



Australian Child Maltreatment Study:

A multi-sector response

Friday 23 June, 2023

Olympic Room MCG, on Wurundjeri Country



Australian Child Maltreatment Study:
A multi-sector response

Acknowledgement of Country



Australian Child Maltreatment Study:
A multi-sector response

Acknowledgements

Support Services

The findings contains information about child abuse and neglect which may be distressing to some in our community. Should you experience distress there are many services and support groups available.



The Blue Knot helpline is available to help adult survivors of childhood trauma and abuse, parents, partners, family and friends as well as the professionals who work with them. You can call the Blue Knot Helpline and Redress Support Service on 1300 657 380. This service operates from 9 am-5 pm AEST/AEDT 7 days a week and on public holidays. You can [also email helpline@blueknot.org.au](mailto:helpline@blueknot.org.au) or visit www.blueknot.org.au



13YARN is the first national crisis support line for mob who are feeling overwhelmed or having difficulty coping. We offer a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter. If you, or someone you know, are feeling worried or no good, we encourage you to connect with 13YARN on 13 92 76 (24 hours/7 days) and talk with an Aboriginal or Torres Strait Islander Crisis Supporter.



Kids Helpline, powered by yourtown is Australia's only free and confidential, 24/7 online and phone counselling service for young people aged 5 – 25. Free call 1800 55 1800 or www.kidshelpline.com.au

Lifeline

If you or someone you know needs crisis support, please phone Lifeline on [13 11 14](tel:131114), text 0477 13 11 14 or visit lifeline.org.au/gethelp for Lifeline Chat Service (24/7)



1800RESPECT is the national domestic, family and sexual violence counselling, information and support service. If you or someone you know is experiencing, or at risk of experiencing, domestic, family or sexual violence, call 1800RESPECT [on 1800 737 732](tel:1800737732) or [chat](http://www.1800RESPECT.org.au) visit their website www.1800RESPECT.org.au



Resources

These can be accessed directly via
<https://www.acms.au/our-resources>



Infographic Set



Download via QR Code

ACMS Report



Download via QR Code

MJA Supplement



Download via QR Code



The findings from the study are now public. These were published in a special issue of the Medical Journal of Australia.

Resources



Australian Child Maltreatment Study:
A multi-sector response



Deb Tsorbaris

CEO of the Centre for
Excellence in Child and
Family Welfare

Welcome



Australian Child Maltreatment Study: A multi-sector response



Rebekah Kilpatrick

Head of the National Office for Child Safety,
Department of the Prime Minister and Cabinet

Launch



Australian Child Maltreatment Study:
A multi-sector response



**Professor
Ben Mathews**

Lead Investigator QUT



**Professor
Daryl Higgins**

Lead Researcher, ACU



The Australian Child Maltreatment Study: A multi-sector response

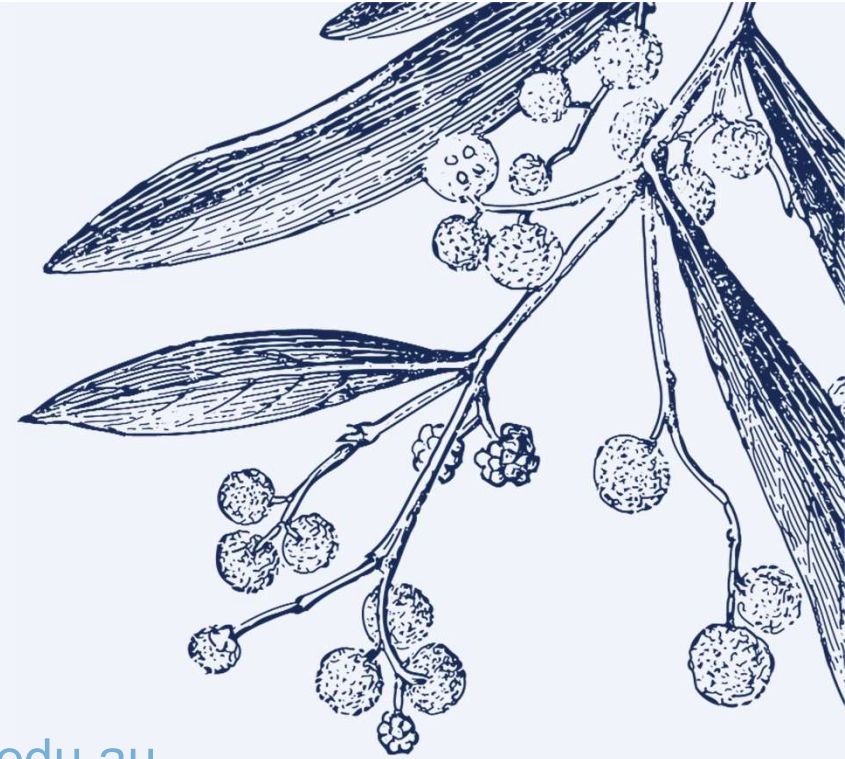
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Centre for Excellence in Child and Family Welfare

Olympic Room, Melbourne Cricket Ground

Friday 23 June 2023



Acknowledgement of Country

We acknowledge the First Nations owners of the lands upon which we meet.

We pay respect to their Elders, lores, customs and creation spirits.
We recognise these lands have always been places of teaching,
research and learning.



Acknowledgements

Our funders

- National Health and Medical Research Council
- Additional funding and contributions provided by the Department of the Prime Minister and Cabinet, Department of Social Services, the Australian Institute of Criminology

Centre for Excellence in Child and Family Welfare

Distinguished guests

Government agencies, sector leaders, key stakeholders

Our partners

Our survey participants

Those with lived experience



On Behalf of the ACMS team



Prof Ben Mathews
(QUT)



Prof Rosana Pacella
(Greenwich University)



Prof James Scott
(QIMR Berghofer,
QCMHR, UQ)



Prof David Finkelhor
(University of
New Hampshire)



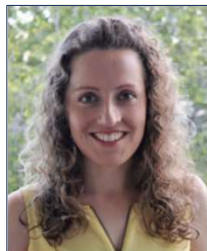
**Assoc Prof
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(Statistician, QIMR
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All major findings now published

Special edition of the Medical Journal of Australia

Volume 218(6) Supplement: The Australian Child Maltreatment Study: National prevalence and associated health outcomes of child abuse and neglect.

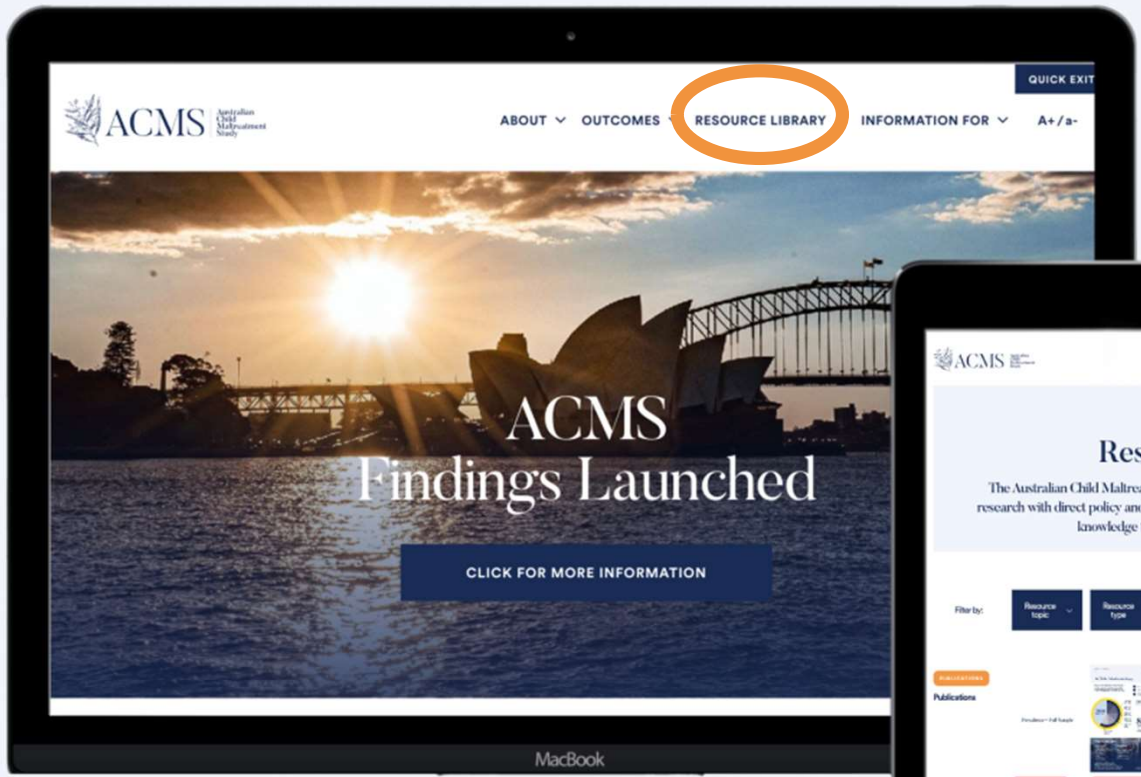
<https://www.mja.com.au/journal/2023/218/6/supplement>

