

Summarising the evidence

CHILD MALTREATMENT

Research summary



Australian Government

Australian Institute of
Family Studies

**RESPECT
VICTORIA**

Child maltreatment

This research summary draws on an evidence review undertaken by Daryl Higgins and Gabby Hunt (Australian Catholic University) in 2022¹ as part of the *Summarising the evidence* project. The summary was developed by Respect Victoria in consultation with the evidence review authors.

Visit the [Summarising the evidence project page](#) for the accompanying context brief, as well as information about the scope and aims of the project.

Respect Victoria gratefully acknowledges the work of the Australian Institute of Family Studies and all authors in conducting this work.

Domain	Summary of research
Definition	<p>There is no international consensus on the definition of child maltreatment² or the appropriate use of terminology. In the review, the definition used in the Australian Child Maltreatment Study³ was adopted, which defines child maltreatment as an act of commission or omission by a parent or caregiver that has caused or has the potential to cause harm to a child or young person.</p>
Behaviours	<p>Child maltreatment is an umbrella term used to capture five broad types of abuse and neglect which includes:</p> <ul style="list-style-type: none"> • sexual abuse • physical abuse • emotional/ psychological abuse • neglect, and exposure to • domestic violence.⁴ <p>For the purposes of this snapshot summary, the term ‘intimate partner violence’ (IPV) is used instead of domestic violence and children’s direct experience of this form of violence is also acknowledged.</p>
Prevalence, dynamics and victim survivor and perpetrator profile	<p>Existing research gaps, alongside differences in definitions and data collection methods make it difficult to establish an overarching child maltreatment prevalence rate. Although there is not yet nationally representative prevalence data available, previous research has highlighted the enormity of this issue. The release of findings from the Australian Child Maltreatment Study (ACMS)³ in 2023 makes a significant contribution in addressing this knowledge gap.</p> <p>The Australian Child Maltreatment Study</p> <p>The Australian Child Maltreatment Study (ACMS) is the first nationally representative study of child maltreatment in Australia.^{3,5} The ACMS surveyed 8,503 participants aged 16 years and older about their experiences during childhood and adolescence. It includes 3,500 young people aged 16-24 years and 1,000 people in subsequent age deciles (25-34, 35-44, 45-54, 55-64, and 65+). The survey was designed to estimate the prevalence of all five types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence) in the general population, and the associations with mental health disorders, physical health, health risk behaviours, health service utilisation, and other outcomes (e.g., intimate partner violence in adulthood, involvement in the criminal justice system, other health outcomes). The ACMS⁵ found prevalence rates of child maltreatment to be:</p> <ul style="list-style-type: none"> • exposure to domestic violence: 39.6% • physical abuse: 32.0% • emotional abuse: 30.9% • sexual abuse: 28.5% • neglect: 8.9% <p>But child maltreatment types don’t always occur in isolation. The ACMS showed that prevalence of any single-type maltreatment experience was 22.8%; whereas</p>

almost twice that number (39.4%) reported multi-type maltreatment, with 3.5% reporting all five types. Each of four family adversities were associated with double the risk of experiencing multi-type maltreatment: parental separation/divorce, family mental illness, family substance abuse problems, and family economic hardship.⁶

Women and participants with diverse gender identities had higher prevalence of child maltreatment. This was particularly stark for multi-type maltreatment. Of participants who had diverse gender identities in the youth cohort, 90.5% experienced some form of child maltreatment, and 77% experienced multi-type maltreatment.⁶

The ACMS prevalence data relate to all types of child maltreatment (not just child maltreatment in the home, or by a family member). It includes maltreatment up to age 18. Although the physical and emotional abuse, neglect, and exposure to domestic violence limit these harmful experiences to those at the hands of parents or carers, some of the experiences could have related to maltreatment by carers in settings like disability services or foster care. The sexual abuse items covered harms from a wide range of perpetrators, not just from family members or abuse occurring in the home. Further analyses of the ACMS data are underway to look at nature of perpetrators and settings, particularly of sexual abuse.

