

EVIDENCE BRIEF

UNDERSTANDING NEED – KEY DATA AND STATISTICS

Dr Olivia Octoman, Prof Leah Bromfield, Dr Sarah Cox,
Dr Amy Bromley, and Prof Melissa O'Donnell



Australian
Centre for
Child Protection

KEY MESSAGES

- Child abuse and neglect is common with 3 in 5 Australians estimated to have experienced at least one type of child maltreatment.
- Nearly a quarter of Australians reported experiencing 3-5 types of abuse or neglect.
- Service data is typically an underestimation of the prevalence of child abuse and neglect in the population, representing only maltreatment which is identified and reported
- A substantial proportion of families known to child protection experience multiple and complex needs – with several data sets suggesting this is the majority pattern for child protection involved families.
- There is evidence to show some infants are conceived into families with multiple and complex needs, and their families require 'tertiary' (post-abuse/neglect) intervention to support them and their parent/s to reduce risks, recover and thrive.
- Many children known to child protection are born into families with inter-generational child protection involvement, suggesting risk is inter-generational rather than incremental.
- Socio-cultural demographics influence the volume and complexity of need experienced within a geographic area, creating pockets of higher demand.
- Intake systems must be designed to respond to both a genuinely high volume of statutory child protection concerns and family support needs.

PURPOSE

This evidence brief provides an overview of key Australian and Tasmanian data, presenting the key factors that must be taken into consideration for intake and screening service design.

With child protection services originally designed as a residual response, expecting to meet the needs of only a minority of families, decades of trends show that services now carry a much larger

scope of responsibility (Bromfield et al., 2014). Intake and screening services have become the primary entry point for service delivery for many families, creating bottlenecks and delaying service provision. Further, there are growing concerns about cumulative harm not being recognised at intake, with cases closed because systems lack the ability to respond (Sheehan, 2019).

This evidence brief presents an assessment of the prevalence of child abuse and neglect, contact with current statutory and non-statutory systems, understanding of the characteristics of families who are known to child protection systems, and key sociodemographic characteristics of the population of Tasmania.

KEY DATA AND STATISTICS ON THE PREVALENCE OF ABUSE AND NEGLECT

National Prevalence Estimates from the Australian Child Maltreatment Study

Australia now has prevalence estimates for physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence. The Australian Child Maltreatment Study was conducted in 2021 and is the first nationally representative study of the experiences and outcomes of child maltreatment (Divna M. Haslam et al., 2023). The study surveyed 8,500 Australians aged over 16 years which included oversampling to include 3,500 young Australians aged 16 to 24.

The findings showed that

- 62.2% of Australians aged over 16, and
- 61.0% of young Australians aged 16-24

have experienced one or more types of child abuse and neglect (Mathews et al., 2023).

Exposure to domestic violence was the most commonly experienced type of child maltreatment. Figure 1 shows the prevalence rates for all Australians surveyed over 16 years of age, and the rates for young Australians 16-24 years for all

maltreatment types. The arrows indicate whether there was an increase or decrease in the maltreatment type for young Australians compared to the whole sample. These arrows highlight that the rates of physical and sexual abuse decreased slightly over time. However, the rates of emotional abuse, neglect and domestic violence increased in the sample of young Australians.

Experiencing multiple types of maltreatment was more common than experiencing only one type of maltreatment during childhood (Higgins et al., 2023). For those aged 16 years and older 39.4% experienced multiple types of maltreatment compared to 22.8% who experienced only a single type. Table 1 shows the number of maltreatment types experienced throughout childhood.

Approximately a quarter of Australians experienced three to five types of maltreatment throughout childhood, specifically:

- 23.3% of Australians (aged 16 plus) reported experiencing 3-5 types of d maltreatment during childhood, and,
- 25.4% of young Australians (16-24 years) reported experiencing 3-5 types of maltreatment during childhood.

This data shows that higher proportions of maltreatment are occurring than is reported to child protections and reflected in service system data.

