

Recognising the adolescent period in early life adversity research: findings from the child to adult transition study (CATS)

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Background:

Early life adversity (ELA) is a well-established determinant of health across the life course, yet its conceptualisation and measurement remain inconsistent. Decades of research have typically treated birth to age 18 as a single undifferentiated exposure period, overlooking adolescence as a distinct developmental stage with unique biological, psychological, and social contexts that shape vulnerability and resilience. To inform prevention and intervention, ELA measurement must better capture the type, timing, and persistence of exposure within relevant developmental ecologies.

Methods:

The Child to Adult Transition Study (CATS) has annually followed 1,239 children from 8 years old in Victoria, Australia, since 2012. At age 19, participants were asked to retrospectively report exposure to ELA using a novel method that incorporates specificity of ELA type, developmental phase, and frequency of exposure.

Participants reported on 20 individual ELA spanning seven domains (physical abuse, domestic violence, sexual abuse, emotional abuse, neglect, household dysfunction, accident/illness). In addition, they reported on which developmental period the ELA exposure occurred (childhood: 0–10 years; adolescence: 10–18 years) and the frequency of ELA exposure per developmental period (i.e., once, many times, few times).

Results: Reporting of ELA was highly prevalent across both sexes, with females consistently reporting higher exposure across all domains. The most common adversities were accident/illness (55.8%), exposure to domestic violence (47.7%), household dysfunction (43.6%), sexual abuse (33.7%), and emotional abuse (26.4%). Gender disparities were particularly pronounced for sexual abuse, neglect, and emotional abuse. Few adversities were confined to childhood; most were reported during adolescence only or across both childhood and adolescence. Adolescence emerged as a particularly high-risk period for sexual abuse. Across domains, and developmental phase, most adversities were experienced repeatedly rather than as one-off events, though this was particularly more pronounced for adolescence.

Conclusions: ELA exposure is pervasive, patterned by gender, and often persistent across development, though adolescence represents a particularly heightened window of vulnerability or perceptual awareness to ELA. Capturing the timing and chronicity of adversity is essential for improving measurement precision and informing targeted, developmentally sensitive prevention strategies.