



Suicide Prevention
Australia

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Adverse Childhood Experiences and Suicide

Background Paper

Contents

INTRODUCTION	3
ABOUT SUICIDE PREVENTION AUSTRALIA	3
DEFINITIONS	3
DEFINITION OF ‘CHILD’.....	3
DEFINITION OF ‘ADVERSE CHILDHOOD EXPERIENCES’ (ACEs).....	4
RESEARCH	4
PREVALENCE OF DIFFERENT TYPES OF ACEs AND SUICIDE RISK	4
THE LIFE COURSE IMPACTS OF ACEs AND LINKS TO SUICIDE	13
INTERSECTIONALITY AND ACEs	21
PREVIOUS WORK TO ADDRESS ACEs	27
CHILD PROTECTION SYSTEM.....	28
CHILD SEXUAL ABUSE	30
DOMESTIC, FAMILY AND SEXUAL VIOLENCE	36
YOUTH AND ADULT JUSTICE SYSTEM	38
YOUTH SUICIDE	43
THE EIGHT PRINCIPLES AND RECOMMENDATIONS	46
PRINCIPLE 1: IMPLEMENT A COORDINATED AND STRATEGIC APPROACH TO ACEs AND SUICIDE PREVENTION	46
PRINCIPLE 2: ESTABLISH SAFE, NURTURING RELATIONSHIPS AND ENVIRONMENTS FOR CHILDREN AND YOUNG PEOPLE AND INTERVENE EARLY AND ACTIVELY WHEN RELATIONSHIPS AND ENVIRONMENTS ARE NOT SAFE AND NURTURING.....	48
PRINCIPLE 3: LISTEN AND LEARN FROM THE VOICES OF CHILDREN, FAMILIES/KIN AND PEOPLE WITH LIVED AND LIVING EXPERIENCE OF ACEs AND SUICIDE	54
PRINCIPLE 4: PROVIDE PERINATAL, PARENTING AND CAREGIVER SUPPORT WITH A PARTICULAR FOCUS ON THOSE WITH LIVED AND LIVING EXPERIENCE OF ACEs	55
PRINCIPLE 5: ENSURE SUPPORT SERVICES ARE RESOURCED AND EQUIPPED TO IDENTIFY PEOPLE LIVING WITH THE IMPACTS OF ACEs AND RESPOND TO COMPLEX TRAUMA WHICH ENSUES	60
PRINCIPLE 6: BUILD THE CAPACITY OF EDUCATION INSTITUTIONS TO IDENTIFY PRESENTATIONS OF ACEs AND UNRESOLVED TRAUMA EARLY AND REFER APPROPRIATELY.....	64
PRINCIPLE 7: UPSKILL AND EDUCATE WORKPLACES AND THE GENERAL COMMUNITY TO IMPROVE KNOWLEDGE AND AWARENESS OF ACEs	66
PRINCIPLE 8: FUND RESEARCH TO INFORM ACE-RELATED POLICY AND PRACTICE	67

Introduction

In examining the links between Adverse Childhood Experiences (ACEs) and suicide perhaps the clearest finding is that there has been a great deal of work already undertaken on ACEs. There is both a significant body of research on the impacts of ACEs, and a large number of government inquiries, reviews and commissions that provide recommendations for action.

This document provides an overview of this work as a platform to develop a set of guiding principles to organise recommendations for action. In conducting this work there was a need to strike a balance between providing succinct practical policy advice and exploring and respecting the nuances of the previous work. To do this, two papers have been produced: this background paper, and a policy-focussed report that accompanies it.

After a brief consideration of the definitions of key concepts, the section on research sets out the literature on the prevalence of different types of ACEs, as well as the range of impacts the ACEs have on the lives of individuals. The section following this then outlines some of the government inquiries that have made key recommendations in this space. The final section of the report, drawing on this previous work, sets out in detail eight principles for action, and under each are practical recommendations for implementing the principle. All of this work was guided by consultations with those who have lived experience and frontline service provision expertise.

The accompanying report focusses on the principles and recommendations for action. The intention of this document is to provide the depth of supporting information that led to their development.

About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We support and advocate for more than 350 members ranging from national household name agencies to small community-based organisations and local collaboratives in every state and territory; as well as individual service providers, practitioners, researchers, students and people with lived experience. This represents more than 140,000 staff and volunteers across Australia. We aim to drive continual improvement in suicide prevention policy, programs and services. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

Definitions

This paper draws on research from a range of areas, each of which defines some key terms differently. To address this the below approaches were taken to two key terms.

Definition of 'child'

While the legal definition of 'child' is a person under 18 years old, research and data on children can use a more restricted age range. This is often due to research and data on 'young people' (adolescents aged between 13 and 18 years old) being analysed separately from that of 'children'.¹ The majority of the research on ACEs does tend to define child as a person under 18 years of age. However, research and data on some of the factors related to ACEs, which this report discusses, can use other age ranges, such as 0-12 or 0-15 years old. Due to variation in the age ranges used in the research, this report does not adopt an

¹ Australian Institute of Health and Welfare. (2022). *Australia's Children*. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/background/introduction>

explicit, aged-based definition of child. Instead, the text will identify the age ranges considered in the research it draws from.

Definition of ‘Adverse Childhood Experiences’ (ACEs)

The construct of ACEs was introduced in the groundbreaking CDC-Kaiser Permanente Adverse Childhood Experiences Study, undertaken in the US between 1995 and 1997.² This study examined the prevalence of ACEs and the link between ACEs and current health status. The study defined ACEs as experiencing ‘childhood abuse and household dysfunction’ during the first 18 years of life.^{3,4} The study identified ten types of ACEs.^{5,6} These ACEs were divided into three broad types: childhood abuse, childhood neglect and household dysfunction.

Since this early ACEs study, the concept of ACEs has expanded beyond the household level and now includes community-level stressors, such as economic hardship, discrimination and bullying.⁷ To address the ongoing development of this concept and its relationship to suicide this paper will discuss ten specific types of ACEs. These were selected by our lived experience working group, which considered it important to address these particular ACEs to reduce suicide risks. It should be noted that there are a range of other ACEs that children can experience such as forced displacement and exposure to trauma from climate-related disasters such as floods or bushfires.^{8,9} However, this list is considered most useful for the subject of this report:

- Bereavement
- Bullying
- Child sexual abuse
- Emotional abuse
- Economic stressors
- Experiencing poor health
- Living with household dysfunction
- Neglect
- Physical abuse
- Separation from a parent(s) or caregiver(s)

Research

Prevalence of different types of ACEs and suicide risk

The prevalence of Adverse Childhood Experiences (ACEs) in Australia is unacceptably high. It has been found that almost two-thirds of adults have experienced at least one ACE and more than one in five people have experienced three or more ACEs.¹⁰ Subsequent studies indicate that, while any child from any type of household can experience ACEs, prevalence

² Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

³ Ibid

⁴ Karatekin, C., & Hill, M. (2018). Expanding the Original Definition of Adverse Childhood Experiences (ACEs). *Journal of child & adolescent trauma*, 12(3), 289–306. <https://doi.org/10.1007/s40653-018-0237-5>

⁵ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

⁶ Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F., & Giles, W.H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *JAMA*, 286(24), 3089-96. <https://doi.org/10.1001/jama.286.24.3089>

⁷ Bethell, C.D., Carle, A., Hudziak, J., Gombojav, N., Powers, K., Wade, R., & Braveman, P. (2017) Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-being in Policy and Practice. *Acad Pediatr*, 17(7S), S51-S69. <https://doi.org/10.1016/j.acap.2017.04.161>

⁸ Bhutta, Z. A., Bhavnani, S., Betancourt, T. S., Tomlinson, M., & Patel, V. (2023). Adverse childhood experiences and lifelong health. *Nature medicine*, 29(7), 1639–1648. <https://doi.org/10.1038/s41591-023-02426-0>

⁹ McGill, N., Verdon, S., Curtin, M., Crockett, J., Parnell, T., & Hodgins, G. (2023). The impact of climate-related disasters on children’s communication and wellbeing: Addressing Sustainable Development Goals. *International journal of speech-language pathology*, 25(1), 20–26. <https://doi.org/10.1080/17549507.2022.2156613>

¹⁰ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

may differ between areas due to broader factors such as neighbourhood violence.^{11,12,13} Research indicates that almost two-thirds of Australian adults have experienced child maltreatment in the form of abuse, neglect or exposure to domestic family and sexual violence (DFSV).¹⁴

The prevalence of ACEs in the Australian population also differs by gender. Girls are twice as likely as boys to experience sexual abuse and one and a half times more likely to experience neglect.¹⁵ One in six women in Australia (18%) are impacted by childhood abuse compared to one in nine men (11%).¹⁶ One in six women (16%) witnessed parental violence during childhood, compared to one in nine men (11%) and women are more likely to experience childhood sexual abuse (11%) than physical abuse (10%).¹⁷ Australian men are more likely to experience childhood physical abuse (8.3%) than sexual abuse (3.6%).¹⁸

The high prevalence of ACEs is a significant concern for the suicide prevention sector as the research is clear, people who have experienced ACEs are significantly more likely to die by suicide compared to people who have not experienced ACEs.^{19,20} Childhood maltreatment accounts for 41% of suicide attempts among Australians aged 16 to 85.²¹ This statistic is based on child maltreatment being defined as physical, sexual or emotional abuse, or emotional or physical neglect.²² Child abuse and neglect was the leading risk factor for suicide in 2019 in Australia.²³

Children who have experienced emotional abuse, sexual abuse and multitype maltreatment are the most likely to experience more life challenges and attempt suicide.²⁴ Australians, aged between 16 and 65 years old, who have experienced maltreatment in childhood are 4.6 times more likely to have attempted suicide compared to those who have not experienced maltreatment.²⁵

Among young Australians aged 16-24 who have experienced child maltreatment 5.2% have attempted suicide in the prior year, compared with 0.6% who had not experienced child maltreatment.²⁶ The research also shows that ACEs are closely linked to suicide attempts among Australians aged 45 years and over. One study found that suicide attempts were too rare to be detected among people who had not experienced either physical abuse, sexual abuse, emotional abuse, neglect or exposure to domestic violence in childhood.²⁷

Experiencing ACEs at a very young age can be highly damaging, with high levels of depression and anxiety found in children, aged under 18, who have experienced ACEs.^{28,29}

11 Chainey, C., Burke, K. & Haynes, M. (2023) Relationships between Adverse Childhood Experiences and Demographic Characteristics in a National Australian Sample. *J Child Fam Stud*, 32, 3960–3975. <https://doi.org/10.1007/s10826-023-02664-3>

12 Stollenborg, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50. <https://doi.org/10.1002/car.2353>

13 Hughes, K., Lowey, H., Quigg, Z. *et al.* (2016). Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. *BMC Public Health*, 16, 222. <https://doi.org/10.1186/s12889-016-2906-3>

14 Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

15 Ibid

16 Australian Bureau of Statistics. (2021-22). *Personal Safety, Australia*. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>.

17 Ibid

18 Ibid

19 Ports, K. A., Merrick, M. T., Stone, D. M., Wilkins, N. J., Reed, J., Ebin, J., & Ford, D. C. (2017). Adverse Childhood Experiences and Suicide Risk: Toward Comprehensive Prevention. *American Journal of Preventive Medicine*, 53(3), 400–403. <https://doi.org/10.1016/j.amepre.2017.03.015>

20 Scott K. Adverse childhood experiences. *InnovAiT*. 2021;14(1):6-11. <https://doi.org/10.1177/1755738020964498>

21 Grummitt, L., Baldwin, J.R., Lafaol, J., Keyes, K.M., & Barrett, E.L. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry*. <https://doi.org/10.1001/jamapsychiatry.2024.0804>

22 Ibid

23 Australian Institute of Health and Welfare. (2019). *The health impact of suicide and self-inflicted injuries in Australia, 2019*. <https://www.aihw.gov.au/reports/burden-of-disease/health-impact-suicide-self-inflicted-injuries-2019/contents/summary>

24 Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

25 Ibid

26 Ibid

27 Ibid

28 Elmore, A. L., & Crouch, E. (2020). The Association of Adverse Childhood Experiences With Anxiety and Depression for Children and Youth, 8 to 17 Years of Age. *Academic Pediatrics*, 20(5), 600–608. <https://doi.org/10.1016/j.acap.2020.02.012>

29 Cicchetti, D., Rogosch, F. A., Gunnar, M. R., & Toth, S. L. (2010). The differential impacts of early physical and sexual abuse and internalizing problems on daytime cortisol rhythm in school-aged children. *Child Development*, 81(1), 252–269. <https://doi.org/10.1111/j.1467-8624.2009.01393.x>

Experiencing repeated abuse in childhood, or by an immediate family member, often also has many challenging impacts on a person's life over time and increases the likelihood of suicide attempts.^{30,31}

This section of the paper will outline what the research tells us about the prevalence of the different categories of ACEs listed above, and the links between these ACEs and suicide.

However, it should be kept in mind that ACEs rarely occur in isolation.^{32,33} The Australian Child Maltreatment Study (ACMS) generated the first nationally-representative data, collected in Australia, on the prevalence of child maltreatment and their associated health impacts across the lifespan.^{34,35,36} It examined five types of child maltreatment – physical abuse, sexual abuse, emotional abuse, neglect, and physical violence. The ACMS identified that children were more likely to experience multiple types of maltreatment (39.4%) than a single type (22.8%).³⁷ It found that just over 60% of Australians aged over 16 report experiencing ACEs in childhood.^{38,39} Therefore, efforts to prevent ACEs and reduce suicide risk should address co-occurring ACEs.