Previous data

Child maltreatment occurring in the family context is a prevalent and significant issue in Australia. The 2021 Personal Safety Survey (PSS) found that before the age of 15 years, 11% of women and 3.6% of men experienced sexual abuse; and 10% of women and 8.3% of men experienced physical abuse.⁷ Recent administrative data (which is likely to undercount actual prevalence) released by the AIHW indicates that:

- Notifications to child protection authorities that have been substantiated have grown significantly across Australia (from around 30,500 in 2001-02; to 72,900 in 2020-21).
- Assaults against children resulted in more than 600 cases of children being hospitalised between 2016–17. Of these, 45%, were assaulted by a parent whilst 13%, were assaulted by another family member.
- For girls, 131 hospitalised assault cases were due to family violence with 34% involving assault by bodily force, 8% involving assault with an object, and 11% involving neglect and abandonment.
- For boys, 157 hospitalised assault cases were due to family violence, 42 (27%) involved assault by bodily force, 13 (8%) with an object and 18 (11%) neglect and abandonment.
- The rate of hospitalisation for injuries sustained by Indigenous children was 7 times higher than that for non-Indigenous children for those aged 0-4 years, and 10 times higher for those aged 5-14 years.⁸
- Children, regardless of their individual characteristics, identity, or background experience all types of child maltreatment in the family

context, with most experiencing more than one form of abuse or neglect (multi-type maltreatment).⁶

However, the literature clearly indicates that those experiencing systemic and structural forms of discrimination and oppression are at a greater risk of child maltreatment.¹

Sexual Abuse

Child sexual abuse has been found to be the type of maltreatment whose prevalence has been most studied across the world. Some Australian studies have estimated sexual abuse prevalence to be as high as 20.4% for female children⁹ however the PSS indicates that around 1.1 million women (11%) had experienced sexual abuse before the age of 15, and 343,500 men (3.6%).⁷

- Of the cases of sexual abuse brought to the attention of Australian child protection authorities, reports made for girls were more than two times likely to be substantiated than for boys (14% versus 5.8%). Girls aged 0-14 were almost four times more likely than boys of the same age to be victimised (107 per 100,000 girls vs 28.3 per 100,000 boys). Likewise, victims of sexual abuse by a family member are typically girls aged 10-14 (197.8 sexual assaults per 100,000 girls).⁸
- Girls have also been found to be at a higher risk for being victimised through child sexual exploitation material than boys.¹⁰

Of those adults in the 2016 PSS who reported experiencing child sexual abuse before the age of 15, 79% were abused by a relative, friend, acquaintance, or neighbour with only 11% abused by a stranger.¹¹ As the PSS groups “known perpetrators” together, this data may include child sexual abuse that is not perpetrated by a parent or caregiver. However, the most common perpetrator of sexual abuse against children before the age of 15 in the PSS was a non-familial ‘known’ person (46.8 % of girls and 65.2% of boys who were sexually abused).

- Of the cases of sexual abuse brought to the attention of Australian child protection authorities, the AIHW indicates that more than two-fifths of the cases concerning children aged 0-14 (around 3,100) were perpetrated by a family member. Although child sexual abuse has remained consistently the least frequently substantiated harm type, like all forms of child maltreatment, substantiations of child sexual abuse have also grown significantly (from 30,500 in 2001-02; to 69,805 in 2019-2020).⁸
- The ACMS found prevalence of child sexual abuse was 28.5%.¹²

Physical abuse

- Studies across Europe suggest that boys are at a higher risk of experiencing physical abuse than girls (27% versus 12%).⁹
- Boys are more likely to experience physical violence resulting in traumatic brain injury¹³ and are victims of filicide at twice the rate of girls.¹⁴

Analysis of the 2016 PSS indicated that:

- Parents were the most common perpetrators of physical abuse of children.
- Of those reporting experiences of physical abuse before the age of 15, 45% were abused by their father or stepfather with 24% being abused by their mother or stepmother. Where mothers or stepmothers were identified as the perpetrator, victims were more likely their daughters (66%) than their sons (35%).¹¹
- Parents who are young, and/or male tend to be more likely to perpetrate physical and sexual abuse against children^{10,15-17}, while female parents are more likely to be identified as responsible for neglect.¹⁸
- The ACMS found prevalence of physical abuse was 32.0%.¹²

