



Child Sexual Abuse and Suicide

Submission to the Inquiry into the
Relationship between Domestic,
Family and Sexual Violence and
Suicide

February 2026



Acknowledgements

The National Centre for Action on Child Sexual Abuse (National Centre) respectfully acknowledges and celebrates Aboriginal and Torres Strait Islander Nations and we pay our respects to ancestors and Elders past and present.

We recognise that Aboriginal and Torres Strait Islander communities, culture and lore continue to lead Aboriginal and Torres Strait Islander communities and acknowledge the tireless work to pursue justice outcomes for children and young people.

The National Centre supports decisions affecting people's lives being fundamentally informed by those people. And upholds truth telling and agreement making for justice as essential components of healing.

We seek to honour the lived and living expertise of all victim-survivors of child sexual abuse, harnessing all ages, cultures, abilities and backgrounds, and commit to substantially addressing the harm of child sexual abuse, now and well into the future.

We recognise that there are children and young people today who are experiencing sexual abuse and dedicate ourselves to doing all we can to expedite and promote their effective protection and care.

Our commitment

The establishment of a national centre to raise awareness and understanding of the impacts of child sexual abuse, support help-seeking and guide best practice advocacy and support and therapeutic treatment was a key recommendation (9.9) of the 2017 Royal Commission into Institutional Responses to Child Sexual Abuse. The Royal Commission identified that ongoing national leadership is necessary to improve outcomes for victim-survivors of past child sexual abuse and prevent future child sexual abuse.

Established in late 2021, the National Centre is a partnership between three respected organisations with strong histories of leadership in responding to child sexual abuse - Australian Childhood Foundation, Blue Knot Foundation and the Healing Foundation (each a Founding Member). The National Centre has an integrated governance structure that embeds the expertise of adults with lived and living experience of child sexual abuse, the rich strength of knowledge of Aboriginal and Torres Strait Islander Peoples and the voices of children and young people, as well as the expertise of researchers, practitioners, justice organisations, corporate entities, government and policy leaders.

At its core, the National Centre is a symbol of hope and an essential vehicle for action for many victim-survivors of child sexual abuse. Its vision is for a community where children are safe and victim-survivors are supported to heal and recover, free of stigma and shame – a future without child sexual abuse.

To achieve its vision, the National Centre:

- ensures the knowledge and voice of victim-survivors of child sexual abuse is at the core of all activities
- commissions critical research
- builds the workforce capability of organisations working with victim-survivors of child sexual abuse
- strives to raise community awareness of the nature of child sexual abuse and how to prevent it.

A note on terminology

In this submission, we have used the terms:

- **Victim-survivor** to refer to people who have experienced child sexual abuse. This includes those who are alive and with us today, and those who are no longer with us. In line with a trauma-informed approach, we acknowledge that victim-survivors have the right to define their identity, and the terms “victim” and “survivor” can for some be considered as existing on a continuum of recovery. We also recognise that some people may not identify with either of these terms.
- **LGBTIQA+SB** to refer to Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual people and Sistersgirls and Brotherboys.

For further reference, we have developed the Child Sexual Abuse Language Guide,¹ designed for anyone working in child protection, policy, practice, education, healthcare, research, justice or communications. It provides language and definitions that are respectful, inclusive and trauma-informed. The guide reflects the perspectives of more than 100 victim-survivors of child sexual abuse, who identified terms that reduce harm and support recovery and those that should be avoided.

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About this submission

Our submission primarily addresses terms of reference (TOR) 1, 2 and 5:

1. The relationship between Domestic, Family and Sexual Violence (DFSV) victimisation and suicide, and the extent to which DFSV victimisation contributes to suicide risk and incidence in Australia, including prevalence, patterns and any identifiable at-risk groups, in order to improve understanding of the role of DFSV in suicides nationally.
2. Opportunities for improved reporting and investigation methodologies to accurately capture and report on deaths as a result of DFSV, including the adequacy of existing data collection practices related to DFSV and suicide and the availability, quality and consistency of data across jurisdictions.
5. Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration.

The knowledge, experiences, wisdom and insights of Lived Experience Advisors and Lived Experience Staff are reflected in this submission and its recommendations. We have also drawn on what victim-survivors and their families told the Royal Commission. The quotes provided are publicly available in the Royal Commission's final report.²

Our approach to lived experience participation reflects the timeframes available to develop the submission and the nature of the subject matter. A longer period of time would be required to further elevate the voices of victim-survivors through in-depth consultation on the terms of reference that ensured best practice, trauma-informed and ethical engagement with appropriate supports in place. We restate a commitment to approaches that uphold the strength, wisdom and capacity of victim-survivors of child sexual abuse.

We acknowledge victim-survivors who continue to advocate for an end to child sexual abuse, including all victim-survivors who participated in the Royal Commission.

Overview and recommendations

Child sexual abuse remains one of the most serious and pervasive forms of harm in Australia, with alarmingly high prevalence rates. An estimated 29% of Australians have experienced some form of child sexual abuse, including more than one in two gender-diverse children, more than one in three girls and almost one in five boys.³ The long-lasting impacts can 'ripple' throughout a person's life with devastating consequences. Of critical concern for this inquiry is the significant relationship between child sexual abuse and the elevated risks of suicidality across the lifespan.

The complex trauma, distress and suicidality that victim-survivors can experience results not only from the devastating impacts of child sexual abuse but also from inadequate, delayed or harmful community or system responses, which can exacerbate childhood trauma and harm. For Aboriginal and Torres Strait Islander victim-survivors, this can include the historical and ongoing impacts of colonisation and systemic violence.

