



Australian Government

Australian Institute of
Family Studies



**TEN to
MEN**

The Australian Longitudinal
Study on Male Health

Adverse childhood experiences, resilience and mental health in Australian men

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Overview

- Background and study aims
- Methods: data, measures, analyses
- Findings
- Implications for policy and practice

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Background



- Adverse childhood experiences (ACEs) → ↑ physical & mental health conditions
- Limited longitudinal evidence
- Limited focus on adult men
- Over-reliance on cumulative ACE scores
- Lack of nationally representative pattern-based evidence
- Limited evidence for priority populations
- Gap in policy for adult-focused responses

Study aims



- Prevalence and patterns of ACEs in adult men
- Associations between ACE patterns and mental health
- The extent to which resilience-enhancing factors explain the relationship
- Whether associations differ across priority population groups
- Barriers and facilitators to mental health service use

Study cohort and variables



Study cohort

- Adult men (18+ years) who participated in Wave 5 (2024-25)

Data sources

- Waves 4 (2022) and 5 data
- Medicare Benefits Schedule (MBS)
- Pharmaceutical Benefits Scheme (PBS)

Exposure

Distinct patterns of ACE exposure using LCA analysis

- a statistical approach to identify unobserved subgroups of individuals based on shared patterns of responses across the 10 ACE items

Outcomes

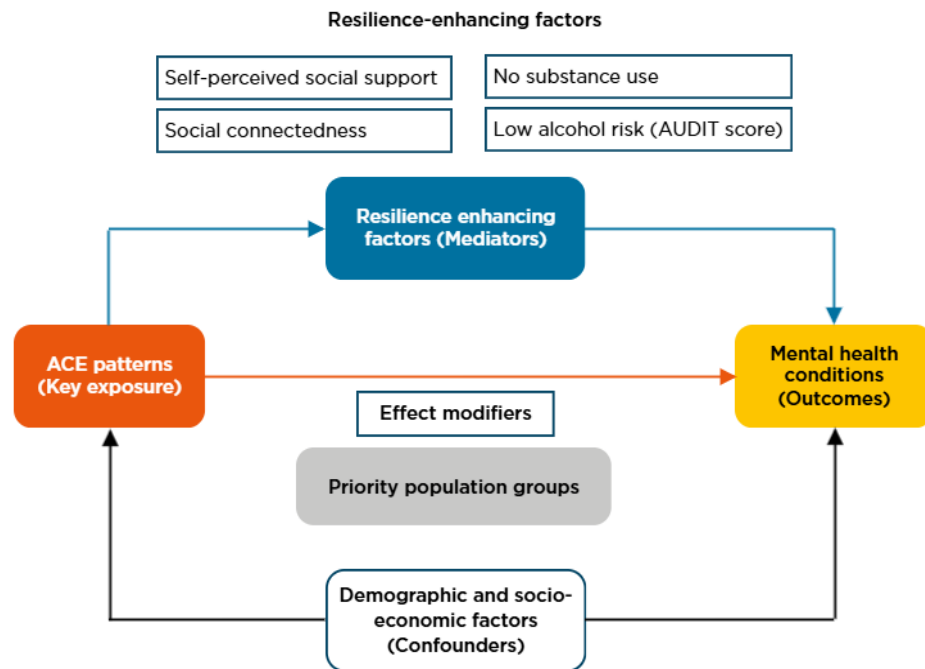
- Symptoms
 - Patient Health Questionnaire-9 (PHQ-9)
 - Generalised Anxiety Disorder-7 (GAD-7)
 - Male Depression Risk Scale-7 (MDRS-7)
 - Any mental health symptom
- Self-reported mental health diagnoses
 - Depression
 - Anxiety
 - Any mental health diagnosis
- Medicare-recorded mental health services or prescriptions



- Weighted proportions
- Modified Poisson regression
- Cox Proportional Hazards regression
- Mediation analysis
- Moderation/effect modification