Open access, freely available to download and share

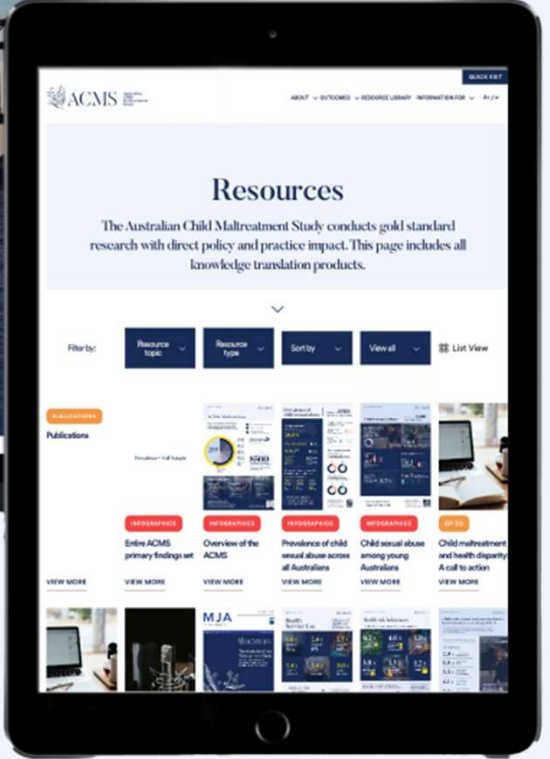
Seven articles

Public report and infographics: accessible at <https://www.acms.au/>





www.acms.au
Resource Library



Access to support

Lifeline – 13 11 14 (24 hours a day, 7 days a week)

13YARN – 13 92 76 (24 hours a day, 7 days a week) – a culturally safe crisis support line for Aboriginal and Torres Strait Islander people

1800RESPECT – 1800 737 732 (24 hours a day, 7 days a week) – for people impacted by sexual assault, domestic and family violence and abuse

Blue Knot Helpline – 1300 657 380 (9am-5pm, 7 days a week) – for adults impacted by childhood trauma including child sexual abuse

Kids Helpline – 1800 55 1800 (24 hours a day, 7 days a week)



1

Why did we need the ACMS?



Australia has not had reliable evidence at the population level about the:

1

Prevalence of each type of child maltreatment

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Exposure to domestic violence

2

Characteristics of each type of abuse and neglect

- How old are children when it begins and ends?
- Who inflicts different types of maltreatment?
- How chronic are these experiences?

3

Associated mental health disorders, health risk behaviours, physical health conditions



Incomplete and uninformed

Despite the significance of child maltreatment for social justice, lifelong health, the economy, and the community fabric, national policy has been incomplete and uninformed by the necessary epidemiological evidence.

Advancing public health, social justice, and the economy



This evidence is essential to inform better, targeted approaches to:



Prevent
child abuse and neglect



Reduce
associated health conditions and health risk behaviours



Reduce
economic cost to the nation

Findings significant across sectors serving children, families, communities:

- Early childhood education and care
- Education in primary and secondary sectors
- Child protection; family welfare; out of home care
- Health
- Justice

The annual cost of mental health disorders and suicide

\$200 to \$220 billion

Productivity Commission, 2020

2

What the ACMS has done:

New national evidence
to inform policy and
practice



We have generated new national evidence to inform policy and practice



The first
comprehensive
nationwide study of:

1

Prevalence

The prevalence of each form of child maltreatment (and of multi-type CM)

2

Characteristics

The characteristics of these experiences (e.g., child age, sex, relation to person)

3

Mental Health

Key mental health outcomes, and health risk behaviours, through life

4

Burden of Disease

The burden of disease from maltreatment (& other health use outcomes)

How we did the ACMS



Nationwide cross-sectional survey

- Informed by systematic review and analysis
- Computer-assisted telephone interviews
- Random sample of the population



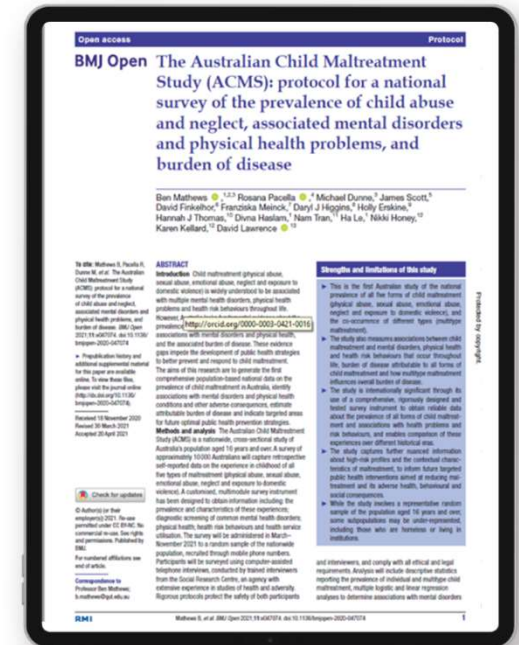
8500 Participants aged 16 and over

3500 Adolescents/young adults aged 16-24

Enables future Wave Studies, Cohort Study

5000 Adults aged 25+

1000 adults in 5 strata (25-34, 35-44, 45-54, 55-64, 65+)
Enables measurement of health through life



What we measured

Childhood experiences → Outcomes



Child maltreatment (all 5 types)

Physical abuse, Sexual abuse, Emotional abuse, Neglect, Exposure to domestic violence



Familial risk factors (ACEs)



Peer bullying; sibling violence

- Mental health disorders
- Physical health conditions
- Health risk behaviours
- Health service use
- Criminal justice system involvement
- Intimate partner violence in adulthood
- Educational attainment
- Income



Sophisticated design and analysis

We have discovered which experiences are more widespread, and which experiences are most harmful for a range of life outcomes.

3

Measuring the five types of child maltreatment:

Prevalence and
characteristics



Designing the child maltreatment questions:



Internationally leading, gold standard design

The rigour and comprehensiveness of our approach means governments and stakeholders can rely on our results.

Informed by systematic review and critical analysis

Found JVQ the best available survey instrument

2-year process: further JVQ adaptation and validation

- Deep conceptual analysis and critical appraisal
- Consultation with international panel
- Modification and enhancement
- Cognitive testing – refinement
- Pilot testing – refinement

The JVQ-R2: Adapted Version

(Australian Child Maltreatment Study)



Rigorous measurement of all maltreatment types



All 5 types

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Exposure to domestic violence



Gold standard definitions and operational examples



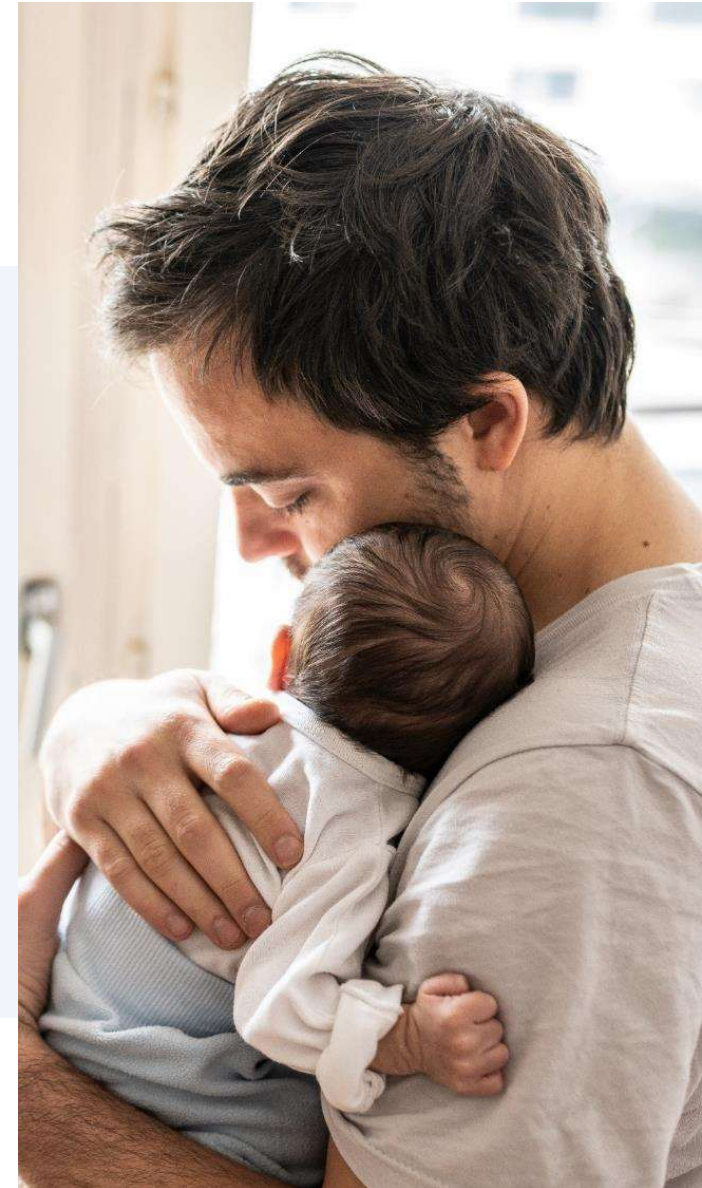
Measurement is rigorous, comprehensive, yet still conservative



Beyond existing Australian data



Beyond previous studies elsewhere



Physical abuse: Definition

Acts of physical force by a parent/caregiver (can include those within institutions, e.g., teachers), causing injury, harm, pain, or breach of dignity, or having a high likelihood of doing so. Does not include lawful corporal punishment.

