



Is differentiating between maltreatment sub-types helpful in explaining outcomes for victim/survivors of child maltreatment? Results from an analysis of parent-report and adult self-report data suggest that the degree (frequency and severity) to which young people experience abusive/neglectful behaviours is more important than the particular sub-type of maltreatment in explaining subsequent psychological problems.

## Differentiating between child maltreatment experiences

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**C**hildren are particularly vulnerable to different kinds of victimisation due to their developmental immaturity: physically, cognitively and emotionally (Finkelhor and Dzuiba-Leatherman 1994). Researchers have identified a range of different maltreatment types (or sub-types) to which children are subjected. These behaviours are defined either by perpetrator behaviour or by the type of harm that results to the child (Bromfield and Higgins 2004).

Child maltreatment research has developed considerably in the past 40 years since the issue came to public recognition with the publication of the first paper on physical abuse in 1962 (Kempe, Silverman, Steele, Droegemueller and Silver 1962). In the past two decades in particular, extensive attention has been given to evaluating the prevalence

and impact of childhood experiences of sexual abuse (Rind, Bauserman and Tromovitch 1998) and, to a lesser extent, physical abuse and physical neglect (Malinosky-Rummell and Hansen 1993).

More recently, attention has been directed to understanding the nature, prevalence, and consequences of psychological maltreatment (Briere and Runtz 1990; O'Hagan 1995) and of witnessing family violence during childhood (Parkinson and Humphreys 1998). Researchers have typically examined each of the maltreatment sub-types in isolation, with little attempt to evaluate their coexistence or the long-term correlates of experiencing multiple types of maltreatment (Rosenberg 1987). From the many thousands of studies that have been published on childhood experiences of maltreatment, in a 2001 review, only 29 studies were identified of adult retrospective reports in which

more than one form of child maltreatment was included (Higgins and McCabe 2001).

Researchers currently talk about five different types of child maltreatment: (a) sexual abuse; (b) physical abuse; (c) psychological maltreatment, including emotional abuse and psychological neglect; (d) physical neglect; and, more recently, (e) witnessing family violence. However, there is a growing body of evidence to show that maltreatment subtypes do not occur independently and that a significant proportion of maltreated individuals experience not just repeated episodes of one type of maltreatment, but are likely to be the victim of other forms of abuse or neglect (Higgins and McCabe 2000; Ney, Fung and Wickett 1994; McGee, Wolfe and Wilson 1997).

The term “multi-type maltreatment” can be used to describe the experience of those who have been subjected to abusive or neglectful behaviours in more than one of the five categories mentioned (Higgins and McCabe 2000). Children from “depriving” families experience the deprivation of parental/caregiver love and protection in multiple ways. In fact, more often than not, parents’ (or other adults’) negative behaviours fall into more than one category.

What researchers rarely ask, though, is whether child maltreatment is best understood as a single, broad construct – or whether the diverse elements that constitute maltreatment are so clearly differentiated from each other that they should be considered separately.

Although some researchers have engaged in definitional debates about specific sub-categories, especially neglect and psychological/emotional abuse (for example, O’Hagan 1995), they have avoided asking whether the distinctions between the five broad categories of child maltreatment are helpful in conceptualising abuse and neglect, or whether there is only one core construct: maltreatment. The problem with the current conceptualisation of four – or five – discrete categories is that the overlap between maltreatment is not well understood, and researchers or clinicians may unjustifiably blame the range and severity of negative outcomes on a single form of abuse, especially if other forms of abuse or neglect are not assessed. This is particularly likely when some chronic forms of maltreatment (such as neglect) are harder to define and measure than single episodes of a clearly defined act of physical or sexual abuse.

### **Importance of sexual abuse**

The issues of child sexual abuse are rarely far from the news headlines. Sexual abuse seems to provoke more community reaction than other less visible – and often more chronic – forms of maltreatment such as physical abuse, neglect or psychological/emotional abuse. A lot of attention from researchers is focused on sexual abuse, with less focus on physical and emotional abuse, and what has been described as the “neglect of neglect” (Dubowitz 1994). For example, the National Child Protection Clearinghouse at the Australian Institute of Family Studies publishes two issues papers each year (which are available for downloading from the Internet). Of the 20 papers, which cover a wide variety of topics concerning child abuse and neglect and child protection, the 1998 paper on the long-term effects of child sexual abuse (Mullen and Flemming 1998) accounts for one-third of all web downloads.

