset.

 Experiences of sexual abuse, physical abuse and neglect significantly increased the likelihood of involvement in sexual, rather than non-violent, offences in the YJ cohort.

Exposure to DFV among justice-involved male youth

Exposure to DFV was found to be the most prevalent ACE experienced by the GYFS cohort, highlighting the need to further understand the mechanisms through which this particular ACE is related to youth offending outcomes. While there was no direct "exposure to DFV" variable available in the YJ data, the YLS-CMI records where young people have histories of exposure to abusive parents or caregivers; this is defined as experiences of caregivers who had engaged in physical, verbal, emotional or sexual abuse of a family member (see Table 1 in the Methodology section for more detail). Accordingly, one in five young males in the YJ sample (n =1,228; 20.3%) reported an abusive father or stepfather, and one in eight (n = 789; 13.0%) reported an abusive mother or stepmother. In total, given some young males reported both an abusive mother/stepmother and father/stepfather, one quarter (n = 1,543; 25.5%) of justice-involved male youth had been exposed to violent and abusive behaviours within the home during childhood. Such levels of exposure were noted within both First Nations (27.3%) and non-Indigenous (24.0%) cohorts of male youth.²

2 These rates pertain to our specific sample of YJ supervised young males who received a YLS-CMI assessment, and therefore they reflect prevalence of exposure to DFV within a sample of male youth with chronic/more serious offences. It is likely that exposure to DFV is overrepresented in this sample in comparison to a sample of all young people in contact with the YJ system.

Figure 6: Offence type by exposure to caregiver abuse

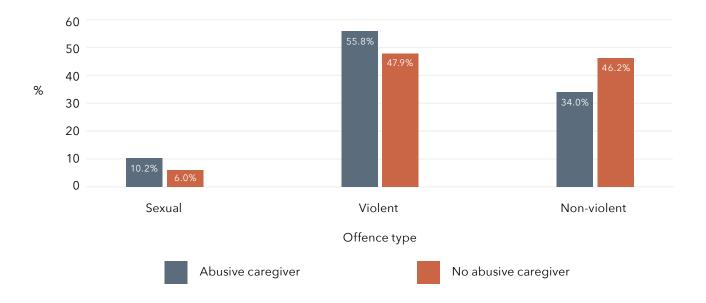


Table 8: Victims of DFV to which young male GYFS clients were exposed

Victim of DFV	n	%
Mother/stepmother	164	84.5
Father/stepfather	1	0.5
Both parents	22	11.3
Other family member	7	3.6

Note: N = 194 due to missing values.

Some key differences were noted in respect to exposure to parental abuse in the YJ sample. Justice-involved young males who reported an abusive parent were significantly younger at the time of their first finalised court appearance (t = 11.96, df= 6045, p < .001), with a mean age of 13.8 years (SD = 1.72) for those with exposure to abusive parents, compared to 14.4 years for young people with no reported exposure to DFV. The type of offences perpetrated by young males (based on their MSO) also differed; rates of violent and sexual offences were higher among young males exposed to physical, verbal, emotional or sexual abuse of a family member (see Figure 6). These findings justify further examination of youth who sexually offend to determine the ways in which exposure to DFV affects perpetration of HSBs.

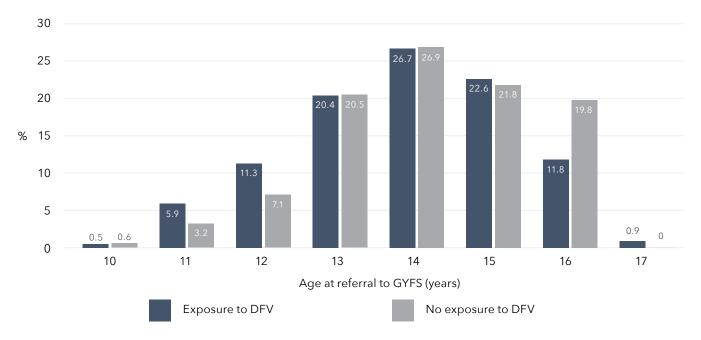
Exposure to DFV among young males referred for sexual offence-specific intervention

In the GYFS cohort, exposure to DFV was recorded where the young person had witnessed verbal, physical or sexual violence toward a family member or where a caregiver was reported to have been a victim of domestic violence during the young person's developmental years (see Table 2 in Methodology section for more detail). Based on these criteria, young males referred to GYFS for treatment were more likely to have been exposed to DFV during childhood (n = 221; 58.6%) than not. Where caregivers had experienced violence during the young person's developmental years, the victim was most often their mother or stepmother (see Table 8). As shown previously in Figure 4, DFV exposure was the most frequently occurring ACE for young males treated by the GYFS specialist program.

Table 9: Characteristics of male GYFS clients exposed and not exposed to DFV

	DFV exposure	No DFV exposure
Mean age at referral offence	13.86 (SD = 1.43)	14.14 (SD = 1.37)
Sexual and non-sexual offending at referral	29.9%	25.2%
Previous contact with YJ	45.3%	27.1%
Previous contact with Child Safety Services	83.3%	44.2%
Previous child protection notification	76.3%	41.6%
Previous bullying behaviours	64.1%	38.5%
	n = 221	n = 156

Figure 7: Age at time of referral by exposure to DFV



Characteristics of DFV-exposed youth who exhibit HSBs

Just as young people exposed to DFV were noted to have earlier first contact with the YJ system in the YJ sample, so young males receiving services from GYFS were younger on average at the point of referral where they had developmental histories of DFV exposure (M=13.86 years) compared to those with no such exposure (M=14.14 years; see Table 9). As illustrated in Figure 7, these differences were most apparent for male youth referred to GYFS at ages 11 and 12, with DFV-exposed youths being 1.8 and 1.6 times more likely to be referred at these ages than those without DFV exposure, respectively.

As shown in Table 9, DFV-exposed young males referred to GYFS had more extensive histories of contact with YJ and Child Safety Services. Close to half (45.3%) had previous YJ contact, with around 30 per cent of DFV-exposed male youth having criminal histories which featured non-sexual offending alongside the referral sexual offence. A history of interaction with Child Safety Services was reported in four out of five (83.3%) cases, with 76 per cent of male DFV-exposed GYFS clients having a child protection notification raised. While limitations of the data mean it is not possible to explore the nature of these notifications further in order to determine whether they relate to exposure to family violence specifically, or include other forms of harm to children, it is highly apparent that young people who have experienced exposure

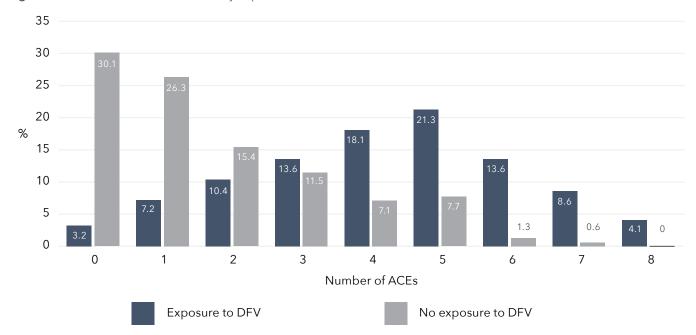


Figure 8: Cumulative number of ACEs by exposure to DFV

Table 10: Correlations of ACEs with exposure to DFV

	Pearson's r	Significance (<i>p</i>)
Emotional abuse	.439	< .01
Physical abuse	.491	< .01
Sexual abuse	.102	< .05
Neglect	.441	< .01
Single parent living environment	.086	NS
Caregiver substance abuse	.523	< .01
Caregiver mental health issues	.187	< .01
Caregiver incarceration	.296	< .01

to DFV are almost twice as likely to come to the attention of Child Safety Services during their childhood. Exhibition of their own aggressive and violent behaviours is also more prevalent among DFV-exposed male youth, with 64.1 per cent reported to have engaged in behaviours including fighting, bullying, and intimidating others during their childhood years.