One key aspect of these systemic failures is that child sexual abuse is often subsumed under the broader category of DFSV and is invisible within broader policy, data collection and service system design and delivery. A critical aspect of suicide prevention is providing lifelong access to specialist supports and services for victim-survivors. This includes integration with specialised suicide prevention and response services that are equipped to effectively support victim-survivors of child sexual abuse.

Positioning victim-survivors' knowledge, insight and self-determined priorities at the centre of decision making, design, practice, research and systems change is foundational. The current systems

that contribute to distress and suicidality can only be re-imagined and transformed with lived experience and cultural governance at their heart.

Ultimately, reducing suicidality in Australia requires significant commitment and long-term investment in building our national capability to disrupt the dynamics that fail to stop child sexual abuse and to effectively reduce further harm when it does occur.

Recommendation 1: Ensuring visibility of child sexual abuse in suicide prevention and response

The Australian Government and state and territory governments should ensure all relevant policy, data collection and service systems relating to suicide prevention and response explicitly identify and address child sexual abuse and its associated harms, lifelong impacts and suicide risk pathways. This includes:

- distinguishing between child sexual abuse and adult experiences of sexual violence and assault
- ensuring that if the term 'domestic, family and sexual violence' (DFSV) or similar general terminology is used, it is clear that this includes child sexual abuse as a distinct form of harm that requires specific responses.

Recommendation 2: Strengthening the evidence base on suicidality and child sexual abuse

1. The Australian Government should provide sufficient ongoing funding to expand the evidence base on the relationship between suicidality and child sexual abuse (distinguished from 'DFSV', 'sexual assault' and 'child maltreatment') through:
 - a. implementing future waves of the Australian Childhood Maltreatment Study, including additional modules and enhanced data linkage capabilities to enable more targeted inquiry into child sexual abuse and its long-term impacts and trajectories across the lifespan.
 - b. complementary research studies that allow for more in-depth, qualitative analysis of these issues and service responses.
 - c. translation and mobilisation of the findings from these studies to inform evidence-based policy and service design.
2. Consideration should be given to addressing the following evidence gaps:
 - a. the associations between suicidality and intra-familial child sexual abuse.
 - b. the associations between the high rates of suicidality for children in out-of-home care settings and their experiences of child sexual abuse and exploitation, including groups with significant overrepresentation.
 - c. the associations between suicidality and emerging forms of online facilitated child sexual abuse and exploitation.
 - d. other intersecting factors for priority cohorts, including Aboriginal and Torres Strait Islander peoples, people with disability, LGBTIQ+SB communities, culturally and racially marginalised communities, migrant, refugee and diasporic communities and incarcerated people.
3. Lived experience governance frameworks should be embedded across all research projects and knowledge mobilisation to inform decision-making and ensure culturally safe, trauma-informed practice throughout.

Recommendation 3: Centring lived experience in policy, system and service design and data collection

1. The Australian Government and state and territory governments should ensure that lived experience is centred and embedded in all government work relating to child sexual abuse and suicide prevention and response. This should include:
 - a. the development and implementation of all relevant strategies, action plans and agreements (see *Recommendation 4*)
 - b. system and service design and delivery
 - c. data collection and reporting.
2. Emerging best practice approaches should inform the design and establishment of lived experience governance frameworks to ensure:
 - a. lived experience wisdom informs all decision-making processes and design, creating conditions that effectively redistribute power to participants, and recognise victim-survivors' endurance, creativity and transformative capacities
 - b. victim-survivors are represented across a diversity of groups and lived experiences
 - c. all processes, communications and engagement with lived experience participants are accessible, trauma-informed and culturally safe for all parties.

Recommendation 4: Ensuring integration across strategies at a national and state and territory level

Suicide prevention and response strategies and frameworks

1. The Australian Government and state and territory governments should ensure that all relevant strategies, plans and frameworks for suicide prevention and response explicitly address suicidality and child sexual abuse as a key priority. This should include clear objectives and actions to drive integration between suicide prevention and response service systems and supports for victim-survivors of child sexual abuse (as distinct from domestic and family violence and sexual assault services).

The National Mental Health and Suicide Prevention Agreement

2. The Australian Government should ensure that any forthcoming extensions to the *National Mental Health and Suicide Prevention Agreement* (or any new agreements) make the prevention of suicide for victim-survivors of child sexual abuse an implementation priority.

National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)

3. The Australian Government should ensure that the *Second Action Plan* for the *National Strategy to Prevent and Respond to Child Sexual Abuse* explicitly addresses the elevated risks of suicidality for victim-survivors of child sexual abuse. Clear actions and outcomes should link directly to the *National Suicide Prevention Strategy* and the *National Agreement*.

Recommendation 5: Services for and led by Aboriginal and Torres Strait Islander peoples

1. The Australian Government and state and territory governments should ensure that national action addressing child sexual abuse and suicide for Aboriginal and Torres Strait Islander peoples is grounded in sovereignty, self-determination and community-controlled leadership. This should include:
 - a. Aboriginal and Torres Strait Islander led design, governance and delivery that centre the skills, wisdom and knowledges of Aboriginal and Torres Strait Islander peoples in all prevention, intervention and responses.
 - b. recognition of relationship and trust building (key cultural aspects of service design and delivery) as valuable outcomes in metrics for funding
 - c. adherence to Aboriginal and Torres Strait Islander data sovereignty principles.
2. Sustained and adequate funding should be provided to Aboriginal and Torres Strait Islander governed and led organisations to:
 - a. support place-based service delivery models informed by community-centred Aboriginal and Torres Strait Islander healing approaches (physical, psychological, spiritual and cultural), with recognition of the impacts of colonisation, forced child removal and intergenerational trauma
 - b. expand and embed culturally led resources across all sectors and service providers nationally.