Emotional / psychological abuse

Between 2016-17 and 2020-21, emotional abuse was the most common primary type of abuse or neglect that was substantiated by child protection authorities.⁸ The prevalence and dynamics of child emotional / psychological abuse was not canvassed fully in the evidence review and appears to be an area requiring further focus. The studies reviewed for this project refer to the range of factors associated with multi-types of child maltreatment, thus making data specific to emotional / psychological abuse difficult to extrapolate.¹

- The ACMS found prevalence of emotional abuse was 30.9%.¹²

Neglect

- 10,614 children had reports made to child protection authorities that were substantiated for neglect as a primary abuse type in 2020-21¹⁹. Of these, 5,319 were boys, 4,950 were girls and 345 whose sex was 'Not Stated'.
- Within the same period, neglect was the second highest co-occurring abuse type in substantiated reports to child protection services across Australia. 34% of cases that were investigated and substantiated for emotional abuse as the primary type of abuse also had neglect as a substantiated abuse type and 29% of substantiations where physical abuse was the primary type also had neglect as a substantiated abuse type.¹⁹
- The ACMS found prevalence of neglect was 8.9%.¹²

Children exposed to and experiencing IPV

The 2016 PSS¹¹ indicates that:

- 13% of women and 10% of men witnessed violence towards their mother by her partner and 4.7% women and 4.7% of men witnessed violence towards their father by a partner.¹¹
- Women who witnessed violence towards their mother were more likely to experience IPV later in life (34%), compared to 15% for women who did not witness this violence. Women who witnessed violence towards their father were more likely to experience IPV later in life (31%) compared to women who did not witness this violence (17%).
- Men who witnessed violence towards their mother were also more likely to experience IPV later in life (14%), compared to 5.2% who did not witness

this violence. Men who witnessed violence towards their father were more likely to experience IPV later in life (20% compared to 5.5% of men who did not witness this violence).

- 50% of women (60,300) who experienced violence by a current partner and 68% of women (418,200) who experienced violence by a previous partner had children in their care and reported that the children had seen or heard the violence.
- The ACMS found prevalence of exposure to domestic violence was 39.6%.¹²

Indigenous children

- Are more than seven times more likely than non-Indigenous children to come to the attention of statutory child protection services.^{8,18}
- Are overrepresented in the Australian out-of-home care population (approximately 13 times the rate compared to non-Indigenous children).⁸
- Between 1989 and 2020, 113 Indigenous children were the victims of murder, representing 12% of all child victims of murder.²⁰ For Indigenous children between 2005-06 and 2019-20 the murder rate on average was three times higher than non-Indigenous children.²⁰

In 2020-21, state and territory child protection services across Australia investigated and substantiated reports for:

- 33,183 non-Indigenous children (58.5% for emotional abuse, 17.2% for neglect, 14.1% for physical abuse, 10% for sexual abuse and 0.2% where the harm type was unspecified). This is a rate of 6 per 1000 non-Indigenous children.
- 14,600 Indigenous children (48% for emotional abuse, 31% for neglect, 14% for physical abuse, 7% for sexual abuse. (This is a rate of 43 per 1000 Indigenous children).⁸

LGBTQ children¹

- Have higher prevalence rates for stressful childhood experiences²¹, including higher rates of emotional, sexual, and physical abuse than their heterosexual/cisgendered peers.
- Have higher rates of physical and emotional abuse associated with (a) disclosure of sexual orientation, (b) younger age at first awareness of same-sex attraction, and (c) same-sex sexual contact.²²
- Gender non-conformity has been showed to be associated with higher rates of sexual and emotional abuse.²² Transgender and gender diverse groups have been found to be three times more likely to have experienced all maltreatment types compared to their female peers and over three

^a Studies included in this review did not provide data about maltreatment experienced by children born with intersex variation(s)

times more likely to have experienced emotional abuse, sexual abuse, and/or neglect than their male peers.²³

Children with disability

- Children with physical and intellectual disability have been found to be at higher risk of maltreatment than those without disability.²⁴⁻²⁶
- Children with mental health problems have been found to be at are at higher risk of physical abuse and neglect that their peers.