The police raids conducted in October 2004 in Australia and overseas on people who are accused of accessing

child pornography on the Internet (“Operation Auxin”) has generated considerable media interest and community debate (Munro and Munro 2004). By contributing to demand (and therefore encouraging supply of new pornographic material to meet this demand), those who purvey and view child pornography are seen to be also responsible for the sexual victimisation of children.

Similarly, the recent trials of a number of men from Pitcairn Island found guilty of rape and sexually assaulting girls as young as 12 years highlights the cultural taboos surrounding adult–child sex. Although some of the accused put forward as a defence that adult males engaging in sexual activity with a young girl is “culturally normative” in their society, this excuse for the abuse of young people was not accepted by the court – nor by the victims or the global media who focused attention on the case (BBC 2004).

This raises a number of questions: What is it about sexual abuse that is harmful? Does our focus on sexual abuse of children divert our attention from other forms of maltreatment? Where should policy makers target their efforts in order to best protect children from harm?

An important factor that may help explain the level of harm associated with child sexual abuse is that it often coincides with other forms of abusive and neglectful behaviours. Physical abuse, psychological (or emotional) maltreatment, physical neglect, and exposure to domestic violence have all been shown to be harmful for children – both in the immediate aftermath (Higgins and McCabe 1996) as well as affecting their long-term psychological adjustment as adults (Higgins and McCabe 1998). This begs the question: To what extent is the range and severity of adjustment problems explained by other forms of abuse or neglect?

There is a high degree of overlap between adults’ reports of sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence (Higgins and McCabe 2000). In a study of survey respondents from a self-selected community sample, almost half reported experiencing *more than one* “sub-type” (scoring higher than average on more than one of the following maltreatment scales: sexual abuse, physical abuse, psychological maltreatment, neglect, and/or witnessing family violence).

The most important implication of this finding is that when an assessment is made of only one type of maltreatment, erroneous conclusions may be drawn about the specific impact of that form of abuse or neglect. The large degree of overlap between maltreatment types could lead to the association between a particular maltreatment type



**The effects of sexual abuse depend on factors such as the use of force, the relationship of the young person to the perpetrator, their gender, sexual orientation, whether the sexual interaction was “wanted”, and other familial factors.**

and a particular adjustment problem being confounded by the influence of other forms of maltreatment. The results of research studies are likely to be biased when explanations of the relationship between a single form of child maltreatment and a measure of psychological adjustment are made without screening respondents for experiences of other types of maltreatment and taking these into account when analysing the data.

Higgins and McCabe (2000) also looked at family characteristics that might increase a person's risk for "multi-type child maltreatment". The best predictors of multi-type maltreatment were poor family cohesion (family members feeling disconnected from each other), low family adaptability (rigid roles and lack of flexibility in relationships and communication), and poor quality of the interparental relationship. Children who experience family environments characterised by interparental conflict or lack of affection, or in which familial relationships are rigid and distant, are at greater risk of being subjected to multiple sub-types of child abuse and neglect. These familial characteristics may be risk factors for multiple forms of abuse and neglect because they reinforce to children that their families are not available for them, as predicted by social support theories of vulnerability to child maltreatment (Garbarino 1977).

Data are now emerging that demonstrate that children who experience one form may also experience other forms of abuse or neglect, as well as negative or dysfunctional family environments. Investigations into the effects of child maltreatment sometimes fail to take into account all of the forms of abuse and neglect experienced by children. However, when researchers do take them into account, a different picture tends to emerge. For example, previous research on adult intimate relationships has emphasised the negative impact of child sexual abuse on outcomes such as divorce or relationship instability; however Colman and Widom (2004) found that physical abuse and neglect are also associated with the ability of males and females to establish and maintain healthy intimate relationships.

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In an Australian study using a self-selected sample of female university students, the level of violence, both verbal and physical, either experienced or witnessed within families was a better predictor of poor adjustment than was the presence, frequency, or severity of sexual abuse (Higgins and McCabe 1994). Psychological adjustment was measured using the Trauma Symptom Checklist (TSC-40), which has subscales including anxiety, depression, sleep disturbance, and sexual problems.