Recommendation 6: National funding for lifelong access to specialist supports and services for victim-survivors

1. The Australian Government and state and territory governments should address existing gaps in victim-survivor support by properly funding a nationally consistent Lifespan Supports Program for victim-survivor healing and recovery, under the *Second Action Plan of the National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)*. The model and approach should be co-designed with victim-survivors.
2. The Lifespan Supports Program should include the following minimum service and model elements (subject to co-design with victim-survivors):
 - a. Ensure access to free, trauma-responsive, culturally safe specialist supports including counselling, peer support and community-based healing programs. This should include adequate funding for Aboriginal and Torres Strait Islander-specific services and healing practices. These supports should ensure visibility of child sexual abuse in service design and delivery (as distinct from domestic and family violence and sexual assault).
 - b. Enable victim-survivors to access, re-enter or transition between supports as their needs change over their lifetime, through a flexible and responsive service model that recognises that recovery is not linear, and victim-survivors may need support over the course of their life in different ways. The model should enable re-entry to services without time limits or the need for repeated disclosure or reassessment processes.
 - c. Facilitate integrated care models including providing referrals to other supports across the service system while maintaining continuity and case management within the Lifespan Supports Program. This should include integration with suicide prevention and response services that have the capability to effectively support victim-survivors of child sexual abuse.
 - d. Embed lived and living experience and expertise within the service system including through models of peer support. This should be reflected in supervision and staffing structures.
 - e. Prioritise place-based service delivery that recognises the specific needs of victim-survivors, including priority populations including Aboriginal and Torres Strait Islander peoples, LGBTIQ+SB communities, culturally and racially marginalised communities, migrant, refugee and diasporic communities, people with disability and incarcerated people, ensuring services are accessible across urban, rural and remote areas.

Recommendation 7: Building sector capability in mental health and suicide prevention services to support victim-survivors

The Australian, state and territory governments should provide sustained investment in workforce development to strengthen the capability of the mental health and suicide prevention sectors to effectively support children and adults who have experienced child sexual abuse. This should include sufficient funding for:

1. the development and delivery of specialised training and resources to:
 - a. build awareness and understanding of the lifelong impacts of child sexual abuse and its strong associations with suicidality (as distinct from domestic and family violence and sexual assault)
 - b. equip students, practitioners and frontline workers with the skills and knowledge to respond effectively to victim-survivors of child sexual abuse, who may be at heightened risk of suicide or who have attempted suicide.
2. governance and advisory mechanisms to centre lived experience wisdom and expertise in the design and implementation of these programs
3. access to regular reflective practice supervision for workers and practitioners, with opportunities to consult, reflect and develop their practice.

Recommendation 8: Real and sustained investment in national prevention and responses to child sexual abuse

The Australian government should provide \$1 billion over a five-year period to fund the Second Action Plan of the *National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)* to advance eight critical priorities where coordinated national leadership is essential:

1. Ensuring victim-survivors' voices and participation shape every decision.
2. Specialist, trauma-informed services for victim-survivors of child sexual abuse.
3. Addressing the intersections of child sexual abuse with other harms.
4. Shifting attitudes and strengthening community prevention.
5. A long overdue focus on intra-familial child sexual abuse.
6. Prioritising prevention of harmful sexual behaviour.
7. Breaking federation gridlock, including embedding truly national child safety standards.
8. Building a skilled and supported workforce.

TOR 1: Understanding the role of DFSV in suicide nationally

Child sexual abuse remains one of the most serious and pervasive forms of harm in Australia, with long-lasting impacts that can 'ripple' throughout a person's life. Of critical concern is the significant relationship between child sexual abuse and the elevated risks of suicidality across the lifespan, as a devastating consequence of the complex trauma experienced.

While some effects from child sexual abuse may be acute and temporary, others may be chronic or re-emerge at different life stages or in response to significant events. Inadequate, delayed or harmful community or system responses can exacerbate childhood trauma and harm, further contributing to suicidality. For Aboriginal and Torres Strait Islander victim-survivors, this can include the historical and ongoing impacts of colonisation and systemic violence.

Child sexual abuse rendered invisible within generalised responses to DFSV

One key aspect of these systemic failures is the invisibility of child sexual abuse within broader policy, data collection, service system design and delivery. Embedding the term 'child sexual abuse' across all government policy, data collection systems and service responses (with corresponding objectives and actions) is a foundational suicide prevention measure.

People with lived experience of child sexual abuse consistently report that the use of generic terminology such as 'DFSV' contributes to the erasure of the distinct harms and psychological effects, lifelong impacts and suicide risk pathways associated with childhood sexual abuse.

This explicit focus on child sexual abuse is necessary to accurately name the abuse of power and age-based asymmetry involved, and to avoid minimising harm experienced in childhood by treating it as equivalent to adult experiences of sexual violence and assault.

Recommendation 1: Ensuring visibility of child sexual abuse in suicide prevention and response

The Australian Government and state and territory governments should ensure all relevant policy, data collection and service systems relating to suicide prevention and response explicitly identify and address child sexual abuse and its associated harms, lifelong impacts and suicide risk pathways. This includes:

- distinguishing between child sexual abuse and adult experiences of sexual violence and assault
- ensuring that if the term 'domestic, family and sexual violence' (DFSV) or similar general terminology is used, it is clear that this includes child sexual abuse as a distinct form of harm that requires specific responses.