Operational examples: our two survey questions

1. Being hit, punched, kicked, or physically hurt
2. Beaten up, hit on head or face, choked, or burned



Sexual abuse: Definition

Contact and non-contact sexual acts by any adult or child in a position of power over the victim, to obtain sexual gratification, when the child either does not have capacity to provide consent, or has capacity but does not provide consent.



Operational examples: our seven survey questions



**16 – 24
years only**

- **Non-consensual sharing of sexual images**
- **Online grooming by adults**



*Our calculation of the prevalence of child sexual abuse only included the **four** core CSA questions bolded above; we did not include internet victimisation and sexual harassment: Mathews B, Pacella R, Scott JG, et al. (2023). The prevalence of child maltreatment in Australia: findings from a national survey. *Med J Aust* 2023; 218 (6 Suppl): S13-S18. <http://dx.doi.org/10.5694/mja2.51873>

Emotional abuse:

Definition

Parental behaviour, repeated over time, conveying to the child they are worthless, unloved, unwanted, or only of value in meeting another's needs.

Operational examples: our three survey questions

1. Verbal hostility (insults, humiliation, calling hurtful names)
2. Rejection (saying they hate the child, don't love them, wished they were dead or had never been born)
3. Denying emotional responsiveness (consistently ignoring the child, or not showing any love or affection)

*Our calculation of the prevalence of emotional abuse only included instances where the participant experienced the behaviour over a period of weeks, months or years; we did not include those who experienced it over only a period of days: Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.



Neglect: Definition

Failure by a parent or caregiver to provide the child with the basic necessities of life, as suited to the child's developmental stage, and as recognised by the child's cultural context.

Operational examples: our three survey questions

1. Physical neglect
2. Environmental neglect
3. Medical neglect

*Our calculation of the prevalence of neglect only included instances where the participant's experience occurred over a period of weeks, months or years; we did not include those who experienced it over only a period of days: Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. *Med J Aust* 2023; 218 (6 Suppl): S13-S18.



Exposure to domestic violence: Definition

Witnessing a parent being subjected to assaults, threats, or property damage by another parent/adult partner who lives in the household; includes witnessing other forms of inter-parental coercion.

Operational examples: our four survey questions

1. Witnessing physical assault
2. Witnessing serious threats of physical assault
3. Witnessing damage to property or pets
4. Witnessing coercive control (verbal, sexual, financial, or relational)



Measuring the prevalence of child maltreatment

Each question had a Yes or No response

3 Physical abuse (2, +1 on corp. punishment)

7 Sexual abuse (5, +2 on the internet)

3 Emotional abuse

3 Neglect

4 Exposure to domestic violence



20
questions

Measuring the characteristics of child maltreatment

Important information: context, and risk factors



How old was the child when it began, and ended?



Who did the acts? (PA, SA, EA)



Disclosure (PA, SA) –
ever disclosed; age; to whom; support



How many times did it happen? (PA, SA, EDV);
or over what period did it happen? (EA, Neglect)



4

Measuring the mental health and behavioural outcomes of child maltreatment



Mental health outcomes and health risk behaviours

Mental health

Measured with the MINI (Mini
International Neuropsychiatric Interview)

Diagnostic data

1. Major depressive disorder
2. Generalized anxiety disorder
3. Post-traumatic stress disorder
4. Alcohol use disorder



Mental health outcomes and health risk behaviours

Health Risk Behaviours

1. Tobacco use
2. Alcohol use (sub-clinical)
3. Cannabis dependence
4. Self-harm
5. Suicide attempts



Results of the Australian Child Maltreatment Study



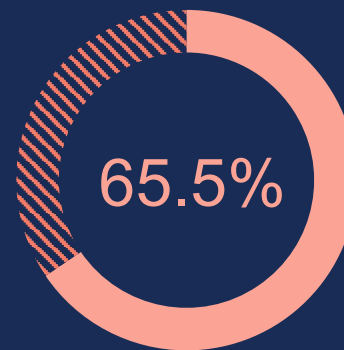
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The prevalence of child maltreatment, and trends by sex and age group