Figure 1

Proportion of Survey Respondents that Experienced the Different Types of Child Maltreatment for the Whole Nationally Representative Sample and the Sample of Young Australians

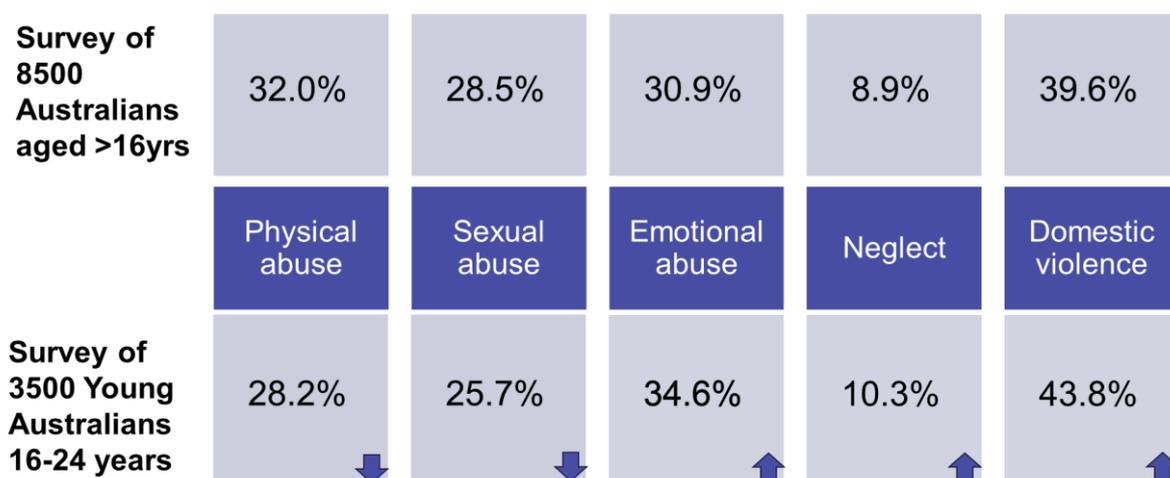


Table 1

Number of Maltreatment Types Experienced During Childhood for those Involved in the Australian Child Maltreatment Study.

	Number of maltreatment types					
	0	1	2	3	4	5
>16 (n=8503)	37.8%	22.8%	16.1%	11.7%	8.1%	3.5%
16-24 (n=3503)	38.8%	21.0%	14.8%	13.1%	8.6%	3.7%

Note. From *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report* by D. M Haslam et. al., 2023, Queensland University of Technology.

<https://www.acms.au/resources/the-prevalence-and-impact-of-child-maltreatment-in-australia-findings-from-the-australian-child-maltreatment-study-2023-brief-report/>

Indicators of Incidence from Service System Data

National service system data reflects contact with child protection and family support services. In Australia there were 529,656 notifications to child protection relating to 307,022 children in the 2023-2024 financial year, reflecting 53.1 per 1000 children reported to child protection in Australia (Australian Institute of Health and Welfare, 2025). Of the 307,022 children reported to child protection in Australia,

- 34.9 per 1000 non-Indigenous children (n=187,952),
- 170.7 per 1000 Aboriginal and Torres Strait Islander children (n=67,498), and
- 292 children whose Indigenous status was unknown (Productivity Commission, 2025, Tables 16A.1 and 16A.5).

Figure 2 shows that there is a general trend that both the number of notifications and the number of children notified to child protection systems are increasing overtime. In addition, there is also a widening overtime between the number of notifications to child protection and the number of children being notified, suggesting there are more children reported to child protection multiple times or that children who are reported are the subject of higher numbers of notifications.

Child Safety Contact in Tasmania – Data Trends

The national trend in notification is not mirrored in the Tasmanian notifications recorded as a part of national reporting requirements. Figure 3 shows

that there is quite a different pattern of notifications reflected for Tasmania that changes considerably overtime and does not reflect an increase but rather shows a decrease in the number of notifications over time. For example, in 2006-07

Figure 1

Number of Notifications to Child Protection and Number of Children in Notifications in Australia between 2006-07 and 2023-24