The significantly elevated risks of suicidality for victim-survivors of child sexual abuse

What the Royal Commission heard from victim-survivors

The relationship between the impacts of child sexual abuse in institutional settings and suicidality was heavily foregrounded in the Royal Commission. Thoughts of suicide and attempted suicides were some of the most common outcomes that victim-survivors described.⁴

- Almost one in five (19.8 per cent) victim-survivors who spoke about their wellbeing had thoughts of suicide and 16.4 per cent reported having attempted suicide.⁵
- Almost 12 per cent of the children and young people who provided information about their wellbeing reported a suicide attempt.⁶
- A number of family members spoke about victim-survivors who had died by suicide.⁷

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[REDACTED]

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Recent data and research indicating this strong association

The strong relationship between suicidality and experiences of child sexual abuse across settings has been identified in a range of Australian and global studies.¹³

Of critical importance, the recent nationally representative Australian Child Maltreatment Study (ACMS) has provided unique insights into the remarkably high prevalence rates of child sexual abuse in the population (28.5% overall, with over one in two gender-diverse children, one in three girls and one in five boys impacted).¹⁴

The ACMS has also reinforced the significant association between suicidality and experiences of child sexual abuse for victim-survivors:¹⁵

- Australians who had experienced child sexual abuse were 2.3 times more likely to have attempted suicide in the prior 12 months.¹⁶
- When compared to other forms of child maltreatment, prior experiences of child sexual abuse had one of the strongest associations with suicide attempts in the preceding 12 months.¹⁷

In more general terms, the study estimates that childhood maltreatment, including child sexual abuse, accounts for 41% of suicide attempts.¹⁸ Overall, the ACMS findings indicated that Australians who had experienced maltreatment in childhood were 4.6 times more likely to have attempted suicide in the prior 12 months.¹⁹ Young people aged 16–24 years old were at the highest risk, with 5.2% attempting suicide in the prior year, compared with 0.6% of their peers who had not experienced child maltreatment.²⁰

High rates of suicidality in out-of-home care and child sexual abuse

The association between the elevated rates of suicidality in out-of-home care and the high prevalence of child sexual abuse represents a critical evidence gap that requires urgent inquiry.

Evidence suggests children and young people in out-of-home care (OOHC) are almost five times more likely to display suicidal behaviour than peers with no experience of OOHC.²¹ We also know that prior to entering the OOHC system, many children have been exposed to multiple forms of harm, which may include child sexual abuse. Once in the OOHC system, children and young people can be exposed to targeted sexual abuse or exploitation.²²

Of particular concern are the outcomes in OOHC for Aboriginal and Torres Strait Islander children (who are over 12 times more likely to be in OOHC),²³ children with disability and culturally and racially marginalised children. This evidence gap is highlighted below under [Recommendation 2](#).

Suicidality linked to online facilitated child sexual abuse and exploitation

The impacts of online child sexual victimisation can be severe, with clear links to serious health and mental health risks, including suicidality.²⁴

The ACMS found that young people who had sexual images of themselves as a child shared without consent were substantially more likely to attempt suicide. The data indicated that 7.6% of young Australians had experienced such non-consensual sharing of their image, with girls significantly over-represented.²⁵

Almost 18% of young people in the study had been sexually solicited online by adults - often repeatedly, with incidents rising rapidly from age 10 onwards. Girls were significantly more likely than boys to experience online solicitation (26.3% compared to 7.6%). Almost half (47.9%) of the small number of gender diverse young people in the study had been sexually solicited in this way.²⁶

Another emerging threat requiring immediate attention is the significant harm to children and young people from exposure to Sadistic Online Exploitation (SOE).

As highlighted by the Australian Centre to Counter Child Exploitation (ACCCE),²⁷ SOE is perpetrated by people in known extremist online groups. Victims are targeted and manipulated to engage in progressively violent acts. This can result in children and young people producing, sharing or live streaming sexually explicit acts and acts of self-harm. In the most serious cases, this can result in acts of suicide.²⁸

ACCCE has reported that the impacts of SOE can be severe. Identified victim-survivors have experienced psychological and physical harm and intense trauma, which itself can lead to suicide. Victim-survivors have tended to be female, while offenders are typically young males, sometimes 'recruited' through targeted coercion.²⁹

How system dynamics can impact victim-survivors of child sexual abuse

Rather than providing the necessary conditions for healing, recovery and restitution, victim-survivors have expressed how social, economic and political systems can contribute to the impacts of child sexual abuse, including suicidality.

Lived Experience Advisors (LE advisors) and Lived Experience staff of the National Centre have highlighted how such systems can normalise hierarchy and relationships based on power and obedience. For some victim-survivors, these "power over" systems can replicate aspects of their own experiences of childhood abuse. Some have linked such systems, where they lack a voice and their trauma remains invisible, directly to their own suicidal thoughts and attempts.

For victim-survivors who experience multiple forms of marginalisation, these systems and conditions also adversely influence equity and access to prevention, intervention and recovery. These include (but are not limited to): people who are culturally and racially marginalised, people with disability, Aboriginal or Torres Strait Islander peoples, people who identify as LGBTQIA+SB, solo parent households and lower socioeconomic groups.