Co-occurrence of ACEs for DFV-exposed male youth who exhibit HSBs

Co-occurrence of adverse experiences during childhood was examined for young males with and without DFV exposure, with results demonstrating that higher numbers of co-occurring ACEs exist for male youth with histories of exposure to family violence. As exposure to DFV is an ACE itself, it was not included in this ACE count, meaning that the number of ACEs could range from 0 to 8. The mean

number of ACEs experienced by DFV-exposed male youth (M = 4.2; SD = 1.97) was much higher than that for youths without exposure to violence (M = 1.7; SD = 1.69). As shown in Figure 8, 65.7 per cent of young males exposed to DFV experienced four or more ACEs, and 47.6 per cent experienced five or more adversities during their childhood (compared to 16.7% and 9.6% of non-DFV exposed male youth respectively).

Table 10 provides correlations between DFV exposure and other ACEs. All ACEs are significantly correlated with DFV exposure, with the exception of living in a single parent environment during childhood. This is not surprising given family violence most often occurs between parents/caregivers. For young males, DFV exposure most often co-occurred alongside substance abuse by parents/caregivers (r = .52), as well as physical abuse (r = .49), emotional abuse (r = .44) and neglect (r = .44).

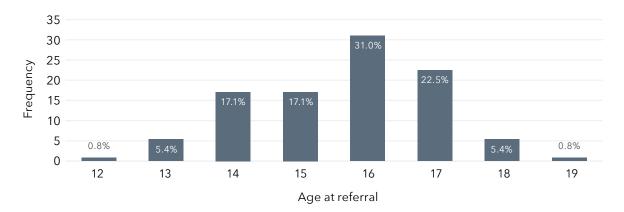


Figure 9: Age at first referral to GYFS for First Nations male youth

Summary of exposure to DFV among justice-involved male youth

As detailed below, exposure to DFV is prevalent in the developmental histories of young males in contact with the justice system:

- Around one in four (25.5%) young males in the YJ sample were exposed to a caregiver who had engaged in physical, verbal, emotional or sexual abuse of a family member.
- Young males in the GYFS cohort were more likely to have experienced DFV exposure (58.6%) than not.

As detailed below, higher rates of exposure to DFV feature in the developmental histories of young males, with more serious/ problematic offending patterns and wellbeing outcomes:

- In the YJ cohort, young males convicted for sexual and violent crimes were more likely to have experienced exposure to an abusive caregiver than not.
- DFV-exposed male youth were younger at age of first contact with the criminal justice system (in the YJ sample) and at referral for treatment (in the GYFS sample) when compared to non DFV-exposed youth.
- DFV-exposed young males referred to GYFS had more extensive criminal histories at the point of referral, as well as greater levels of child protection involvement.
- Almost two in every three (64.1%) DFV-exposed male youths referred to GYFS were reported to have engaged in bullying behaviours towards others during their childhood and adolescent years.
- DFV-exposed male youths experienced higher numbers of other co-occurring ACEs than young males without exposure to violence.

ACEs among First Nations male youth referred for specialised sexual offence-specific intervention

Demographic, referral and offending details

Of the sample of individuals referred to GYFS discussed in this study, there were 129 male youths who identified as First Nations people, representing 34.3 per cent of the total GYFS sample. The average age at the time of their referral offence was 14.15 (SD=1.31) and their average age at referral to GYFS was 15.65 years (SD=1.37), with most individuals (31.0%) being referred at age 16 years (see Figure 9). In terms of the location of their residence at the time of referral, most First Nations youth (63.3%) resided in inner or outer regional locations, 23.5 per cent resided in remote or very remote locations, and only 13.3 per cent resided in a major city location.

Most First Nations young males referred to GYFS (n = 71, 55.0%) had prior contact with YJ services, with the average age at first YJ contact for any offence being 13.65 years (SD = 1.66). Reflecting the vulnerability of the sample at the time of referral to GYFS, 36.4 per cent (n = 47) of First Nations young males had a historical or current mental illness diagnosis, and 70.5 per cent (n = 91) had a child protection notification history.

Referral offences for young males receiving services from GYFS included an average of 2.60 (SD = 2.72) counts of sexual offending as well as 1.18 (SD = 2.26) types of non-sexual offences. The most common sexual offence at referral was rape, with 48.1 per cent (n = 62) of First Nations young

Table 11: Sexual offence victim details for First Nations male youth referred to GYFS

Details	n	%
Gender		
Male	28	21.7
Female	100	77.5
Age category		
Child (< 12 years)	72	55.8
Adolescent (between 12 and 18 years)	22	17.1
Adult (> 18 years)	33	25.6
Relationship		
Known (relative)	35	27.1
Known (non-relative)	42	32.6
Acquaintance	23	17.8
Stranger	28	21.7

Note: Victim gender details missing for one case. Victim age details missing for two cases. Victim relationship details missing for one case. Total does not add up to 100.0% due to rounding.

males being referred with this offence, followed by indecent treatment of a child (n = 57, 44.2%) and non-aggravated sexual assault (n = 22, 17.1%). Rape presenting as the most common sexual offence type likely reflects the GYFS referral criteria of prioritising the most serious cases. In addition, 40.3 per cent (n = 77) of young males also presented with non-sexual offences at the time of referral. Most of the referral sexual offences were committed in domestic settings (n = 82, 63.6%), followed by public (n = 37, 28.7%) and institutional (n = 9, 7.0%) settings.

Most First Nations male youth (n = 112, 86.8%) had one victim associated with their referral sexual offence(s), with the remaining 13.2 per cent having between two and four victims associated with their referral sexual offending. Given most young males presented with a single victim, details of the first victim only are examined (see Table 11). Most victims were female (n = 100, 77.5%) and children (< 12 years, n = 72, 55.8%). The relationship between perpetrators and victims was varied, but in most cases, they were known (relative and non-relatives) to each other (n = 77, 59.7%).

ACE details

The prevalence of different ACEs experienced by First Nations male youth referred to GYFS is illustrated in Figure 10. The most prevalent ACE among young people was exposure to

DFV, with 68.2 per cent (n = 88) of young males presenting with a history of this difficulty at the time of referral to GYFS. Other prevalent ACEs included exposure to caregiver substance abuse (n = 82, 63.6%), neglect (n = 71, 55.0%), experiencing a single parent household (n = 70, 54.3%) and experiencing physical abuse (n = 65, 50.4%). The lowest prevalence rates were observed for caregiver mental health problems (n = 24, 18.6%) and sexual abuse (n = 26, 20.2%).