Priority population groups: CALD backgrounds, living in regional/remote areas, with disability, members of the LGBTQA+ community, Aboriginal and/or Torres Strait Islander men, living in areas of high socio-economic disadvantage, served in the Australian Defence Force

Figure 1: Conceptual framework



Prevalence and patterns of ACEs in adult men



Childhood adversity is common in Australian men

- In 2024–25
 - 62% reported 1+ ACE
 - 44% reported 2+ ACEs
- Most common
 - Emotional abuse (38%)
 - Physical abuse (34%)
 - Household mental illness (25%)
 - Parental loss (25%)

Table 1: Distribution of ACE items among TTM participants

Domain	ACE item	Weighted %
Physical neglect	Didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you	13.0
Emotional neglect	Feel that no one in your family loved you or thought you were special	16.0
Physical abuse	Parent or adult in your home ever hit, beat, kick, or physically hurt you in any way	33.6
Emotional abuse	Parent or adult in your home ever swear at you, insult you, or put you down	37.9
Sexual abuse	Experience unwanted sexual contact	6.3
Household dysfunction	Parents or adults in your home ever hit, punch, beat, or threaten to harm each other	17.9
	Lose a parent through divorce, abandonment, death, or other reason	24.9
	Live with anyone who was depressed, mentally ill, or attempted suicide	25.0
	Live with anyone who had a problem with drinking or using drugs, including prescription drugs	21.1
	Live with anyone who went to jail or prison	4.9
Any	At least one ACE	61.6

- Most common co-occurrence:
 - Emotional and physical abuse

Prevalence and patterns of ACEs in adult men



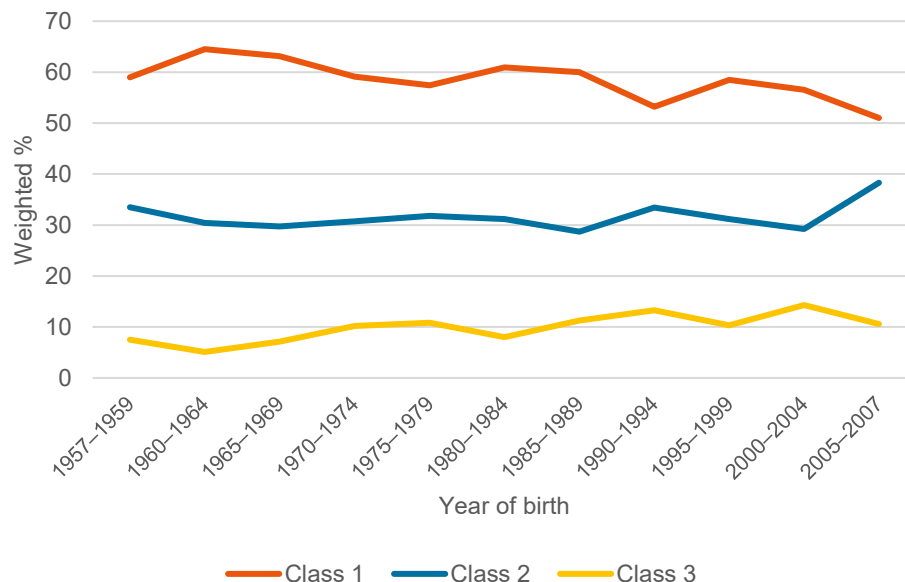
ACE prevalence: unevenly distributed across priority population groups

Three distinct ACE patterns identified

- Class 1: Low exposure (61%)
- Class 2: Abuse + household dysfunction (30%)
- Class 3: High/multiple adversity (9%)

ACE patterns were consistent across birth cohorts

Figure 2: Distinct patterns of ACEs by priority population groups (weighted)