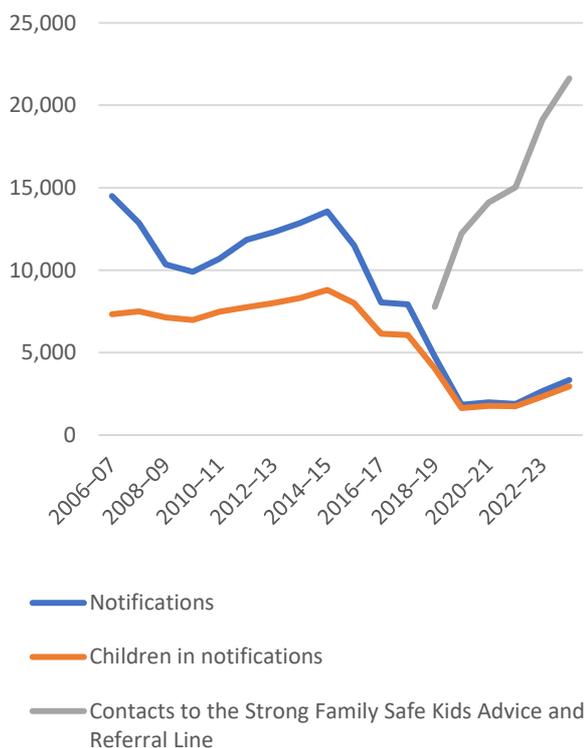


Note. From *Child Protection Australia 2023-24 Table T1* by the Australian Institute of Health and Welfare, 2025, <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/data> (Australian Institute of Health and Welfare, 2025, Table T1)

there were 14,498 notifications with a decrease to only 3,344 recorded in the 2023-24 financial year (Productivity Commission, 2025, Table T1). The increase and decrease of notifications across the time periods largely reflect changes in recording practices and the operation and process of intake in Tasmania rather than a change to population needs. These data illustrate the risk of using systems classifications to model community need.

An examination of additional data on the contacts made to the Advice and Referral Line (ARL) shows that they reflect a similar pattern to the broader Australian notification trend, the difference being that the ARL contacts are not screened-in over the notification threshold. In the 2023-24 financial year, ARL received 21,592 contacts of which 323 were referred for child safety assessment (Department for Education, 2025). Figure 3 shows this increase of contacts since the inception of the ARL in 2018.

Figure 2
Number of Notifications, Children Notified and Contacts to the Advice and Referral Line Over Time



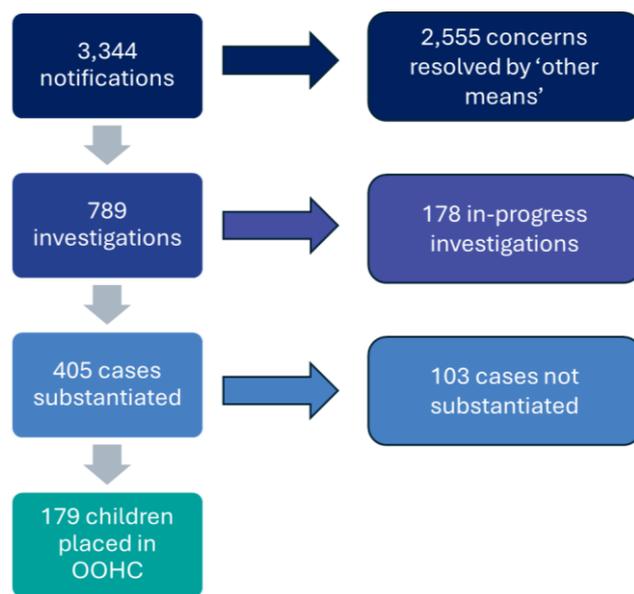
Aboriginal and Torres Strait Islander children continue to be overrepresented at intake and beyond. In Tasmania in 2023-24 there were 3,344 notifications relating to a total 2948 children, including 765 Aboriginal and Torres Strait Islander children. This reflects a rate of 58.8 per 1000 Aboriginal and Torres Strait Islander children and 13.6 per 1000 non-Indigenous children being

Improving the lives of vulnerable children.

reported to child protection in Tasmania in 2023-24 (Productivity Commission, 2025, Tables 16A.1 and 16A.5).

Of the 3,344 notifications, 789 were investigated and 2,555 were dealt with by means other than investigation (Australian Institute of Health and Welfare, 2025, Table S3.1). Of the 508 finalised investigations, 405 were substantiated, relating to 387 children, and 103 were not substantiated. This reflects a substantiation rate of 11.2 per 1000 for Aboriginal and Torres Strait Islander children and 2.1 for non-Indigenous children. Finally, 179 children were admitted to OOHC, with a rate of 5.9 per 1000 for Aboriginal and Torres Strait Islander children and 0.9 for non-Indigenous children (Australian Institute of Health and Welfare, 2025, Table S5.1). This data is shown in Figure 4.