Where researchers have asked about participants' experiences of other forms of maltreatment, they can find that "discrete" or distinct forms of maltreatment are atypical. Those people who have experienced more than one form of child abuse or neglect ("multi-type maltreatment") generally have more trauma symptoms (depression, anxiety, sleep disturbance, sexual problems, etc.) and lower self-esteem than both those who experienced just one maltreatment "type", and those who experienced no maltreatment (Higgins and McCabe 2000; Ney et al. 1994).

There is a growing body of evidence that it is not only discrete traumatic events (for example, acts of physical or sexual abuse), but also patterns of negative interactions towards the child (for example, emotional or psychological abuse), and the consistent absence of appropriate parental supervision or care (for example, neglect, or exposure to

domestic violence) that are associated with maladjustment in the long term (O'Hagan 1995; Parkinson and Humphreys 1998). In the past, the first of these factors (particularly sexual abuse) was seen as the most important. However, since the mid 1990s, the child maltreatment literature has begun to reflect broader ecological/developmental perspectives in which the nature of the general family environment as well as specific parental acts are seen as important predictors of psychological well-being (Higgins and McCabe 1994).

The importance of family environment is twofold: first, in influencing the likelihood of specific acts of maltreatment occurring, but also in influencing psychological health and wellbeing, independent of specific acts of abuse or neglect. In other words, it is also the quality of the family environment that counts.

### ***Does the type of maltreatment matter?***

Researchers' lack of understanding about the nature of maltreatment has important consequences. Currently, there is no comprehensive theory to explain the specific effects of any of the maltreatment sub-types. This has resulted in poor understanding of whether or not there are abuse-specific adjustment problems. In relation to child sexual abuse in particular, researchers and practitioners in the 1980s were hopeful of finding "indicators" of sexual abuse: adjustment problems that were abuse-specific, and could be used diagnostically to demonstrate that child sexual abuse had occurred; however, this has not materialised (Higgins and McCabe 1998).

There is no exclusive predictor of sexual abuse, nor is there any psychological problem in adolescents or adults that is exclusively caused by sexual abuse. However, there are stronger associations between particular abuse histories and particular adjustment "domains" or areas of psychological functioning. For example, Briere and Runtz (1990) have found that a childhood history of sexual abuse is associated with dysfunction in the domain of sexuality, physical abuse with aggressive behaviours, and psychological maltreatment with dysfunction in the domain of self-esteem/self-concept. The focus on risk factors for sexual abuse and abuse-specific adjustment problems ("indicators") has also resulted in poor understanding of whether there are separate risk factors for different maltreatment sub-types, or in fact whether the current commonly used classification of maltreatment experiences into four or five sub-types is the most useful way of conceptualising maltreatment – and understanding why it occurs, and its impact.

In a previous paper, existing data sets where five different sub-types of child abuse and neglect were measured were re-analysed (Higgins 2004). The data were collected as part of three larger studies of childhood relationships, family functioning, and adult adjustment (Higgins and McCabe 1998, 2000, 2003). Data on five different types of child abuse and neglect – including both adult retrospective self-report and parent reports – were combined from three different datasets based on self-selected samples from the general population.

Cluster analysis – a statistical method for differentiating between sub-groups – was conducted to see whether cases clustered according to the a priori categories currently used by researchers and practitioners: sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence. In order to confirm the groupings (or the

“taxonomy”), the cluster analysis was performed twice. Comparisons were conducted in order to see if the clustering solutions are meaningful in differentiating between levels of psychological adjustment (that is, possible “effects” of abuse).

First, the items from the questionnaires designed to assess five maltreatment sub-types were grouped by *behaviour*. For each type of abusive/neglectful behaviour, the frequency with which the three types of potential perpetrators (the person’s mother, father or other adult/older person) had directed this behaviour to the person was summed. In total, there were 21 different behaviours (11 behaviours concerning sexual abuse, three each for physical abuse, psychological maltreatment and neglect, and a single item for witnessing domestic violence).

In a second analysis, variables were grouped according to the *perpetrator*. For example, the frequency with which all 11 sexual abusive behaviours perpetrated by the person’s mother were summed, those perpetrated by their father were summed, and finally those perpetrated by “other adult/older person” were summed. This produced three variables for each maltreatment sub-type except witnessing family violence (a single item; respondents were not asked to separately identify acts perpetrated by the three different categories of perpetrator).

