National Centre for Action on Child Sexual Abuse

Child sexual abuse and suicidality – priorities for national system reform

The National Centre's position

Child sexual abuse is a distinct and critical driver of suicidality in Australia. It must be explicitly recognised across suicide prevention policy, systems and services.

When child sexual abuse is grouped within broader violence frameworks, its specific pathways to suicidal distress are obscured and victim-survivors are more likely to fall through system gaps.

Victim-survivors of child sexual abuse consistently identify that suicidality is shaped not only by the abuse, but by fragmented and retraumatising system responses.

The National Centre considers that reducing suicidality in Australia requires child sexual abuse to be recognised as a distinct driver of risk and addressed through coordinated, national system reforms. Lived experience must be embedded in these reforms in terms of governance, design and service delivery so responses support healing rather than compound harm.

What we know

Child sexual abuse affects a significant proportion of the population, with impacts that can be severe, enduring and recurrent across the life course.

There is a strong association between experiences of child sexual abuse and suicidality. People with lived experience of child sexual abuse are around 2.3 times more likely to have attempted suicide in the past 12 months. Compared with other forms of child maltreatment, child sexual abuse is associated with a strong increase in suicide risk.

These risks are not confined to childhood or the period immediately following abuse. They can re-emerge across the life course, particularly at key life stages and transitions, where changes and significant events can reactivate trauma.

Child sexual abuse can occur alongside other forms of maltreatment and increase vulnerability to later experiences of family, domestic and sexual violence. These cumulative experiences can also increase the risk of suicidality across the life course.

Risks can be further intensified for people experiencing marginalisation, including Aboriginal and Torres Strait Islander peoples, people with disability and LGBTIQA+SB communities. There are also

heightened risks of suicide for children and young people in out-of-home care, and growing evidence of the mental health impacts of online-facilitated child sexual abuse and exploitation.

Despite this, child sexual abuse remains insufficiently visible within suicide prevention policy, data and service systems. This creates a critical gap in how suicide risk is understood and addressed, with consequences for policy development, service design, workforce capability and long-term system reform.

Why this issue matters

Fragmented, delayed and dismissive responses can mirror experiences of powerlessness and invisibility for victim-survivors of child sexual abuse. This is particularly the case when they are required to repeat disclosures, navigate complex systems or experience loss of control. Over time, this can compound harm, increasing distress and the risk of suicidality.

These impacts can be experienced across the life course, at great cost to individuals. Without significant system-level reform, preventable harm and devastating losses will continue. This has ongoing consequences for families, communities and service systems over time.

What needs to change – priorities for national action

Nation-wide reforms must be grounded in clear principles and delivered through coordinated system-level change. Child sexual abuse must be explicitly recognised as a distinct driver of suicidality and systems must respond across the life course. Preventing and responding to child sexual abuse is foundational to reducing suicide and should be treated as a national reform priority.

Core principles for system reform

1. **Visibility of child sexual abuse across systems** – child sexual abuse is recognised as a distinct form of harm with specific risk pathways.
2. **Lived experience centred in governance and design** – lived experience informs decision-making, system design and service delivery.
3. **Lifelong, continuous access** – support is provided to victim-survivors across their lifespan without time limits or barriers to re-entry.
4. **Choice and control** – victim-survivors determine how and when they engage with support, with services tailored to their needs.
5. **Trauma-informed, culturally safe practice** – services are designed to avoid re-traumatisation and respond to diverse experiences across communities.

Priority system changes

Sustained investment by Australian governments is needed to deliver the following priorities:

1. **Recognise child sexual abuse as a distinct driver of suicidality across national policy and systems:** Ensure that policy, data and service systems recognise and respond to child sexual abuse and its associated suicide risk pathways, with alignment across national frameworks and action plans. Coordinate suicide prevention, mental health and child sexual abuse systems to reduce fragmentation and enable integrated responses across sectors.
2. **Fund lifelong access to support through a national Lifespan Supports Program:** Design and deliver a sustained program providing free, trauma-informed and culturally safe support to victim-survivors of child sexual abuse across their lifespan, integrated with suicide prevention and response services and enabling flexible re-entry over time.
3. **Deliver Aboriginal and Torres Strait Islander-led responses:** Resource and embed community-controlled, culturally led suicide prevention, healing and early intervention supports, grounded in sovereignty and self-determination.
4. **Build cross-sector workforce capability to respond to child sexual abuse:** Invest in workforce development across mental health and suicide prevention systems so the sector can recognise and respond effectively to child sexual abuse and associated suicide risks.
5. **Strengthen the national evidence base on long term impacts and service integration:** Invest in longitudinal research, data and evaluation to better understand the impacts of child sexual abuse across the life course and inform integrated system responses.
6. **Deliver sustained national leadership and investment in child sexual abuse prevention and response:** Commit long-term funding to preventing and responding to child sexual abuse through the Second Action Plan under the *National Strategy to Prevent and Respond to Child Sexual Abuse,* as a foundation to preventing suicide in Australia.

The enabling role of the National Centre

By bringing together lived experience, research, policy and practice expertise, the National Centre supports governments, service systems and communities to strengthen prevention, improve system integration, build evidence and improve outcomes for victim-survivors of child sexual abuse.

Read our submission to the inquiry into the relationship between domestic, family and sexual violence and suicide: www.nationalcentre.org.au/wp-content/uploads/2026/03/Sub133-National-Centre-for-Action-on-Child-Sexual-Abuse.pdf.