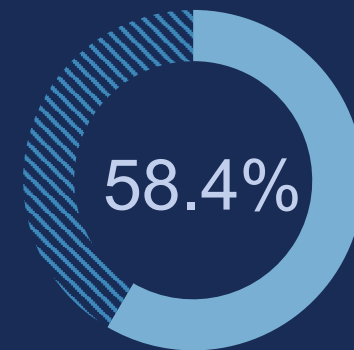


Child maltreatment is disturbingly common

62% of Australians have experienced 1 or more types of maltreatment

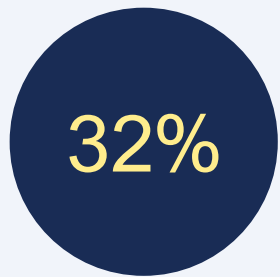


Females



Males

We now know the prevalence of each type of child maltreatment in Australia



Physical
abuse



Sexual
abuse



Emotional
abuse

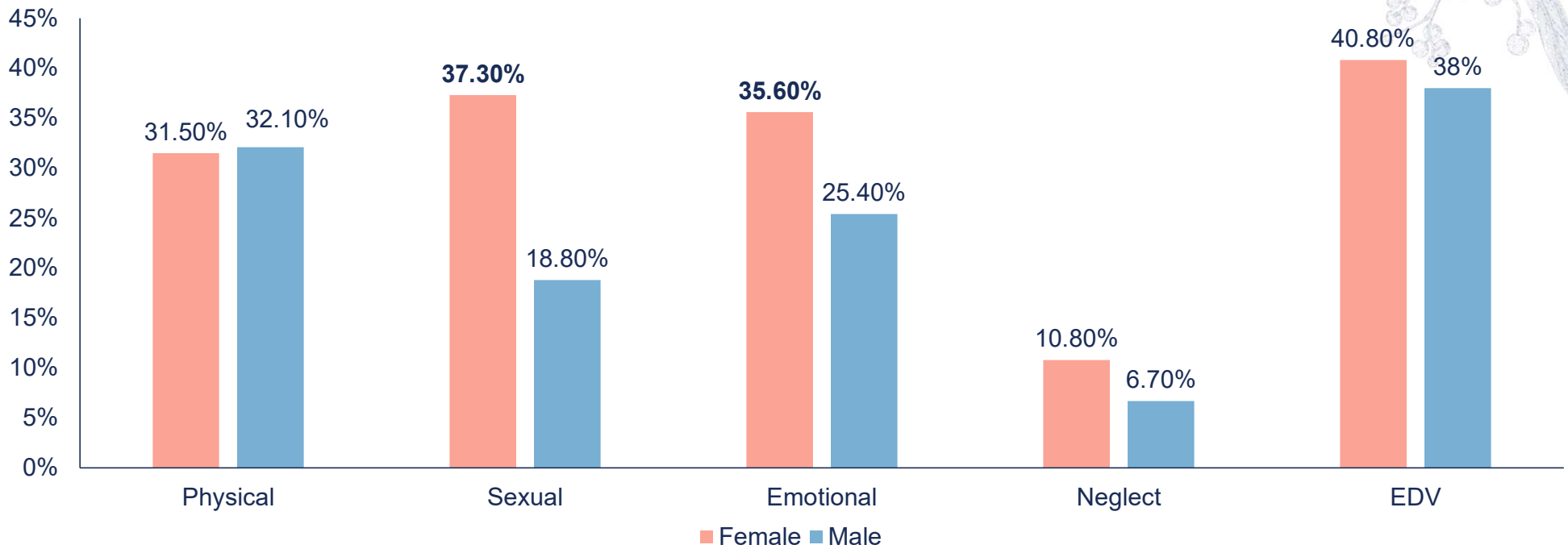


Neglect

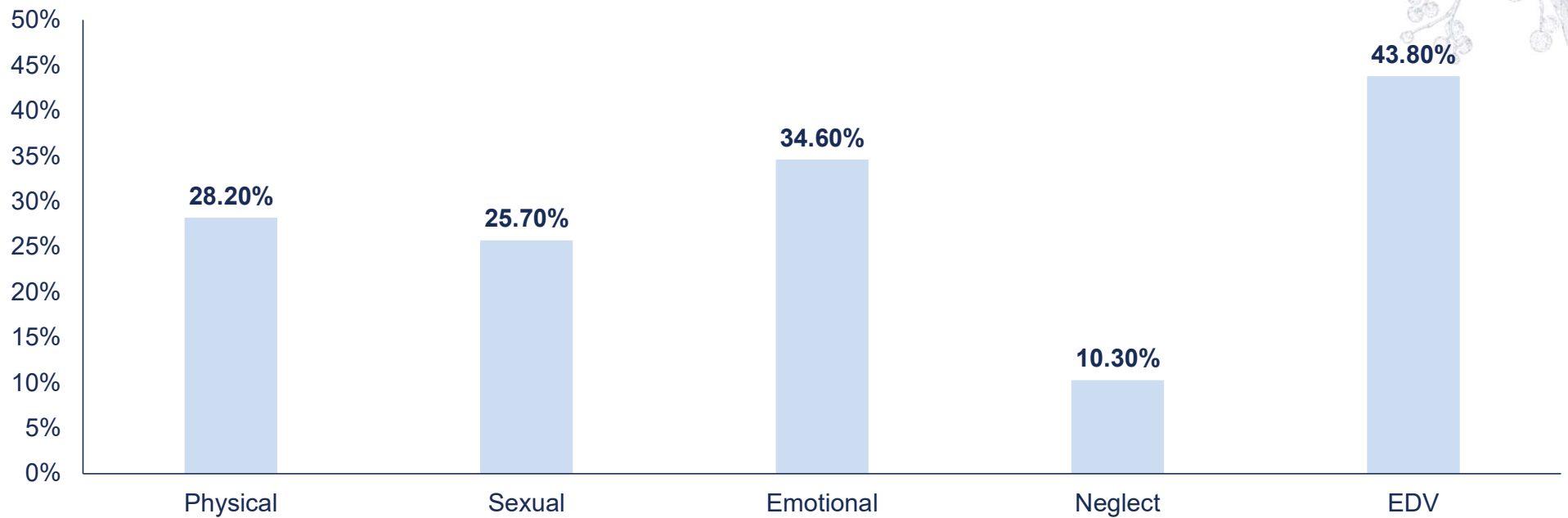


Exposure to
domestic
violence

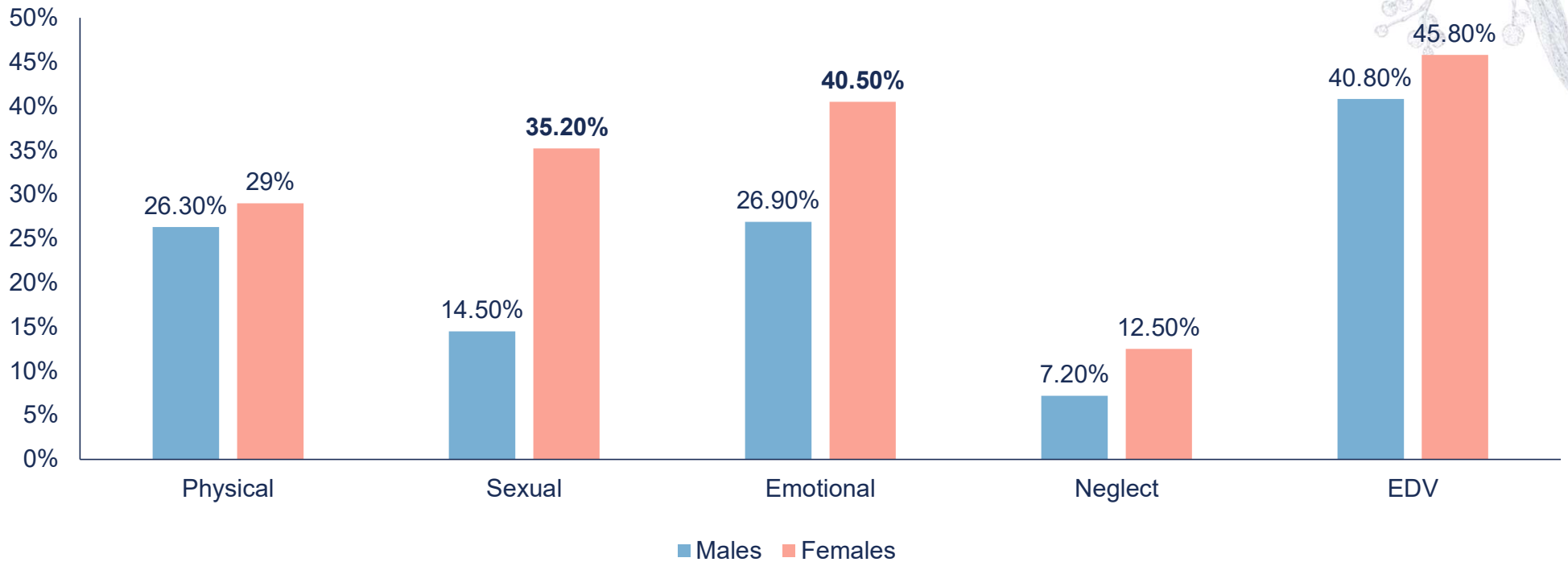
Prevalence of each maltreatment type, by sex (%)



Prevalence of each maltreatment type (youth aged 16-24)



Prevalence of each maltreatment type by sex (youth aged 16-24)



Maltreatment is chronic, not isolated



Physical abuse

88% >1 time
62% >6 times
19% >50 times

Median:
9.5x

Sexual abuse

78% >1 time
42% >6 times
11% >50 times

Median:
3.5x

Emotional abuse

~80% >years

Median:
years

Neglect

~75% >years

Median:
years

EDV

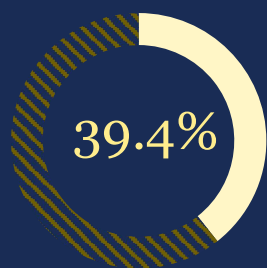
89% >1 time
65% >6 times
32% >50 times

Median:
11.8x

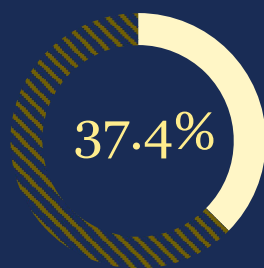
Prevalence of multi-type maltreatment (whole sample)

2 in 5

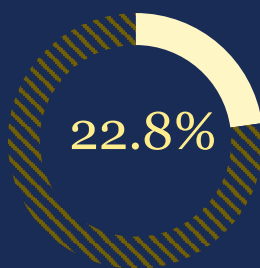
Australians have experienced multi-type maltreatment (2 or more types)



Any MTM



No CM



Single-type Maltreatment

1 in 4

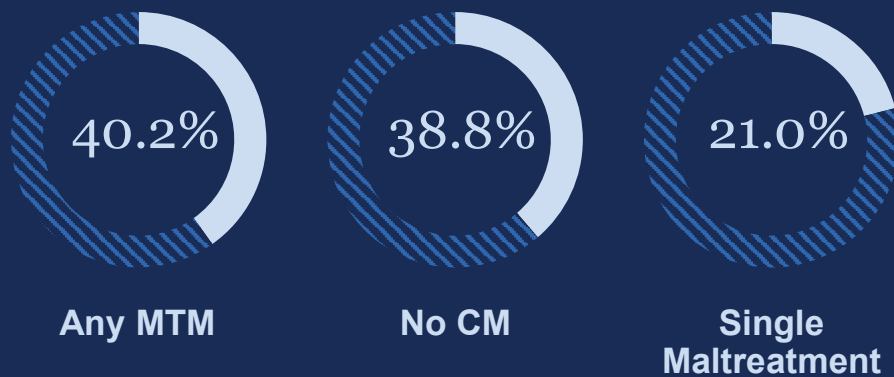
Almost 1 in 4 have experienced 3-5 types of maltreatment (23.3%)



Prevalence of multi-type maltreatment (youth aged 16-24)

2 in 5

Australians have experienced multi-type maltreatment (2 or more types)