The results of both analyses showed the same pattern: the number of negative behaviours experienced – whether grouped by the identity of the perpetrator (“by perpetrator”) or the maltreatment sub-type to which the behaviour had been classified (“by behaviour”) – is a better way of classifying people’s abuse and neglectful experiences, rather than the “type” or sub-type. In other words, understanding that a person’s negative childhood experiences were chronic, ongoing or involved multiple forms of abusive or neglectful behaviours seems to be a more coherent way of understanding their experiences, rather than classifying them as a victim of a particular type: victim of sexual abuse or victim of physical abuse, for example.

However, in order to confirm the validity of these groupings, the psychological adjustment of individuals was compared to their grouping in the cluster analysis. For both data sets (parent-report and adult retrospective self-report of childhood maltreatment experiences), results from analyses clustering by perpetrator and by behaviour confirmed that those individuals classified in the “high abuse” group had greater psychological problems as measured by the TSC-40 (a general measure of trauma symptoms and psychological health); those in the “low abuse” group had the lowest level of psychological maladjustment; and those in the “moderate abuse” group fell in-between.

Rather than clustering according to traditional maltreatment sub-types, the various maltreatment items were fairly evenly spread across the three clusters: low, moderate and high. The best fit cluster solutions for both the retrospective adult self-report data sets and the parent-report data set differentiated individuals not in terms of a priori categories (sexual abuse, physical abuse, psychological maltreatment, neglect, and witnessing family violence), but in terms of the extent of the reports of their maltreatment experiences, regardless of their type. This clustering was confirmed by comparing the psychological adjustment of people categorised as having experienced low, moderate or high levels of maltreatment.

Although it is convenient for researchers – and child protection workers – to speak of different types of



maltreatment, what is evident from these analyses is that it may be more meaningful to talk about the *degree* of negative parental/adult behaviour that is reported (that is, high, medium, or low frequency and/or severity of maltreatment), rather than focusing solely on the *type* (for example, sexual, physical, etc.). There were only three groupings reflected in the cluster analysis – high, medium, and low levels of maltreatment – and planned comparisons (using ANOVA and *t* tests) particularly supported the distinction between low and high maltreatment clusters. The particular *type* of harm was not differentiated. The lack of differentiation between a priori maltreatment sub-types supports researchers’ recent focus on multi-type maltreatment and the negative consequences of experiencing more than one “type” of maltreatment (Higgins and McCabe 2000, 2003).

### Conclusions and implications

Currently, researchers and statutory child protection authorities define child maltreatment according to four main types (sexual abuse, physical abuse, emotional/psychological maltreatment, neglect), or five types if witnessing family violence is considered as a separate form of abuse. However, the distinction between these categories is blurred, because people are often subjected to behaviours that fall into more than one category.

Researchers need a new model of maltreatment types and a comprehensive theory of the causes and consequences of child maltreatment that reflects the likelihood that there are not discrete maltreatment types, but that different maltreatment groupings emerge based on the severity of perpetrator behaviours. A new theory should enable prediction of effects and account for existing research data. It should give practitioners involved in prevention/intervention an integrated perspective for understanding the multiple causes of clients’ problems and provide a theoretical basis for the provision of family support, multi-dimensional approaches to prevention of child maltreatment, and other efforts to foster community mental health.



### **Implications for public policy**

*Recognition of interrelationships between maltreatment types.* Child maltreatment types should not be considered in isolation, due to the large degree of overlap between each form of abuse and neglect. Hetherington (1997) claimed that approximately 50 per cent of the total reports of child abuse and neglect in South Australia were re-notifications. However, it was not known whether the child was being re-notified for the same type of maltreatment. Policies should be adopted that encourage treatment programs to address the differing degree to which each individual has experienced different abusive and neglectful behaviours and “toxic” family dynamics. Public policy initiatives should provide a multi-faceted approach to research, child protection and intervention strategies, and encourage practitioners and researchers to move beyond “turf battles” between those working separately on the different types of child maltreatment. It is important not to assume that one maltreatment subtype is necessarily more damaging than another or more deserving of research, clinical intervention, and prevention strategies.