Compounding factors increasing the risks of suicidality for victim-survivors

Risks of suicidality can increase if victim-survivors of child sexual abuse experience additional adversity or events that can reactivate past trauma.³⁰

These can include:

- events at different life stages, including becoming a new parent, when their children reach the age that they were when abused, when their abuser dies or is in the news, or prior to entering residential aged care³¹
- experiencing chronic health issues, a lack of social connection and financial and housing adversity – life challenges which may or may not be a direct consequence of childhood trauma
- internal thoughts or feelings, or external objects, sounds or smells, which can re-activate trauma on a day-to-day level.

The cumulative impact of other forms of violence and abuse can also contribute to suicidality for victim-survivors of child sexual abuse.

In childhood, sexual abuse frequently co-occurs with additional forms of maltreatment and exposure to domestic and family violence.³² In adulthood, victim-survivors of child sexual abuse may be more likely to experience sexual and physical violence.³³ Women who experienced child sexual abuse are twice as likely as those who did not to have experienced domestic violence, physical violence or sexual violence as an adult.³⁴

TOR 2: Improving data collection and reporting on DFSV and suicide

Strengthening the evidence base and addressing critical gaps

Establishing associations between suicide and child sexual abuse requires purpose-designed studies that aim to gather or build understanding of lived experience alongside suicide-related outcomes. In this regard, the ACMS has provided the most nationally representative data on child sexual abuse and its long-term impacts on mental health and suicide risk.

Enhancing and extending the ACMS through future waves would provide more in-depth understanding across cohorts and intersectional risks. There is also a need to identify where linkages could be made across other relevant national and state-level data sets. In addition, complementary qualitative studies would allow these complex issues to be explored in more depth, drawing on lived experience. This would allow policymakers and service providers to better understand the trajectories of risk and resilience for different cohorts across settings.

Recommendation 2: Strengthening the evidence base on suicidality and child sexual abuse

1. The Australian Government should provide sufficient ongoing funding to expand the evidence base on the relationship between suicidality and child sexual abuse (distinguished from 'DFSV', 'sexual assault' and 'child maltreatment') through:
 - a. implementing future waves of the Australian Childhood Maltreatment Study, including additional modules and enhanced data linkage capabilities to enable more targeted inquiry into child sexual abuse and its long-term impacts and trajectories across the lifespan.
 - b. complementary research studies that allow for more in-depth, qualitative analysis of these issues and service responses.
 - c. translation and mobilisation of the findings from these studies to inform evidence-based policy and service design.
2. Consideration should be given to addressing the following evidence gaps:
 - a. the associations between suicidality and intra-familial child sexual abuse.
 - b. the associations between the high rates of suicidality for children in out-of-home care settings and their experiences of child sexual abuse and exploitation, including groups with significant overrepresentation.
 - c. the associations between suicidality and emerging forms of online facilitated child sexual abuse and exploitation.
 - d. other intersecting factors for priority cohorts, including Aboriginal and Torres Strait Islander peoples, people with disability, LGBTIQ+SB communities, culturally and racially marginalised communities, migrant, refugee and diasporic communities and incarcerated people.
3. Lived experience governance frameworks should be embedded across all research projects and knowledge mobilisation to inform decision-making and ensure culturally safe, trauma-informed practice throughout.

TOR 5: Enhancing prevention and early intervention efforts to reduce suicide

Centring lived experience across all policy, systems and services

Without lived experience wisdom informing all aspects of prevention and early intervention, the current systems will continue to contribute to the correlation between child sexual abuse and suicide.

Victim-survivors share consistent messages that lived experience knowledge and experience must be embedded in all decision making, design, practice, research and systems change. Only then can the service systems, policies and legislation that replicate and perpetuate child sexual abuse be re-imagined and reshaped. This recognises victim-survivors' endurance, creativity and transformative capacities.

Centring lived experience wisdom also provides opportunities to surface the many truths of child sexual abuse that have been flattened, erased or silenced. This is particularly the case for people with cumulative and intersecting experiences of oppression.

By incorporating lived experience wisdom into all aspects of government policy relating to child sexual abuse, power can be redistributed to those most impacted. These conditions would contribute toward recovery and healing of victim-survivors of child sexual abuse. They would also inform urgent system reforms to prevent suicidality amongst victim-survivors through responses grounded in the realities of the people most affected.

Recommendation 3: Centring lived experience in policy, system and service design and data collection

1. The Australian Government and state and territory governments should ensure that lived experience is centred and embedded in all government work relating to child sexual abuse and suicide prevention and response. This should include:
 - a. the development and implementation of all relevant strategies, action plans and agreements (*see Recommendation 4*)
 - b. system and service design and delivery
 - c. data collection and reporting.
2. Emerging best practice approaches should inform the design and establishment of lived experience governance frameworks to ensure:
 - a. lived experience wisdom informs all decision-making processes and design, creating conditions that effectively redistribute power to participants, and recognise victim-survivors' endurance, creativity and transformative capacities
 - b. victim-survivors are represented across a diversity of groups and lived experiences
 - c. all processes, communications and engagement with lived experience participants are accessible, trauma-informed and culturally safe for all parties.

Ensuring strategic integration between national suicide prevention and child sexual abuse responses

National suicide prevention strategies recognise trauma and maltreatment as drivers of suicidal distress. However, a significant integration gap remains regarding dedicated responses for victim-survivors of child sexual abuse. This is also the case in state and territory plans.