Bereavement

Prevalence: In Western countries, 5-7% of children aged under 18 experience the death of a parent and/or sibling.^{40,41,42,43} Suicide bereavement is also not uncommon given that by age 16-17, nearly 25% of children have experienced the death by suicide of a schoolmate, while 20% of children know someone who has died by suicide.⁴⁴ Children who have been bereaved are also up to five times more likely to experience ACEs, such as emotional abuse, physical abuse and sexual abuse, household substance abuse, parental mental illness and parental incarceration, compared to non-bereaved children.⁴⁵

Evidence of link to suicide: Experiencing the death of a loved one or parent can be traumatic and is particularly difficult for children who may not have the capacity or support to process and adjust to the loss.^{46,47,48} While most children will adapt to bereavement some bereaved children will develop anxiety, depression or Post-Traumatic Stress Disorder and

³⁰ Nelson, C. A., Scott, R. D., Bhutta, Z. A., Harris, N. B., Danese, A., & Samara, M. (2020). Adversity in childhood is linked to mental and physical health throughout life. *BMJ (Clinical Research ed.)*, 371, m3048. <https://doi.org/10.1136/bmj.m3048>

³¹ Brezo, J., Paris, J., Vitaro, F., Hébert, M., Tremblay, R. E., & Turecki, G. (2008). Predicting suicide attempts in young adults with histories of childhood abuse. *The British Journal of Psychiatry*, 193(2), 134–139. <https://doi.org/10.1192/bjp.bp.107.037994>

³² Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28(7), 771–784. <https://doi.org/10.1016/j.chiabu.2004.01.008>

³³ Brown, S. M., Rienks, S., McCrae, J. S., & Watamura, S. E. (2019). The co-occurrence of adverse childhood experiences among children investigated for child maltreatment: A latent class analysis. *Child Abuse & Neglect*, 87, 18–27. <https://doi.org/10.1016/j.chiabu.2017.11.010>

³⁴ Ibid

³⁵ Ibid

³⁶ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

³⁷ Ibid

³⁸ ABC News. (2023) *Around 62 per cent of Australians report being abused and neglected in childhood, major study finds*. <https://www.abc.net.au/news/2023-04-03/major-child-maltreatment-report-findings/102160726>

³⁹ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

⁴⁰ Australian Bureau of Statistics. (2010). *Australian social trends September 2010: parental divorce or death during childhood* (catalogue no. 4102.0). [https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication29.09.105/\\$File/41020_DeathDivorce.pdf](https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication29.09.105/$File/41020_DeathDivorce.pdf)

⁴¹ Burns, M., Griese, B., King, S., & Talmi, A. (2020). Childhood bereavement: understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, 90, 391–405. <https://doi.org/10.1037/ort0000442>

⁴² Parsons, S. (2011). *Long-term impact of childhood bereavement. Preliminary analysis of the 1970 British Cohort Study*. Childhood Wellbeing Research Centre. https://www.basw.co.uk/system/files/resources/basw_31420-6_0.pdf

⁴³ Berg, L., Rostila, M., & Hjern, A. (2016). Parental death during childhood and depression in young adults - a national cohort study. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 57(9), 1092–1098. <https://doi.org/10.1111/jcpp.12560>

⁴⁴ Swanson, S. A., & Colman, I. (2013). Association between exposure to suicide and suicidality outcomes in youth. *Canadian Medical Association Journal*, 185(10), 870–877. <https://doi.org/10.1503/cmaj.121377>

⁴⁵ Woodward, K. P., Yu, Z., Chen, W., Chen, T., Jackson, D. B., Powell, T. W., & Wang, L. (2023). Childhood Bereavement, Adverse and Positive Childhood Experiences, and Flourishing among Chinese Young Adults. *International Journal of Environmental Research and Public Health*, 20(5), 4631. <https://doi.org/10.3390/ijerph20054631>

⁴⁶ Childhood Bereavement Network. (2017). *Grief Matters for Children*. <https://childhoodbereavementnetwork.org.uk/sites/default/files/uploads/files/grief-matters-for-children-2017.pdf>

⁴⁷ Feigelman, W., Rosen, Z., Joiner, T., Silva, C., & Mueller, A. S. (2017). Examining longer-term effects of parental death in adolescents and young adults: Evidence from the national longitudinal survey of adolescent to adult health. *Death Studies*, 41(3), 133–143. <https://doi.org/10.1080/07481187.2016.1226990>

⁴⁸ Hollingshaus, M. S., & Smith, K. R. (2015). Life and death in the family: Early parental death, parental remarriage, and offspring suicide risk in adulthood. *Social Science & Medicine*, 131, 181–189. <https://doi.org/10.1016/j.socscimed.2015.02.008>

experience lower peer attachment, functional impairment, and lack of control which can heighten suicide risk.^{49,50,51,52,53}

Children who are bereaved are at increased risk of suicide and more likely to die by suicide compared to the non-bereaved.^{54,55,56} The death of a parent from any cause including suicide can increase risk of suicide among children between two to four times compared to non-bereaved children.^{57,58,59,60,61}

Bullying

Prevalence: There is no single, comprehensive national data source on the prevalence of child bullying across all ages in Australia. However, we know that, between the ages of 12 and 13, seven in ten children experience at least one bullying-like behaviour a year.⁶² It has also been found that half of these children will go on to use bullying-like behaviour against another child.⁶³

Evidence of link to suicide: Children who are victims or perpetrators of bullying are more likely to experience suicidal ideation compared to children who are not involved in bullying.⁶⁴ Children who are victims of cyberbullying are nearly four times as likely to think about suicide or die by suicide compared to their peers.⁶⁵ Thirty per cent of children who report that they are bullied at school experience suicidal ideation compared to 14% of their peers who have not been bullied.⁶⁶

Child sexual abuse

Prevalence: Child sexual abuse refers to any act which exposes a child or involves a child in sexual activities.⁶⁷ Child sexual abuse is a crime in Australia and it can have devastating, long-term impacts on victim-survivors.⁶⁸ The data indicates 28.5% of Australians (more than one in four) have experienced sexual abuse before the age of 18.⁶⁹ This figure is conservative as it does not include online forms of child sexual abuse. Child sexual abuse is rarely a single event, with 78% of children who experience child sexual abuse experiencing it

⁴⁹ Niederkrotenthaler, T., Floderus, B., Alexanderson, K., Rasmussen, F., & Mittendorfer-Rutz, E. (2012). Exposure to parental mortality and markers of morbidity, and the risks of attempted and completed suicide in offspring: An analysis of sensitive life periods. *Journal of Epidemiology and Community Health*, 66(3), 233–239. <https://doi.org/10.1136/jech.2010.109595>

⁵⁰ Melhem, N. M., Walker, M., Moritz, G., & Brent, D. A. (2008). Antecedents and sequelae of sudden parental death in offspring and surviving caregivers. *Archives of Pediatrics & Adolescent Medicine*, 162(5), 403–410. <https://doi.org/10.1001/archpedi.162.5.403>

⁵¹ Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, 1(1), 86–94. [https://doi.org/10.1016/S2215-0366\(14\)70224-X](https://doi.org/10.1016/S2215-0366(14)70224-X)

⁵² Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83(5), 1150–1164. <https://doi.org/10.1037/0022-3514.83.5.1150>

⁵³ Guldin, M. B., Li, J., Pedersen, H. S., Obel, C., Agerbo, E., Gissler, M., Cnattingius, S., Olsen, J., & Vestergaard, M. (2015). Incidence of Suicide Among Persons Who Had a Parent Who Died During Their Childhood: A Population-Based Cohort Study. *JAMA Psychiatry*, 72(12), 1227–1234. <https://doi.org/10.1001/jamapsychiatry.2015.2094>

⁵⁴ Del Carpio, L., Paul, S., Paterson, A., & Rasmussen, S. (2021). A systematic review of controlled studies of suicidal and self-harming behaviours in adolescents following bereavement by suicide. *PLoS One*, 16(7), e0254203. <https://doi.org/10.1371/journal.pone.0254203>

⁵⁵ Ibid

⁵⁶ Guldin, M. B., Li, J., Pedersen, H. S., Obel, C., Agerbo, E., Gissler, M., Cnattingius, S., Olsen, J., & Vestergaard, M. (2015). Incidence of Suicide Among Persons Who Had a Parent Who Died During Their Childhood: A Population-Based Cohort Study. *JAMA Psychiatry*, 72(12), 1227–1234. <https://doi.org/10.1001/jamapsychiatry.2015.2094>

⁵⁷ Calderaro, M., Baethge, C., Bempohl, F., Gutwinski, S., Schouler-Ocak, M., & Hensler, J. (2022). Offspring's risk for suicidal behaviour in relation to parental death by suicide: systematic review and meta-analysis and a model for familial transmission of suicide. *The British Journal of Psychiatry*, 220(3), 121–129. [doi:10.1192/bjp.2021.158](https://doi.org/10.1192/bjp.2021.158)

⁵⁸ Guldin M, Li J, Pedersen HS, et al. Incidence of Suicide Among Persons Who Had a Parent Who Died During Their Childhood: A Population-Based Cohort Study. *JAMA Psychiatry*. 2015;72(12):1227–1234. [doi:10.1001/jamapsychiatry.2015.2094](https://doi.org/10.1001/jamapsychiatry.2015.2094)

⁵⁹ Wilcox, H. C., Kuramoto, S. J., Lichtenstein, P., Långström, N., Brent, D. A., & Runeson, B. (2010). Psychiatric morbidity, violent crime, and suicide among children and adolescents exposed to parental death. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(5), 514–530. <https://doi.org/10.1097/00004583-201005000-00012>

⁶⁰ Burrell, L. V., Mehlum, L., & Qin, P. (2017). Risk factors for suicide in offspring bereaved by sudden parental death from external causes. *Journal of Affective Disorders*, 222, 71–78. <https://doi.org/10.1016/j.jad.2017.06.064>

⁶¹ Zubrick, S. R., Mitrou, F., Lawrence, D., & Silburn, S. R. (2011). Maternal death and the onward psychosocial circumstances of Australian Aboriginal children and young people. *Psychological Medicine*, 41(9), 1971–1980. [doi:10.1017/S0033291710002485](https://doi.org/10.1017/S0033291710002485)

⁶² Australian Institute of Health and Welfare. (2022). *Australia's Children – Bullying*. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/justice-safety/bullying>

⁶³ Ibid

⁶⁴ Skapinakis, P., Bellou, S., Gkatsa, T., Magklara, K., Lewis, G., Araya, R., Stylianidis, S., & Mavreas, V. (2011). The association between bullying and early stages of suicidal ideation in late adolescents in Greece. *BMC Psychiatry*, 11, 22. <https://doi.org/10.1186/1471-244X-11-22>

⁶⁵ Arnon, S., Brunstein Klomek, A., Visoki, E., Moore, T. M., Argabright, S. T., DiDomenico, G. E., Benton, T. D., & Barzilay, R. (2022). Association of Cyberbullying Experiences and Perpetration With Suicidality in Early Adolescence. *JAMA Network Open*, 5(6), e2218746. <https://doi.org/10.1001/jamanetworkopen.2022.18746>

⁶⁶ Bhatta, M. P., Shakya, S., & Jefferis, E. (2014). Association of being bullied in school with suicide ideation and planning among rural middle school adolescents. *The Journal of School Health*, 84(11), 731–738. <https://doi.org/10.1111/josh.12205>

⁶⁷ National Office of Child Safety. (2024). *What is Child Sexual Abuse?* <https://www.childsafety.gov.au/about-child-sexual-abuse/what-child-sexual-abuse>

⁶⁸ Richards, K. (2011). Misperceptions about child sex offenders. *Trends & issues in crime and criminal justice*, no. 429. Australian Institute of Criminology. <https://doi.org/10.52922/ti258906>

⁶⁹ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

on more than one occasion.⁷⁰ More than one in three girls (37.3%) experience child sexual abuse compared to one in five boys (18.8%).

Evidence of link to suicide: People who have been sexually abused as children are significantly more likely to die by suicide compared to the general community.^{71,72} They are three times more likely to attempt suicide.⁷³ Some types of child sexual abuse, such as experiencing vaginal or anal penetration, are associated with higher rates of suicidal ideation and suicide attempts.⁷⁴ Child sexual abuse frequently co-occurs with physical abuse⁷⁵ and the age of the child when abused can impact suicide risk.⁷⁶ The younger children are when they are sexually abused the more likely they are to experience suicidal ideation.⁷⁷

'Because I experienced sexual abuse as a child as an adult I would freeze if my partner touched or even tried to hug me.'

- Person with lived experience

Emotional abuse

Prevalence: Emotional abuse refers to harmful behaviours, such as verbal insults, humiliating remarks, rejection and withholding affection, which can harm a child's self-worth and sense of self.^{78,79} Just over 30% of the Australian population has experienced emotional abuse before the age of 18 and 80% of people who have experienced emotional abuse in childhood report that it occurred over a period of years.⁸⁰ Girls in Australia are one and a half times more likely to experience emotional abuse in childhood compared to boys.⁸¹

Evidence of link to suicide: Experiencing emotional abuse as a child can lead to feelings of deficiency, shame and self-sacrifice, which may lead to emotional problems and depression.⁸² People who have experienced emotional abuse in childhood are at

⁷⁰ Ibid

⁷¹ Maniglio, R. (2011). The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. *Acta Psychiatrica Scandinavica*, 124(1), 30–41. <https://doi.org/10.1111/j.1600-0447.2010.01612.x>

⁷² Brown, J., Cohen, P., Johnson, J. G., & Smailes, E. M. (1999). Childhood abuse and neglect: Specificity and effects on adolescent and young adult depression and suicidality. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(12), 1490–1496. <https://doi.org/10.1097/00004583-199912000-00009>

⁷³ Angelakis, I., Gillespie, E. L., & Panagioti, M. (2019). Childhood maltreatment and adult suicidality: a comprehensive systematic review with meta-analysis. *Psychological Medicine*, 49(7), 1057–1078. <https://doi.org/10.1017/S0033291718003823>

⁷⁴ Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect*, 32(6), 607–619. <https://doi.org/10.1016/j.chiabu.2006.12.018>

⁷⁵ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

⁷⁶ Lopez-Castroman, J., Melhem, N., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., Zelazny, J., Brodsky, B., Garcia-Nieto, R., Burke, A. K., Mann, J. J., Brent, D. A., & Oquendo, M. A. (2013). Early childhood sexual abuse increases suicidal intent. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 12(2), 149–154. <https://doi.org/10.1002/wps.20039>

⁷⁷ Ibid

⁷⁸ WebMD. (2023). *What to Know About Child Emotional Abuse*. <https://www.webmd.com/children/what-to-know-about-child-emotional-abuse>

⁷⁹ Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): A conceptual framework. *Child Abuse & Neglect*, 26(6-7), 697–714. [https://doi.org/10.1016/S0145-2134\(02\)00342-3](https://doi.org/10.1016/S0145-2134(02)00342-3)

⁸⁰ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

⁸¹ Ibid

⁸² Wright, M. O., Crawford, E., & Del Castillo, D. (2009). Childhood emotional maltreatment and later psychological distress among college students: the mediating role of maladaptive schemas. *Child Abuse & Neglect*, 33(1), 59–68. <https://doi.org/10.1016/j.chiabu.2008.12.007>

significantly greater risk of suicide compared to people who do not experience it.^{83,84} They are two and a half times more likely to attempt suicide.⁸⁵

Economic stressors

Prevalence: There are a range of economic stressors that can be traumatic for children, such as experiencing financial hardship and housing insecurity. In 2017-2018, there were nearly 490,000 low-income households in Australia with children aged under 14 and 11% of these households were jobless families.⁸⁶ During 2018-2019, 774,000 children, under the age of 15 in Australia (17.7% of all Australian children), lived below the poverty line.⁸⁷ In 2021, an estimated 28,948 children experienced homelessness.⁸⁸ This figure does not include children temporarily staying in other households who did not have any ongoing housing, as it is difficult to gather data on these children.