*Family support.* Negative family factors play an important role in predicting maltreatment, multi-type maltreatment, and long-term psychological maladjustment. Therefore it is important to develop public policies that aim to provide support for families, including resources, counselling, and support for parental relationships. Family support is the best form of child protection and an excellent strategy for preventing mental health problems in children and adults. Family support and child protection should go hand-in-hand. As Harris (1967: 172) writes: “The best way to help children is to help parents.”

*Risk assessment.* Recently, there have been moves towards risk assessment (or actuarial decision making) tools being used in child protection to determine the seriousness of the situation and both the type and level of response from the child protection authority (Lennings

2004). These innovations should take into account the risk that particular family dynamics pose for specific maltreatment types (Higgins and McCabe 1994), as well as the risk of multi-type maltreatment (Higgins and McCabe 2000). Special programs should be targeted at identifying and providing appropriate interventions for children who are at risk of, or who have experienced, multi-type maltreatment.

### **Implications for research**

*Multi-type maltreatment and overlap between maltreatment categories.* It is important to assess multi-type maltreatment, and to account for the role of all maltreatment types, as maltreatment types are strongly intercorrelated. At both the design and analysis phases, researchers should allow for the contributions of all maltreatment sub-types, as well as other variables likely to influence results when assessing the impact of any type of child abuse or neglect. This requires the use of sophisticated statistics. Existing studies that claim to show the effects of one type of maltreatment, but fail to account for the contribution of other maltreatment types are likely to be misleading.

The issues described here should form the basis for useful hypotheses that could be tested on a broad sample. An epidemiological study of the national incidence of multi-type maltreatment is warranted, given the overlap between maltreatment types, and the negative impact of experiencing more than one maltreatment sub-type. Such a dataset would allow for the problems with analyses based on small datasets (for example, low stability of the cluster solutions, difficulties with generalising due to the self-selected sampling, and response bias toward multi-problem respondents). Other factors that may be important in explaining the relationships between the variables should also be examined, such as the nature of the attachment relationship between the child and parent/authority figures, and factors surrounding their disclosure of maltreatment (for example, reaction of parent/authority figure).

### **Implications for practice**

Children need to be actively protected from every form of maltreatment. The particularly negative effect of neglect on children should be of concern to child welfare workers. In the Australian context, many child protection orders that remove an offender from the family, or place a child in appropriate care, are focused on sexual or physical abuse. Oates et al. (1995: 126) claimed that the “sexual abuse of a child is more likely to enter the criminal justice system than other forms of abuse and neglect”. A more holistic

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and integrated approach to understanding child maltreatment, the prosecution of perpetrators, and the protection of children and young people from *all* abusive and neglectful behaviours is needed.

Intervention strategies need to involve families for two reasons. First, the existence of one positive relationship in

a child's life is protective against maladjustment. Second, because child maltreatment is embedded in dysfunctional family dynamics, any attempt to address the harmful effects of maltreatment must consider the family dynamics that influenced the occurrence of maltreatment and mediated or moderated its impact. Support-based interventions with families (personal support, peer support groups, counselling, and relationship education) should be targeted to at-risk families to reduce the incidence of family dysfunction. These will have positive effects in reducing the risk of child psychopathology, and ameliorating the negative impact of maltreatment on children who continue to experience it.

Children coming from families that are rigid and inflexible and lack a sense of cohesion as a family unit are more likely to experience multiple sub-types of maltreatment (Higgins and McCabe 2000). Therefore, the risk of trauma resulting from such experiences of maltreatment may be reduced if we are able to assist families develop healthy communication skills, and foster a greater sense of flexibility, unity and interconnection among family members. Children re-victimised by multiple forms of maltreatment (who are at particular risk of adjustment problems) should be identified for special intervention as a means of preventing further victimisation. In this way, treatment programs or other interventions can be used as an opportunity to engage in primary prevention of other maltreatment sub-types.

Therapists working with individuals who report a childhood history of abuse should focus more on exploring with their clients the extent of various kinds of abusive and neglectful experiences, and the relationship between these and their current symptomatology, rather than focusing on categorising their clients as victims of a particular sub-type of maltreatment.

Let us work to protect children from all forms of harm, not just the risk of harm associated with sexual contact with adults. Australia needs to be a society committed to placing its children out of harm's way.

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