Source: *Ten to Men* Wave 5

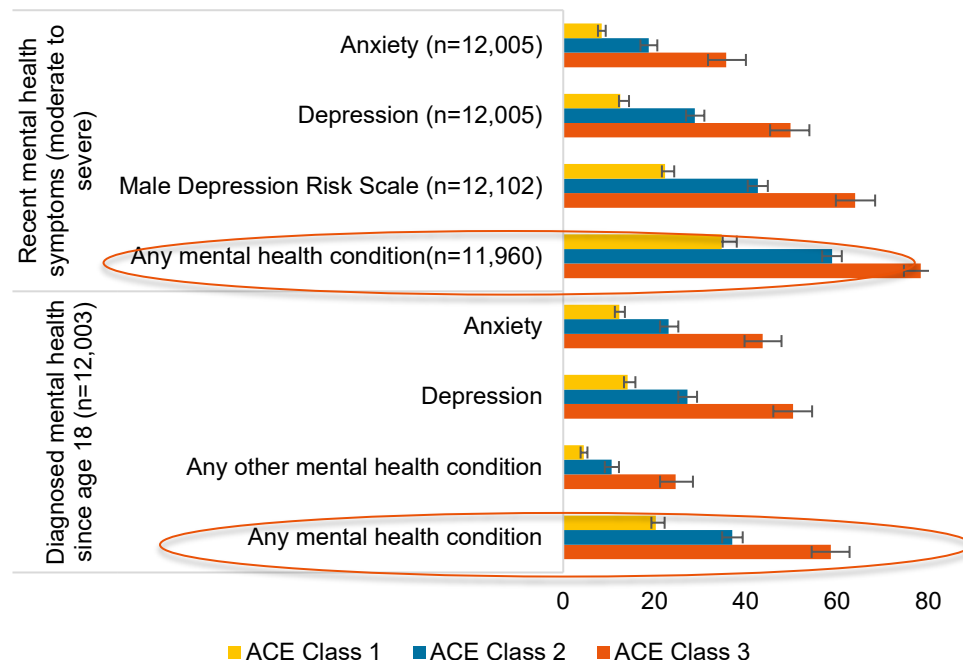
Associations between ACE patterns and mental health



Mental health outcomes worsen as adversity exposure increases

- Clear gradient in mental health outcomes across ACE patterns
 - 78% (Class 3)
 - 59% (Class 2)
 - 35% (Class 1)
- Greater severity and complexity of adversity → poorer mental health

Figure 3: Proportions of Australians with mental disorders by ACE Class (weighted)



Source: *Ten to Men* Wave 5.

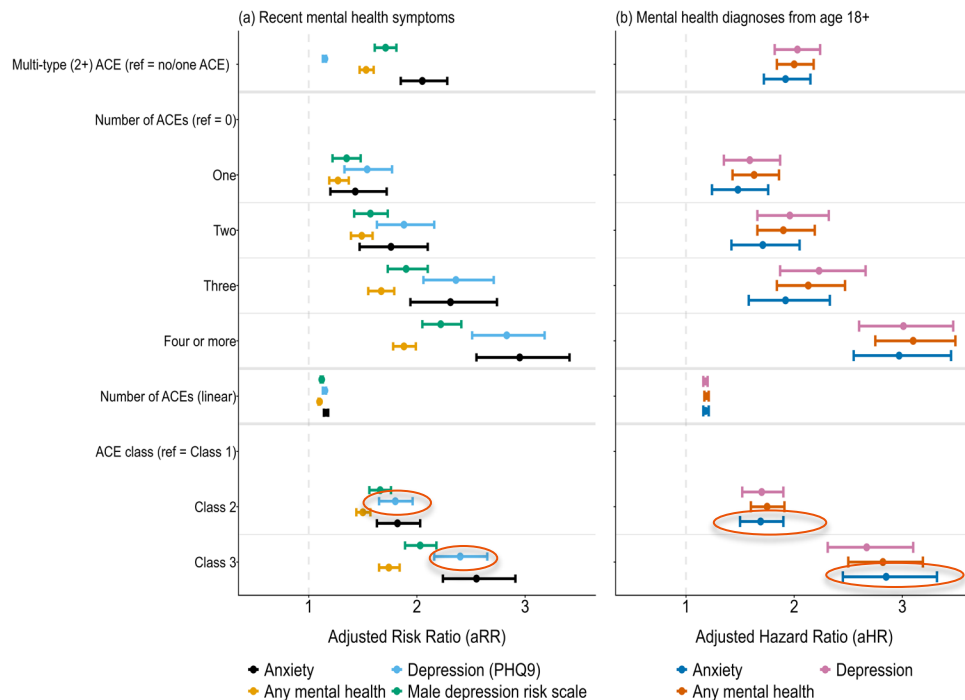
Associations between ACE patterns and mental health