Correlations between ACEs among First Nations youth referred to GYFS are displayed in Table 12. There were extensive significant correlations between ACEs, reinforcing the finding that ACEs rarely occur in isolation. These findings highlight that First Nations youth detected for perpetrating sexual harm typically presented with multiple co-occurring ACEs in their developmental history. Specifically, DFV exposure was significantly associated with all ACEs except for sexual abuse and a single parent. Exposure to DFV typically also coincided with the experience of emotional and physical abuse, neglect, caregiver substance abuse and mental health problems, and family incarceration.

Figure 10: Prevalence of ACEs for First Nations male youth referred to GYFS

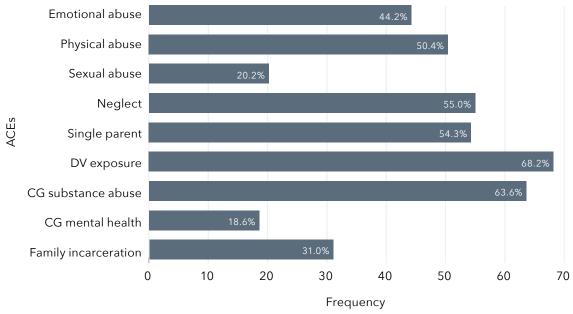


Table 12: Correlations between ACEs for First Nations male youth referred to GYFS

	1	2	3	4	5	6	7	8
1. Emotional abuse								
2. Physical abuse	.51***							
3. Sexual abuse	.10	.11						
4. Neglect	.49***	.51***	.18*					
5. Single parent	.00	.05	.19*	.08				
6. DFV exposure	.44***	.42***	.14	.45***	.11			
7. CG substance abuse	.35***	.34***	.10	.48***	.21*	.66***		
8. CG mental health	.14	.16	.21*	.15	.08	.28**	.20*	
9. Family incarceration	.15	.33***	.25**	.34***	.21*	.28**	.37***	.15

Notes: Pearson's r; n = 129; * p < .05, ** p < .01, *** p < .001.

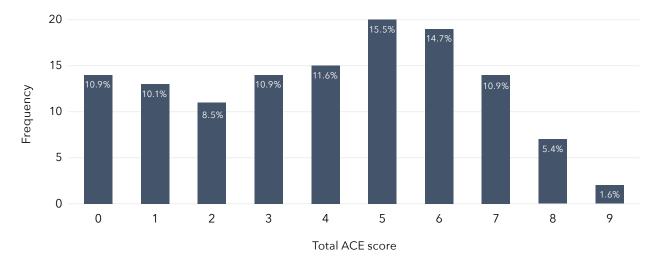


Figure 11: Frequency of total ACE scores for First Nations male youth referred to GYFS

Figure 11 displays a frequency histogram for the total summed ACE scores for the sample. Only 10.85 per cent (n = 14) of the sample presented with no history of an ACE, highlighting that it was relatively rare for a young male to be detected as perpetrating sexual abuse without having a history of at least one adverse developmental event. Overall, the mean total ACE score for the sample was 4.05 (SD = 2.47).

Relationship between DFV exposure and offending

A logistic regression analysis was conducted to identify features of historical and referral offences and key developmental indicators that discriminate between young First Nations males who were and were not exposed to DFV. Displayed in Table 13 are the correlations between the variables included in the logistic regression with DFV as the primary outcome of interest. Among Indigenous young males with sexual offences, DFV exposure was significantly associated with a younger age at referral to GYFS, having a child protection notification history, being less likely to have a female victim (i.e. more likely to have a male victim), and having a higher total number of ACEs prior to referral.

Results of the logistic regression analysis of factors that may distinguish young people with and without DFV exposure are displayed in Table 14. The full model was statistically significant (χ^2 (11, N=127) = 111.00, p<.001), indicating that the profile of offending and developmental indicators was significantly different for First Nations male youth with and without a history of exposure to DFV. The model accounted for between 70.0 per cent (McFadden pseudo- R^2) and 82.0 per cent (Cragg-Uhler pseudo- R^2) of the variance in profile differences between individuals with and without DFV exposure, and correctly classified 93.7 per cent of cases. Individual factors that significantly differentiated young First Nations males with and without a history of DFV exposure included having only adult victims, male victims and a higher total ACE score.

Summary of ACEs among First Nations male youth

ACEs are highly prevalent among First Nations male youth referred for treatment due to HSBs:

• Only a small proportion of First Nations young males (i.e. 10.9%) presented with no history of an ACE.

Relationships between ACEs and offending behaviours for First Nations young males must be considered within a cultural context:

- Most of the First Nations male youth referred to GYFS resided outside of metropolitan centres (i.e. 86.7%), which has implications for understanding the contexts of where ACEs occur and accessibility to appropriate services.
- There was a high rate of historical child protection notifications for First Nations male youth referred to GYFS, which may be a result of biases in how the child protection system operates.

DFV exposure is a pertinent ACE for exploring offending outcomes of First Nations male youth:

- Exposure to DFV was the most common ACE that First Nations male youth had experienced prior to referral to GYFS.
- First Nations Youth with and without histories of exposure to DFV could be differentiated by offence (i.e. victim type) and developmental (i.e. total ACE score) characteristics.

Table 13: Correlations between DFV exposure and offending variables included in the logistic regression model

		'									
	1	2	3	4	5	6	7	8	9	10	11
1. DFV exposure											
2. Age at referral	20*										
3. Number of sexual offences	.00	02									
4. Number of non- sexual offences	01	02	06								
5. YJ history	.15	.19*	17	.22*							
6. Child protection history	.40***	10	05	.14	.17						
7. Adult only victim(s)	.00	.00	11	.29***	.31***	.08					
8. Female victim	20*	.19*	15	.12	.06	01	.28**				
9. Domestic offence setting	01	.22*	.10	06	21*	.08	16	.07			
10. Stranger victim	04	06	04	.37***	.32***	.01	.65***	.23**	27**		
11. Relative victim	.05	.22*	.21*	19*	26**	.02	31***	02	.35***	32***	
12. Total ACE score	.72***	08	03	.03	.15	.54***	07	16	.13	10	.10

Note: Pearson's r. * p < .05, ** p < .01, *** p < .001.

Table 14: Logistic regression for offending and developmental features distinguishing First Nations male youth with and without a history of exposure to DFV

					95% CI	for OR
	В	SE	Wald	OR	Lower	Upper
Age at referral	-0.57	0.42	1.84	0.57	0.25	1.29
Number of sexual offences	0.09	0.13	0.44	1.09	0.84	1.42
Number of non-sexual offences	-0.22	0.38	0.34	0.80	0.38	1.68
YJ history	1.84	1.19	2.40	6.30	0.61	64.63
Child protection history	-0.2	0.86	0.06	0.82	0.15	4.38
Adult only victim(s)	3.24	1.5	4.65*	25.55	1.34	486.1
Female victim	-3.24	1.44	5.05*	0.04	>0.01	0.66
Domestic offence setting	-1.79	1.05	2.91	0.17	0.02	1.30
Stranger victim	-1.36	1.54	0.78	0.26	0.01	5.27
Relative victim	1.84	1.45	1.61	6.31	0.37	108.04
Total ACE score	1.92	0.44	19.18***	6.82	2.89	16.09

Note: n = 127. * p < .05, ** p < .01, *** p < .001.