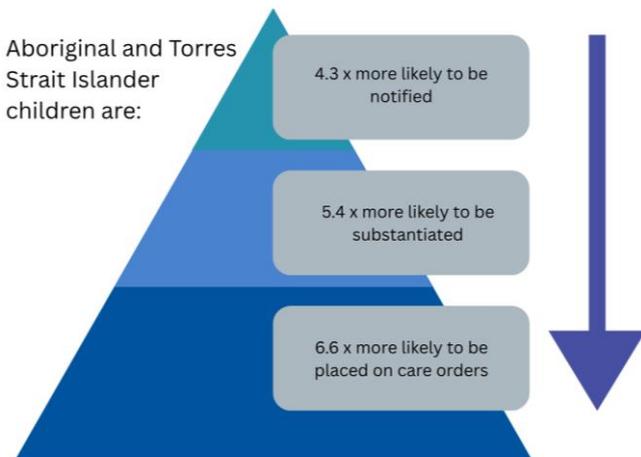
Figure 3
Statutory Service Contact Data for Aboriginal Children in Tasmania 2023/24



On 30 June 2024, there were 1,300 children on Care and Protection Orders including 547 Aboriginal and Torres Strait Islander children and 738 non-Indigenous children. This represents a total of 11.4 per 1000 children on Care and Protection Orders including 42.2 per 1000 Aboriginal and Torres Strait Islander children and 7.3 per 1000 non-Indigenous children on care and protection orders in Tasmania at June 30 2024.

Overall, the service data shows that contacts with child protection services is increasing and that Aboriginal children are notably overrepresented at all points in the child protection continuum. Aboriginal over-representation increases as

interventions become more intrusive. This overrepresentation is a direct and continuing impact of colonisation (Tilbury, 2009).



Intake points screen large numbers of reported concerns with most concerns not receiving further statutory intervention. However, this does not mean that children have not experienced abuse or neglect, nor that they are not at risk of future harm. Families are screened out for a range of factors, including an assessment that statutory powers are not required to address safety concerns. The next section focuses on the characteristics of families known to child protection, highlighting the extent of complexities experienced.

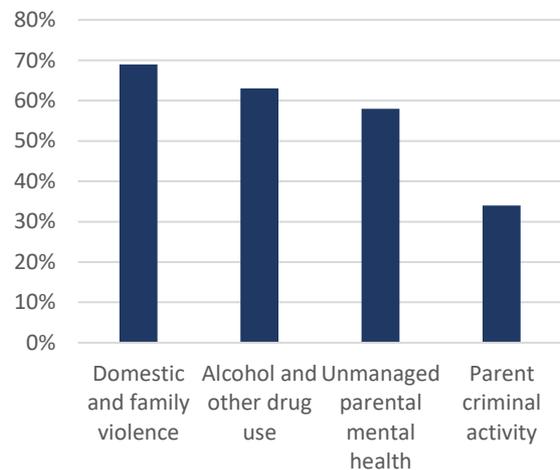
CHARACTERISTICS OF FAMILIES KNOWN TO CHILD PROTECTION

Families with multiple and complex needs are the largest population known to child protection. An analysis of child protection intake reports from a single Australian jurisdiction found that 74% of a sample of 131 families known to child protection during the prenatal period had three or more risk factors (Meiksans, Arney, et al., 2021). These risks included high levels of current or previous intimate partner violence (69%), parental alcohol and other drug misuse (63%), unmanaged parental mental health concerns (58%) or parental criminal activity (34%). Many of these infants and their parent/s are likely to require intensive intervention from birth, given the complexity already present within families.

Similar proportions of risk were echoed in other research that conducted a casefile review of intake reports for 280 families who were reported to child protection in a small geographic location (Arney et al., 2018, September 2-5). The data showed that three quarters of families experienced domestic family violence and over half experienced alcohol and other drug misuse and unmanaged mental

health concerns. Despite these needs, concerns often remained unaddressed across time. Nearly one in four of the families in the study had more than 20 child protection reports across the 8-year study period, with over 90% of those families having experienced family violence and over 80% having experienced alcohol and other drug misuse, mental health concerns and parental criminal behaviour. Additionally, these families experienced factors that conveyed vulnerability for children, including over 30% having at least one child with a health condition or physical disability, learning delay or intellectual disability or children with alcohol or other drug use.