Evidence of link to suicide: Children experiencing homelessness are two or three times more likely to attempt suicide compared to housed children.^{89,90}

Experiencing poor health

Prevalence: In 2017-2018, just over 40% of Australian children, aged 5 to 14, had at least one long-term health condition, while 20% had two or more long-term health conditions.⁹¹ In comparison to girls, boys were more likely to report experiencing a long-term health condition. An estimated one in seven children aged 4-17 years in Australia experience a mental illness in a 12-month period.⁹² The rate of mental illness among children is increasing, in 2021 children aged 15-17 were more likely to report feeling 'so down in the dumps nothing could cheer you up' compared to 2008.⁹³ Approximately one in five children aged 6-18 years engage in disordered eating.⁹⁴ In Australia eating disorders are most prevalent among children aged 15 to 19.⁹⁵ Rates of eating disorders among children are increasing, nearly doubling in incidence among children aged 5-13 years within a 10 year period between 2019-2018.⁹⁶

Evidence of link to suicide: Children who have chronic physical and mental health conditions are more likely to think about suicide and attempt suicide compared to their peers.⁹⁷ There is also a heightened risk of suicide among children with a diagnosed eating disorder.⁹⁸ A study found that among girls aged between 10 and 18 with a diagnosed eating disorder 60% experienced suicidal behaviour.⁹⁹ Another study found that, among children

⁸³ De Araújo, R. M., & Lara, D. R. (2016). More than words: The association of childhood emotional abuse and suicidal behavior. *European Psychiatry: The Journal of the Association of European Psychiatrists*, 37, 14–21. <https://doi.org/10.1016/j.eurpsy.2016.04.002>

⁸⁴ Allen B. (2008). An analysis of the impact of diverse forms of childhood psychological maltreatment on emotional adjustment in early adulthood. *Child Maltreatment*, 13(3), 307–312. <https://doi.org/10.1177/1077559508318394>

⁸⁵ Angelakis, I., Gillespie, E. L., & Panagioti, M. (2019). Childhood maltreatment and adult suicidality: A comprehensive systematic review with meta-analysis. *Psychological Medicine*, 49(7), 1057–1078. <https://doi.org/10.1017/S0033291718003823>

⁸⁶ Australian Institute of Health and Welfare. (2022). *Australia's Children – Family Economic Situation*. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/income-finance-employment/family-economic-situation>

⁸⁷ Davidson, P., Saunders, P., Bradbury, B. and Wong, M. (2020). *Poverty in Australia 2020: Part 1, Overview*. Australian Council of Social Service and University of NSW. https://povertyaninequality.across.org.au/wp-content/uploads/2020/02/Poverty-in-Australia-2020_Part-1_Overview.pdf

⁸⁸ Australian Bureau of Statistics. (2021). *Estimating Homelessness: Census*. ABS. <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>

⁸⁹ Barnes, A. J., Gilbertson, J., & Chatterjee, D. (2018). Emotional Health Among Youth Experiencing Family Homelessness. *Pediatrics*, 141(4), e20171767. <https://doi.org/10.1542/peds.2017-1767>

⁹⁰ National Care for the Homeless Council. (2018). *Suicide and Homelessness: Data Trends in Suicide and Mental Health Among Homeless Populations*. <https://nhchc.org/wp-content/uploads/2019/08/suicide-fact-sheet.pdf>

⁹¹ Australian Institute of Health and Welfare. (2022). *Australia's Children – Chronic Conditions and Burden of Disease*. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/chronic-conditions-burden-disease>

⁹² The Australian Institute of Health and Welfare. (2024). *Prevalence of mental illness: Prevalence and impact of mental illness - Mental health - AIHW*

⁹³ The University of Western Australia. (2017). *Child and Adolescent Mental Health and Educational Outcomes*. <http://childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf> (telethonkids.org.au)

⁹⁴ López-Gil, J. F., García-Hermoso, A., Smith, L., Firth, J., Trott, M., Mesas, A. E., Jiménez-López, E., Gutiérrez-Espinoza, H., Tárraga-López, P. J., & Victoria-Montesinos, D. (2023). Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-analysis. *JAMA pediatrics*, 177(4), 363–372. <https://doi.org/10.1001/jamapediatrics.2022.5848>

⁹⁵ Deloitte Access Economics. (2024). *Paying the Price, Second Edition. The economic and social impact of eating disorders in Australia*. deloitte-au-eco-paying-the-price-second-edition-180724-new-1.pdf

⁹⁶ Morris, A., Elliott, E., & Madden, S. (2022). Early-onset eating disorders in Australian children: A national surveillance study showing increased incidence. *The International journal of eating disorders*, 55(12), 1838–1842. <https://doi.org/10.1002/eat.23794>

⁹⁷ Barnes, A. J., Eisenberg, M. E., & Resnick, M. D. (2010). Suicide and self-injury among children and youth with chronic health conditions. *Pediatrics*, 125(5), 889–895. <https://doi.org/10.1542/peds.2009-1814>

⁹⁸ Stewart, S. L., Celebre, A., Hirdes, J. P., & Poss, J. W. (2020). Risk of Suicide and Self-harm in Kids: The Development of an Algorithm to Identify High-Risk Individuals Within the Children's Mental Health System. *Child psychiatry and human development*, 51(6), 913–924. <https://doi.org/10.1007/s10578-020-00968-9>

⁹⁹ Koutek, J., Kocourkova, J., & Dudova, I. (2016). Suicidal behavior and self-harm in girls with eating disorders. *Neuropsychiatric disease and treatment*, 12, 787–793. <https://doi.org/10.2147/NDT.S103015>

aged 9-18 with a diagnosed eating disorder, 30% experienced lifetime suicidal ideation.¹⁰⁰ Poor health can have detrimental impacts on children's appearance, physical activities, friendships and psychological wellbeing, which can increase distress.¹⁰¹ People who are diagnosed with cancer in childhood are at increased risk of suicide.¹⁰²

Living with household dysfunction

Prevalence: The ACE research uses the term 'household dysfunction' as an umbrella term to encompass several different types of ACEs. These include domestic, family and sexual violence (DFSV), substance misuse by a family member or caregiver, or living with a family member or caregiver with mental illness or who has been incarcerated. The prevalence of each of these types of household dysfunction is as follows:

- **DFSV:** In Australia, approximately 2.6 million people witness violence towards a parent by a partner before the age of 15.¹⁰³ Women (1.6 million) are significantly more likely than men (1 million) to witness parental violence during childhood. Violence in the home can also be perpetrated by siblings. Two in three young people report using violence against a sibling, including step-siblings.¹⁰⁴
- **Substance misuse:** An estimated 13.2% of Australian children, under 12 years old, are exposed to binge-drinking and a further 2.3% live in a household where there is at least one daily cannabis user.¹⁰⁵ Approximately 10% of children, internationally, live in households where there is alcohol or substance dependence or abuse.¹⁰⁶
- **Mental illness:** 23.3% of all children in Australia have a parent with a mental illness.¹⁰⁷ This figure encompasses all mental illness, regardless of severity level. Just over 1% of Australian children live with a parent with severe mental illness.¹⁰⁸
- **Incarceration:** Currently, just over 42,000 children have a parent in prison in Australia.^{109,110} Most women in prison are mothers and the primary carer for their children.¹¹¹

Evidence of link to suicide: The different types of household dysfunction, outlined above, negatively impact on child wellbeing and may heighten the risk of suicide. For example:

- **DFSV:** Nearly 20% of females and 10% of males who die by suicide have been exposed to DFSV in their childhood.¹¹² Children exposed to DFSV have more symptoms of anxiety and depression and an increased likelihood of self-harm, suicidal ideation and

¹⁰⁰ Arnold, S., Correll, C. U., & Jaite, C. (2023). Frequency and correlates of lifetime suicidal ideation and suicide attempts among consecutively hospitalized youth with anorexia nervosa and bulimia nervosa: results from a retrospective chart review. *Borderline personality disorder and emotion dysregulation*, 10(1), 10. <https://doi.org/10.1186/s40479-023-00216-1>

¹⁰¹ Jones, S., Tyson, S., Yorke, J., & Davis, N. (2021). The impact of injury: The experiences of children and families after a child's traumatic injury. *Clinical Rehabilitation*, 35(4), 614–625. <https://doi.org/10.1177/0269215520975127>

¹⁰² Barnes, J. M., Johnson, K. J., Grove, J. L., Srivastava, A. J., Osazuwa-Peters, N., & Perkins, S. M. (2022). Risk of suicide among individuals with a history of childhood cancer. *Cancer*, 128(3), 624–632. <https://doi.org/10.1002/cncr.33957>

¹⁰³ Australian Bureau of Statistics. (2021-22). *Personal Safety, Australia*. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

¹⁰⁴ Fitzgibbon, K., Meyer, S., Boxall, H., Maher, J., Roberts, S. (2022). *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts*. Australian National Research Organisation for Women's Safety. https://anrowsdev.wpenginepowered.com/wp-content/uploads/2022/09/RP_20.03-RR1_FitzGibbon-AFVinAus.pdf

¹⁰⁵ Dawe, S., Frye, S., Best, D., Moss, D., Atkinson, J., Evans, C., et al. (2007). *Drug use in the family: Impacts and implications for children* (ANCD Research Paper No. 13). Australian National Council on Drugs. https://www.researchgate.net/publication/37358668_Drug_Use_in_the_Family_Impacts_and_Implications_for_Children

¹⁰⁶ Ibid

¹⁰⁷ Maybery, D. J., Reupert, A. E., Patrick, K., Goodyear, M., & Crase, L. (2009). Prevalence of parental mental illness in Australian families. *Psychiatric Bulletin*, 33(1), 22–26. <https://doi.org/10.1192/pb.bp.107.018861>

¹⁰⁸ Ibid

¹⁰⁹ Flynn, C., Harrigan, S., Bartels, L., Dennison, S., Huggins, L. & Grage-Moore, S. (2023). *Mapping the needs and experiences of children affected by parental imprisonment: A national survey*. Monash University Criminal Justice Research Consortium. https://shineforkids.org.au/wp-content/uploads/2023/08/Children-Affected-by-Parental-Imprisonment_NationalSurvey_Final-Report.pdf

¹¹⁰ Flynn, C. (2022). *Submission to Inquiry Into Children Affected By Parental Incarceration*.

https://www.parliament.vic.gov.au/49c5b4/contentassets/57dc86234cbc40c18f0fe4b294514462/submission-documents/027-dr-catherine-flynn_redacted.pdf

¹¹¹ Australian Institute of Health and Welfare. (2020). *The health and welfare of women in Australia's prisons*. <https://www.aihw.gov.au/getmedia/32d3a8dc-eb84-4a3b-90dc-79a1aba0efc6/aihw-phe-281.pdf.aspx?inline=true>

¹¹² New South Wales Domestic Violence Death Review Team. (2017). *Report 2015-2017*. [https://coroners.nsw.gov.au/documents/reports/2015-2017_DVDRT_Report_October2017\(online\).pdf](https://coroners.nsw.gov.au/documents/reports/2015-2017_DVDRT_Report_October2017(online).pdf)

suicide attempts than those who have not experienced DFSV or other forms of maltreatment.¹¹³

- **Substance misuse:** Children who live with a family member who abuses alcohol are significantly more likely to attempt suicide compared to their peers.¹¹⁴ Parental substance misuse can impact a parent's ability to provide a safe, stable and nurturing environment and meet the child's needs.¹¹⁵ Parental substance misuse has negative impacts on children's mental health, including depression, anxiety disorders, Obsessive–Compulsive Disorder and attachment-related psychological adjustment problems.¹¹⁶
- **Mental illness:** Living with a parent with poor mental health is a significant risk factor for poor mental health and suicide.¹¹⁷ Children living with a parent with poor mental health are 76% more likely to die by suicide compared to children of parents who are not in poor mental health.¹¹⁸ People with parents who had a history of psychiatric illness or suicide attempts were significantly more likely to attempt suicide than people whose parents did not have such a history.¹¹⁹
- **Incarceration:** Children whose parents are incarcerated are significantly more likely to attempt suicide compared to their peers.¹²⁰ Parental or caregiver incarceration can magnify or cause financial, social and psychological challenges and disadvantages for children.¹²¹ Children with incarcerated parents are vulnerable to depression, and the more often a parent has been incarcerated, the higher the level of depression for the child.¹²² The link between depression and increased suicide risk is well-established.

Neglect

Prevalence: Neglect refers to the failure to meet a child's basic physical needs, such as food, shelter and safety, and psychological needs, such as love, support, warmth, belonging and encouragement.^{123,124} Nearly 9% of the population have experienced neglect before the age of 18.¹²⁵ 75% of people report that childhood neglect occurred over a period of years.¹²⁶ Girls are more likely to report experiencing neglect than boys.¹²⁷

Evidence of link to suicide: Experiencing neglect in childhood is a well-documented risk factor for suicide.¹²⁸ Children who experience emotional neglect are more than twice as likely

¹¹³ Sharratt, K., Mason, S. J., Kirkman, G., Willmott, D., McDermott, D., Timmins, S., & Wager, N. M. (2023). Childhood Abuse and Neglect, Exposure to Domestic Violence and Sibling Violence: Profiles and Associations With Sociodemographic Variables and Mental Health Indicators. *Journal of Interpersonal Violence*, 38(1-2), NP1141–NP1162. <https://doi.org/10.1177/08862605221090562>

¹¹⁴ Huq, T., Alexander, E. C., Manikam, L., Jokinen, T., Patil, P., Benjumea, D., Das, I., & Davidson, L. L. (2021). A Systematic Review of Household and Family Alcohol Use and Childhood Neurodevelopmental Outcomes in Low- and Middle-Income Countries. *Child Psychiatry and Human Development*, 52(6), 1194–1217. <https://doi.org/10.1007/s10578-020-01112-3>

¹¹⁵ Australian Institute of Health and Welfare. (2022). *National framework for protecting Australia's children indicators – 3.1 Parental substance use*. <https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-framework-indicators-data-visualisations/3-1-parental-substance-use-drugs>

¹¹⁶ Velleman, R., & Templeton, L. (2016). Impact of parents' substance misuse on children: An update. *BJPsych Advances*, 22, 108–117. <https://doi.org/10.1192/apt.bp.114.014449>

¹¹⁷ Maguire, A., Ross, E., & O'Reilly, D. (2022). Parental mental health and risk of poor mental health and death by suicide in offspring: a population-wide data-linkage study. *Epidemiology and Psychiatric Sciences*, 31, e25. <https://doi.org/10.1017/S2045796022000063>

¹¹⁸ Ibid

¹¹⁹ Mok, P. L., Pedersen, C. B., Springate, D., Astrup, A., Kapur, N., Antonsen, S., Mors, O., & Webb, R. T. (2016). Parental Psychiatric Disease and Risks of Attempted Suicide and Violent Criminal Offending in Offspring: A Population-Based Cohort Study. *JAMA Psychiatry*, 73(10), 1015–1022. <https://doi.org/10.1001/jamapsychiatry.2016.1728>

¹²⁰ Davis, L., & Shlafer, R. J. (2017). Mental health of adolescents with currently and formerly incarcerated parents. *Journal of Adolescence*, 54, 120–134. <https://doi.org/10.1016/j.adolescence.2016.10.006>

¹²¹ Australian Institute of Health and Welfare. (2020). *The health and welfare of women in Australia's prisons*. <https://www.aihw.gov.au/getmedia/32d3a8dc-eb84-4a3b-90dc-79a1aba0efc6/aihw-phe-281.pdf.aspx?inline=true>

¹²² Jones, A., Buntman, F., Ishizawa, H. et al. (2024). The Mental Health Consequences of Parental Incarceration: Evidence from a Nationally Representative Longitudinal Study of Adolescents through Adulthood in the United States. *Am J Crim Just* 49, 1–24. <https://doi.org/10.1007/s12103-022-09689-2>

¹²³ Crouch, J. L., & Milner, J. S. (1993). Effects of child neglect on children. *Criminal Justice and Behavior*, 20(1), 49–65. <https://doi.org/10.1177/0093854893020001005>

¹²⁴ Bahk, Y. C., Jang, S. K., Choi, K. H., & Lee, S. H. (2017). The Relationship between Childhood Trauma and Suicidal Ideation: Role of Maltreatment and Potential Mediators. *Psychiatry Investigation*, 14(1), 37–43. <https://doi.org/10.4306/pi.2017.14.1.37>

¹²⁵ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

¹²⁶ Ibid

¹²⁷ Ibid

¹²⁸ Stickley, A., Waldman, K., Ueda, M., Koyanagi, A., Sumiyoshi, T., Narita, Z., Inoue, Y., DeVlyder, J. E., & Oh, H. (2020). Childhood neglect and suicidal behavior: Findings from the National Comorbidity Survey Replication. *Child Abuse & Neglect*, 103, 104400. <https://doi.org/10.1016/j.chiabu.2020.104400>

to attempt suicide compared to their peers, while children who have experienced physical neglect have a 1.5-fold increased risk of attempting suicide.¹²⁹

Physical abuse

Prevalence: 32% of Australians have experienced physical abuse before the age of 18.¹³⁰ Girls and boys experience similar rates of physical abuse.¹³¹ The most common perpetrator is a family member.¹³²

Evidence of link to suicide: People who have experienced physical abuse in childhood are at greater risk of suicide^{133,134} and are two and a half times more likely to attempt suicide compared to the general population.¹³⁵ The prevalence of suicidal ideation is about five times higher in adults who experience childhood physical abuse than in those who do not.¹³⁶

'When I was a teenager and would go out at night, my stepfather would wait for me in the dark until I got home. He would wait until I came inside into a dark house and then he would turn on the light and scream at me and beat me up. It was very scary as I did not know if I could come inside the house at night without being beaten up'

- Person with lived experience

Separation from a parent(s) or caregiver(s)

Prevalence: A child may be separated from their parent or caregiver for a range of reasons, including institutionalisation, incarceration, military deployment, abandonment, parent separation and to protect a child from experiencing maltreatment. There is no data aggregating the number of children separated from parents in all these different ways. However, we do know that around 50,000 to 60,000 children in Australia experience parental separation each year.¹³⁷ Depending on the parenting arrangement that is established post-separation, some of these children may experience reduced contact with at least one parent or, in rarer cases, no contact.