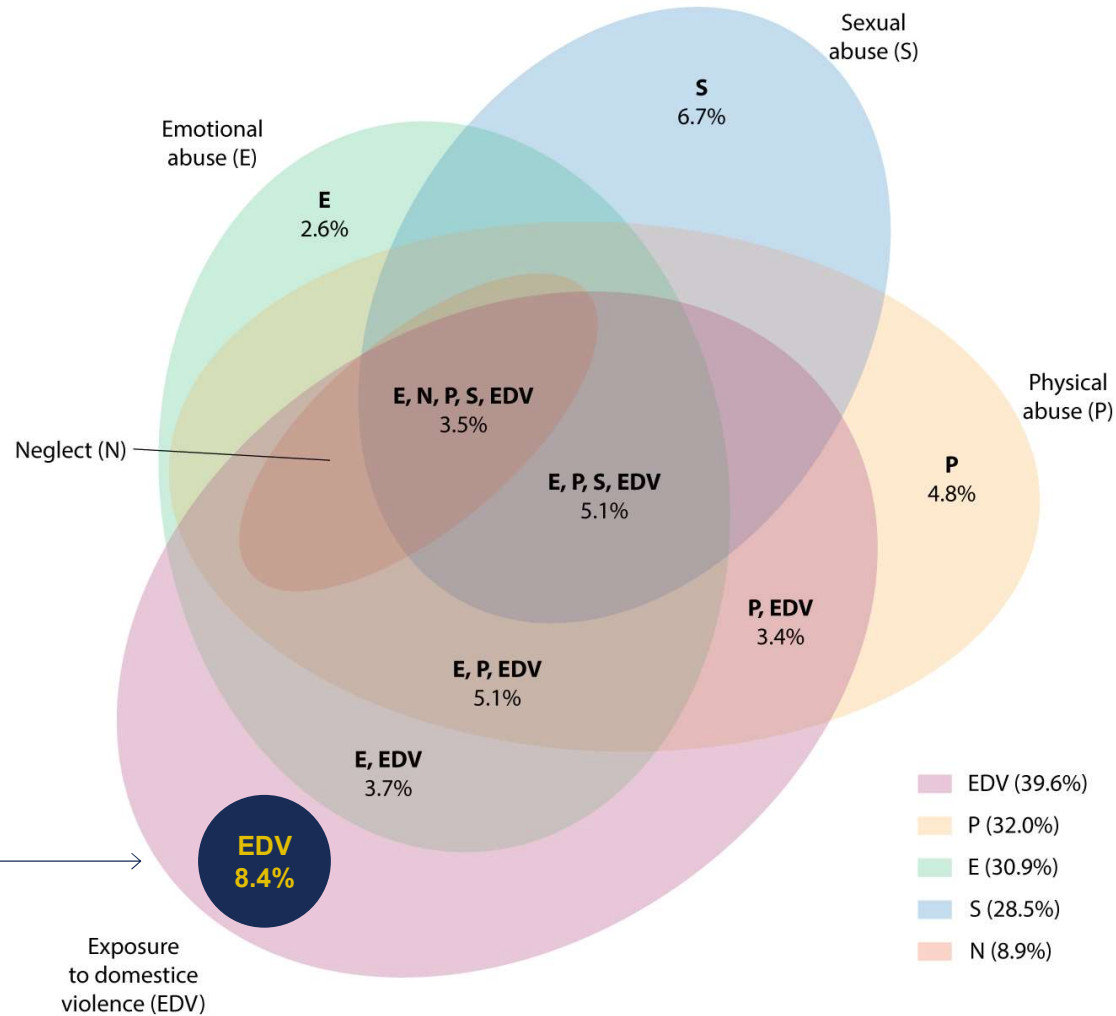
1 in 4

young people have experienced 3-5 types of maltreatment (25.4%)



EDV is present in the 5 most common types of MTM...

...but is much rarer alone at 8.4%



Family adversity increases risk of multi-type maltreatment

Childhood family-related risk factors associated with child maltreatment

	Relative Risk	95% Confidence Interval
Parental separation or divorce	2.01	1.89 – 2.14
Living with someone who was mentally ill , suicidal or severely depressed	2.42	2.28 – 2.57
Living with someone who had a problem with alcohol or drugs	2.40	2.26 – 2.55
Family economic hardship	2.18	2.06 – 2.32

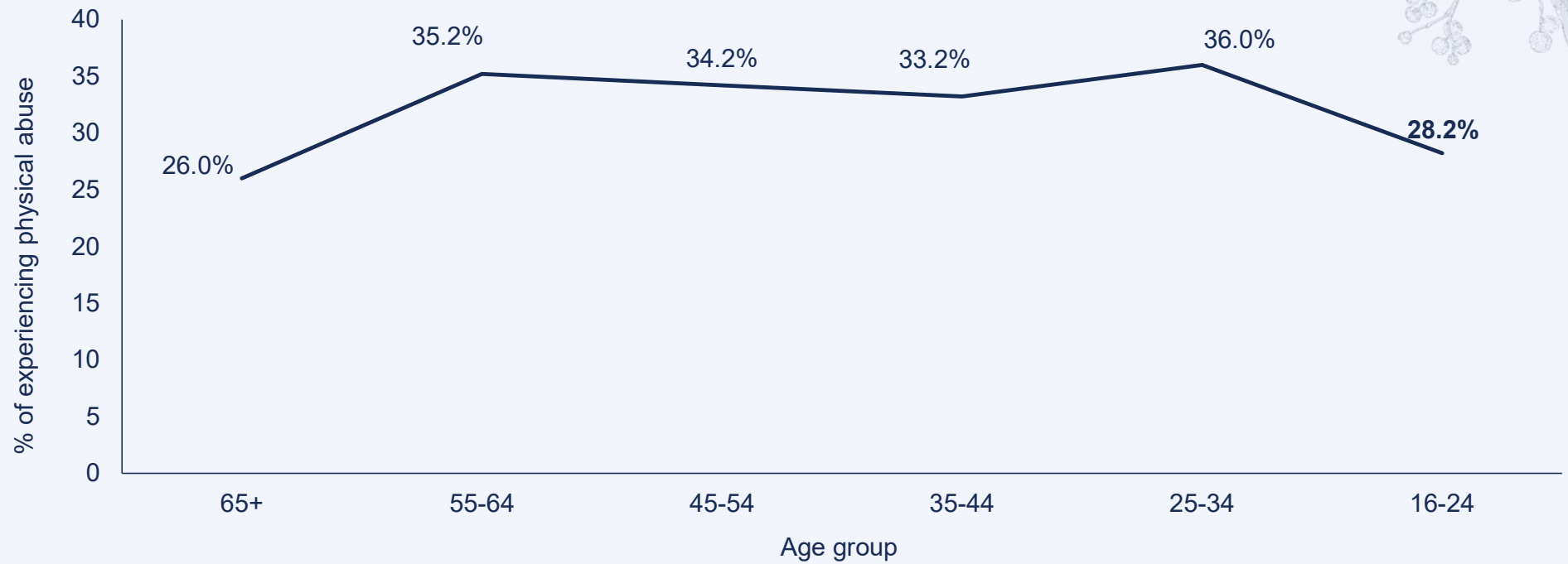


Need supports for families to prevent multi-type maltreatment.

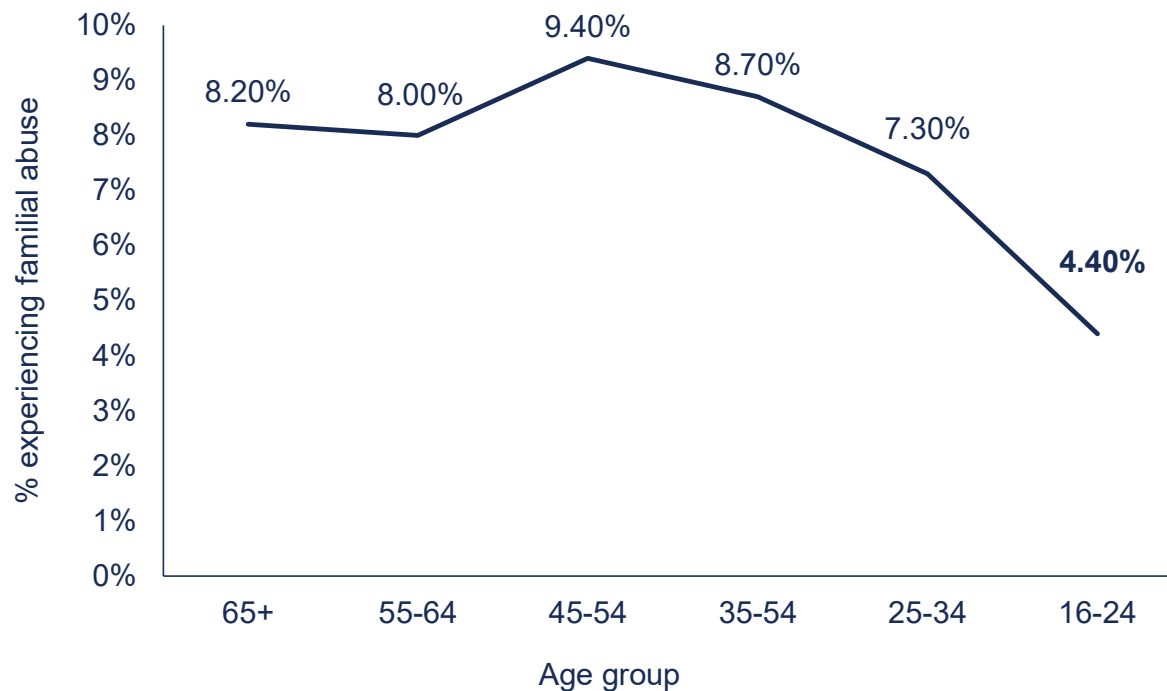
This evidence demonstrates the urgent need for evidence-based supports for parents and families, to reduce the likelihood of exposure to multiple types of maltreatment.