Discussion

This research addresses an important knowledge gap in applying the ACE perspective to male youths who perpetrate sexual harm. Traumatic ACEs featured strongly across the research cohort, with the frequency of ACEs rising alongside the severity of offending. Developmental experiences of DFV were more likely than not to feature in young males referred to GYFS by YJ for sexual offences. Gender was a distinct feature in youths' experiences of witnessing DFV, with females overwhelmingly being the victims of the violence young males were exposed to.

The ACE perspective has become a dominant framework for understanding the impact of traumatic events experienced during childhood on later developmental outcomes. It is well established that exposure to ACEs increases the risk of multiple lasting poor outcomes in later life spanning health, education/employment, relationship and social domains. There is strong and consistent evidence that ACEs can have both specific and cumulative effects on negative outcomes, including criminal and violent behaviours (Ballard et al., 2015; Teicher & Samson, 2016). In this regard, the ACE framework has proved beneficial in foundational research to understand the origins of offending and violent behaviour (Widom, 1989). There is now an accumulated body of knowledge linking ACEs to an increased risk of engaging in serious antisocial behaviour during adolescence (Baglivio et al., 2015). Emerging research has moved toward examining how individuals who engage in specific forms of offending may be differentially burdened with ACEs (Barra et al., 2017). Adolescents who sexually offend have been identified as a specific subgroup among young people who offend that experience unique profiles of ACEs, including elevated rates of emotional and physical neglect, and sexual abuse victimisation (Seto & Lalumière, 2010).

Despite recent advancements, there remain significant gaps in knowledge about the specific links between ACEs and offending outcomes for youth who perpetrate sexual harm. For example, few studies have sought to examine how different ACEs, including exposure to DFV, may be associated with specific offence or victim characteristics. In addition to these research gaps, there are a limited number of studies that have been conducted with Australian samples, limiting knowledge specific to the Australian context broadly, and about First Nations youth specifically. There is an ongoing

need for further ACE research to be conducted in the Australian context, with a specific focus on the experiences of First Nations youth to better inform location-specific and culturally relevant responses to youth with HSB. This research aimed to address the knowledge gap by exploring relationships between ACEs and offending in a large sample of male youth in contact with the YJ system, as well as in a smaller sample of male youth with sexual offences receiving intervention for HSBs through GYFS.

ACEs among justice-involved male youth

ACEs were found to be commonly experienced by young males involved in the YJ system. Justice-involved male youth were more likely to experience poor relationships with a caregiver than not (56.7%) and lived in families characterised by high rates of marital conflict (45.2%), with caregivers who were abusive (25.5%), substance dependant (37.0%), affected by mental health issues (15.6%), or had histories of offending (19.5%). Significant proportions of these youths experienced neglect (23.4%), as well as physical (18.6%) and sexual abuse (5.0%). These rates greatly exceed those found in the general population, confirming relationships between childhood adversity and poor youth outcomes, such as offending (Dierkhising et al., 2013; Felitti et al., 1998).

Significant differences in ACE prevalence were found for all ACEs when young males with sexual, violent and nonviolent offences were compared. In general, proportions of male youths experiencing ACEs increased in line with the severity of offending. Prevalence was greatest for young males perpetrating HSBs for all ACEs except for caregiver offending, reported by 24.2 per cent of participants with violent offences and 21.3 per cent of those with sexual offences. The largest differences in ACE prevalence by offending group were found for experiences of abuse (physical and sexual) and neglect, and presence of these ACEs significantly increased the odds of involvement in sexual rather than non-violent offences. Notably, male youths who perpetrated HSBs were four times more likely to experience sexual abuse than those with violent offences, and 6.3 times more likely to experience sexual abuse than those with non-violent offences. These findings lend weight to theories that emphasise a relationship

between one's experience of sexual victimisation and their subsequent perpetration of sexual offending.

Numbers of ACEs experienced also increased in line with severity of offending. Male youths who perpetrated sexual offences were more likely to have experienced four or more ACEs than young males with violent or non-violent offences. Young males referred to GYFS due to more serious HSBs were more likely to report five or more ACEs than the cohort of all male youth with sexual offences in the YJ dataset. Increases in mean ACE scores were noted across cohorts of young males whose offences increase in severity. Within the YJ sample, mean scores rose from 2.0 for young males with non-violent offences to 2.8 for those with violent offences, and 3.3 for those with sexual offences. The mean ACE score in the GYFS sample was 3.8. These findings provide support for cumulative models of harm which propose that increases in the numbers of adversities faced are noted among young people with greater likelihood of poor outcomes, including increased likelihood of offending, as well as increased seriousness of offending behaviours.

Exposure to DFV among justice-involved male youth

While there was no direct measure of exposure to DFV in the YJ sample investigated, one quarter (25.5%) of young males in this cohort had a parent who engaged in physical, verbal, emotional or sexual abuse of a family member. Within the GYFS sample of male youth referred for serious HSBs, exposure to DFV (58.6%) was the most prevalent ACE experienced, with youths more likely to have experienced this ACE than not. In most cases where caregivers had experienced violence during the young male's developmental years, the victim of that violence was a mother or stepmother (84.5%), but one in 10 youths (11.3%) were exposed to violence between both parents/caregivers. These rates of exposure to family violence far outweigh those observed in the general population. For example, the most recent Personal Safety Survey (ABS, 2016a) reported that before the age of 15, 10 per cent of men and 13 per cent of women were exposed to violence towards their mother by a partner, and 4 per cent of men and 4.7 per cent of women were exposed to violence towards their father by a partner.

Differences in cumulative numbers of ACEs for young males exposed and not exposed to DFV within the GYFS sample were striking. Only 3.2 per cent of DFV-exposed male GYFS clients had no co-occurring ACEs (compared to 30.1% of those without violence exposure). On average, DFV-exposed male youth experienced four co-occurring ACEs during childhood (in addition to DFV exposure itself), and close to half of this cohort (47.6%) had experienced five other ACEs. This is in contrast with young males who had not been exposed to DFV, whose mean ACE score was 1.7; only 9.6 per cent of youths in this non-DFV cohort had experienced five or more ACEs. It is apparent that DFV occurs within a greater pattern of family dysfunction. Indeed, experiences of physical and emotional abuse, neglect, and caregiver substance abuse had moderately strong correlations with DFV exposure. These findings confirm conclusions reached in research such as Holt et al.'s (2008) literature review, which highlighted the co-occurrence of DFV exposure and child sexual abuse and identified overlaps of DFV exposure and physical abuse of children ranging from between 45 to 70 per cent in studies.

Given exposure to DFV is considered a harm by child protection agencies, it is not surprising that DFV-exposed youths are more likely to come to the attention of Child Safety Services during their childhood. Interactions with child protective services were common among young males referred to GYFS for HSBs who had experienced family violence (83.3%), with around three quarters of this cohort (76.0%) having had child protection notifications raised. These high rates of departmental contact are likely also due to the tendency for DFV-exposed youth to experience other co-occurring ACEs (as discussed above).