During 2021-2022, 55,800 children (9.8 per every 1,000) were separated from their parents because they were living in Out of Home Care (OOHC).¹³⁸ The number of children separated from a parent due to parental imprisonment is approximately the same as the number of

¹²⁹ Angelakis, I., Gillespie, E. L., & Panagioti, M. (2019). Childhood maltreatment and adult suicidality: a comprehensive systematic review with meta-analysis. *Psychological Medicine*, 49(7), 1057–1078. doi:10.1017/S0033291718003823

¹³⁰ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

¹³¹ Ibid

¹³² Australian Bureau of Statistics. (2021-22). *Childhood abuse*. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release>

¹³³ Swogger, M. T., You, S., Cashman-Brown, S., & Conner, K. R. (2011). Childhood physical abuse, aggression, and suicide attempts among criminal offenders. *Psychiatry Research*, 185(3), 363–367. <https://doi.org/10.1016/j.psychres.2010.07.036>

¹³⁴ Pompili, M., Iliceto, P., Innamorati, M., Rihmer, Z., Lester, D., Akiskal, H. S., Girardi, P., Ferracuti, S., & Tatarelli, R. (2009). Suicide Risk and Personality Traits in Physically and/or Sexually Abused Acute Psychiatric Inpatients: A Preliminary Study. *Psychological Reports*, 105(2), 554-568. <https://doi.org/10.2466/PRO.105.2.554-568>

¹³⁵ Angelakis, I., Gillespie, E. L., & Panagioti, M. (2019). Childhood maltreatment and adult suicidality: A comprehensive systematic review with meta-analysis. *Psychological Medicine*, 49(7), 1057–1078. <https://doi.org/10.1017/S0033291718003823>

¹³⁶ Fuller-Thomson, E., Baker, T. M., & Brennenstuhl, S. (2012). Evidence supporting an independent association between childhood physical abuse and lifetime suicidal ideation. *Suicide & Life-Threatening Behavior*, 42(3), 279–291. <https://doi.org/10.1111/j.1943-278X.2012.00089.x>

¹³⁷ Halford, K. (2018). *How will my divorce affect my kids?* The Conversation. <https://theconversation.com/how-will-my-divorce-affect-my-kids-101594>

¹³⁸ Australian Institute of Health and Welfare. (2024). *Child Protection*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/child-protection>

adults in Australian jails (this is because around half of all imprisoned adults are parents and, on average, these parents have two children each).^{139,140} This puts the number of Australian children currently separated from a parent, due to parental imprisonment, at just over 42,000.¹⁴¹

Evidence of link to suicide: Separation from a parent or caregiver can be overwhelming and traumatic for children as they may not have the developmental capacity to understand a parent or caregiver will return.¹⁴² People who have been separated from parents in childhood are more likely to attempt suicide compared to children who have not been separated.¹⁴³ Children separated since birth are more likely to attempt suicide compared to children separated during late childhood.¹⁴⁴

It is worth acknowledging, however, that separation from a parent can be positive in circumstances where a parent is abusive or neglectful and risks to the child are unacceptably high.¹⁴⁵ Similarly, parental separation can be beneficial if it reduces a child's exposure to high levels of parental conflict.¹⁴⁶

The life course impacts of ACEs and links to suicide

Experiencing ACEs can have a detrimental impact on the trajectory of a person's life. Research shows that ACEs can have long-term negative repercussions on relationships, physical and mental health, educational outcomes, housing, employment and financial security. Experiencing ACEs can also lead to contact with the child protection system and/or the youth and adult justice system. In particular, as all children in contact with the child protection system have experienced ACEs such as neglect or separation from a parent(s) or caregiver(s) this section will cover the child protection system in detail. The long-term negative impacts of ACEs can increase a person's risk of suicide.

'Because of what I experienced in childhood I haven't had a normal life. I continued to experience flashbacks for years and felt it was never going to be over.'

- Person with lived experience

¹³⁹ Flynn, C., Harrigan, S., Bartels, L., Dennison, S., Huggins, L. & Grage-Moore, S. (2023). *Mapping the needs and experiences of children affected by parental imprisonment: A national survey*. Monash University Criminal Justice Research Consortium. <https://shineforkids.org.au/wp-content/uploads/2023/08/Children-Affected-by-Parental-Imprisonment-NationalSurvey-Final-Report.pdf>

¹⁴⁰ Flynn, C. (2022). *Submission to Inquiry Into Children Affected By Parental Incarceration*. https://www.parliament.vic.gov.au/49c5b4/contentassets/57dc86234cbc40c18f0fe4b294514462/submission-documents/027-dr-catherine-flynn_redacted_.pdf

¹⁴¹ The number of adults in Australian jails in the December 2023 quarter was 42,274: Australian Bureau of Statistics. (March quarter 2024). *Corrective Services, Australia*. ABS. <https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release>

¹⁴² Briggs-Gowan, M. J., Greene, C., Ford, J., Clark, R., McCarthy, K. J., & Carter, A. S. (2019). Adverse impact of multiple separations or loss of primary caregivers on young children. *European Journal of Psychotraumatology*, 10(1), 1646965. <https://doi.org/10.1080/20008198.2019.1646965>

¹⁴³ Wu, P., Wang, S., Zhao, X., Fang, J., Tao, F., Su, P., Wan, Y., & Sun, Y. (2023). Immediate and longer-term changes in mental health of children with parent-child separation experiences during the COVID-19 pandemic. *Child and Adolescent Psychiatry and Mental Health*, 17(1), 113. <https://doi.org/10.1186/s13034-023-00659-y>

¹⁴⁴ Ibid

¹⁴⁵ Biehal, N., Sinclair, I., & Wade, J. (2015). Reunifying abused or neglected children: Decision-making and outcomes. *Child Abuse & Neglect*, 49, 107–118. <https://doi.org/10.1016/j.chiabu.2015.04.014>

¹⁴⁶ Zartler, U. (2021). Children and parents after separation. in N. F. Schneider, & M. Kreyenfeld (Hrsg.), *Research Handbook on the Sociology of the Family* (S. 300-313). Edward Elgar Publishing. <https://doi.org/10.4337/9781788975544.00029>

This section of the report will highlight what the research tells us about the long-term, negative impacts of ACEs. A brief overview of the research which outlines the link between suicide and each of the long-term negative impacts of ACEs is provided. It should be noted that while the focus here is on the impacts for individuals, research also indicates significant broader community effects, such as health and financial costs.¹⁴⁷

Below is a list of ten long-term impacts of ACEs which can heighten suicide risk, which were identified by the lived experience working group, and will be discussed in this section:

- Poor physical and mental health
- Family and other relationship dysfunction
- Education disruption
- Employment distress
- Financial distress
- Housing insecurity and homelessness
- Revictimisation
- Child protection system
- Criminal justice system
- Intergenerational impacts

Poor physical and mental health

People who have experienced more ACEs are more likely to have poorer health than those who have experienced less ACEs.¹⁴⁸ ACEs are associated with poor physical health outcomes, including diabetes, heart attack, poorer self-rated health and functional limitations.¹⁴⁹ The reasons for poor physical health outcomes may include developmental disruption, greater levels of stress and increased risk-taking behaviours.^{150,151}

With respect to poorer mental health outcomes, childhood maltreatment – including physical, sexual and emotional or physical neglect – accounts for 21% of the cases of depression in Australia.¹⁵² Research suggests 1.8 million cases of anxiety, depression and substance use disorders could be prevented in Australia if there was no more child maltreatment.¹⁵³

Australians who have experienced child maltreatment are five times more likely to develop Post-Traumatic Stress Disorder and three times more likely to develop Generalized Anxiety Disorder and severe Alcohol Use Disorder.¹⁵⁴ People who have experienced ACEs often have difficulty forming and maintaining relationships and this can increase the risk of mental illness.^{155,156}

¹⁴⁷ Hughes K, Ford K, Bellis MA, Glendinning F, Harrison E, Passmore J. Health and financial costs of adverse childhood experiences in 28 European countries: a systematic review and meta-analysis. *Lancet Public Health*. 2021 Nov;6(11):e848–e857. doi: 10.1016/S2468-2667(21)00232-2. PMID: 34756168; PMCID: PMC8573710.

¹⁴⁸ Chanlongbutra, A., Singh, G. K., & Mueller, C. D. (2018). Adverse Childhood Experiences, Health-Related Quality of Life, and Chronic Disease Risks in Rural Areas of the United States. *Journal of Environmental and Public Health*, 2018, 7151297. <https://doi.org/10.1155/2018/7151297>

¹⁴⁹ Monnat, S. M., & Chandler, R. F. (2015). Long Term Physical Health Consequences of Adverse Childhood Experiences. *The Sociological Quarterly*, 56(4), 723–752. <https://doi.org/10.1111/tsq.12107>

¹⁵⁰ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457–465. <https://doi.org/10.1002/2327-6924.12215>

¹⁵¹ Mosley-Johnson, E., Campbell, J. A., Garacci, E., Walker, R. J., & Egede, L. E. (2021). Stress that Endures: Influence of Adverse Childhood Experiences on Daily Life Stress and Physical Health in Adulthood. *Journal of Affective Disorders*, 284, 38–43. <https://doi.org/10.1016/j.jad.2021.02.018>

¹⁵² Grummitt, L., Baldwin, J. R., Lafoa'i, J., Keyes, K. M., & Barrett, E. L. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry*, e240804. Advance online publication. <https://doi.org/10.1001/jamapsychiatry.2024.0804>

¹⁵³ Ibid

¹⁵⁴ Haslam, D., 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: 2023 Brief Report*. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

¹⁵⁵ Miller, G. E., Chen, E., & Parker, K. J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: moving toward a model of behavioral and biological mechanisms. *Psychological Bulletin*, 137(6), 959–997. <https://doi.org/10.1037/a0024768>

¹⁵⁶ Nusslock, R., & Miller, G. E. (2016). Early-Life Adversity and Physical and Emotional Health Across the Lifespan: A Neuroimmune Network Hypothesis. *Biological Psychiatry*, 80(1), 23–32. <https://doi.org/10.1016/j.biopsych.2015.05.017>

Exposure to economic stressors in childhood can also increase the likelihood of experiencing poor mental health.^{157,158,159} Children with parents in the lowest income percentiles are three to four times more likely to experience a mental health disorder compared to children with parents in the highest income percentiles.¹⁶⁰ While children living in unemployed sole parent households are three times more likely to report mental-ill health in comparison to children with two employed parents or caregivers.¹⁶¹ A poor parenting style such as argumentative parenting is the number one factor which leads to the emergence of mental health difficulties among children and particularly impacts children from lower socio-economic households.¹⁶²

Both poor physical health and poor mental health increase suicide risk. Many physical health conditions have been shown to increase suicide risk with some more than doubling the risk.¹⁶³ Health conditions seem to predict suicide risk to the extent that they restrict a person's daily activities.¹⁶⁴ The relationship between mental ill-health and suicide is well-established.^{165,166}

'Because of experiencing ACEs in childhood I was quite vulnerable to mental illness, and I developed depression and PTSD as an adult.'

- Person with lived experience

Family and other relationship dysfunction

ACEs have negative impacts on a person's social and emotional functioning. People who have experienced ACEs, such as neglect and maltreatment, are more likely than their peers to have difficulty developing healthy relationships.¹⁶⁷ This can be due to lack of trust, emotional regulation difficulties and reliance on coping mechanisms, such as social isolation and avoidance.¹⁶⁸ Of the different forms of child maltreatment, emotional abuse may be

¹⁵⁷ Long N. (2014). Stress and economic hardship: the impact on children and parents. *Pediatric dentistry*, 36(2), 109–114.

¹⁵⁸ Kavanaugh, S. A., Neppel, T. K., & Melby, J. N. (2018). Economic pressure and depressive symptoms: Testing the family stress model from adolescence to adulthood. *Journal of family psychology* : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43), 32(7), 957–965. <https://doi.org/10.1037/fam0000462>

¹⁵⁹ Golberstein, E., Gonzales, G., & Meara, E. (2019). How do economic downturns affect the mental health of children? Evidence from the National Health Interview Survey. *Health economics*, 28(8), 955–970. <https://doi.org/10.1002/hec.3885>

¹⁶⁰ Kinge, J. M., Øverland, S., Flatø, M., Dieleman, J., Røgeberg, O., Magnus, M. C., Evensen, M., Tesli, M., Skrandal, A., Stoltenberg, C., Vollset, S. E., Håberg, S., & Torvik, F. A. (2021). Parental income and mental disorders in children and adolescents: prospective register-based study. *International journal of epidemiology*, 50(5), 1615–1627. <https://doi.org/10.1093/ije/dyab066>

¹⁶¹ The University of Western Australia. (2017). *Child and Adolescent Mental Health and Educational Outcomes*.

[childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf](https://doi.org/10.1017/S2045796020000529) (telethonkids.org.au)

¹⁶² Gautam, N., Rahman, M. M., Hashmi, R., Lim, A., & Khanam, R. (2024). Socioeconomic inequalities in child and adolescent mental health in Australia: the role of parenting style and parents' relationships. *Child and adolescent psychiatry and mental health*, 18(1), 28. <https://doi.org/10.1186/s13034-024-00719-x>

¹⁶³ Ahmedani, B. K., Peterson, E. L., Hu, Y., Rossom, R. C., Lynch, F., Lu, C. Y., Waitzfelder, B. E., Owen-Smith, A. A., Hubble, S., Prabhakar, D., Williams, L. K., Zeld, N., Mutter, E., Beck, A., Tolsma, D., & Simon, G. E. (2017). Major Physical Health Conditions and Risk of Suicide. *American Journal of Preventive Medicine*, 53(3), 308–315. <https://doi.org/10.1016/j.amepre.2017.04.001>

¹⁶⁴ Onyekia, I. N., Maguire, A., Ross, E., & O'Reilly, D. (2020). Does physical ill-health increase the risk of suicide? A census-based follow-up study of over 1 million people. *Epidemiology and psychiatric sciences*, 29, e140. <https://doi.org/10.1017/S2045796020000529>

¹⁶⁵ Bell, S., Russ, T. C., Kivimäki, M., Stamatakis, E., & Batty, G. D. (2015). Dose-Response Association Between Psychological Distress and Risk of Completed Suicide in the General Population. *JAMA Psychiatry*, 72(12), 1254–1256. <https://doi.org/10.1001/jamapsychiatry.2015.2107>

¹⁶⁶ Arsenaault-Lapierre, G., Kim, C., & Turecki, G. (2004). Psychiatric diagnoses in 3275 suicides: a meta-analysis. *BMC Psychiatry*, 4, 37. <https://doi.org/10.1186/1471-244X-4-37>

¹⁶⁷ Poole, J. C., Dobson, K. S., & Pusch, D. (2018). Do adverse childhood experiences predict adult interpersonal difficulties? The role of emotion dysregulation. *Child Abuse & Neglect*, 80, 123–133. <https://doi.org/10.1016/j.chiabu.2018.03.006>

¹⁶⁸ Ibid

particularly likely to result in interpersonal difficulties.^{169,170,171} Interpersonal difficulties increase the risk of social isolation and loneliness.¹⁷² There are strong links between social isolation and loneliness and suicide.¹⁷³

'The abuse I experienced affected my future relationships. I felt worthless as a child and this cycle continued throughout my two marriages. Things would have to get really bad before I realised there was a problem as I believed abuse was normal in a relationship. I felt trapped in that situation and like I could not get out and I was too scared to seek help because of the stigma. I became quite suicidal. If I had a normal childhood, I don't think I would have married these men and had the same awful experiences.'