Services may need to be targeted to the needs of parents experiencing different **kinds** of vulnerabilities (such as poverty, addiction or mental illness) or at **times** of greater vulnerability (such as recent separation).

Good news: A decline in physical abuse, showing change is possible



Familial sexual abuse has declined over time: change is possible



This is important because it indicates the success of prevention efforts and the positive impact of other factors.

Should encourage us to maintain these efforts. Yet, caution is warranted because:

1. CSA by other classes of offender have increased; and
2. Other domains of CSA have emerged.

Child sexual abuse – classes of offender (whole sample: 28.5%)

7.8%

Parents/adult caregivers in the home

7.5%

Other known adults

12.9%*

Known adolescents (aged <18)

2.0%

Institutional adult caregivers

4.9%

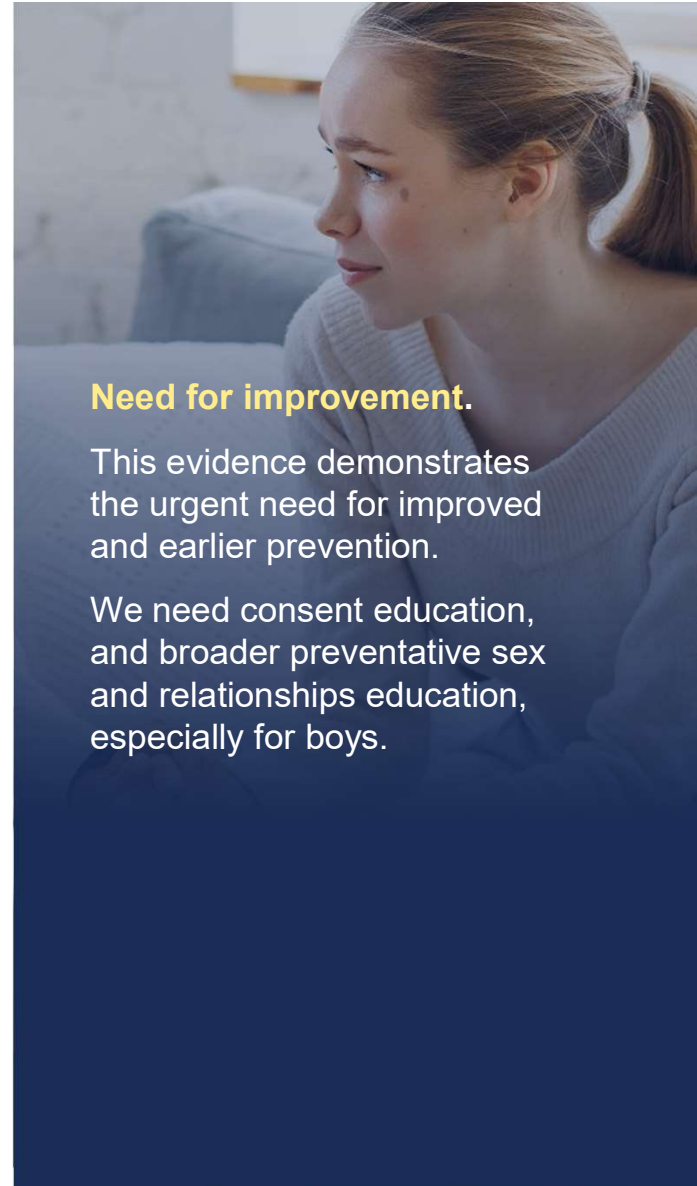
Unknown adults

1.4%

Unknown adolescents (aged <18)

Sexual abuse by other known adolescents has increased

	Whole sample	Participants aged 16-24	Males aged 16-24	Females aged 16-24
Adolescents aged <18 who the victim knew, but who were not current or former romantic partners	11.2%	13.7%	8.9%	17.9%
Adolescents aged <18 who were current romantic partners, or former romantic partners*	2.5%	5.7%	1.8%	9.0%



Need for improvement.

This evidence demonstrates the urgent need for improved and earlier prevention.

We need consent education, and broader preventative sex and relationships education, especially for boys.

6

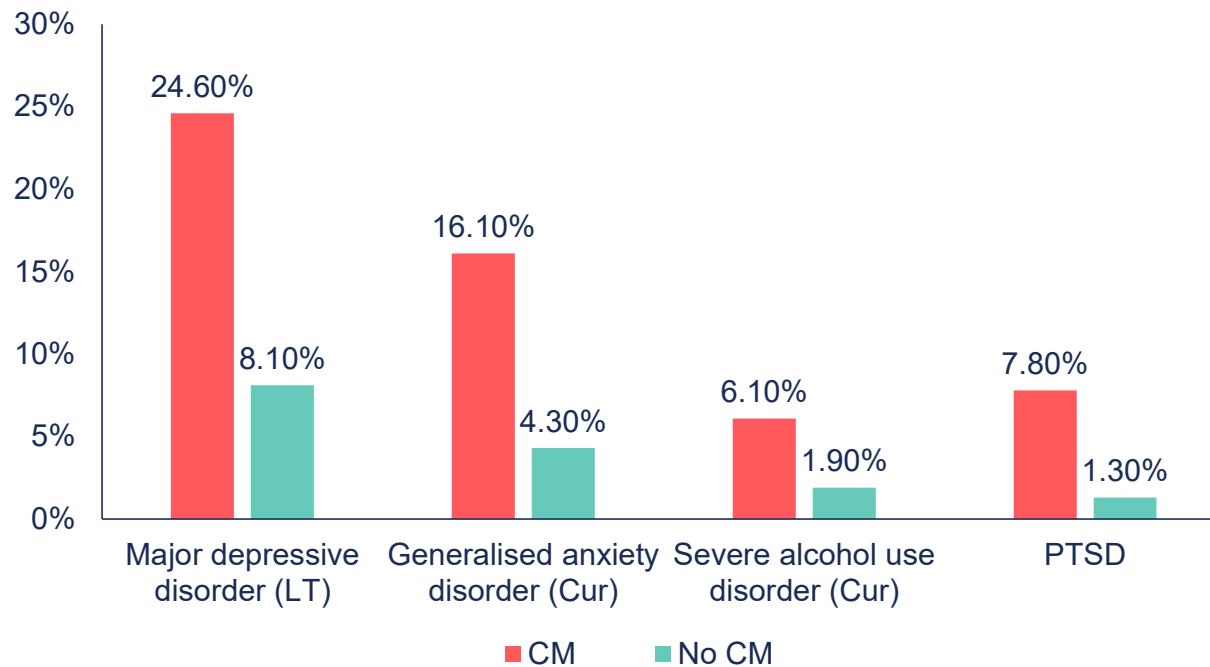
Child maltreatment and associated mental health outcomes



Mental health disorders are far more common in those who experienced maltreatment