Involvement with the YJ system was also more extensive for DFV-exposed male youth. Young males with histories of violence exposure were younger at first contact with the criminal justice system. Those receiving services from GYFS for HSBs were younger at the time of the referral, and had more extensive criminal histories. These relationships between child protection involvement and juvenile offending reflect what Malvaso and Delfabbro (2015) describe as the issue of "cross-over youth" (p. 3562), where young people with histories of child welfare contact (particularly those taken into care) become caught in cycles of circumstances that cause them to drift between the welfare and justice systems.

While the mechanisms of the relationship need further exploration, links between exposure to family violence and perpetration of serious and violent offending during adolescence are well accepted (Fix et al., 2018). Neither the YJ or GYFS dataset contained sufficient information to definitively determine whether offences perpetrated by DFVexposed male youth were more serious and violent in nature than those of non-DFV exposed youth, but some findings suggest that this is likely to be the case. In the YJ sample, prevalence of exposure to caregivers who engaged in physical, verbal, emotional or sexual abuse of a family member was greater for young males who perpetrated violent offences (28.5%) than non-violent (20.1%), but greatest of all among those who offended sexually (37.0%). Even higher rates of DFV exposure (58.6%) were found among male youths who perpetrated more serious HSBs and were referred to GYFS for treatment. Evidence of intergenerational transmission of violence was also found in rates of bullying behaviours exhibited by young males with histories of DFV exposure. In comparison to GYFS clients without DFV histories, youths with histories of violence exposure were 1.7 times more likely to have engaged in bullying towards peers during their school years, with almost two in three (64.1%) DFV-exposed male youths having perpetrated such behaviours.

ACEs among First Nations youth referred for specialised sexual offence-specific intervention

There is an emerging research literature examining ACEs within international Indigenous populations (Radford et al., 2021), including among Australian First Nations youth involved in the criminal justice system (Malvaso et al., 2018). However, research specific to the examination of ACEs among Australian First Nations youth who have engaged in HSBs is not available. The current study represents a first step in generating a First Nations-specific knowledge base of how ACEs, including exposure to DFV, are linked to the perpetration of HSBs in an Australian context. The sample of First Nations male youth captured in the GYFS dataset primarily resided in non-metropolitan regions and presented with significant histories of contact with child protection services. These features should be noted when considering the generalisability of our results.

There was a high prevalence of historical ACEs among First Nations male youth at the time they were first referred to GYFS for perpetrating HSBs. In total, 89.1 per cent of the First Nations young males had at least one ACE prior to their referral to the service, with the mean number of ACEs per individual being around four. The most prevalent ACEs among First Nations male youth were exposure to DFV (68.2%), caregiver substance abuse (63.6%) and neglect (55.0%). This highlights that exposure to DFV is typically only one aspect of childhood trauma experienced by First Nations male youth who perpetrate HSBs. This consolidates established findings that childhood trauma is highly prevalent and typically multifaceted among Australian youth who encounter the criminal justice system (Malvaso et al., 2018). The current results extend this understanding to show that exposure to DFV is particularly prevalent among male First Nations youth who have perpetrated HSBs. Further, First Nations male youth with a history of DFV exposure could be distinguished from those without a history by victim characteristics (i.e. only offending against adults and/or male victims) and by having a higher total number of ACEs. This finding highlights the need to examine whether exposure to DFV has unique effects on later offending outcomes.

The current data was unable to provide insight into the possible mechanisms linking high rates of DFV exposure to later perpetration of HSB for young First Nations males. It appears reasonable to hypothesise that the linkage between exposure to DFV and later perpetration of HSB could be explained using the prevailing "cycle of violence" or "intergenerational transmission of violence" perspective, whereby the experience of violence in childhood is thought to lead to the perpetration of violence in adolescence and adulthood (Widom & Wilson, 2015). Many theoretical models have been proposed to explain the intergenerational cycle of violence, including social learning theory, attachment theory, social information processing, neurophysiological models and behavioural genetics (for an overview, see Widom & Wilson, 2015). Supporting the cycle of violence perspective, evidence from longitudinal prospective studies confirm that childhood violence exposure and victimisation increases the risk for violent behaviour in later adolescence and adulthood (Widom & Wilson, 2015), which may extend into the realm of sexual violence. However, the link is not inevitable, with most individuals exposed to violence not becoming perpetrators of

violence in later life. A key focus for future research will be examining what factors make some victimised individuals more vulnerable to becoming perpetrators of violence in adolescence and adulthood.

It is important to contextualise higher rates of ACEs among First Nations youth within the broader context of colonisation, systemic racism and intergenerational trauma experienced by Australia's First Nations people. Although high rates of ACEs more immediately reflect the extreme and accumulated socio-economic disadvantage experienced by First Nations people, ultimately this disadvantage stems from colonisation and the ongoing trauma First Nations communities experience across generations. Radford et al. (2021) argue that the effects of colonisation and associated historical traumas inflicted on Indigenous peoples internationally are associated with ACEs across generations. High rates of ACEs are likely to also reflect biases in how the child protection system monitors and identifies child maltreatment in First Nations communities (e.g. higher levels of surveillance and lower thresholds for making child protection notifications). The original ACE framework is unlikely to accurately reflect the traumatic experiences most relevant to Australian First Nations cultures (e.g. systemic racism, forced removal of children and intergenerational trauma) nor account for the diversity across cultural groups and geographic regions. In particular, the ACE framework does not capture the importance of historical events that perpetuate disadvantage over time for First Nations peoples (Day & Malvaso, 2021). This highlights the need to develop a culturally specific framework for understanding childhood trauma experienced by First Nations youth, which is led by First Nations peoples.

Strengths of the project

This research aimed to address gaps in knowledge concerning the relationship between ACEs and male youth offending, including HSBs. One key strength of the research approach was the use of two different datasets in which these relationships were explored. The YJ dataset was a large administrative dataset representing a population of male youths who have experienced contact with the justice system. The sample size (N = 6,047) ensured that findings were robust, and as all male youth with YJ contact were included in the dataset, it was possible to compare the ACEs experienced by young

males who perpetrated sexual harm with those whose most serious offences were violent (but not sexual) or non-violent crimes. The GYFS dataset provided a unique opportunity to examine relationships between ACEs and HSBs in greater depth. This data, coded from clinician files, provided a rich source of information, including offence and victim details, as well as contextual information concerning ACEs themselves (e.g. perpetrators and victims of DFV experienced by young males). The combined use of these datasets allowed for an assessment of the influence of ACEs across a spectrum of offence type and severity, and provided a much greater insight into relationships between ACEs and offending for male youth than would have been possible using one source alone.

While there is still much to be known about ACEs and youth offending, there is a distinct need for research examining this relationship for First Nations youth, given their overrepresentation in the criminal justice system (Cunneen & White, 2007), as well as findings of higher rates of ACEs among minority groups (Craig & Zettler, 2021). This research provides previously unexplored knowledge of ACEs experienced by First Nations male youth who have perpetrated HSBs, establishing prevalence of specific ACEs and cumulative ACE scores, patterns of ACE cooccurrence, and relationships between ACEs and offence perpetration. These findings will better inform location-specific and culturally relevant responses to HSBs among First Nations youth.