Young children

- Are at higher risk for most maltreatment types including traumatic brain injury because of child maltreatment¹³, filicide¹⁴, and exposure to and experiencing IPV.²⁷
- Are more likely to be placed in care due to neglect, IPV, financial and housing difficulties, parental substance abuse, parental physical illness, or disability.²⁸

IPV during pregnancy

- Around 34,500 women reported experiencing violence from a current partner while pregnant and 325,900 reported experiencing violence from a previous partner during their pregnancy.¹¹
- Women experience an increased risk of IPV during pregnancy, which is associated with further negative impacts such as birth complications and maternal depression.²⁹
- Reviews of child death cases in Australia show several factors such as father's violence towards mothers during pregnancy significantly increase risk.³⁰
- Vulnerable groups such as young and unmarried mothers and those experiencing socioeconomic disadvantage were found to be at a higher risk for IPV and intimate partner homicide during pregnancy.³¹

Researcher's indication of drivers and reinforcing factors

In family violence, public health, and social sciences disciplines, 'drivers' are commonly understood to be the structures and systems that cause inequality, victimisation, discrimination, and oppression. The structures and systems that create unequal life chances are also likely to drive child maltreatment, but also to drive attention from child protection authorities. These include economic systems which create socio-economic disadvantage as well as gendered, racial, and class-based systems that cause victimisation of individuals, families, and communities. Families experiencing structural victimisation and discrimination are likely to encounter child protection and/or justice systems³⁰, have children with health problems²⁴⁻²⁶, struggle to address poor mental health³², experience substance use^{10,31,33} and struggle to form and maintain healthy attachments within the family.

Research indicates that there is no one driver or risk factor for child maltreatment victimisation and perpetration. Rather, it is a complex interplay between a large variety of child, parent, and contextual factors. In the international literature, the

terms 'risk factors', 'protective factors', and 'predictors' are used to describe drivers or reinforcing factors for perpetration of child maltreatment.¹

The main macro systems and structures that underpin perpetration:

- **Socio-economic disadvantage** including poverty, financial stress, and unstable housing, has been associated with a range of types of child maltreatment, most notably physical abuse and neglect, and multi-type maltreatment.
- **Gendered drivers of violence** have been associated with men's use of violence across most sub-types of child maltreatment (particularly sexual and physical violence), and with women's responsibility for child neglect^{14,28,34}. In addition to violence directed toward children it is acknowledged that children's exposure to and experience of IPV, as a form of child maltreatment largely perpetrated by men against women, is likely to result in further emotional and psychological harm.^{35,36}
- **Condoning of violence** is associated with multiple child maltreatment sub-types and is closely related to harsh parenting or authoritarian parenting attitudes as well as antisocial or aggressive attitudes and behaviours.^{31,32}
- **Colonisation and discrimination** as key contributors to the high levels of child protection involvement for Aboriginal and Torres Strait Islander families.
- **Heteronormativity, cisnormativity, homo-, bi- and trans-phobia and consequent gendered sex-role stereotyping** has been associated with the high level of emotional, sexual, and physical abuse perpetrated against LGBTIQ children.
- **Natural disasters, war and conflict** has been consistently found to increase risk for child maltreatment in affected communities. Natural disasters may be particularly relevant in the Australian context. A study on women's experiences of violence following the bushfires in Victoria in 2009 found that women experienced higher rates of violence following this natural disaster.³⁷ This in turn would result in an increased number of children being exposed to and experiencing this violence.

The main factors that underpin perpetration:

- **Poor parenting skills** have been associated with parents who are not attuned to their child's needs, have poor supervision skills which may result in child exposure to hazards, have insecure attachments, harsh parenting practices, all of which can lead to neglect.^{38,39} Parental authoritarian attitudes and attitudes which support violence³⁵ and father's lack of involvement, antisocial or aggressive attitudes and behaviours are also linked to poor parenting.^{31,32}
- **Parental substance abuse** is strongly associated with perpetration of a range of forms of child maltreatment, including multi-type maltreatment. It is likely to underpin other factors such as stress, attachment, parenting capacity, financial hardship, and family conflict.