- Person with lived experience

Education disruption

People who have experienced ACEs are twice as likely to have no educational qualifications.¹⁷⁴ ACEs can have a significant, negative impact on a child's ability to learn.¹⁷⁵ Young children who have experienced ACEs are more likely to have below average academic and literacy skills and to experience behavioural problems.¹⁷⁶ Experiencing mental ill-health significantly impacts children's academic performance. Students impacted by poor mental ill-health perform worse academically in every year level compared to their peers.¹⁷⁷ People with the lowest educational levels are twice as likely to die by suicide compared to people with the highest educational levels.¹⁷⁸

Employment distress

Experiencing ACEs can affect earning capacity and the ability to remain employed. The unemployment rate among people who have experienced ACEs is significantly higher than among those who have not experienced ACEs.^{179,180} This unemployment may arise through lack of educational qualifications or long-term health and disability issues among those who

¹⁶⁹ Christ, C., de Waal, M. M., Dekker, J. J. M., van Kuijk, I., van Schaik, D. J. F., Kikkert, M. J., Goudriaan, A. E., Beekman, A. T. F., & Messman-Moore, T. L. (2019). Linking childhood emotional abuse and depressive symptoms: The role of emotion dysregulation and interpersonal problems. *PloS One*, 14(2), e0211882. <https://doi.org/10.1371/journal.pone.0211882>

¹⁷⁰ Egeland, B. (2009). Taking stock: Childhood emotional maltreatment and developmental psychopathology. *Child Abuse & Neglect*, 33(1), 22-26. <https://doi.org/10.1016/j.chiabu.2008.12.004>

¹⁷¹ Allen B. (2008). An analysis of the impact of diverse forms of childhood psychological maltreatment on emotional adjustment in early adulthood. *Child Maltreatment*, 13(3), 307-312. <https://doi.org/10.1177/1077559508318394>

¹⁷² Tzouvara, V., Kupdere, P., Wilson, K., Matthews, L., Simpson, A., & Foye, U. (2023). Adverse childhood experiences, mental health, and social functioning: A scoping review of the literature. *Child Abuse & Neglect*, 139, 106092. <https://doi.org/10.1016/j.chiabu.2023.106092>

¹⁷³ Suicide Prevention Australia. (2023). *Socio-economic and Environmental Determinants of Suicide, Background Paper*. <https://www.suicidepreventionaustralia.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf>

¹⁷⁴ Hardcastle, K., Bellis, M. A., Ford, K., Hughes, K., Garner, J., & Ramos Rodriguez, G. (2018). Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: findings from a retrospective study. *Public Health*, 165, 106-116. <https://doi.org/10.1016/j.puhe.2018.09.014>

¹⁷⁵ Jimenez, M. E., Wade, R., Jr, Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse Experiences in Early Childhood and Kindergarten Outcomes. *Pediatrics*, 137(2), e20151839. <https://doi.org/10.1542/peds.2015-1839>

¹⁷⁶ Jimenez, M. E., Wade, R., Jr, Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse Experiences in Early Childhood and Kindergarten Outcomes. *Pediatrics*, 137(2), e20151839. <https://doi.org/10.1542/peds.2015-1839>

¹⁷⁷ The University of Western Australia. (2017). *Child and Adolescent Mental Health and Educational Outcomes*. <http://childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf> (telethonkids.org.au)

¹⁷⁸ Lorant, V., de Gelder, R., Kapadia, D., Borrell, C., Kalediene, R., Kovács, K., Leinsalu, M., Martikainen, P., Menvielle, G., Regidor, E., Rodríguez-Sanz, M., Wojtyniak, B., Strand, B. H., Bopp, M., & Mackenbach, J. P. (2018). Socioeconomic inequalities in suicide in Europe: the widening gap. *The British Journal of Psychiatry*, 212(6), 356-361. <https://doi.org/10.1192/bjp.2017.32>

¹⁷⁹ Liu, Y., Croft, J. B., Chapman, D. P., Perry, G. S., Greenlund, K. J., Zhao, G., & Edwards, V. J. (2013). Relationship between adverse childhood experiences and unemployment among adults from five U.S. states. *Social Psychiatry and Psychiatric Epidemiology*, 48(3), 357-369. <https://doi.org/10.1007/s00127-012-0554-1>

¹⁸⁰ Hardcastle, K., Bellis, M. A., Ford, K., Hughes, K., Garner, J., & Ramos Rodriguez, G. (2018). Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: findings from a retrospective study. *Public Health*, 165, 106-116. <https://doi.org/10.1016/j.puhe.2018.09.014>

have experienced multiple ACEs.¹⁸¹ Unemployment increases the risk of suicide, suicide attempts and suicidal ideation.^{182,183}

Financial distress

People who experience ACEs are more likely to experience financial stress in adulthood, including food and housing insecurity.^{184,185} The poorer health, educational and employment outcomes for those who experience ACEs contribute to this financial stress. Financial stress is associated with increased rates of suicide with those on the lowest incomes being significantly more at risk of suicide than those on higher incomes.¹⁸⁶

Housing insecurity and homelessness

ACEs are a risk factor for experiencing homelessness in adulthood, and this may be due to a break down in family connection and poor education and employment outcomes.^{187,188} Ninety per cent of adults experiencing homelessness have experienced one ACE while over 50% have experienced four or more.¹⁸⁹ There is a complex yet persistent link between experiencing housing insecurity and subsequent mental health issues¹⁹⁰. Experiencing mental health issues is known to increase suicide risk.

Suicide risk is heightened not only for adults but also for children experiencing homelessness. Children experiencing homelessness with adult family members are more likely to have suicidal thoughts and attempt suicide compared to their peers who have not experienced homelessness.¹⁹¹

Revictimisation

Children who have experienced ACEs are more likely to experience revictimisation from further traumatic events, such as DFSV, later in life.^{192,193} Women who are emotionally or sexually abused in childhood are more likely to be raped in adulthood.¹⁹⁴ Childhood physical abuse, sexual abuse, emotional abuse and emotional neglect all increase the likelihood of experiencing further trauma in adulthood.¹⁹⁵ People who have experienced emotional abuse and sexual abuse in childhood report experiencing a higher number of traumatic events in late adolescence and adulthood.¹⁹⁶

Revictimisation increases suicide risk. Each additional trauma is associated with an increase of 20.1% in the rate of suicidal ideation and 38.9% in the rate of suicide attempts.¹⁹⁷

¹⁸¹ Ibid

¹⁸² Milner, A., Page, A., & LaMontagne, A. D. (2013). Long-term unemployment and suicide: a systematic review and meta-analysis. *PLoS One*, 8(1), e51333.

<https://doi.org/10.1371/journal.pone.0051333>

¹⁸³ Amiri, S. (2021). Unemployment and suicide mortality, suicide attempts, and suicide ideation: A meta-analysis. *International Journal of Mental Health*, 51(4), 294–318.

<https://doi.org/10.1080/00207411.2020.1859347>

¹⁸⁴ Harter, C. L., & Harter, J. F. R. (2022). The Link Between Adverse Childhood Experiences and Financial Security in Adulthood. *Journal of Family and Economic Issues*, 43(4), 832–842. <https://doi.org/10.1007/s10834-021-09796-y>

¹⁸⁵ Jackson, D. B., Chilton, M., Johnson, K. R., & Vaughn, M. G. (2019). Adverse Childhood Experiences and Household Food Insecurity: Findings From the 2016

National Survey of Children's Health. *American Journal of Preventive Medicine*, 57(5), 667–674. <https://doi.org/10.1016/j.amepre.2019.06.004>

¹⁸⁶ Stack S. (2021). Contributing factors to suicide: Political, social, cultural and economic. *Preventive Medicine*, 152(Pt 1), 106498.

<https://doi.org/10.1016/j.ypmed.2021.106498>

¹⁸⁷ Padgett, D. K., Smith, B. T., Henwood, B. F., & Tiderington, E. (2012). Life course adversity in the lives of formerly homeless persons with serious mental illness: context and meaning. *The American Journal of Orthopsychiatry*, 82(3), 421–430. <https://doi.org/10.1111/j.1939-0025.2012.01159.x>

¹⁸⁸ Herman, D. B., Susser, E. S., Struening, E. L., & Link, B. L. (1997). Adverse childhood experiences: are they risk factors for adult homelessness? *American Journal of Public Health*, 87(2), 249–255. <https://doi.org/10.2105/ajph.87.2.249>

¹⁸⁹ Liu, M., Luong, L. B., Lachaud, J., Edalati, H., Reeves, A., & Hwang, S. W. (2021). Adverse childhood experiences and related outcomes among adults experiencing homelessness: a systematic review and meta-analysis. *The Lancet Public Health*, 6, e836–47. [https://doi.org/10.1016/S2468-2667\(21\)00189-4](https://doi.org/10.1016/S2468-2667(21)00189-4)

¹⁹⁰ Australian Housing and Urban Research Institute. (2019). *Understanding the links between mental health, housing and homelessness*.

<https://www.ahuri.edu.au/analysis/brief/understanding-links-between-mental-health-housing-and-homelessness>

¹⁹¹ Barnes, A. J., Gilbertson, J., & Chatterjee, D. (2018). Emotional Health Among Youth Experiencing Family Homelessness. *Pediatrics*, 141(4), e20171767.

<https://doi.org/10.1542/peds.2017-1767>

¹⁹² Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse & Neglect*, 32(8), 785–796.

<https://doi.org/10.1016/j.chiabu.2007.12.006>

¹⁹³ Ibid

¹⁹⁴ Messman-Moore, T. L., Walsh, K. L., & DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization. *Child Abuse & Neglect*, 34(12), 967–976.

<https://doi.org/10.1016/j.chiabu.2010.06.004>

¹⁹⁵ Gama, C. M. F., Portugal, L. C. L., Gonçalves, R. M., de Souza Junior, S., Vilete, L. M. P., Mendlowicz, M. V., Figueira, I., Volchan, E., David, I. A., de Oliveira, L., & Pereira, M. G. (2021). The invisible scars of emotional abuse: a common and highly harmful form of childhood maltreatment. *BMC Psychiatry*, 21(1), 156.

<https://doi.org/10.1186/s12888-021-03134-0>

¹⁹⁶ Ibid

¹⁹⁷ LeBouthillier, D. M., McMillan, K. A., Thibodeau, M. A., & Asmundson, G. J. G. (2015). Types and number of traumas associated with suicidal ideation and suicide attempts in PTSD: Findings from a U.S. nationally representative sample. *Journal of Traumatic Stress*, 28(3), 183–190. <https://doi.org/10.1002/its.22010>

Cumulative adversity across the lifespan is a substantial risk factor for suicidal ideation and suicide attempts.¹⁹⁸

Child protection system

Our child protection system is set up for children who are experiencing ACEs and who are not safe at home. Children who experience multiple or severe ACEs often come into contact with the child protection system and are sometimes placed in out-of-home care (OOHC). In 2021-2022, one in 32 (or almost 178,000) children came into contact with the child protection system in Australia.¹⁹⁹ During the same period, 55,800 children (9.8 per every 1,000) were in OOHC.²⁰⁰ A complex interplay of various child-related factors, parent characteristics, family characteristics and contextual factors are associated with child maltreatment and involvement in the child protection system.²⁰¹

Children in OOHC are 4.9 times more likely to display suicidal behaviour compared to their peers.²⁰²

In Australia, multiple state and territory reviews into child deaths by suicide have also revealed that children with a history of child protection or OOHC involvement are at an increased risk of suicide.²⁰³ Between 2002-2011 the likelihood of suicide among children and young people in New South Wales who had been in contact with child protection services was four times greater compared to the broader population.²⁰⁴ It has also been identified that a history of trauma including a child protection history significantly heightens suicide risk among young people aged 10-17.²⁰⁵

Between 2000-2021 nearly 75% of recorded suicidal ideation or self-harm incidents among children aged 0-17 living in NSW involved people with a child protection history.²⁰⁶ These incidents were captured in administrative health records, and it is likely that the true figure is underreported given that a minority of children in out-of-home care who require mental health support receive professional treatment.^{207,208} The high rate of suicide among children in NSW with a child protection history is consistent with research undertaken across Australia and multiple systematic reviews.²⁰⁹ In 2017 children and youth in contact with child protection services were significantly more likely to die by suicide in Victoria.²¹⁰ Between 2021-2022 children living in Queensland known to the child protection system were three times more likely to die by suicide compared to their peers.²¹¹

¹⁹⁸ Tate, M., Sinha, R., & Wemm, S. (2024). Cumulative adversity and emotion dysregulation effects on suicidal ideation and attempts in a community sample. *Journal of Psychiatric Research*, 170, 277–282. <https://doi.org/10.1016/j.jpsychires.2023.12.029>

¹⁹⁹ Australian Institute of Health and Welfare. (2024). *Child Protection*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/child-protection>

²⁰⁰ Ibid

²⁰¹ Higgins, D.J., & Hunt, G.R. (2023). Child, parent and contextual factors associated with child protection system involvement and child maltreatment in the family: A rapid evidence review. *Australian Journal of Social Issues*, 59(2), 358-400. <https://doi.org/10.1002/ajis4.306>

²⁰² Australian Catholic University, Institute of Child Protection Studies. (2020). *Effective interventions to reduce suicidal thoughts and behaviours among children in contact with child protection and out-of-home care systems – a rapid evidence review*. [Suicide-prevention-rapid-evidence-review-by-ICPS-20200914-1.pdf \(suicidepreventionaustralia.org\)](https://www.suicidepreventionaustralia.org.au/~/media/Document/Effective-interventions-to-reduce-suicidal-thoughts-and-behaviours-among-children-in-contact-with-child-protection-and-out-of-home-care-systems-a-rapid-evidence-review.pdf)

²⁰³ Trew, S., Russell, D. H., & Higgins, D. (2020). *Effective interventions to reduce suicidal thoughts and behaviours among children in contact with child protection and out-of-home care systems – a rapid evidence review*. Institute of Child Protection Studies, Australian Catholic University. <https://doi.org/10.26199/511771a5a6b9e>