A notable strength of the research in this report is its ability to directly attend to the limitations of the first report from this project, Adverse childhood experiences and the intergenerational transmission of domestic and family violence in young people who engage in harmful sexual behaviour and violence against women (Harris et al., 2022). That report examined the onset, duration and temporal ordering of ACEs in young people with HSBs, and revealed patterns of co-occurring ACEs that frequently began early in life, but spanned the young person's developmental history. This report provides statistical confirmation of the cumulative nature of ACEs, and evidence of their much larger prevalence among young people involved in offending and in HSBs. It expands on the initial report by examining the way ACEs correlate with each other in a much larger sample, distinguishing between types of offending and types of ACEs reported, and identifying the differential impact of specific ACEs on subsequent offending. Finally, the research team was very fortunate to have the opportunity to liaise with clinicians who are highly experienced in delivering services to young people who have engaged in HSBs. Their expertise and first-hand experience provided us with guidance in shaping our research approach, as well as in understanding and interpreting research findings.

Limitations of the project

The findings should be interpreted in light of the limitations of the project. While the ACE framework is useful for examining the effects of childhood adversities on adolescent outcomes, we acknowledge some limitations in the use of this model. The ACE scale was initially developed as a tool for understanding how childhood traumas and household dysfunction affected health risk behaviour and disease in adults (with a mean age of 56.1 years). Sociodemographic characteristics of this initial validation sample differ from those of the population we investigate in this report (for example, 75% of the initial ACE sample had attended or graduated from college; Felitti et al., 1998). A better understanding of relationships between adversity and youth offending would be gained from a modified ACE index that includes stronger predictors of antisocial and offending behaviours. Further, consideration should be given to cultural differences in the way ACEs are operationalised to ensure that items are meaningful for young people from First Nations communities.

As this research utilised existing data, items that best reflected ACEs in the original scale were used. The existence (or absence) of these ACEs were inferred or coded from files or records after the fact, rather than being sought out through self-reporting from the young people in our sample. Almost certainly this will mean an underestimation of the prevalence of certain experiences due to reporting practices, the way notifications are managed, and the likelihood of disclosing certain conditions in certain circumstances (e.g. abuse by parent versus abuse by foster parent or residential care worker).

There are some limitations in regard to the datasets used. The YJ dataset is a snapshot in time that does not necessarily capture a young person's complete offending history. Some young people in this dataset may have recently begun offending, while others will have longer histories. When determining

the most serious crime committed (sexual offending, violent offending, or non-violent offending) it is feasible that youths categorised in our dataset as having committed non-violent offences may go on to commit violent or sexual crimes.

Youths referred to GYFS commit more serious offences, and therefore use of the GYFS dataset alone does not capture the true range of HSBs exhibited by adolescents, as well as the ACEs experienced by these youth. The limited number of females in the GYFS dataset meant we were unable to explore relationships between ACEs and offending for this cohort. There were also limitations in regard to the data we were able to collect (codes from the client files) within the time frames of this research project. This includes some situational characteristics of the offence (for example, if violence or threats were used), which would have been useful when examining the effects of DFV exposure on sexual offending.

The data used in this report does not capture those young people who experience ACEs and do not offend, and therefore cannot speak to resiliency. Future First Nations-focused research, in particular, should focus on factors associated with resiliency among those exposed to ACEs.

Directions for future research

This research examined gaps in the literature on the association between ACEs and male youth HSBs in an Australian context. The paucity of such research means that analyses were largely exploratory in nature, seeking to identify meaningful patterns in the data. We recommend further examination of patterns of ACE co-occurrence to identify what ACEs cluster together and whether this has implications for offending characteristics, given our preliminary results suggest this is the case. Future research should build on the findings in this report (e.g. high prevalence of DFV) to develop testable hypotheses that are grounded in theory (e.g. social learning theory). Better knowledge of which ACEs cluster together for subgroups of young people will be central to the development of accurate and reliable tools to screen/identify individuals who may be vulnerable to emerging HSBs and to implement appropriate early intervention strategies.

The ACE framework has been found useful in explaining some differences in youth HSBs, but further research is needed to determine the validity of this tool in predicting perpetration of sexual offences by young people. Some items in the ACE framework require consideration. For example, the DFV item in the original checklist has an inherent gender bias in its specification of women/mothers as the target of male-perpetrated intimate partner violence. Consistent with our evolving understanding of the nuances of DFV, we recommend this item become gender inclusive and encompass (either eye- or ear-) witnessing of any kind of violence between or against any caregiver or family member. This research did not strictly operationalise ACEs as set out in the initial framework (largely due to limitations of the datasets regarding this); however, it is recommended that further research consider redeveloping the ACE framework to include childhood experiences (and other factors) more strongly related to likelihood of offending behaviours, such as social and emotional (SEL) skills, peer interactions, and the contextual effects of sociodemographic risk and disadvantage.

While this research has demonstrated that adverse experiences are a useful framework for understanding male youth perpetration of HSBs, further research should seek to identify factors that may promote resiliency. Not all young people who are exposed to ACEs experience negative outcomes later in life. Better understanding of why some individuals do not go on to experience poor outcomes after ACEs is likely to provide insight into protective factors that may boost resiliency. Identification of such protective factors has important implications for the development of strategies to prevent the onset of HSBs in vulnerable populations.

The need for First Nations-driven research to reconceptualise the ACEs framework from a culturally meaningful perspective is paramount in the Australian context. The current framework does not consider the intergenerational trauma and disadvantage stemming from colonisation experienced by First Nations people. First Nations-led research will be crucial in identifying culturally specific adverse experiences to incorporate into current developmental frameworks, which will lay the groundwork for efforts to reduce the overrepresentation of First Nations young people in child protection and YJ systems.

Research needs to be aligned to implications for policy and practice, as outlined in the next section. Specifically, responses that prioritise early intervention need to be tested in terms of their effectiveness in halting later perpetration of sexual harm.

Implications for policy and practice

This research provides further evidence of the role that ACEs and their associated trauma play in developmental outcomes for youth. It advances the way the ACE perspective can be applied in research, practice and policy, through primary, secondary and tertiary response to sexual harm perpetrated by children and youth.

The pathway to perpetrating sexual harm and/or violence, although not predetermined, is heightened for those who have more ACEs. Young people whose behaviours cause trauma for others typically have experienced trauma themselves, highlighting the transmission of violence. These findings emphasise early intervention as the best strategy for halting this cycle. Opportunities for intervention at each point that an ACE occurs are likely to be critical in building protective factors to guard against a range of adverse outcomes including perpetrating sexual harm. In this context, the importance of early and trauma-informed intervention cannot be overstated in its potential to halt the propensity towards the perpetration of sexual violence. As such, the potential to avert harm and save in costly tertiary intervention after harm has already occurred is strongly aligned to a public health and child rights approach.

Our research findings also highlight that ACEs occur within a context of gender-based violence, where violence is most often perpetrated by men against women, meaning that continued macro policy responses should be pursued alongside population-specific initiatives. Policy is therefore needed to prioritise early intervention that promotes protective factors and to apply this within practice that understands the influences of trauma from gender-based violence in child and youth experiences.

Where young people have already engaged in HSBs, this research reinforces the need for trauma-based approaches

in tertiary treatment. Utilising trauma-based treatment principles brings into view the context within which HSBs develop and creates an environment which affords space for healing. It is well recognised that trauma-based approaches used in conjunction with targeted specialised interventions delivered within the young person's social ecology are most effective in reducing the likelihood of HSBs. With ACEs featuring prevalently in the developmental histories of young people who perpetrate HSBs, recidivism is unlikely to be prevented without addressing these underlying traumatic experiences.