- **Children exposed to and experiencing IPV** perpetrated by their fathers who are psychologically abusive, coercive, or physically violent, not only experience this form of child maltreatment but may also be at significant risk of other types of maltreatment.^{32,35,40} Exposure to and experiencing other forms of family violence have also found to be associated with young people's engagement in harmful sexual behaviours and violence, including in the family context. Two studies found that most young people engaging in these behaviours are male, with a significant proportion having a history of maltreatment (including child sexual abuse, exposure to domestic violence and family conflict) and other challenges including intellectual disability⁴¹, mental illness, and drug and alcohol use.¹⁶ Another study found that young people with intentional exposure to violent X-rated material and other atypical sexual interests were also at a higher likelihood of engaging in harmful sexual behaviours, with an escalation in offending around the age of 12.⁴¹

Parental history of childhood maltreatment, particularly in relation to sexual assault and exposure to and experience of IPV, is associated with later life perpetration.

References

1. Higgins DJ, Hunt G. Child, parent, and contextual factors associated with child protection system involvement and child maltreatment in the family: A rapid evidence review. *Australian Journal of Social Issues*, 147. 2023.
2. Rumble L, Ramly AA, Nuryana M, Dunne MP. The Importance of Contextual Factors in Carrying Out Childhood Violence Surveys: a Case Study from Indonesia. *Child Indic Res*. 2018;11(2):405-21.
3. Haslam DM, Lawrence DM, Mathews B, Higgins DJ, Hunt A, Scott JG, Dunne MP, Erskine HE, Thomas HJ, Finkelhor D, Pacella R, Meinck F, Malacova E. The Australian Child Maltreatment Study (ACMS), a national survey of the prevalence of child maltreatment and its correlates: methodology. *Medical Journal of Australia*. 2023;218(S6):S5-S12.
4. Mathews B, Collin-Vézina D. Child Sexual Abuse: Toward a Conceptual Model and Definition. *Trauma, Violence, & Abuse*. 2019;20(2):131-48.
5. Mathews B, Pacella R, Dunne M, Scott J, Finkelhor D, Meinck F, Higgins DJ, Erskine H, Thomas HJ, Haslam D, Tran N, Le H, Honey N, Kellard K, Lawrence D. The Australian Child Maltreatment Study (ACMS): protocol for a national survey of the prevalence of child abuse and neglect, associated mental disorders and physical health problems, and burden of disease. *BMJ Open*. 2021;11(5):e047074.
6. Higgins DJ, Mathews B, Pacella R, Scott JG, Finkelhor D, Meinck F, Erskine HE, Thomas HJ, Lawrence DM, Haslam DM, Malacova E, Dunne MP. The prevalence and nature of multi-type child maltreatment in Australia. *Med J Aust*. 2023;218 Suppl 6:S19-s25.
7. Australian Bureau of Statistics. Personal Safety, Australia, 2021-22 Canberra: Australian Bureau of Statistics; 2023 [Available from: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#data-downloads>].