This lack of attention to the strong links between suicidality and child sexual abuse was highlighted at a recent roundtable that considered the critical intersections of child sexual abuse and suicidality.³⁵ A key recommendation was the urgent need to:

- recognise and address the intersecting issues of child sexual abuse, suicidality and the needs of victim-survivors in key national plans and strategies
- ensure this is reflected in policy, practice and research agendas.³⁶

Similarly, Suicide Prevention Australia (SPA), in its recent landmark report, *Adverse Childhood Experiences and Suicide*, called for a coordinated and strategic approach to adverse childhood experiences and suicide prevention across all levels of government and portfolios. The report called for all strategies and plans that address child sexual abuse and other childhood maltreatment to include clear actions to prevent suicide.³⁷

National plans and frameworks

The following key national plans and frameworks reflect this current lack of integration and the overly generalised approach to DFSV, maltreatment and trauma responses that can render child sexual abuse invisible.

The National Suicide Prevention Strategy (2025–2035):

The new national strategy lists “childhood maltreatment” as a key risk factor for suicide but refers outwards to the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* and the *National Framework for Protecting Australia’s Children 2021–2031* as the key mechanisms to reduce the prevalence and impacts of child abuse and neglect.³⁸ The strategy acknowledges the need for mental health services and other supports to work in a “trauma-informed and culturally safe way”. However, it stops far short of describing the integrated service responses and workforce development required to effectively reduce the elevated risks of suicidality for victim-survivors of child sexual abuse.

The implementation of this new strategy by the National Suicide Prevention Office provides the opportunity under Outcome 1.2 for a greater focus on these critical intersections.

The National Mental Health and Suicide Prevention Agreement (the Agreement):

The Agreement acknowledges the broad intersections between mental health and “family, domestic and sexual violence, and child maltreatment”, as one of seven priority areas.³⁹ However, an explicit focus on child sexual abuse is absent. While the intention is for a whole-of-government, integrated approach between mental health, suicide prevention supports and the family and domestic violence sector, a major review by the Productivity Commission in 2025⁴⁰ concluded governments have made limited progress. Fragmentation remains across the whole system, with consumers seeing no meaningful change at the service level.

Looking ahead, a priority area for future extensions to the Agreement should be to specifically address suicide prevention for child sexual abuse victim-survivors, including the service fragmentation that persists.

The National Strategy to Prevent and Respond to Child Sexual Abuse (2021–2030):

The *National Strategy to Prevent and Respond to Child Sexual Abuse* similarly points outwards to the implementation of the previous *National Mental Health and Suicide Prevention Strategy* and other frameworks to make sure children and young people are 'safe and well in all areas of their lives'.⁴¹

The *Second National Action Plan*, currently under consideration, provides a critical opportunity for more effective integration with suicide prevention and responses. These need to be attuned to the specific risks and support needs of victim-survivors of child sexual abuse across the lifespan.

State and territory level plans and frameworks for suicide prevention

Similarly, recent state and territory plans or frameworks tend to list childhood adversity as a potential risk factor for suicidality. However, associations between suicidality and child sexual abuse are not mentioned.⁴² More promising work has been undertaken in South Australia, where the Department for Child Protection's *Suicide Prevention Action Plan 2025–2029*⁴³ embeds actions for trauma-responsive care for impacted children, as mandated by the Suicide Prevention Act 2021.

Recommendation 4: Ensuring integration across strategies at a national and state and territory level

Suicide prevention and response strategies and frameworks

1. The Australian Government and state and territory governments should ensure that all relevant strategies, plans and frameworks for suicide prevention and response explicitly address suicidality and child sexual abuse as a key priority. This should include clear objectives and actions to drive integration between suicide prevention and response service systems and supports for victim-survivors of child sexual abuse (as distinct from domestic and family violence and sexual assault services).

The National Mental Health and Suicide Prevention Agreement

2. The Australian Government should ensure that any forthcoming extensions to the *National Mental Health and Suicide Prevention Agreement* (or any new agreements) make the prevention of suicide for victim-survivors of child sexual abuse an implementation priority.

National Strategy to Prevent and Respond to Child Sexual Abuse (2021–2030)

3. The Australian Government should ensure that the *Second Action Plan* for the *National Strategy to Prevent and Respond to Child Sexual Abuse* explicitly addresses the elevated risks of suicidality for victim-survivors of child sexual abuse. Clear actions and outcomes should link directly to the *National Suicide Prevention Strategy* and the *National Agreement*.

Services for and led by Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander children experience disproportionately high levels of childhood trauma.⁴⁴ Additionally, suicide is one of two leading causes of death for Aboriginal and Torres Strait Islander children aged 5-17yrs old.⁴⁵ This occurs at a rate that is almost three times higher than for non-Indigenous children.⁴⁶

These disparities exist within the enduring context of colonisation and are driven by systemic factors, including racism, intergenerational socio-economic disadvantage and limited access to culturally safe services.⁴⁷

The need for Aboriginal and Torres Strait Islander-led responses to counter the intersecting harms of domestic, family and child sexual violence and suicide is not a new insight. For decades, organisations, communities and Elders have provided clear evidence, analysis and solutions.⁴⁸ These contributions have highlighted the links between colonisation, intergenerational trauma, child sexual abuse, structural violence and suicide. They have emphasised the need for culturally safe, trauma-informed and community-led approaches.