²⁰⁴ NSW Child Death Review Team. (2014). *Causes of death of children with a child protection history 2002-2011*. [document.pdf \(nsw.gov.au\)](https://www.nsw.gov.au/~/media/Document/NSW-Child-Death-Review-Team-Annual-Report-2012-22.pdf)

²⁰⁵ NSW Child Death Review Team. (2022). *NSW Child Death Review Team Annual Report 2021-22*. [NSW Child Death Review Team Annual Report 2021-22](https://www.nsw.gov.au/~/media/Document/NSW-Child-Death-Review-Team-Annual-Report-2021-22.pdf)

²⁰⁶ O'Hare, K., Watkeys, O., Harris, F., Dean, K., Carr, V. J., & Green, M. J. (2023). Self-harm and suicidal ideation in children and adolescents in contact with child protection services. *The Medical Journal of Australia*, 218(11), 526–527. <https://doi.org/10.5694/mja2.51898>

²⁰⁷ Sawyer, M. G., Carbone, J. A., Searle, A. K., & Robinson, P. (2007). The mental health and wellbeing of children and adolescents in home-based foster care. *The Medical Journal of Australia*, 186(4), 181–184. <https://doi.org/10.5694/j.1326-5377.2007.tb00857.x>

²⁰⁸ Islam, M. I., Khanam, R., & Kabir, E. (2020). The use of mental health services by Australian adolescents with mental disorders and suicidality: Findings from a nationwide cross-sectional survey. *PLoS one*, 15(4), e0231180. <https://doi.org/10.1371/journal.pone.0231180>

²⁰⁹ Evans, R., White, J., Turley, R., Slater, T., Morgan, H., Strange, H., & Scourfield, J. (2017). Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. *Children and Youth Services Review*, 82, 122–129. <https://doi.org/10.1016/j.childyouth.2017.09.020>

²¹⁰ Consultative Council on Obstetric and Paediatric Mortality and Morbidity. (2017). *Victoria's Mothers, Babies and Children. Mother's Babies and Children Report 2017 FINAL-WEB.pdf (safecare.vic.gov.au)*

²¹¹ Queensland Family & Child Commission. (2022). *Deaths of children and young people Queensland 2021-22*. [Queensland Family and Child Commission Annual Report: Deaths of children and young people Queensland 2021-22 \(qfcc.qld.gov.au\)](https://www.qfcc.qld.gov.au/~/media/Document/Deaths-of-children-and-young-people-Queensland-2021-22.pdf)

It is important to acknowledge that First Nations children are overrepresented in child protection services in Australia.^{212,213,214} This is concerning given that the risk of suicide is significantly higher among First Nations People.²¹⁵ It is critical that efforts to address the high rates of suicide among children and youth in contact with the child protection system also target First Nations children.

Given that all children in OOHC will have experienced ACEs previously, some of this increased risk will be due to their experiences outside the OOHC system. However, there is evidence that contact with the OOHC system will itself be a risk factor. For example, one research study, which used the nationally representative ACMS data sample, found that the combination of experiencing multiple ACEs and an OOHC placement increased poor mental health outcomes beyond the impact that experiencing multiple ACEs would have on its own.²¹⁶ This may be because children and young people often experience further ACEs while they are in OOHC.

Approximately 1,200 children were the subject of a substantiation of abuse in care in 2021-2022.²¹⁷ Of these children, 32% experienced physical abuse and 29% experienced emotional abuse. Being placed in OOHC also involves experiencing an additional ACE – parental separation – which children find challenging even in circumstances where their parents are not able to provide them with safe and appropriate care.

Criminal justice system

Many children in contact with the youth justice system are victims themselves and have had high ACE exposure, including experiencing DFSV, neglect, or abuse.^{218,219,220} On average just over 800 children are in detention in Australia each night and half are Aboriginal or Torres Strait Islander children.²²¹ One third of all children in detention, in 2018-2019, were survivors of abuse and neglect.^{222,223} Just under 20% of all prison entrants had one or more parents or carers in prison as a child.²²⁴

Sadly, children in contact with the criminal justice system are between two and four times more likely to die by suicide compared to their peers.^{225,226,227} Aboriginal and Torres Strait

²¹² Australian Institute of Family Studies. (2020). *Child protection and Aboriginal and Torres Strait Islander children*. [Child protection and Aboriginal and Torres Strait Islander children | Australian Institute of Family Studies \(aifs.gov.au\)](https://www.aifs.gov.au)

²¹³ Australian Institute of Health and Welfare. (2021). *Rate of children in out-of-home care remains stable*. [Rate of children in out-of-home care remains stable - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/children-youth/rate-of-children-in-out-of-home-care-remains-stable)

²¹⁴ Ibid

²¹⁵ Australian Institute of Health and Welfare. (2023). *Deaths by suicide among First Nations people*. [Suicide among First Nations people - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/mental-physical-health/deaths-by-suicide-among-first-nations-people)

²¹⁶ Harris, L. G., Higgins, D. J., Willis, M. L., Lawrence, D., Mathews, B., Thomas, H. J., Malacova, E., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Erskine, H. E., & Haslam, D. M. (2024). The Prevalence and Patterns of Maltreatment, Childhood Adversity, and Mental Health Disorders in an Australian Out-Of-Home Care Sample. *Child Maltreatment*, 0(0). <https://doi.org/10.1177/10775595241246534>

²¹⁷ Australian Institute of Health and Welfare. (2024). *Child protection Australia 2021-22. How many children were abused in care?* - Australian Institute of Health and Welfare (aihw.gov.au)

²¹⁸ The Australian Institute of Criminology. (2023). *Children aged 10 to 13 in the justice system: Characteristics, alleged offending, and legal outcomes*.

https://www.aic.gov.au/sites/default/files/2024-01/crg_41_20_21_children_aged_10_to_13_in_the_justice_system.pdf

²¹⁹ Fazel, S., Doll, H., & Långström, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and metaregression analysis of 25 surveys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(9), 1010–1019.

<https://doi.org/10.1097/CHI.0b013e31817eeef3>

²²⁰ Borschmann, R., Janca, E., Carter, A., Willoughby, M., Hughes, N., Snow, K., Stockings, E., Hill, N. T. M., Hocking, J., Love, A., Patton, G. C., Sawyer, S. M., Fazel, S., Puljević, C., Robinson, J., & Kinner, S. A. (2020). The health of adolescents in detention: a global scoping review. *The Lancet Public Health*, 5(2), e114–e126.

[https://doi.org/10.1016/S2468-2667\(19\)30217-8](https://doi.org/10.1016/S2468-2667(19)30217-8)

²²¹ Australian Institute of Health and Welfare. (2021). *Youth detention population in Australia 2021. Youth detention population in Australia 2021. Summary - Australian Institute of Health and Welfare (aihw.gov.au)*

²²² Australian Institute of Health and Welfare. (2020). *Young people under youth justice supervision and in child protection 2018-2019*.

<https://www.aihw.gov.au/reports/youth-justice/young-people-in-child-protection/summary>

²²³ Dugeon, P., Pin Chang, E. E., Collova, J., & May Finlay, S. (2022). *Locking up kids has serious mental health impacts and contributes to further re-offending*.

University of Western Australia. <https://www.uwa.edu.au/news/Article/2022/November/Locking-up-kids-has-serious-mental-health-impacts-and-contributes-to-further-re-offending>

²²⁴ Australian Institute of Health and Welfare. (2019). *The health of Australia's prisoners 2018*. <https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/summary>

²²⁵ Memory, J. (1989). Juvenile suicides in secure detention facilities: Correction of published rates. *Death Studies*, 13(5), 455-463.

<https://doi.org/10.1080/07481188908252324>

²²⁶ Gallagher, C. A., & Dobrin, A. (2006). Deaths in juvenile justice residential facilities. *The Journal of Adolescent Health*, 38(6), 662–668.

<https://doi.org/10.1016/j.jadohealth.2005.01.002>

²²⁷ Stokes, M. L., McCoy, K. P., Abram, K. M., Byck, G. R., & Teplin, L. A. (2015). Suicidal Ideation and Behavior in Youth in the Juvenile Justice System: A Review of the Literature. *Journal of Correctional Health Care*, 21(3), 222–242. <https://doi.org/10.1177/1078345815587001>

Islander children are both significantly more likely to be incarcerated and more likely to die by suicide compared to non-Indigenous children.^{228,229}

There is an overrepresentation of children who have interacted with the child protection system in the youth justice system. Over 9,000 children, aged 10 and over, were under youth justice supervision in 2020-2021.²³⁰ Over half of these had interacted with the child protection system within the preceding five years.²³¹

Experiencing ACEs also results in a higher likelihood of contact with the criminal justice system in adulthood. Accumulated ACEs — especially four or more ACEs — is significantly associated with various forms of criminal justice system contact during young and middle adulthood.²³² These forms of contact include being arrested, experiencing a greater number of arrests, being incarcerated in adulthood, being incarcerated multiple times, and spending longer periods of time in prison.²³³

Contact with the adult criminal justice system substantially increases suicide risk.^{234,235,236,237} This risk is increased not only for prisoners but for people who have been released from prison or who have had non-custodial contact with the criminal justice system.^{238,239,240,241}

Prisoners who have experienced ACEs are at particular risk of suicide. Sexual abuse, physical abuse, emotional abuse, emotional neglect, physical neglect and combined forms of abuse are all strongly associated with suicide attempts in prisoners.²⁴²

Intergenerational impacts

Experiencing ACEs has intergenerational impacts through affecting parenting practices.²⁴³ People who have experienced ACEs, including witnessing violence in the home, are more likely to engage in abusive and neglectful parenting.²⁴⁴ For example, adults who have experienced child maltreatment are at a two and a half to three times greater risk of perpetrating childhood physical abuse compared to the general community.^{245,246} Where parents who have experienced ACEs engage in abusive or neglectful parenting, their children are also exposed to ACEs. However, it is important to recognise that many parents who have experienced ACEs do not expose their children to ACEs.

In addition to research which shows that the impacts of ACEs can travel downwards from parent to child, there is also research which indicates that these impacts can also be passed

²²⁸ Sentencing Advisory Council. (2023). *Aboriginal and Torres Strait Islander Young People in Detention*. <https://www.sentencingcouncil.vic.gov.au/sentencing-statistics/indigenous-young-people-in-detention>

²²⁹ Australian Institute of Health and Welfare. (2023). *Deaths by suicide among First Nations people*. <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians>

²³⁰ Australian Institute of Health and Welfare. (2023). Children who have experienced child protection, youth justice and homelessness. In *Australia's welfare 2023: data insights*. https://www.aihw.gov.au/getmedia/bf329a30-174d-4e45-a828-06932ce2c66a/aihw-aus-246_chapter_6.pdf

²³¹ Ibid

²³² Testa, A., Jackson, D. B., Ganson, K. T., & Nagata, J. M. (2022). Adverse Childhood Experiences and Criminal Justice Contact in Adulthood. *Academic Pediatrics*, 22(6), 972–980. <https://doi.org/10.1016/j.acap.2021.10.011>

²³³ Ibid

²³⁴ Webb, R. T., Qin, P., Stevens, H., Mortensen, P. B., Appleby, L., & Shaw, J. (2011). National study of suicide in all people with a criminal justice history. *Archives of General Psychiatry*, 68(6), 591–599. <https://doi.org/10.1001/archgenpsychiatry.2011.7>

²³⁵ Fazel, S., Ramesh, T., & Hawton, K. (2017). Suicide in prisons: an international study of prevalence and contributory factors. *The Lancet Psychiatry*, 4(12), 946–952. [https://doi.org/10.1016/S2215-0366\(17\)30430-3](https://doi.org/10.1016/S2215-0366(17)30430-3)

²³⁶ Zlodre, J., & Fazel, S. (2012). All-cause and external mortality in released prisoners: systematic review and meta-analysis. *American Journal of Public Health*, 102(12), e67–e75. <https://doi.org/10.2105/AJPH.2012.300764>

²³⁷ Phillips, J., Padfield, N., & Gelsthorpe, L. (2018). Suicide and community justice. *Health & Justice*, 6(1), 14. <https://doi.org/10.1186/s40352-018-0072-7>

²³⁸ Webb, R. T., Qin, P., Stevens, H., Mortensen, P. B., Appleby, L., & Shaw, J. (2011). National study of suicide in all people with a criminal justice history. *Archives of General Psychiatry*, 68(6), 591–599. <https://doi.org/10.1001/archgenpsychiatry.2011.7>

²³⁹ Fazel, S., Ramesh, T., & Hawton, K. (2017). Suicide in prisons: an international study of prevalence and contributory factors. *The Lancet Psychiatry*, 4(12), 946–952. [https://doi.org/10.1016/S2215-0366\(17\)30430-3](https://doi.org/10.1016/S2215-0366(17)30430-3)

²⁴⁰ Zlodre, J., & Fazel, S. (2012). All-cause and external mortality in released prisoners: systematic review and meta-analysis. *American Journal of Public Health*, 102(12), e67–e75. <https://doi.org/10.2105/AJPH.2012.300764>

²⁴¹ Phillips, J., Padfield, N., & Gelsthorpe, L. (2018). Suicide and community justice. *Health & Justice*, 6(1), 14. <https://doi.org/10.1186/s40352-018-0072-7>

²⁴² Angelakis, I., Austin, J. L., & Gooding, P. (2020). Childhood maltreatment and suicide attempts in prisoners: a systematic meta-analytic review. *Psychological Medicine*, 50(1), 1–10. <https://doi.org/10.1017/S0033291719002848>

²⁴³ Savage, L. E., Tarabulsi, G. M., Pearson, J., Collin-Vézina, D., & Gagné, L. M. (2019). Maternal history of childhood maltreatment and later parenting behavior: A meta-analysis. *Development and Psychopathology*, 31(1), 9–21. <https://doi.org/10.1017/S0954579418001542>

²⁴⁴ Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical Psychology Review*, 80, 101891. <https://doi.org/10.1016/j.cpr.2020.101891>

²⁴⁵ Ibid

²⁴⁶ Milaniak, I., & Widom, C. S. (2015). Does Child Abuse and Neglect Increase Risk for Perpetration of Violence Inside and Outside the Home? *Psychology of Violence*, 5(3), 246–255. <https://doi.org/10.1037/a0037956>

upwards from parent to older generations. A study found that 8.5% of people who have experienced ACEs have perpetuated some form of physical or verbal abuse towards people aged over 65.²⁴⁷ The risk of perpetuating abuse against an elder was three times higher for people with one ACE and nearly eight times higher for people with two or more ACEs compared to people who have not experienced ACEs.²⁴⁸

The negative impacts of ACEs can also extend beyond the victim-survivor to their families and communities, who can experience secondary or vicarious trauma.²⁴⁹ Secondary trauma can have an adverse impact on family functioning, financial security, social connectedness and mental health.²⁵⁰ All of these adverse outcomes can affect subsequent generations and are known risk factors for suicide.

Intersectionality and ACEs

ACEs cut across all population groups and can affect anyone. However, people from specific populations that experience discrimination – for example, based on race, sexual orientation/identity, disability or socio-economic disadvantage – have an increased likelihood of experiencing ACEs. Since exposure to ACEs increases suicide risk, people from these populations are also at heightened risk of suicide.

The ACE measures developed for the first ACE study, and also used in subsequent studies, were developed with white, middle-to-upper class research participants in mind.²⁵¹ For this reason, some researchers have called for an expansion of the conventional ACE measures to encompass the additional ACEs experienced by other sociodemographic groups.²⁵² These additional ACEs include victimisation related to racism, homophobia, transphobia or ableism.²⁵³

This section of the report considers how ACEs are experienced by some specific populations. It is based on research which shows that there are intersection factors which increase the likelihood that certain populations will experience ACEs compared to the general community. We acknowledge that not all possible aspects of intersectionality are addressed here. Further research is needed on the range of intersecting factors that can interact with ACEs.