Given relatively little is known about ACEs in Australian youth who engage in HSBs, this research has implications on both local and national levels. It highlights the significant extent of vulnerability evident in the histories of First Nations youth, and provides a step forward in the urgent need for knowledge on how best to support Aboriginal and Torres Strait Islander communities in prevention and in understanding the needs of youth who are at risk of committing sexual violence against women and children. Findings should inform intervention modifications to better address the differential needs of First Nations young people, including those from remote and rural locations.

Conclusion

The ACEs framework has become highly influential in conceptualising the developmental origins of poor health, behavioural, social and economic outcomes experienced by adolescents and adults (Boullier & Blair, 2018). A growing body of research highlights that ACEs are highly prevalent among young people involved in the YJ system (Malvaso et al., 2018), providing insight into the developmental vulnerabilities associated with the emergence of antisocial behaviour during adolescence. To date, only limited research has been conducted to examine ACEs (including DFV) in the developmental histories of young people who perpetrate HSBs. This research represents a preliminary attempt to examine the nature and extent of ACEs among young males involved in the YJ system, focusing in on those who have perpetrated HSBs. Further, the research is one of only a handful of projects that has been conducted in the Australian context to examine ACEs among YJ-involved youth, and the first to our knowledge to focus on ACEs among male youth who have perpetrated HSBs.

Two retrospective data sources (i.e. administrative YJ and clinical GYFS data) that coded information relating to ACEs for male youth with offending histories were analysed. Findings confirmed the high prevalence of ACEs among young males who encounter the YJ system. This research extended current understanding by finding that male youth who perpetrated HSBs typically accumulated a greater number of often co-occurring ACEs, with the most common ACE being exposure to DFV. ACEs were highly prevalent in the histories of First Nations male youth who had engaged in HSBs, suggesting that childhood trauma is likely to be a key driver of overrepresentation in the YJ system. Childhood trauma is only one aspect of cumulative and complex disadvantage experienced by First Nations youth that ultimately stems from ongoing and intergenerational trauma experienced since colonisation. This disadvantage is entrenched through systemic racism embedded in the operation of child protection and criminal justice systems, including overpolicing and the lack of appropriate diversionary strategies.

Overall, high rates of co-occurring ACEs – and particularly exposure to DFV in the developmental histories of male youth who perpetrate sexual harm and violence – highlights how violence can be transmitted through families and emphasises the importance of trauma-informed approaches to intervention.

Suggested future directions to advance the research are as follows: a more detailed analysis of which ACEs are likely to co-occur and how this relates to outcomes; a revision of the ACEs framework to identify those ACEs most strongly predictive of later engagement in HSBs; a First Nations-driven approach to reconceptualise the ACEs framework; and an identification of the resiliency factors among youth who are exposed to ACEs but experience limited negative outcomes.

Author contributions

JO: First draft and revisions; data management and analysis; project management.

LT: First draft and revisions; data entry, management and analysis; management of research assistants; project management.

JB: Review of drafts; oversight of research assistants; project management.

DH: Review of drafts and consultation regarding research approach and alignment with first project report.

JR: Cultural consultation, overall project management/ oversight, liaise with stakeholders, final work on report.

POL: Project oversight, final work on report and consultation.

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Appendix A

Table A1: Offence categories by the Australian Standard Offence Classification - Queensland Extension (QASOC)

Broad offence classification	Offence division	Offence subdivisions	QASOC codes
Sexual	Sexual assault and related offences	Aggravated sexual assault (rape; attempted rape; assault with intent to commit rape; carnal knowledge of children; maintaining a sexual relationship with a child; indecent treatment of a child; incest; indecent treatment [consent proscribed]; aggravated sexual assault [remainder]); nonaggravated sexual assault	03111; 03112; 03113; 03114; 03115; 03116; 03117; 03118; 03119; 03121
	Sexual assault and related offences	Non-assaultive sexual offences (non-assaultive sexual offences against a child; child pornography offences [no direct contact]; sexual servitude offences; non-assaultive sexual offences [nec])	0321; 0322; 0323; 0329
Violent	Homicide and related offences	Murder; attempted murder; manslaughter	0111; 0121; 0131
	Acts intended to cause injury	Assault resulting in serious injury; assault not resulting in serious injury; common assault; other acts intended to cause injury (nec)	0211; 0212; 0213; 299;
	Abduction, harassment and other offences against the person	Abduction and kidnapping; deprivation of liberty/false imprisonment	0511; 0521
	Robbery, extortion and related offences	Aggravated robbery	0611
	Public order offences	Riot and affray	1313
Nonviolent	Homicide and related offences	Driving causing death	0132
	Acts intended to cause injury	Stalking	0291
	Sexual assault and related offences	Child pornography offences (no direct contact); non-assaultive sexual offences (nec)	0322; 0329

Broad offence classification	Offence division	Offence subdivisions	QASOC codes
	Dangerous or negligent acts endangering persons	Driving under the influence of alcohol or other substance; dangerous or negligent operation of a vehicle; neglect or ill-treatment of person under care; other dangerous or negligent acts endangering persons (nec)	0411; 0412; 0491; 0499
	Abduction, harassment and other offences against the person	Harassment and private nuisance; threatening behaviour	0531; 0532;
	Robbery, extortion and related offences	Non-aggravated robbery; blackmail and extortion	0612; 0621
	Unlawful entry with intent/burglary, break and enter	Unlawful entry with intent/burglary, break and enter	0711
	Theft and related offences	Theft of a motor vehicle; illegal use of a motor vehicle; theft from a person (excluding by force); theft of intellectual property; theft from retail premises; theft except motor vehicles (nec); receiving or handling proceeds of crime; illegal use of property (except motor vehicles)	0811; 0812; 0821; 0822; 0823; 0829; 0831; 0841
	Fraud, deception and related offences	Obtain benefit by deception; counterfeiting of currency; forgery of documents; possess equipment to make false/illegal instruments; fraudulent trade practices; misrepresentation of professional status; illegal non-fraudulent trade practices; dishonest conversion; other fraud and deception offences (nec)	0911; 0921; 0922; 0923; 0931; 0932; 0933; 0991; 0999
	Illicit drug offences	Import illicit drugs; export illicit drugs; deal or traffic in illicit drugs (commercial quantity); deal or traffic in illicit drugs (non-commercial quantity); manufacture illicit drugs; cultivate illicit drugs; possess illicit drug; use illicit drug; illicit drug offences (nec)	1011; 1012; 1021; 1022; 1031; 1032; 1041; 1042; 1099
	Prohibited and regulated weapons and explosives offences	Sell, possess and/or use prohibited weapons/explosives; prohibited weapons/explosives offences (nec); unlawfully obtain or possess regulated weapons/explosives; misuse of regulated weapons/explosives; deal or traffic regulated weapons/explosives offences; regulated weapons/explosives offences (nec)	1112; 1119; 1121; 1122; 1123; 1129