These principles and approaches are reflected in the *Gayaa Dhuwi (Proud Spirit) Declaration*, which aims to achieve the highest possible standards of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.⁴⁹

Responses to Aboriginal and Torres Strait Islander child sexual abuse must be led by Aboriginal and Torres Strait Islander peoples. In Australia, settler-colonial racism, white privilege and white-Western bias have driven interventions and responses to child sexual abuse in communities. This has exacerbated the trauma and marginalisation experienced by Aboriginal and Torres Strait Islander communities and has not improved child safety ...

Believe Inquire Respond to Disclosures, SNAICC (2023)

Under the *First Action Plan for the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030*, some progress has been made through the development of a culturally appropriate national training program – *Believe Inquire Respond to Disclosures (BIRD) Training Package*. This came from a collaboration between Yamurrah – Aboriginal and Torres Strait Islander experts working with victim-survivors of complex and collective trauma, and SNAICC – National Voice for our Children.⁵⁰

Looking ahead, the approach and outcomes from the BIRD project provide insights into emerging best practice, together with recommendations from a recent policy forum led by Gayaa Dhuwi in partnership with Suicide Prevention Australia, which emphasised the critical need for cultural governance to sit alongside clinical governance.⁵¹

Recommendation 5: Services for and led by Aboriginal and Torres Strait Islander peoples

1. The Australian Government and state and territory governments should ensure that national action addressing child sexual abuse and suicide for Aboriginal and Torres Strait Islander peoples is grounded in sovereignty, self-determination and community-controlled leadership. This should include:
 - a. Aboriginal and Torres Strait Islander led design, governance and delivery that centre the skills, wisdom and knowledges of Aboriginal and Torres Strait Islander people in all prevention, intervention and responses
 - b. recognition of relationship and trust building (key cultural aspects of service design and delivery) as valuable outcomes in metrics for funding
 - c. adherence to Aboriginal and Torres Strait Islander data sovereignty principles.
2. Sustained and adequate funding should be provided to Aboriginal and Torres Strait Islander governed and led organisations to:
 - a. support place-based service delivery models informed by community-centred Aboriginal and Torres Strait Islander healing approaches (physical, psychological, spiritual and cultural), with recognition of the impacts of colonisation, forced child removal and intergenerational trauma
 - b. expand and embed culturally led resources across all sectors and service providers nationally.

Meeting the support needs of victim-survivors across the lifespan

A critical aspect of suicide prevention is ensuring that victim-survivors of child sexual abuse can access support services throughout their lives and for as long as needed. This includes integration with specialised suicide prevention and response services that have the capability to effectively support victim-survivors of child sexual abuse.

A service system still failing victim-survivors

Nearly 10 years since the major call for action by the Royal Commission,⁵² the child sexual abuse service system continues to fail victim-survivors. The system remains fragmented, inadequately resourced and underfunded.⁵³ Inquiries at state and Commonwealth levels have found that existing responses are woefully inadequate.⁵⁴

The lack of substantial progress on these Royal Commission recommendations was reinforced at a major roundtable in 2025 on the intersections of child sexual abuse and suicidality. The roundtable report concluded that national leadership was required to drive implementation and “prevent more survivors dying by suicide in this ongoing national tragedy”.⁵⁵

Our work at the National Centre has also highlighted that services providing support to victim-survivors of child sexual abuse are critically underfunded, with many areas in Australia having no access to specialist services. Additionally, the existing specialist workforce is chronically under-resourced. This results in ongoing waitlists, skilled workforce shortages and services in competition with each other for limited funding. These elements impact on meaningful collaboration and sustainable partnerships. They can also contribute to further trauma for victim-survivors.

Lifelong access to specialist supports and services for victim-survivors

As outlined above, the lack of focus on child sexual abuse within broader DFSV and mental health service provision has resulted in a limited focus on best practice responses to suicide prevention for child sexual abuse victim-survivors. As a starting point, victim-survivors have highlighted the following considerations:

- Healing is non-linear and involves recurring cycles of coping, crisis, stabilisation and growth. Consequently, victim-survivors may need to enter or re-enter support systems at various points in their lives. This may require multiple engagements with service systems and diverse supports.
- Access across the lifespan to specialist supports for victim-survivors of child sexual abuse should allow for re-entry to services without arbitrary time limits or reassessment processes that can result in re-traumatisation.
- Through a trauma-informed and survivor-centred lens, success is understood not as 'overcoming' trauma, but as an ongoing process of (re)claiming power, building safety, agency and meaningful connections at any stage of life, on the victim-survivor's own terms. In relation to service provision, any removal of control and agency of victim-survivors can replicate some experiences of child sexual abuse and cause harm or re-traumatisation.
- All DFSV services, including sexual assault services, should sensitively screen for experiences of child sexual abuse at the point of referral. People who choose to disclose a history of child sexual abuse should then be prioritised on waitlists for specialised supports and services.
- Suicide assessment processes for victim-survivors of child sexual abuse require a national review and subsequent redevelopment.
- Lived experience knowledge of child sexual abuse should be honoured in the mental health and suicide workforce as a legitimate and valuable form of knowledge. This should be reflected in supervision and staffing structures.

Building sector capability in the suicide prevention workforce

Beyond the specialist sexual violence services, there is a growing expectation that all services will have the skills required to identify and respond to child sexual abuse. This includes situations where childhood trauma has been activated.⁵⁶

Suicide Prevention Australia's *State of the Nation Report* (the SPA report) from 2024 highlights a critical gap in sector capability more broadly. One quarter (25%) of survey respondents indicated that they did not have adequate access to skills and training to meet their service delivery needs, with a further 13% unsure.⁵⁷ This is despite 86% of respondents indicating all members of the community should have access to suicide prevention training.⁵⁸

Further, the SPA report highlights chronic under-funding and resourcing across the sector.⁵⁹

This can leave organisations with limited capacity to fund and support professional development opportunities and regular supervision. Staff are inundated with work and the levels of crisis and risk they are managing each day.