The specific populations that will be addressed in this section are:

- Culturally and Linguistically Diverse (CALD) communities
- First Nations People
- LGBTQIA+ people
- People with disability
- People experiencing socio-economic disadvantage

²⁴⁷ Koga, C., Tsuji, T., Hanazato, M., Nakagomi, A., & Tabuchi, T. (2024). Intergenerational Chain of Violence, Adverse Childhood Experiences, and Elder Abuse Perpetration. *JAMA network open*, 7(9), e2436150. <https://doi.org/10.1001/jamanetworkopen.2024.36150>

²⁴⁸ Ibid.

²⁴⁹ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report Volume 3: Impacts*. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_3_impacts.pdf

²⁵⁰ Ibid

²⁵¹ Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *American journal of preventive medicine*, 49(3), 354–361. <https://doi.org/10.1016/j.amepre.2015.02.001>

²⁵² Schnarrs, P. W., Dorri, A. A., Yockey, R. A., Stone, A. L., Russell, S. T., & Rosenberger, J. G. (2023). The Sexual and Gender Minority Adverse Childhood Experiences Scale. *American Journal of Preventive Medicine*, 65(6), 1050-1058. <https://doi.org/10.1016/j.amepre.2023.08.006>

²⁵³ Ibid

‘Child sexual abuse not only affects the victim. It has ripple effects that reverberate to a wider network of people. These ripple effects can continue over time, affecting subsequent generations.’

- The Royal Commission into Institutional Child Sexual Abuse

CALD communities

There is little Australian research on the prevalence of ACEs in CALD communities.²⁵⁴ However, US research suggests that White children are less likely to experience ACEs and report a lower total number of ACEs than Black or Hispanic children.²⁵⁵ There is some indication that socioeconomic factors intersect with race so that children from wealthier Black and Hispanic families do not have the same, higher ACE exposure compared with White children.²⁵⁶

Racism is a form of childhood adversity experienced by CALD children that non-CALD children do not experience. Australian children from CALD backgrounds reportedly experience more ethnicity-based victimisation than CALD children in comparable countries, like the UK.²⁵⁷ CALD children who experience racism or witness racial discrimination towards peers and caregivers are at higher risk of depressive symptoms, loneliness and poorer socio-emotional adjustment.^{258,259,260} The negative impacts of racism can be intergenerational, with the depression risk among those directly affected by structural racism and cumulative trauma potentially being passed on to their children.^{261,262} Depression and loneliness are factors that heighten suicide risk.^{263,264}

CALD children may also encounter a range of other childhood adversities not experienced by the non-CALD peers. Migration and settling into a new country can result in parental stress and mental health difficulties that can detrimentally impact on how children are parented.²⁶⁵ Children from CALD backgrounds, who may be more acculturated into Australian culture than their parents, can develop cultural differences from their parents that may result in intergenerational conflict.²⁶⁶ CALD children may also need to act as intermediaries or interpreters between their parents and people and systems outside the

²⁵⁴ Joshi, A., & Gartoulla, P. (2022). *How the experiences and circumstances of culturally and linguistically diverse children and families influence child mental health*. Australian Institute of Family Studies. https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2022/11/30110915/How-experiences-influence-CALD-CMH_FINAL-1.pdf

²⁵⁵ Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020). Investigating racial differences in clusters of adverse childhood experiences. *American Journal of Orthopsychiatry*, 90(1), 106–114. <https://doi.org/10.1037/ort0000405>

²⁵⁶ Mersky, J. P., Choi, C., Plummer Lee, C., & Janczewski, C. E. (2021). Disparities in adverse childhood experiences by race/ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample. *Child Abuse & Neglect*, 117, 105066. <https://doi.org/10.1016/j.chiabu.2021.105066>

²⁵⁷ Terhaag, S., Fitzsimons, E., Daraganova, G., & Patalay, P. (2021). Sex, ethnic and socioeconomic inequalities and trajectories in child and adolescent mental health in Australia and the UK: findings from national prospective longitudinal studies. *Journal of child psychology and psychiatry, and allied disciplines*, 62(10), 1255–1267. <https://doi.org/10.1111/jcpp.13410>

²⁵⁸ Priest, N., Perry, R., Ferdinand, A., Kelaher, M., & Paradies, Y. (2017). Effects over time of self-reported direct and vicarious racial discrimination on depressive symptoms and loneliness among Australian school students. *BMC Psychiatry*, 17(1), 50. <https://doi.org/10.1186/s12888-017-1216-3>

²⁵⁹ Priest, N., Chong, S., Truong, M., Alam, O., Dunn, K., O'Connor, M., Paradies, Y., Ward, A., & Kavanagh, A. (2020). Racial discrimination and socioemotional and sleep problems in a cross-sectional survey of Australian school students. *Archives of Disease in Childhood*, 105(11), 1079–1085. <https://doi.org/10.1136/archdischild-2020-318875>

²⁶⁰ Priest, N., Guo, J., Doery, K., Perry, R., Thurber, K. & Jones, R. (2021). *Racism, racial discrimination and child and youth health: A rapid evidence synthesis*. Australian National University, Murdoch Children's Research Institute and VicHealth. <https://nla.gov.au/nla.obj-2988630560/view>

²⁶¹ Lugo-Candelas, C., Polanco-Roman, L., & Duarte, C. S. (2021). Intergenerational Effects of Racism: Can Psychiatry and Psychology Make a Difference for Future Generations? *JAMA Psychiatry*, 78(10), 1065–1066. <https://doi.org/10.1001/jamapsychiatry.2021.1852>

²⁶² Hankerson, S. H., Moise, N., Wilson, D., Waller, B. Y., Arnold, K. T., Duarte, C., Lugo-Candelas, C., Weissman, M. M., Wainberg, M., Yehuda, R., & Shim, R. (2022). The Intergenerational Impact of Structural Racism and Cumulative Trauma on Depression. *The American Journal of Psychiatry*, 179(6), 434–440. <https://doi.org/10.1176/appi.ajp.21101000>

²⁶³ Bachmann S. (2018). Epidemiology of Suicide and the Psychiatric Perspective. *International journal of environmental research and public health*, 15(7), 1425. <https://doi.org/10.3390/ijerph15071425>

²⁶⁴ Shoib, S., Amanda, T. W., Saeed, F., Ransing, R., Bhandari, S. S., Armiya'u, A. Y., Gürcan, A., & Chandradasa, M. (2023). Association Between Loneliness and Suicidal Behaviour: A Scoping Review. *Yalnızlık ve Özyıkım Davranışı Arasındaki İlişkinin Kapsam Derlemesi. Turkish journal of psychiatry*, 34(2), 125–132. <https://doi.org/10.5080/u27080>

²⁶⁵ Joshi, A., & Gartoulla, P. (2022). *How the experiences and circumstances of culturally and linguistically diverse children and families influence child mental health*. Australian Institute of Family Studies. https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2022/11/30110915/How-experiences-influence-CALD-CMH_FINAL-1.pdf

²⁶⁶ Basu, S., & Isaacs, A. N. (2019). Profile of transcultural patients in a regional Child and Adolescent Mental Health Service in Gippsland, Australia: The need for a multidimensional understanding of the complexities. *International Journal of Social Psychiatry*, 65(3), 217–224.

family, which can increase the pressure on these children.²⁶⁷ Where CALD children are not faring well and need support, CALD families may face barriers to accessing support, such as difficulties navigating the service system, mistrust of services, and inadequate access to interpreters.²⁶⁸

It is likely that conventional ACE measures would not capture all the forms of childhood adversity that are specific to CALD communities and which can be intergenerational. For this reason, 'culturally informed ACE' models are being developed that recognise the significance of racism as a distinct ACE category and a determinant of post-ACE mental health outcomes.²⁶⁹ These culturally informed ACE models should be fully implemented to help improve data capture, ensure culturally appropriate service delivery and to prevent suicide in CALD communities.

First Nations People

First Nations People are twice as likely to experience multiple ACEs compared to the general community.^{270,271} The health concerns faced by First Nations People – including increased rates of chronic diseases and mental health concerns – are connected to these high ACE scores.^{272,273} First Nations People's higher ACE scores are associated with increased rates of suicidality and psychological distress.^{274,275}

First Nations People experience a range of factors not experienced by the general population that contribute to their greater ACE exposure. The trauma of historical events, related to colonisation and the Stolen Generation, has been passed down to subsequent generations.²⁷⁶ First Nations People also experience ongoing racism and systemic discrimination.^{277,278}

While conventional ACE measures capture some of the childhood adversities experienced by First Nations People, many of their colonisation- and racism-related experiences are not captured by conventional ACE surveys.²⁷⁹ Therefore, expanded ACE measures, which include adversities such as historical traumas, a lack of public infrastructure and services, and events of racial discrimination, may be better tailored to First Nations People's experiences of childhood adversity.²⁸⁰

LGBTQIA+ people

Gay/lesbian and bisexual people are more likely to experience ACEs compared to heterosexual people.²⁸¹ People who are transgender or gender diverse also experience

²⁶⁷ Joshi, A., & Gartoulla, P. (2022). *How the experiences and circumstances of culturally and linguistically diverse children and families influence child mental health*. Australian Institute of Family Studies. https://d2p3kdr0nr403z.cloudfront.net/content/uploads/2022/11/30110915/How-experiences-influence-CALD-CMH_FINAL-1.pdf

²⁶⁸ Guo, S., Liu, M., Chong, S. Y., Zendarski, N., Molloy, C., Quach, J., Perlen, S., Nguyen, M., & O'Connor, M. (2020). Health service utilisation and unmet healthcare needs of Australian children from immigrant families: A population-based cohort study. *Health & Social Care in the Community*, 28(6), 2331-2342.

²⁶⁹ Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the "C-ACE" for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on Black youth. *Journal of Child & Adolescent Trauma*, 14(2), 233–247. <https://doi.org/10.1007/s40653-020-00319-9>

²⁷⁰ Thapa, S., Gibbs, P., Ross, N., Newman, J., Allan, J., Dalton, H., Mahmood, S., Kalinna, B. H., & Ross, A. G. (2024). Are adverse childhood experiences (ACEs) the root cause of the Aboriginal health gap in Australia?. *BMJ Global Health*, 9(3), e014901. <https://doi.org/10.1136/bmjgh-2023-014901>

²⁷¹ Radford, A., Toombs, E., Zugic, K., Boles, K., Lund, J., & Mushquash, C. J. (2021). Examining Adverse Childhood Experiences (ACEs) within Indigenous Populations: A Systematic Review. *Journal of Child & Adolescent Trauma*, 15(2), 401–421. <https://doi.org/10.1007/s40653-021-00393-7>

²⁷² Thapa, S., Gibbs, P., Ross, N., Newman, J., Allan, J., Dalton, H., Mahmood, S., Kalinna, B. H., & Ross, A. G. (2024). Are adverse childhood experiences (ACEs) the root cause of the Aboriginal health gap in Australia?. *BMJ Global Health*, 9(3), e014901. <https://doi.org/10.1136/bmjgh-2023-014901>

²⁷³ Radford, A., Toombs, E., Zugic, K., Boles, K., Lund, J., & Mushquash, C. J. (2021). Examining Adverse Childhood Experiences (ACEs) within Indigenous Populations: A Systematic Review. *Journal of Child & Adolescent Trauma*, 15(2), 401–421. <https://doi.org/10.1007/s40653-021-00393-7>

²⁷⁴ Thapa, S., Gibbs, P., Ross, N., Newman, J., Allan, J., Dalton, H., Mahmood, S., Kalinna, B. H., & Ross, A. G. (2024). Are adverse childhood experiences (ACEs) the root cause of the Aboriginal health gap in Australia?. *BMJ Global Health*, 9(3), e014901. <https://doi.org/10.1136/bmjgh-2023-014901>

²⁷⁵ Radford, A., Toombs, E., Zugic, K., Boles, K., Lund, J., & Mushquash, C. J. (2021). Examining Adverse Childhood Experiences (ACEs) within Indigenous Populations: A Systematic Review. *Journal of Child & Adolescent Trauma*, 15(2), 401–421. <https://doi.org/10.1007/s40653-021-00393-7>

²⁷⁶ Thapa, S., Gibbs, P., Ross, N., Newman, J., Allan, J., Dalton, H., Mahmood, S., Kalinna, B. H., & Ross, A. G. (2024). Are adverse childhood experiences (ACEs) the root cause of the Aboriginal health gap in Australia? *BMJ Global Health*, 9(3), Article e014901. <https://doi.org/10.1136/bmjgh-2023-014901>

²⁷⁷ Radford, A., Toombs, E., Zugic, K., Boles, K., Lund, J., & Mushquash, C. J. (2021). Examining Adverse Childhood Experiences (ACEs) within Indigenous Populations: A Systematic Review. *Journal of Child & Adolescent Trauma*, 15(2), 401–421. <https://doi.org/10.1007/s40653-021-00393-7>

²⁷⁸ Kairuz, C. A., Casanelia, L. M., Bennett-Brook, K., Coombes, J., & Yadav, U. N. (2021). Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait Islander peoples living in Australia: a systematic scoping review. *BMC Public Health*, 21(1), 1302. <https://doi.org/10.1186/s12889-021-11363-x>

²⁷⁹ Luther, A. (2019). *Developing a More Culturally Appropriate Approach to Surveying Adverse Childhood Experiences Among Indigenous Peoples in Canada*. University of Waterloo. <https://uwspace.uwaterloo.ca/handle/10012/14478>

²⁸⁰ Luther, A. (2019). *Developing a More Culturally Appropriate Approach to Surveying Adverse Childhood Experiences Among Indigenous Peoples in Canada*. University of Waterloo. <https://uwspace.uwaterloo.ca/handle/10012/14478>

²⁸¹ Andersen, J. P., & Blosnich, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: results from a multi-stage probability-based sample. *PLoS One*, 8(1), e54691. <https://doi.org/10.1371/journal.pone.0054691>

higher rates of ACEs compared to people who are cisgender.²⁸² The research shows that just over 90% of young Australians with diverse gender identities aged 16–24 have experienced some form of child maltreatment such as physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence.²⁸³ Of these young Australians, just over 75% have experienced multi-type child maltreatment.²⁸⁴ Just over 85% of young Australians with diverse sexualities have experienced child maltreatment.²⁸⁵

LGBTQIA+ people are often subject to forms of identity-related abuse that are not captured in conventional ACE measures. They may experience childhood abuse, such as suppression practices, by parents or caregivers who do not accept their sexual orientation or gender identity.²⁸⁶ During childhood a significant number of gender and sexuality-diverse people experience sexual harassment by their peers.²⁸⁷ They may also witness other LGBTQIA+ people being physically harmed, be bullied in school for their sexual orientation and/or gender identity, and hear religious leaders say homophobic, bi-phobic, or transphobic things.²⁸⁸ These types of ACEs are all associated with cisheterosexism. A Sexual and Gender Minorities (SGM) ACE scale has been developed to capture experiences of these types of childhood adversity.^{289,290}

Childhood maltreatment by parents or caregivers who do not accept their child's sexual orientation or gender identity is associated with a long-term increase in symptoms of depression and suicidal behaviours.^{291,292} Exposure to SGM ACEs is associated with increased rates of depression, anxiety, and post-traumatic stress disorder in LGBTQ+ adults.²⁹³ Mental ill-health is a well-established risk factor for suicide.