Strong association between childhood adversity and mental health even after accounting for other factors

- Associations with depression symptoms
 - Class 2: ~80% higher likelihood
 - Class 3: >2× as likely
- Similar pattern for
 - Other mental health symptoms
 - Diagnosed mental health conditions

Figure 4: Associations between clustered ACEs and (a) recent mental health symptoms and (b) diagnosed mental health conditions from age 18+ years



Source: *Ten to Men* Waves 4 and 5

Role of resilience-enhancing factors



Resilience helps but its effects are partial

- Resilience explains part of the ACE–mental health association
- Combined factors have stronger effects (up to 30%)
- Resilience helps, but does not eliminate risk

Table 2: Proportion of the ACE–mental health association explained via resilience-enhancing factors (%)

Resilience-enhancing factors	Depression	Anxiety	Male Depression Risk Scale	Any mental health symptoms
Social support				
Class 2 vs Class 1	9.09	7.13	8.00	8.54
Class 3 vs Class 1	11.41	10.59	10.69	10.96
Social connectedness (not lonely)				
Class 2 vs Class 1	25.52	23.65	21.19	19.09
Class 3 vs Class 1	16.29	18.45	17.88	16.22
Social support and social connectedness				
Class 2 vs Class 1	30.09	27.32	29.90	29.61
Class 3 vs Class 1	29.67	26.28	28.77	27.38

Source: *Ten to Men* Wave 5

Moderation effect of priority population groups



The effect of childhood adversity differs across population groups

- Some groups show high baseline risk (ceiling effect)
- Others show lower baseline risk but higher impact at high adversity
- Intersecting factors can amplify or attenuate risk
 - E.g. Born in non-English speaking countries and living in regional/remote Australia amplify the risk

Table 3: Interaction between ACE exposure classes and combined priority population characteristics on moderate-to-severe mental health symptoms

Intersecting factors	Mental health symptoms: aRR [95% CI]		
	Depression	Anxiety	Male Depression Risk Scale
ACE Class × Disability & Born Non-MESC (Ref: Class 1 – No disability and Australian born)			
Class 2 × Yes	0.82 [0.63, 1.09]	0.71 [0.50, 1.00]	0.88 [0.72, 1.07]
Class 3 × Yes	0.62 [0.44, 0.87]	0.60 [0.39, 0.94]	0.78 [0.61, 1.01]
ACE Class × Non-MESC & Regional/Remote (Ref: Class 1 – Australian born & lived in major city)			
Class 2 × Yes	0.90 [0.50, 1.62]	1.19 [0.52, 2.74]	1.01 [0.66, 1.55]
Class 3 × Yes	1.80 [1.04, 3.13]	1.68 [0.72, 3.94]	1.46 [0.96, 2.23]

Source: *Ten to Men* Wave 5

Barriers and facilitators to mental health service use



Mental health service use increases with adversity exposure but gaps remain

- Service use increases with ACE exposure
 - 39% (Class 1) vs 65% (Class 3)
- Access remains incomplete despite higher need
 - About 1 in 5 with a diagnosed mental health condition never accessed mental health service
- Gaps/unmet need observed across all ACE profiles (low, moderate and high exposure groups)
- Financial stress is a key barrier

ACEs and mental health...

Implications for policy and practice



- Prevent ACEs as primary prevention
- Extend trauma-aware approaches to adult services
- Consider patterns of ACEs, not just counts
- Target high-risk and intersecting groups
- Strengthen resilience supports
- Reduce structural and financial barriers

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