8. Australian Institute of Health and Welfare. Family, domestic and sexual violence data in Australia 2022. [Available from: <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-data>].
9. Moody G, Cannings-John R, Hood K, Kemp A, Robling M. Establishing the international prevalence of self-reported child maltreatment: a systematic review by maltreatment type and gender. *BMC Public Health*. 2018;18(1):1164.
10. Cale J, Holt T, Leclerc B, Singh S, Drew J. Crime commission processes in child sexual abuse material production and distribution: A systematic review. *Trends and issues in crime and criminal justice*. 2021(617):1-22.
11. Australian Bureau of Statistics. Personal Safety, Australia, 2016-2017. [Available from: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>].
12. Mathews B, Pacella R, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence DM, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. *Medical Journal of Australia*. 2023;218(S6):S13-S8.
13. Ayton D, Pritchard E, Tsindos T. Acquired Brain Injury in the Context of Family Violence: A Systematic Scoping Review of Incidence, Prevalence, and Contributing Factors. *Trauma Violence Abuse*. 2021;22(1):3-17.
14. Brown T, Tyson D, Arias PF. Filicide and Parental Separation and Divorce: Filicide and Parental Separation. *Child abuse review (Chichester, England : 1992)*. 2014;23(2):79-88.
15. Gilbert B, Stewart A, Hurren E, Little S, Allard T. Dual-system Involvement: Exploring the Overlap Between Domestic and Family Violence and Child Maltreatment Perpetration. *Journal of Interpersonal Violence*. 2022;37(9-10):NP6733-NP59.
16. Purcell R, Baksheev GN, Mullen PE. A descriptive study of juvenile family violence: data from intervention order applications in a Children's Court. *Int J Law Psychiatry*. 2014;37(6):558-63.
17. Seddighi H, Salmani I, Javadi MH, Seddighi S. Child Abuse in Natural Disasters and Conflicts: A Systematic Review. *Trauma, Violence, & Abuse*. 2021;22:176 - 85.
18. Allard T, Hurren E, Thompson C, Jenkins B, Chrzanowski A, Stewart A. Who is responsible for child maltreatment? *Trends & Issues in Crime & Criminal Justice*. 2018;547:1-15.
19. Australian Institute of Health and Welfare. Family, Domestic and Sexual Violence in Australia: Continuing the National Story. Canberra: AIHW; 2019.
20. Australian Institute of Criminology. Senate Legal and Constitutional Affairs References Committee— Questions on Notice. 30 September 2022. Canberra: AIC; 2022.
21. Schneeberger AR, Dietl MF, Muenzenmaier KH, Huber CG, Lang UE. Stressful childhood experiences and health outcomes in sexual minority populations: a systematic review. *Social Psychiatry and Psychiatric Epidemiology*. 2014;49(9):1427-45.
22. McGeough BL, Sterzing PR. A Systematic Review of Family Victimization Experiences Among Sexual Minority Youth. *The Journal of Primary Prevention*. 2018;39(5):491-528.
23. Prior K, Carvalho M, Lawler S, Stapinski LA, Newton NC, Mooney-Somers J, Basto-Pereira M, Barrett E. Early trauma and associations with altruistic attitudes and behaviours among young adults. *Child Abuse Negl*. 2021;117:105091.
24. Fogarty A, Jones A, Seymour M, Savopoulos P, Evans K, O'Brien J, O'Dea L, Clout P, Auletta S, Giallo R. The parenting skill development and education service: Telehealth support for families at risk of child maltreatment during the COVID-19 pandemic. *Child & Family Social Work*. 2022;27(3):392-404.
25. Kisely S, Strathearn L, Najman JM. Risk Factors for Maltreatment in Siblings of Abused Children. *Pediatrics*. 2021;147(5).

26. White OG, Hindley N, Jones DP. Risk factors for child maltreatment recurrence: An updated systematic review. *Med Sci Law*. 2015;55(4):259-77.
27. Dodaj A. Children witnessing domestic violence. *Journal of children's services*. 2020;15(3):161-74.
28. Fernandez E, Delfabbro P, Ramia I, Kovacs S. Children returning from care: The challenging circumstances of parents in poverty. *Children and Youth Services Review*. 2019;97:100-11.
29. Meiksans J, Arney F, Flaherty R, Octoman O, Chong A, Ward F, Taylor C. Risk factors identified in prenatal child protection reports. *Children and Youth Services Review*. 2021;122.
30. Frederico M, Jackson A, Dwyer J. Child Protection and Cross-Sector Practice: An Analysis of Child Death Reviews to Inform Practice When Multiple Parental Risk Factors Are Present. *Child Abuse Review*. 2014;23(2):104-15.
31. Kim B, Merlo AV. Domestic Homicide: A Synthesis of Systematic Review Evidence. *Trauma Violence Abuse*. 2023;24(2):776-93.
32. Ayers S, Bond R, Webb R, Miller P, Bateson K. Perinatal mental health and risk of child maltreatment: A systematic review and meta-analysis. *Child Abuse Negl*. 2019;98:104172.
33. Baheshmat S, Gholami J, Amin-Esmaeili M, Shadloo B, Rahimi-Movaghar A. Spouse and Child Abuse Associated With Illicit Drug Use in Iran: A Systematic Review and Meta-Analysis. *Trauma Violence Abuse*. 2022;23(5):1494-509.
34. Bor W, Stallman H, Collerson E, Boyle C, Swenson CC, McDermott B, Lee E. Therapy implications of child abuse in multi-risk families. *Australas Psychiatry*. 2013;21(4):389-92.
35. Langevin R, Marshall C, Kingsland E. Intergenerational Cycles of Maltreatment: A Scoping Review of Psychosocial Risk and Protective Factors. *Trauma Violence Abuse*. 2021;22(4):672-88.
36. McKenzie K, Scott DA. Quantity of documentation of maltreatment risk factors in injury-related paediatric hospitalisations. *BMC Public Health*. 2012;12(1):563.
37. Molyneaux R, Gibbs L, Bryant RA, Humphreys C, Hegarty K, Kellett C, Gallagher HC, Block K, Harms L, Richardson JF, Alkemade N, Forbes D. Interpersonal violence and mental health outcomes following disaster. *BJPsych Open*. 2019;6(1):E1.
38. Frederick J, Devaney J, Alisic E. Homicides and Maltreatment-related Deaths of Disabled Children: A Systematic Review. *Child Abuse Review*. 2019;28(5):321-38.
39. O'Connor M, Slopen N, Becares L, Burgner D, Williams DR, Priest N. Inequalities in the Distribution of Childhood Adversity From Birth to 11 Years. *Acad Pediatr*. 2020;20(5):609-18.
40. Orr C, Fisher CM, Glauert R, Preen DB, O'Donnell M, Ed D. A Demographic Profile of Mothers and Their Children Who Are Victims of Family and Domestic Violence: Using Linked Police and Hospital Admissions Data. *J Interpers Violence*. 2022;37(1-2):Np500-np25.
41. McKibbin G, Humphreys C, Hamilton B. Prevention-enhancing interactions: a Critical Interpretive Synthesis of the evidence about children who sexually abuse other children. *Health Soc Care Community*. 2016;24(6):657-71.