Maltreatment and mental health disorders

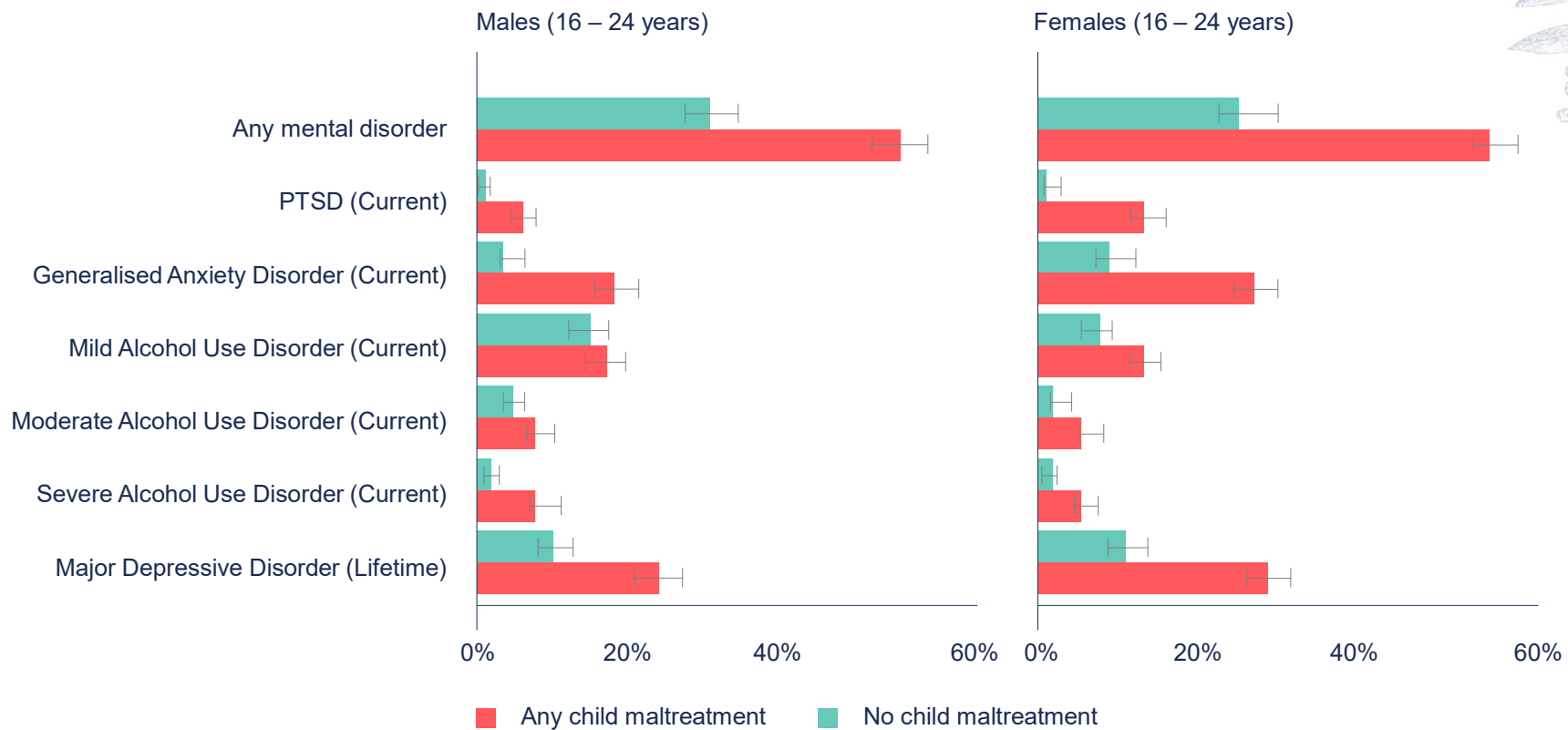


Experiencing child maltreatment dramatically increases the likelihood of each mental health disorder.

Not experiencing child maltreatment dramatically reduces these disorders.

The impact of child maltreatment is clear.

Mental health disorders in young people, by sex and maltreatment status



Sexual abuse and emotional abuse consistently produce the strongest associations with mental health disorders



PTSD

Odds ratio:

SA:
1.95

EA:
1.98



Anxiety

Odds ratio:

SA:
1.65

EA:
2.13



Severe Alcohol Use

Odds ratio:

SA:
2.12



Depression

Odds ratio:

SA:
1.66

EA:
1.90

These odds ratios are fully adjusted for confounders including the experience of other types of maltreatment.

7

Child maltreatment and associated health risk behaviours



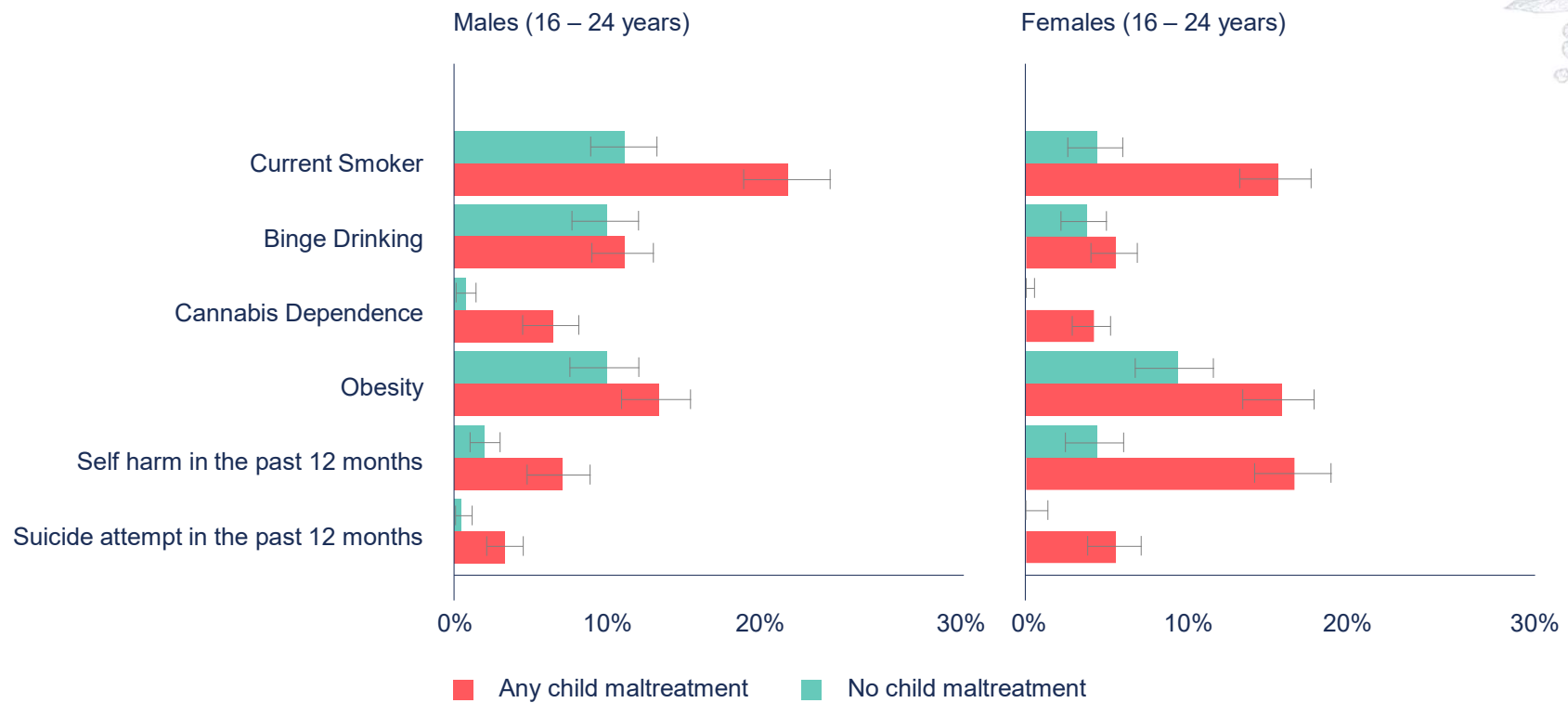
Prevalence of health risk behaviours, by experience of child maltreatment



Health risk behaviour	Experienced any child maltreatment		Odds ratio*
	No (%)	Yes (%)	
Smoking	11.1	21.1	1.9
Binge drinking	8.4	12.6	1.3
Cannabis dependence	0.4	3.7	6.2*
Obesity	24.4	28.2	1.2
Self-harm (prior year)	0.7	4.7	3.9*
Suicide attempt (prior year)	0.3	1.5	4.6*

*Model adjusts for age group, sex, socio-economic status (quintiles of SEIFA index of relative disadvantage based on postcode of current residence), experience of financial hardship during childhood and current financial strain

Health risk behaviours in youth aged 16-24, by sex and maltreatment status



Sexual abuse and emotional abuse produce the strongest associations with multiple health risk behaviours



Self-harm

Odds ratio:



Suicide attempt

Odds ratio:



Cannabis dependence

Odds ratio:



Self-harm is endemic in Australian youth: by age 24



3 in 10 young people aged 16-24 have self-harmed in their lifetime

This is an exceptionally disturbing finding.

In our perspective article, we have called this a **national crisis**.

The question:

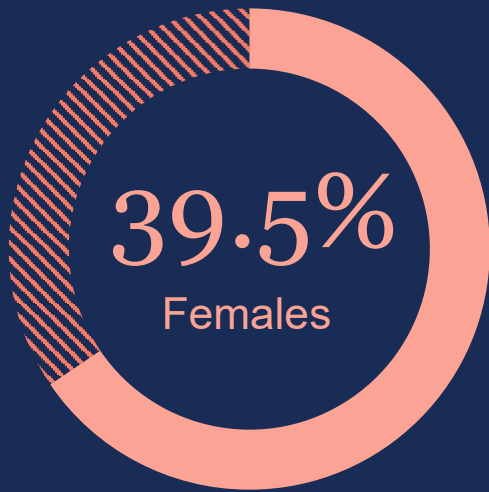
Have you ever deliberately harmed or injured yourself, without intending to take your own life?