Figure 4
Percentage of Families with Prenatal Child Protection Contact Experiencing Complexities



Consistent with the findings from the Australian Child Maltreatment Study, these case file reviews identified high proportions of exposure to domestic and family violence as the most common form of maltreatment. The violence experienced by these families during pregnancy was severe and pervasive and included physical violence perpetrated by males and females, violence intended to harm the unborn baby, threats and intimidating behaviour, violence that resulted in physical injury, and violence towards the siblings of the unborn children (Meiksans, McDougall, et al., 2021). In addition to being exposed to high proportions of violence, children were also reported to have experienced a range of other complexities.

Population level research from around Australia highlights risk and vulnerability for families, with strong intersections with socioeconomic status, disability, mental health admissions,

homelessness, youth justice involvement, and greater developmental vulnerability. A study of South Australian mother-child dyads highlighted that mothers with child protection system involvement tended to be younger (<20 years) at the time their first child was born, had more children, and lower area-based socioeconomic status, and were more likely to smoke, be unpartnered, be unemployed, have a disability, and have hospital admissions for mental health conditions or substance use than those with lower levels of CPS involvement (Armfield et al., 2021).

Families known to child protection are from more economically disadvantaged backgrounds than those not known to child protection (Armfield et al., 2021; Bryant et al., 2025; Pilkington et al., 2017). There is an intersection between poverty and child protection involvement, noting however that poverty and other needs can create a surveillance bias.

Sixty per cent of families with a child with one or more child protection notification in South Australia also had contact with other systems such as public housing (Malvaso et al., 2022). Families who had a child that was known to both the public housing system and the child protection system experienced more hospitalisations, emergency department presentations, developmental vulnerability on Australian Early Development Census by the age of 5, and had a higher likelihood of youth justice system contact before age 17 than those with no public housing contact (Pilkington et al., 2017). A Western Australian study that looked at the population of 201,974 females born in WA between 1993 and 2008 also identified that individuals who had spent time in out of home care, or had contact with child protection had higher proportions of poor mental health, assault victimisations, substance use, more utility of public housing, and justice involvement (Bryant et al., 2025).

It is important to note that any child protection contact, and not just removals, is correlated with poorer child outcomes. Children known to child protection, regardless of the level of involvement, are more likely to be developmentally vulnerable on one or more Australian Early Development Census (AEDC) domain than children who are not known to child protection systems (Pilkington et al., 2017). This is especially prevalent when children are known to child protection within the first 18 months of life (Rossen et al., 2019). Even for children not screened through to notification, 36% of children who had one or more child protection contact were developmentally vulnerable on at

least one on the AEDC domains at age 5 (Pilkington et al., 2017). This increased to 53% for children who had one or more episode in out of home care (Pilkington et al., 2017). These data indicate that child protection contact is a strong proxy indicator for child and family need, regardless of child protection screening outcome.

Child protection contact is also intergenerational with children being born into risk rather than risk being incremental (Armfield et al., 2021; Bryant et al., 2025; Meiksans, Arney, et al., 2021). In a South Australian study of 38,556 unique mother-child dyads, children of mothers with any child protection involvement (including screened out concerns) were at an increased risk of also having a child with child protection involvement when compared with mothers with no child protection involvement. Specifically, children of mothers with substantiated child abuse and neglect and experiences of out of home care were

- 6 times as likely to have any child protection involvement,
- more than 10 times as likely to have child abuse and neglect substantiated, and
- more than 20 times more likely to have a child removed (Armfield et al., 2021).

Similarly in Western Australia, a large proportion of young mothers who had spent time in out of home care had their own children with child protection involvement (Bryant et al., 2025). Of the 610 young mothers who had spent time in out of home care

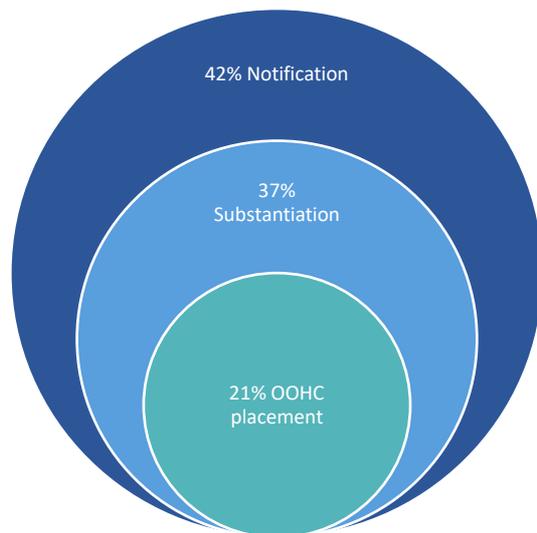
- 41.8% had a child who was notified to child protection,
- 37.2% had a child who had a substantiated notification, and
- 21.1% had a child who was removed into out of home care.