Broad offence classification	Offence division	Offence subdivisions	QASOC codes
	Property damage	Property damage by fire or explosion; graffiti; property damage (nec); air pollution offences; water pollution offences; noise pollution offences; environmental pollution offences (nec)	1211; 1212; 1219; 1221; 1222; 1223; 1229
	Public order offences	Trespass; criminal intent; disorderly conduct (nec); betting and gambling offences; liquor and tobacco offences; censorship offences; prostitution offences; offences against public order sexual standards; consumption of legal substances in regulated spaces; regulated public order offences (nec); offensive language; cruelty to animals	1311; 1312; 1319; 1321; 1322; 1323; 1324; 1325; 1326; 1329; 1331; 1332; 1334
	Traffic and vehicle regulatory offences	Drive while cancelled or suspended; drive without a licence; driver licence offences (nec); registration offences; exceed the prescribed content of alcohol or other substances limit; regulatory driving offences (nec)	1411; 1412; 1419; 1421; 1431; 1439
	Offences against justice procedures, government security and government operations	Escape custody offences; breach suspended sentence; breach of community-based orders not further defined; breach of community service order; breach of bail; breach of bond (probation); breach of bond (other); breach of community-based order (nec); breach of violence order; resist or hinder government official (excluding police officer, justice official or government security officer); bribery involving government officials; immigration offences; offences against government operations (nec); offences against government security (nec); subvert the course of justice; resist or hinder police officer or justice official; prison regulation offences; offences against justice procedures (nec)	1511; 1513; 1520; 1521; 1523; 1524; 1525; 1529; 1531; 1541; 1542; 1543; 1549; 1559; 1561; 1562; 1563; 1569
	Miscellaneous offences	Offences against privacy; occupational health and safety offences; transport regulation offences; dangerous substances offences; licit drug offences; public health and safety offences (nec); commercial/industry/ financial regulation; environmental regulation offences; bribery (excluding government officials); quarantine offences; import/export regulations; miscellaneous offences (nec)	1612; 1623; 1624; 1625; 1626; 1629; 1631; 1691; 1692; 1693; 1694; 1699

Note: nec = not elsewhere classified.

Appendix B

Table B1: Adverse childhood experiences (ACEs) item descriptions: Comparisons between original checklist, YJ sample and GYFS sample

ACE	Original checklist item	Item in YJ dataset	Item in GYFS dataset
ACE 1	Emotional abuse Did a parent or other adult in the household often swear at you, insult you, put you down or humiliate you OR act in a way that made you afraid that you might be physically hurt?	Poor relations: mother/father There is a particularly poor relationship (e.g. hostile, alienated, or uncaring) between the young person and mother/father	Victim of emotional maltreatment Psychological denigration and failure to provide a child with adequate emotional availability and nurturance by a person who is in a position of trust and caretaking at the time that is likely to have a negative impact on the child's self-esteem or social competence
ACE 2	Physical abuse Did a parent or other adult in the household often push, grab, slap, or throw something at you? OR ever hit you so hard that you had marks or were injured?	Victim of physical abuse Young person is currently experiencing or has previously experienced physical abuse	Victim of physical abuse The non-accidental use of physical force against a child by a person who is in a position of trust and caretaking at the time (e.g. parent, older sibling, other relative, caregiver) and that results in harm to the child
ACE 3	Sexual abuse Did a person or adult at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? OR try to or actually have oral, anal or vaginal sex with you?	Victim of sexual abuse Young person is currently experiencing or has previously experienced sexual abuse	Victim of sexual abuse Victim of hands-on sexual assault (sexual touching, sexual assault with or without violence)

ACE	Original checklist item	Item in YJ dataset	Item in GYFS dataset
ACE 4	Emotional neglect Did you often feel that no-one in your family loved you or thought you were important or special? OR your family didn't look out for each other, feel close to each other, or support each other?	Victim of neglect The young person is currently experiencing or has previously experienced neglect	Victim of neglect Failure by parent or caregiver to provide a child (where they are in a position to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and wellbeing. As indicated in at least one of the following types of neglect: physical - failure to provide basic physical necessities such as safe, clean, and adequate clothing,
ACE 5	Physical neglect Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		housing, food and healthcare; emotional – lack of caregiver warmth, nurturance, encouragement, and support; educational – failure to provide appropriate educational opportunities for the child; environmental – failure to ensure environmental safety, opportunities and resources. Lack of involvement in child's day-to-day activities
ACE 6	Parental separation or divorce Were your parents ever separated or divorced?	Parental marital issues The young person's parents are experiencing marital conflict or have recently (past year) experienced marital conflict	Single-parent living environment Living in a single parent environment
ACE 7	Exposure to domestic violence Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? OR sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	Family/parents: drug and alcohol abuse One/both parents have current substance abuse problems or a recent history (past year) of such problems	Witnessing family violence Witnessing of verbal, physical or sexual violence toward another family member with whom the child has a significant relationship (including extended family and guardians). This may include direct (visual) and indirect (auditory) exposure to physical assaults on family members Caregiver a victim of domestic violence Caregiver has been a victim of domestic violence during the young person's developmental years

ACE	Original checklist item	Item in YJ dataset	Item in GYFS dataset
ACE 8	Family member substance abuse Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	Family/parents: drug and alcohol abuse One/both parents have current substance abuse problems or a recent history (past year) of such problems	Caregiver substance abuse A maladaptive pattern of substance use leading to clinically significant impairment or distress. This might include being unable to fulfil major role obligations at work, school or home; absence from work; driving car while intoxicated; disorderly conduct; interpersonal problems exacerbated by effects of the substance
ACE 9	Family member mental health Was a household member depressed or mentally ill or did a household member attempt suicide?	Family/parents: emotional or psychiatric issues One/both parents have a current psychiatric disability or a recent history (past year) of such problems	Caregiver mental health issues Caregiver has a formal history of mental illness
ACE 10	Family incarceration Did a household member go to prison?	Family/parents: history of offending Members of the young person's immediate family (parents or siblings) are engaged or have previously engaged in criminal acts	Family incarceration Maternal, paternal or sibling involvement in crime; criminal records; periods of incarceration; parent or stepparent or older siblings have a positive attitude towards anti-social (& criminal) behaviour; maternal, paternal or older sibling have a history of sexual offending behaviour

Appendix C

Comparison of ACE prevalence between YJ and GYFS samples

Retrospective coding of ACEs in data not designed for this specific purpose resulted in qualitative differences in the way that some ACEs were operationalised in each of the YJ and GYFS datasets. Consequently, it was not always possible to directly compare ACE prevalence between these two sources of data. Some ACEs (such as experiences of abuse and neglect) are consistently defined across the datasets – these are shaded grey in the table below, which provides prevalence of ACEs in each source. The unshaded ACEs in Table C1 are those for which prevalence of ACEs cannot be directly compared due to variations in the definitions (see Methodology, Tables 1 and 3 for definitions of ACEs within each dataset).

Table C1: Comparison of ACEs prevalence across samples

Justice-involved youth		GYFS clients	
	%		%
Poor CG relations	62.5	Emotional abuse	44.6
Physical abuse	31.6	Physical abuse	49.1
Sexual abuse	19.0	Sexual abuse	26.5
Neglect	35.6	Neglect	49.3
CG marital conflict	51.8	Single parent	52.5
Abusive CG	37.0	DFV exposure	58.6
CG substance abuse	44.5	CG substance abuse	46.4
CG mental health	22.0	CG mental health	28.6
CG offending	21.3	Family incarceration	20.7

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ΛNROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