Further reading

All resources from Summarising the evidence can be found on the [project page](#).

Research summaries

- Adolescent violence in the home (E Campbell & L Wall)
- Child maltreatment: a snapshot summary (D Higgins & G Hunt)
- Intimate partner violence perpetrated against women by men (Respect Victoria)
- Intimate partner violence perpetrated by women against men (M Salter & D Woodlock)
- Online violence and harassment perpetrated against women (B Harris)
- Non partner sexual violence (A Quadara)
- Sexual harassment occurring in the world of work (S Charlesworth & C Deen)
- Violence perpetrated against older people by another family member or carer (E Stevens, R Kaspiw & R Carson)

Context briefs

- Summarising the evidence: Exploring what we know about drivers of violence against women, family violence and other forms of gendered violence - Project overview
- Summarising the evidence: Adolescent violence in the home
- Summarising the evidence: Child maltreatment
- Summarising the evidence: Elder abuse
- Summarising the evidence: Online harassment and abuse against women
- Summarising the evidence: Women's intimate partner violence against men
- Summarising the evidence: Work-related sexual harassment

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Acknowledgement of Country

Respect Victoria acknowledges Aboriginal peoples throughout Victoria as the First Peoples and Traditional Owners and Custodians of the lands and waterways on which we rely. We proudly acknowledge the Aboriginal communities throughout Victoria and their ongoing strength in practising the world's oldest living culture.

We acknowledge the significant and ongoing impacts of colonisation and commit to working alongside Aboriginal communities to effect change. We recognise the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and violence against women, and will continue to work in collaboration with First Peoples to eliminate these forms of violence from all communities.

Victim survivor acknowledgement

Respect Victoria acknowledges the significant impact of family violence and violence against women on individuals, families and communities, and the strength and resilience of the children, young people and adults who have, and are still, experiencing this violence. We pay our respects to those who did not survive, and to their loved ones.



Respect Victoria is the state's dedicated organisation for the prevention of family violence and violence against women. Our vision is a Victorian community where all people are safe, equal and respected, and live free from family violence and violence against women.

To achieve our vision, we lead and support evidence-informed primary prevention and act as a catalyst for transformational social change. Primary prevention aims to stop violence from occurring in the first place, by changing the culture that drives it. We drive coordination and effectiveness of the prevention system. We build and promote primary prevention knowledge and evidence. We keep prevention on the public and policy agenda. We guide prevention wherever Victorians live, work, learn and play. We raise awareness that violence against women is preventable and influence community conversations to fuel social change.

We are an independent voice, with functions, powers and duties enshrined in legislation.