This highlights the imperative for sustained investment in resourcing and workforce development through access to appropriate training and professional development opportunities centrally informed by lived experience wisdom and expertise.

The SPA report defines the suicide prevention workforce in broad terms, taking a whole of community approach.⁶⁰ This underscores the critical need for system-wide investment in capability building across a range of service types and providers to effectively support children and adults who have experienced child sexual abuse. This includes the clinical workforce, the formal suicide prevention and mental health workforce, and the broader informal suicide prevention workforce, who often provide a vital frontline role.

Workers and practitioners should also be supported to access regular reflective practice supervision, with opportunities to consult, reflect and develop their practice.

Recommendation 6: National funding for lifelong access to specialist supports and services for victim-survivors

1. The Australian Government and state and territory governments should address existing gaps in victim-survivor support by properly funding a nationally consistent Lifespan Supports Program for victim-survivor healing and recovery, under the *Second Action Plan of the National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)*. The model and approach should be co-designed with victim-survivors.
2. The Lifespan Supports Program should include the following minimum service and model elements (subject to co-design with victim-survivors):
 - a. Ensure access to free, trauma-responsive, culturally safe specialist supports including counselling, peer support and community-based healing programs. This should include adequate funding for Aboriginal and Torres Strait Islander-specific services and healing practices. These supports should ensure visibility of child sexual abuse in service design and delivery (as distinct from domestic and family violence and sexual assault).
 - b. Enable victim-survivors to access, re-enter or transition between supports as their needs change over their lifetime, through a flexible and responsive service model that recognises that recovery is not linear, and victim-survivors may need support over the course of their life in different ways. The model should enable re-entry to services without time limits or the need for repeated disclosure or reassessment processes.
 - c. Facilitate integrated care models including providing referrals to other supports across the service system while maintaining continuity and case management within the Lifespan Supports Program. This should include integration with suicide prevention and response services that have the capability to effectively support victim-survivors of child sexual abuse.
 - d. Embed lived and living experience and expertise within the service system including through models of peer support. This should be reflected in supervision and staffing structures.
 - e. Prioritise place-based service delivery that recognises the specific needs of victim-survivors, including priority populations including Aboriginal and Torres Strait Islander peoples, LGBTIQ+SB communities, culturally and racially marginalised communities, migrant, refugee and diasporic communities, people with disability and incarcerated people, ensuring services are accessible across urban, rural and remote areas.

Recommendation 7: Building sector capability in mental health and suicide prevention services to support victim-survivors

The Australian, state and territory governments should provide sustained investment in workforce development to strengthen the capability of the mental health and suicide prevention sectors to effectively support children and adults who have experienced child sexual abuse. This should include sufficient funding for:

1. the development and delivery of specialised training and resources to:
 - a. build awareness and understanding of the lifelong impacts of child sexual abuse and its strong associations with suicidality (as distinct from domestic and family violence and sexual assault)
 - b. equip students, practitioners and frontline workers with the skills and knowledge to respond effectively to victim-survivors of child sexual abuse, who may be at heightened risk of suicide or who have attempted suicide.
2. governance and advisory mechanisms to centre lived experience wisdom and expertise in the design and implementation of these programs
3. access to regular reflective practice supervision for workers and practitioners, with opportunities to consult, reflect and develop their practice.

Urgent national investment in child sexual abuse prevention

A vital aspect of reducing suicidality in Australia is increasing our national capability to prevent child sexual abuse and reduce further harm when it does occur. This requires disrupting the dynamics that have failed to stop child sexual abuse and exploitation and that prevent victim-survivors from being validated and supported.

We are now at the point where more than one in four Australians (nearly 7 million people) are victim-survivors of child sexual abuse. Online exploitation continues to escalate. Harmful sexual behaviours among children are the fastest growing form of abuse. And victim-survivors continue to fall through the gaps with the devastating consequences outlined across this submission.

The scale of harm, including high rates of suicidality, demands national commitment and long-term investment and action. The evidence is sobering and affirms the National Centre's consistent message – Australia cannot afford to delay concrete action any longer. This is a public health, safety and human rights crisis.

As a member of the National Strategy Advisory Group⁶¹ (NSAG), the National Centre joins NSAG in calling for urgent investment in the *Second Action Plan of the National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)*. We endorsed NSAG's submission to the Australian Government in December 2025, which called for a \$1 billion, five-year investment, which is proportional to the scale of harm.

This investment would not only advance critical priorities where coordinated national leadership is essential, it is also integral to reducing deaths by suicide in Australia over the decades to come.

Recommendation 8: Real and sustained investment in national prevention and responses to child sexual abuse

The Australian Government should provide \$1 billion over a five-year period to fund the Second Action Plan of the *National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)* to advance eight critical priorities where coordinated national leadership is essential:

1. Ensuring victim-survivors' voices and participation shape every decision
2. Specialist, trauma-informed services for victim-survivors of child sexual abuse
3. Addressing the intersections of child sexual abuse with other harms
4. Shifting attitudes and strengthening community prevention
5. A long overdue focus on intra-familial child sexual abuse
6. Prioritising prevention of harmful sexual behaviour
7. Breaking federation gridlock, including embedding truly national child safety standards
8. Building a skilled and supported workforce.

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