Even without an OOHC placement, child protection contact increased the likelihood of intergenerational child protection involvement. Of the 7983 young mothers with any contact with the child protection system

- 33.8% had a child who was notified to child protection,
- 16.4% had a child who had a substantiated notification, and
- 5.8% had a child who was removed into out of home care.

Women were also more likely to be a young mother if they had spent time in out of home care (18.2%), or had contact with the child protection system (19.4%), compared to those with no contact with child protection (4.2%) further increasing their risk of systems involvement.

Figure 5
Child Protection Involvement for Mothers with a Childhood History of Out-of-Home Care



Casefile review research also demonstrated this pattern where children reported to child protection were commonly being born into families with multiple and complex needs. At the point of a prenatal child protection report,

- 67% of families had an older sibling who had been reported to child protection, and
- 25% had an older sibling who had been subject of a care and protection order or been placed in out of home care (Meiksans, Arney, et al., 2021).

This data shows that many families experience multiple needs and that these needs may intersect in ways that create complexity. For families with intergenerational child protection contact, the likelihood of further contact for their own children is much higher and is often already known in the prenatal period. These intergenerational factors often intersect with broader socio-cultural demographics that can increase the vulnerability of families.

These data suggest that there are relatively large populations of children and families with intensive support and recovery needs, and that child protection involvement has exacerbated rather than disrupted cycles of inter-generational trauma and disadvantage.

Improving the lives of vulnerable children.

SOCIO-CULTURAL DEMOGRAPHICS

Understanding the types of concerns reported to child protection requires attention to the broader structural conditions facing families. Child protection involvement is correlated with low socioeconomic status (SES), with the youngest children showing the highest disparity for statutory involvement when their families experience poverty (Esposito et al., 2024). These findings are often geographically situated, meaning that areas with the lowest SES status are likely to have the highest proportion of child protection contacts and more intrusive interventions.

In a study in Quebec, children living in areas with the lowest SES were twice as likely to be placed in OOHC than children in the highest SES areas (Esposito et al., 2024). Risk can therefore be conceptualised beyond the family level to consider geographic dimensions and ‘spatial equity’ when planning for systemic reform (Sharkey, 2008). The prevalence of low SES status, and fluctuations across a jurisdiction based on critical events (such as COVID-19), are therefore likely to affect both the volume and complexity of concerns received at intake.

The relationship between poverty, risk, need and children’s outcomes needs to be approached with care, to understand when socioeconomic disadvantage is the underlying cause of family problems, when it is a by-product of other issues such as substance addiction, and when poverty is causing bias such as over-surveillance. A nuanced understanding of the role of poverty is important to avoid unfairly blaming parents for circumstances outside of their control for which they require support not coercive intervention.

Tasmanian Social and Demographic Data

Tasmania recorded higher rates of physical abuse than the national average and the highest rate of neglect notifications in the country (Australian Institute of Health and Welfare, 2025, Table S3.5). This pattern reflects a broader context of structural disadvantage in Tasmania. According to the 2021 Index of Relative Socio-economic Disadvantage, Tasmania ranks as the second most disadvantaged jurisdiction nationally (Australian Bureau of Statistics, 2023, SA1 Table 2).

Neglect reflects the cumulative effects of, for example, poverty, isolation, stress, and limited access to supports.

- In 2019-20, more than one in five (20.8%) Tasmanian households relied on government pensions for 90% or more of their income - the highest rate nationally

(Australian Bureau of Statistics, 2022, Table 15.3).

- In 2022, almost one in 10 Tasmanian's reported running out of food and being unable to afford more (Cox et al., 2023).
- One in five experienced high or very high psychological distress (noting the Covid context) (Cox et al., 2023).
- In 2021, Tasmania also had the highest proportion of people temporarily staying with others (a proxy for housing instability), and one of the highest rates of youth homelessness (12-18 years) (Australian Bureau of Statistics, 2021).
- By 2024, child poverty rates (0-14 years) in Tasmania were the highest in Australia, and 35% of children were classified as experiencing social exclusion (made up of socioeconomic, education, connectedness, housing, and health factors), far above the next highest state (South Australia at 25%) (Miranti et al., 2024).