Twice as common in females



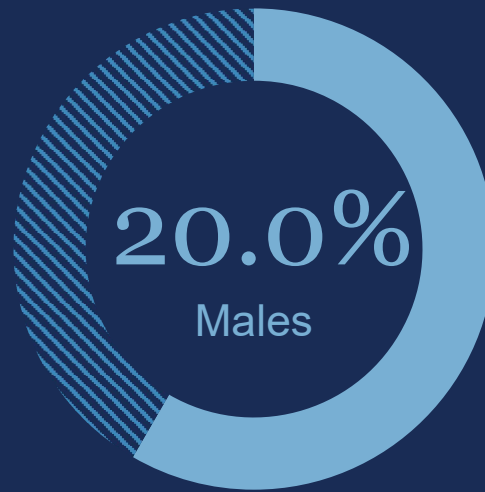
2 in 5

females aged 16-24



1 in 5

males aged 16-24



This massive disparity simply **demands action.**

Summary of key findings to date



1

Child maltreatment is endemic in Australia

PA 32% - SA 28.5% - EA 30.9%
Neg 8.9% - EDV 39.6%

2

Multitype maltreatment is common

39.4%: 2 or more types
23.3%: 3-5 types

3

Australian youth are suffering now

PA 28.2% - SA 25.7% - EA 34.6%
Neg 10.3% - EDV 43.8%

4

Girls at much higher risk

2 x SA - 1.5 x EA - 1.5 x Neg
Similar PA, EDV - higher MTM

5

Health impacts accrue quickly

Mental disorders & health risks by age 24.
Sexual and emotional abuse have the strongest impact.

6

National crisis in self-harm and suicide attempts

By age 24, 30% have self-harmed.
40% of girls/young women;
20% of boys/young men.

Recommendations: What we need to do, together

1. National coordinated approach.
2. Invest more, and better. Public health approach, emphasising prevention.
3. Societal level: broad policy for social determinants; new social norms.
4. Community level: sectoral support to respond to maltreatment (health, education, services).
5. Individual level: parent support.
6. An emotional revolution: a paradigm shift.
7. A sexual and relational evolution: turbocharged prevention, education.



Implications for practice

1. Better support for children and parents in families at risk

- Being trauma-informed, child-focused
- Being attuned to times of risk, particularly when parents are **separating**, or struggling with **mental ill health, substance misuse, economic hardship, or family violence**.
- Tailoring supports to these adversities.
- Coordinate across national strategies for action on [sexual abuse](#), [child maltreatment](#) and [domestic and family violence](#) due to the high likelihood of exposure to multiple harm types.



Implications for practice

2. Better support for those with lived experience

- SA, EA, and multi-type maltreatment have greater risk of mental health disorders and health-risk behaviours.
- Victim-survivors likely to have had multiple forms of child maltreatment.
- Are our services **attuned to trauma**, for issues like substance misuse, self-harm, depression, anxiety?
- Interventions will be more effective if practitioners identify these early traumas.



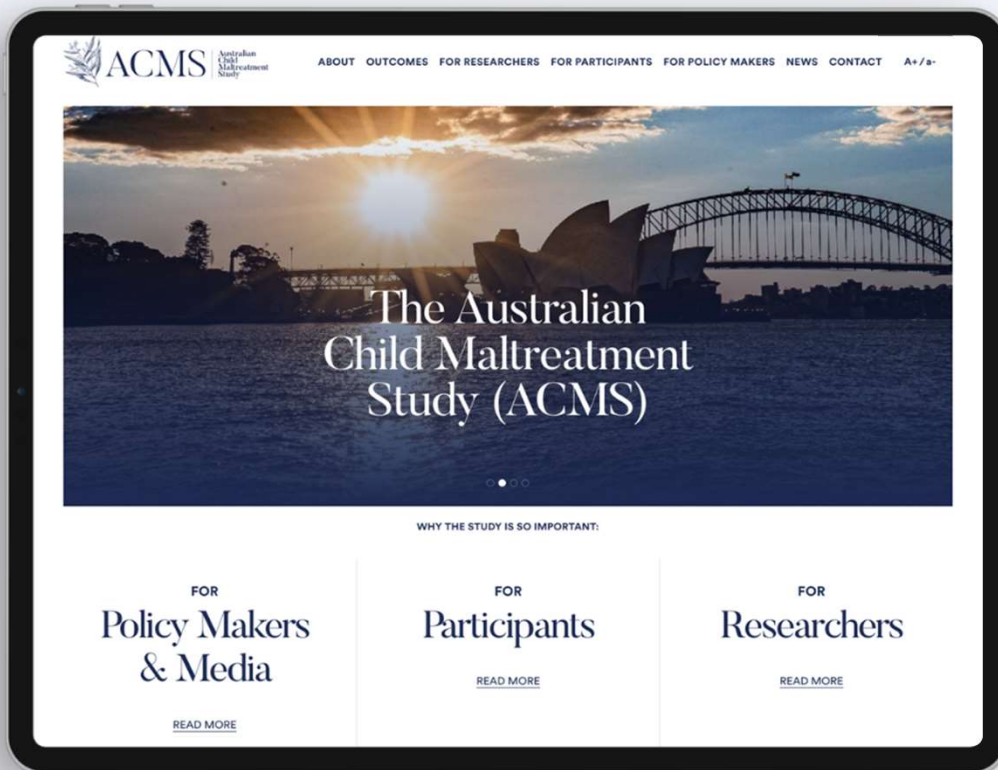
Implications for practice

3. Better support for primary prevention

- Community-wide attitude change (to value children, uphold their rights, prioritise safety).
- Give all parents/carers access to evidence-based supports to improve parenting skills.
- Support parents to equip children with knowledge about sex, and healthy attitudes and skills regarding consent and respect.
- Adapt child-safe organisations strategies for the home. Support parents to:
 - “assess” the suitability of adults to care safely
 - understand and address situational risks (depending on places, people, & activities)
 - listen & respond to all safety concerns – including harmful sexual behaviour from other children

Intensify primary and secondary prevention through a precision public health model, informed by the evidence.





For more information,
visit our site: acms.au



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Australian Child Maltreatment Study: A multi-sector response



Q&A





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Morning Tea







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Anne Hollonds
National Children's
Commissioner



Catherine Liddle
CEO, SNAICC



Rebekah Kilpatrick
Head of the National
Office for Child Safety



Dr Lisa J. Griffiths
CEO, Ozchild



Annette Lancy
Deputy Secretary (A)
Department of
Families, Fairness &
Housing



Professor Ben Mathews
Lead Investigator, QUT



Professor Daryl Higgins
Lead Researcher, ACU

Panel



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Deb Tsorbaris

CEO of the Centre for
Excellence in Child and
Family Welfare



Professor Ben Mathews

Lead Investigator , ACMS, QUT

Where to from here?

Australian Child Maltreatment Study:
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Next steps?

1. National coordinated approach.
2. Invest more, and better. Public health approach, emphasising prevention.
3. Societal level: broad policy for social determinants; new social norms.
4. Community level: sectoral support to respond to maltreatment (health, education, services).
5. Individual level: parent support.
6. An emotional revolution: a paradigm shift.
7. A sexual and relational evolution: turbocharged prevention, education.

Support Services

The findings contains information about child abuse and neglect which may be distressing to some in our community. Should you experience distress there are many services and support groups available.



The Blue Knot helpline is available to help adult survivors of childhood trauma and abuse, parents, partners, family and friends as well as the professionals who work with them. You can call the Blue Knot Helpline and Redress Support Service on 1300 657 380. This service operates from 9 am-5 pm AEST/AEDT 7 days a week and on public holidays. You can [also email helpline@blueknot.org.au](mailto:helpline@blueknot.org.au) or visit www.blueknot.org.au



13YARN is the first national crisis support line for mob who are feeling overwhelmed or having difficulty coping. We offer a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter. If you, or someone you know, are feeling worried or no good, we encourage you to connect with 13YARN on 13 92 76 (24 hours/7 days) and talk with an Aboriginal or Torres Strait Islander Crisis Supporter.



Kids Helpline, powered by yourtown is Australia's only free and confidential, 24/7 online and phone counselling service for young people aged 5 – 25. Free call 1800 55 1800 or www.kidshelpline.com.au

Lifeline

If you or someone you know needs crisis support, please phone Lifeline on [13 11 14](tel:131114), text 0477 13 11 14 or visit lifeline.org.au/gethelp for Lifeline Chat Service (24/7)



1800RESPECT is the national domestic, family and sexual violence counselling, information and support service. If you or someone you know is experiencing, or at risk of experiencing, domestic, family or sexual violence, call 1800RESPECT [on 1800 737 732](tel:1800737732) or [chat](http://www.1800RESPECT.org.au) visit their website www.1800RESPECT.org.au





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Friday 23 June, 2023

Olympic Room MCG, on Wurundjeri Country