THE CONSEQUENCE OF HIGH PROPORTIONS OF FAMILIES WITH MULTIPLE AND COMPLEX NEEDS

The above data show that child abuse and neglect is prevalent, and a high proportion of families known to child protection have multiple and complex needs. Families in which violence, abuse and neglect has already occurred, are the majority of families reported to child protection (Higgins et al., 2023; Luu et al., 2025). There is both a genuine

high prevalence of abuse and neglect and a genuine high need for statutory support.

Child safety services that triage intake calls as high, medium and low in terms of imminence of risk imply that eventually all contacts in which risk is identified will eventually receive a response. However, child protection systems across Australia have been repeatedly criticised for being unable to respond to all of the necessary concerns reported to them (Carmody, 2013; Donnelly, 2017; Nyland, 2016). When need outstrips resources, systems become overwhelmed, unable to respond to everything as intended, and services are rationed for those identified with the greatest need. It is therefore necessary to consider the likelihood and implications of service rationing when undertaking reforms. When service rationing is not considered, risk in the low and medium urgency cases is often unmanaged and can over time contribute to chronic neglect and cumulative harm. Unmet needs can accumulate exacerbating risks to children, which can lead to more intrusive responses being required to achieve safety.

All families require a timely and effective response to their needs, with urgency being only one factor to consider. Poorly conceptualised service rationing often results in dismissing low and medium urgency cases, leaving risks unaddressed until they escalate and require a reactive response. To prevent this, proactive risk management and thoughtful service allocation must be prioritised in system reforms, acknowledging the high proportion of families that will require support for multiple and/or complex needs and the impact of cumulative harm.

REFERENCES

- Armfield, J. M., Gnanamanickam, E. S., Johnston, D. W., Preen, D. B., Brown, D. S., Nguyen, H., & Segal, L. (2021). Intergenerational transmission of child maltreatment in South Australia, 1986–2017: a retrospective cohort study. *The Lancet Public Health*, 6(7), e450-e461. [https://doi.org/https://doi.org/10.1016/S2468-2667\(21\)00024-4](https://doi.org/https://doi.org/10.1016/S2468-2667(21)00024-4)
- Arney, F., Chong, A., Taylor, C., & Octoman, O. (2018, September 2-5). Identifying factors associated with families with repeat involvement with child protection International Society for the Prevention of Child Abuse and Neglect (ISPCAN) 22nd International Congress on Child Abuse and Neglect, Prague, Czech Republic.
- Australian Institute of Health and Welfare. (2025). *Child Protection Australia 2023-24*. Australian Government. <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/data>
- Bromfield, L., Arney, F., & Higgins, D. (2014). Contemporary issues in child protection intake, referral and family support. In D. Higgins & A. Hayes (Eds.), *Families, policy and the law: Selected essays on contemporary issues for Australia*. Australian Institute of Family Studies, Australian Government. <https://aifs.gov.au/publications/families-policy-and-law/13-contemporary-issues-child-protection-intake-referral-and>
- Bryant, C., Bayliss, D., O'Donnell, M., Usher, R., & Maclean, M. (2025). Young mothers with experience of out-of-home care and intergenerational risk of child removal. *Child Abuse & Neglect*, 167, 107599. <https://doi.org/https://doi.org/10.1016/j.chiabu.2025.107599>
- Department for Education, C., and Young People, . (2025). *Services for children, youth and families data*. Tasmanian Government. <https://www.decyp.tas.gov.au/about-us/policies-legislation-data/data-and-statistics/data-for-services-for-children-youth-and-families/>
- Esposito, T., Caldwell, J., Chabot, M., Blumenthal, A., Trocme, N., Hélie, S., Fallon, B., & Précourt, S. (2024). Socioeconomic risk and the longitudinal child lifetime prevalence of child protection involvement. *Child Abuse & Neglect*, 154, 106923.
- Haslam, D. M., Lawrence, D. M., Mathews, B., Higgins, D. J., Hunt, A., Scott, J. G., Dunne, M. P., Erskine, H. E., Thomas, H. J., Finkelhor, D., Pacella, R., Meinck, F., & Malacova, E. (2023). The Australian Child Maltreatment Study (ACMS), a national survey of the prevalence of child maltreatment and its correlates: methodology. *Medical Journal of Australia*, 218(S6), S5-S12. <https://doi.org/https://doi.org/10.5694/mja2.51869>
- Haslam, D. M., Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., & Malacova, E. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*. Queensland University of Technology. <https://www.acms.au/resources/the-prevalence-and-impact-of-child-maltreatment-in-australia-findings-from-the-australian-child-maltreatment-study-2023-brief-report/>
- Higgins, D. J., Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence and nature of multi-type child maltreatment in Australia. *Medical Journal of Australia*, 218(S6), S19-S25. <https://doi.org/https://doi.org/10.5694/mja2.51868>
- Luu, B., Wright, A. C., Schurer, S., Collings, S., Metcalfe, L., Heward-Belle, S., & Barrett, E. L. (2025). Understanding families with multiple, complex, and unmet service needs in the child protection system through the lens of linked administrative data in New South Wales, Australia. *Child Protection and Practice*, 100224.
- Malvaso, C., Montgomerie, A., Pilkington, R. M., Baker, E., & Lynch, J. W. (2022). Examining the intersection of child protection and public housing: development, health and justice outcomes using linked administrative data. *BMJ Open*, 12(6), e057284. <https://doi.org/10.1136/bmjopen-2021-057284>
- Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence

- of child maltreatment in Australia: findings from a national survey. *Medical Journal of Australia*, 218(S6), S13-S18. <https://doi.org/https://doi.org/10.5694/mja2.51873>
- Meiksans, J., Arney, F., Flaherty, R., Octoman, O., Chong, A., Ward, F., & Taylor, C. (2021). Risk factors identified in prenatal child protection reports. *Children and Youth Services Review*, 122, 105905. <https://doi.org/https://doi.org/10.1016/j.childyouth.2020.105905>
- Meiksans, J., McDougall, S., Arney, F., Flaherty, R., Chong, A., Ward, F., & Taylor, C. (2021). The nature of domestic and family violence reported to child protection prenatally. *Children and Youth Services Review*, 120, 105685. <https://doi.org/https://doi.org/10.1016/j.childyouth.2020.105685>
- Pilkington, R., Grant, J., Chittleborough, C., Gialamas, A., Montgomerie, A., & Lynch, J. (2017). *Child Protection in South Australia*. BetterStart Child Health and Development Research Group, School of Public Health, The University of Adelaide. <https://health.adelaide.edu.au/betterstart/ua/media/118/child-protection-in-sa.pdf>
- Productivity Commission. (2025). *Report on Government Services* Australian Government. <https://www.pc.gov.au/ongoing/report-on-government-services/2025/community-services/child-protection>
- Rossen, L., Tzoumakis, S., Kariuki, M., Laurens, K. R., Butler, M., Chilvers, M., Harris, F., Carr, V. J., & Green, M. J. (2019). Timing of the first report and highest level of child protection response in association with early developmental vulnerabilities in an Australian population cohort. *Child Abuse & Neglect*, 93, 1-12. <https://doi.org/https://doi.org/10.1016/j.chiabu.2019.04.007>
- Sharkey, P. (2008). The Intergenerational Transmission of Context. *American Journal of Sociology*, 113(4), 931-969. <https://doi.org/10.1086/522804>
- Sheehan, R. (2019). Cumulative harm in child protection: The hidden concern. *Australian Social Work*, 72(4), 434-446.
- Tilbury, C. (2009). The over-representation of indigenous children in the Australian child welfare system. *International Journal of Social Welfare*, 18(1), 57-64.



ACKNOWLEDGMENTS

The authors acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of the lands across Australia and pay respects to Elders past and present. In particular the authors acknowledge the Palawa people of Lutruwita (Tasmania).

This development of this Evidence Brief was funded by the Tasmanian Department for Education, Children and Young People to provide evidence to inform the ARL Renewal project.

SUGGESTED CITATION

Octoman, O., Bromfield, L. Cox, S., Bromley, A., and O'Donnell, M. (2026). *Understanding Need – Key Data and Statistics*, Australian Centre for Child Protection, Adelaide University: Adelaide.

© COPYRIGHT ADELAIDE UNIVERSITY, 2026



Australian
Centre for
Child Protection

Contact: childprotection@adelaide.edu.au

**Improving the lives
of vulnerable children.**