People with disability

Adults with a disability are more likely to have a higher ACE score compared to adults without a disability.²⁹⁴ Almost 37% of adults with disability report high ACE exposure compared with 19.6% of adults without a disability.²⁹⁵ Where people with disability have had high ACE exposure, they are more likely to report multiple ACEs and to have been exposed to child sexual abuse or emotional abuse.^{296,297} The more ACEs an individual experiences during childhood the greater the likelihood that they will report having a disability during

²⁸² Schnarrs, P. W., Stone, A. L., Salcido Jr, R., Baldwin, A., Georgiou, C., & Nemeroff, C. B. (2019). Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities. *Journal of Psychiatric Research*, 119, 1-6. <https://doi.org/10.1016/j.jpsychires.2019.09.001>

²⁸³ Higgins, D. J., Lawrence, D., Haslam, D. M., Mathews, B., Malacova, E., Erskine, H. E., Finkelhor, D., Pacella, R., Meinck, F., Thomas, H. J., & Scott, J. G. (2024). Prevalence of Diverse Gender and Sexualities in Australia and Associations With Five Forms of Child Maltreatment and Multi-type Maltreatment. *Child maltreatment*, 10775595231226331. Advance online publication. <https://doi.org/10.1177/10775595231226331>

²⁸⁴ Ibid

²⁸⁵ Ibid

²⁸⁶ Charak, R., Cano-Gonzalez, I., Ronzon-Tirado, R., Schmitz, R. M., Tabler, J., Karsberg, S., Flores, A., & Ford, J. D. (2023). LGBTQ+ identity-related abuse during childhood and associations with depression and suicide behavior: Role of adulthood cisheterosexism and expressive suppression. *Child Abuse & Neglect*, 145, 106433. <https://doi.org/10.1016/j.chiabu.2023.106433>

²⁸⁷ Hunt, G. R., Higgins, D. J., Willis, M. L., Mathews, B., Lawrence, D., Meinck, F., Pacella, R., Thomas, H. J., Scott, J. G., Erskine, H. E., Malacova, E., & Haslam, D. M. (2024). The Prevalence of Peer Sexual Harassment During Childhood in Australia. *Journal of Interpersonal Violence*, 0(0). <https://doi.org/10.1177/08862605241245368>

²⁸⁸ Schnarrs, P. W., Stone, A. L., Bond, M. A., Salcido, R., Jr, Dorri, A. A., & Nemeroff, C. B. (2022). Development and psychometric properties of the sexual and gender minority adverse childhood experiences (SGM-ACEs): Effect on sexual and gender minority adult mental health. *Child Abuse & Neglect*, 127, 105570. <https://doi.org/10.1016/j.chiabu.2022.105570>

²⁸⁹ Schnarrs, P. W., Stone, A. L., Bond, M. A., Salcido, R., Jr, Dorri, A. A., & Nemeroff, C. B. (2022). Development and psychometric properties of the sexual and gender minority adverse childhood experiences (SGM-ACEs): Effect on sexual and gender minority adult mental health. *Child Abuse & Neglect*, 127, 105570. <https://doi.org/10.1016/j.chiabu.2022.105570>

²⁹⁰ Schnarrs, P. W., Dorri, A. A., Yockey, R. A., Stone, A. L., Russell, S. T., & Rosenberger, J. G. (2023). The sexual and gender minority adverse childhood experiences scale. *American Journal of Preventive Medicine*, 65(6), 1050-1058. <https://doi.org/10.1016/j.amepre.2023.08.006>

²⁹¹ Schnarrs, P. W., Stone, A. L., Bond, M. A., Salcido, R., Jr, Dorri, A. A., & Nemeroff, C. B. (2022). Development and psychometric properties of the sexual and gender minority adverse childhood experiences (SGM-ACEs): Effect on sexual and gender minority adult mental health. *Child Abuse & Neglect*, 127, 105570. <https://doi.org/10.1016/j.chiabu.2022.105570>

²⁹² Schnarrs, P. W., Dorri, A. A., Yockey, R. A., Stone, A. L., Russell, S. T., & Rosenberger, J. G. (2023). The sexual and gender minority adverse childhood experiences scale. *American Journal of Preventive Medicine*, 65(6), 1050-1058. <https://doi.org/10.1016/j.amepre.2023.08.006>

²⁹³ Schnarrs, P. W., Dorri, A. A., Yockey, R. A., Stone, A. L., Russell, S. T., & Rosenberger, J. G. (2023). The sexual and gender minority adverse childhood experiences scale. *American Journal of Preventive Medicine*, 65(6), 1050-1058. <https://doi.org/10.1016/j.amepre.2023.08.006>

²⁹⁴ Morgart, K., Harrison, J., Hoon, A., & Floet, A. (2021). Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy. *Developmental Medicine & Child Neurology*, 63(10), 1149-1154. <https://doi.org/10.1111/dmcn.14911>

²⁹⁵ Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and Exposure to High Levels of Adverse Childhood Experiences: Effect on Health and Risk Behavior. *North Carolina Medical Journal*, 77(1), 30–36. <https://doi.org/10.18043/nmc.77.1.30>

²⁹⁶ Ibid

²⁹⁷ Schüssler-Fioranza Rose, S. M., Eslinger, J. G., Zimmerman, L., Scaccia, J., Lai, B. S., Lewis, C., & Alisic, E. (2016). Adverse Childhood Experiences, Support, and the Perception of Ability to Work in Adults with Disability. *PLoS one*, 11(7), e0157726. <https://doi.org/10.1371/journal.pone.0157726>

adulthood.²⁹⁸ This may be due to the negative health impacts associated with high ACE scores.

Children with a disability are also at increased risk of experiencing ACEs, in the form of bullying and victimisation, compared with their peers without a disability. In the US, 25% of primary school students with a disability and 35% of secondary school students with a disability report experiencing bullying.²⁹⁹ This is a rate of one and a half times the average for students without a disability.³⁰⁰ In the UK, 60% of students with a disability reported being bullied, compared to 25% of students in general.³⁰¹

People with disability are one of the Australian government's priority populations for suicide prevention due to the high rates of suicide and self-harm among populations with disability.³⁰² It is likely that high ACE exposure, along with the high levels of bullying experienced by people with a disability, contribute to their heightened suicide risk.

Many people with disability reported experiencing ACEs including neglect, child sexual abuse, physical abuse and emotional abuse to The Royal Commission into Violence, Abuse and Neglect of People with Disability.³⁰³ In their accounts of their experiences, it was emphasised that this mistreatment frequently led to suicidal ideation, suicide attempts and death by suicide.³⁰⁴ The Royal Commission into Violence, Abuse and Neglect of People with Disability was established in 2018 and the Final Report was tabled by government in the Australian Parliament in 2023.

Case Study – A person with lived experience

'I grew up in an environment which was unsafe and experienced different types of abuse and neglect. These experiences meant that as a child and adult, I felt as though I was not deserving of having my basic human rights and basic human needs met.

In an abusive situation, the kind of messages you hear from people who are abusive is that you are not worth basic safety and care, or to have needs at all. You internalise these messages and start to believe them yourself. I was always having to live in survival mode, and now I am hypervigilant to danger. For me, it is hard to even voice my experiences as I don't know what it feels like to feel safe just existing within myself, and it's difficult to describe.

I live with chronic illness and a disability, and I believe that my chronic mental health and physical health issues are interrelated with the complex trauma I experienced as a child. The complex trauma is the origin point. Living with chronic illness and disability I experienced repeated discrimination, and this has been very traumatic. It adds on to the complex trauma and increases my distress and suicidality. The early trauma has meant I am highly attuned to messages about how disposable I am. People's attitudes often shift once they are aware that I am LGBTQ+, am neurodivergent, or are aware I have mental illnesses.

²⁹⁸ Schüssler-Florenza Rose, S. M., Xie, D., & Stineman, M. (2014). Adverse childhood experiences and disability in U.S. adults. *PM & R: The Journal of Injury, Function, and Rehabilitation*, 6(8), 670–680. <https://doi.org/10.1016/j.pmrj.2014.01.013>

²⁹⁹ Blake, J. J., Lund, E. M., Zhou, Q., Kwok, O.-m., & Benz, M. R. (2012). National prevalence rates of bully victimization among students with disabilities in the United States. *School Psychology Quarterly*, 27(4), 210–222. <https://doi.org/10.1037/spq000008>

³⁰⁰ Blake, J. J., Lund, E. M., Zhou, Q., Kwok, O.-m., & Benz, M. R. (2012). National prevalence rates of bully victimization among students with disabilities in the United States. *School Psychology Quarterly*, 27(4), 210–222. <https://doi.org/10.1037/spq000008>

³⁰¹ AbilityPath.org. (2015). *Walk a mile in their shoes: bullying and the child with special needs*. <https://abilitypath.org/wp-content/uploads/2015/11/walk-a-mile-in-their-shoes.pdf>

³⁰² The Commonwealth of Australia. (2022). *National Mental Health and Suicide Prevention Agreement*. <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

³⁰³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Final Report, Volume 2: About the Royal Commission*. <https://disability.royalcommission.gov.au/publications/final-report-volume-2-about-royal-commission>

³⁰⁴ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Final Report, Volume 1: Voices of People With Disability*. <https://disability.royalcommission.gov.au/publications/final-report-volume-1-voices-people-disability>

As a child, I quickly became aware that I have a lower social currency compared to other people who are not marginalised. Because I am living with chronic illness and disability, I have experienced discrimination and stigma.

Disabled and chronically ill communities were especially impacted during the COVID-19 pandemic, and LGBTIQ+ communities during the same-sex marriage plebiscite in 2017. Because of the social and political messaging, we felt like our lives were not valued and that was traumatic. There was a lot of vitriol and airing of discriminatory perceptions during both times about disabled and chronically ill people, and about LGBTIQ+ people. This made me feel like I was a lower-class citizen and that my life was not seen as valuable and meaningful because of my ascribed social 'worth' based on these aspects of my identity.

If you have an identity and social currency that is seen as worth less than other people (marginalisation), it feels like it confirms these beliefs that you had as a child that come from the trauma - that your life is meaningless. It can lead to feelings of panic and the erosion of society being a safe place. It takes years to try and rebuild a sense of trust in other people and hope that society is a good place – and then everything returns to feeling unsafe. This increases feelings of suicidality, fear, isolation, lack of trust, and you feel like you are in constant danger again.

For someone like me, who had experienced childhood trauma and discrimination because of my gender, sexuality, and disabilities, hearing the social and political messages during these times that devalues people like me leads to trauma resurgences and the development of suicidality. There needs to be a greater understanding of the impact of adverse childhood experiences, and the impacts of these public conversations. There also needs to be meaningful attempts to reach out and provide support to certain communities like chronically ill and disabled and LGBTIQ+ communities during times where public discourse can heighten distress.'

People experiencing socio-economic disadvantage

People in lower socio-economic groups are more likely to experience ACEs.³⁰⁵ However, if a household has a higher income, this does not prevent children from experiencing ACEs.³⁰⁶ For this reason, socio-economic disadvantage should not be conflated with high ACE scores. Regardless of parental socioeconomic background, ACEs impact lifetime economic outcomes. Exposure to ACEs is associated with reduced earning capabilities and an increased likelihood of welfare dependency and poverty.^{307,308,309} The research also shows that experiencing financial distress such as income inadequacy, poverty, low income, low socioeconomic status, income uncertainty and debt burden can significantly increase the risk of suicide.³¹⁰

³⁰⁵ McEwen, C. A., & McEwen, B. S. (2017). Social structure, adversity, toxic stress, and intergenerational poverty: An early childhood model. *Annual Review of Sociology*, 43, 445–472. <https://doi.org/10.1146/annurev-soc-060116-053252>

³⁰⁶ Halfon, N., Larson, K., Son, J., Lu, M., & Bethell, C. (2017). Income Inequality and the Differential Effect of Adverse Childhood Experiences in US Children. *Academic Pediatrics*, 17(7S), S70–S78. <https://doi.org/10.1016/j.acap.2016.11.007>

³⁰⁷ Schurer, S., Trajkovski, K., & Hariharan, T. (2019). Understanding the Mechanisms Through Which Adverse Childhood Experiences Affect Lifetime Economic Outcomes. *Labor: Demographics & Economics of the Family eJournal*. <https://doi.org/10.1016/j.labeco.2019.06.007>

³⁰⁸ Halfon, N., Larson, K., Son, J., Lu, M., & Bethell, C. (2017). Income Inequality and the Differential Effect of Adverse Childhood Experiences in US Children. *Academic Pediatrics*, 17(7S), S70–S78. <https://doi.org/10.1016/j.acap.2016.11.007>

³⁰⁹ Harter, C. L., & Harter, J. F. R. (2022). The Link Between Adverse Childhood Experiences and Financial Security in Adulthood. *Journal of Family and Economic Issues*, 43(4), 832–842. <https://doi.org/10.1007/s10834-021-09796-y>

³¹⁰ Suicide Prevention Australia. (2023). *Socio-economic and environmental determinants of suicide: background paper*. [SPA-SEDS-Background-Paper-August-2023-Designed.pdf \(suicidepreventionaustralia.org\)](https://www.suicidepreventionaustralia.org.au/SPAS-SEDS-Background-Paper-August-2023-Designed.pdf)

Previous work to address ACEs

This section of the paper provides background regarding previous Commonwealth, State and Territory inquiries and reviews on ACE-related subjects. While not comprehensive, this list shows the breadth of work that has already been undertaken.

A note on inquiries, reviews and Royal Commissions:

An inquiry is an investigation undertaken by the government or an independent body to examine an event or topic of public importance. Based on the findings and evidence presented, the inquiry will develop recommendations for action to address the issues identified and to improve policies and procedures.

An independent review is a special examination, conducted by an Independent Chairperson, of an issue of concern which is highly important to government, organisations and the community.

A Royal Commission is the highest form of inquiry, established for matters of exceptional importance, which is empowered to understand why an event happened, who is responsible, and to identify recommendations to change policies and laws. A Royal Commission is the highest form of inquiry, established for matters of exceptional importance, which is empowered to understand why an event happened and who is responsible, and to identify recommendations to change policies and laws.

Generally, the public can provide input to Royal Commission, inquiries and reviews through a submission or survey, and key stakeholders such as victim-survivors, researchers and relevant organisations may be asked to provide feedback at a public or private hearing. Generally, the public can provide input to Royal Commissions, inquiries and reviews through a submission or survey, and key stakeholders such as victim-survivors, researchers and relevant organisations may be asked to provide feedback at a public or private hearing.

Royal Commissions, inquiries and reviews can take place over many months and years, and the recommendations which result from these investigations reflect the best evidence of what works.

The outcome of these investigations is generally a report which discusses the recommendations for action it has identified and advocates for policy change. The government will often provide a response to this report, which outlines whether it will implement the recommendations, and how it is going to approach the issue under investigation going forward.

The list of investigations is divided into those that focus on the child protection system, child sexual abuse, domestic, family and sexual violence (DVSF), the youth and adult justice sector and youth suicide.

Child protection system

- Inquiry into the prevention of youth suicide in New South Wales (New South Wales) – report released October 2018
- Independent Review of Aboriginal Children and Young People in Out-of-Home Care (New South Wales) – report released October 2019

Child sexual abuse

- Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth) – report released December 2017
- Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (Tasmania) – report released August 2023

Family and domestic violence

- Royal Commission into Family Violence (Victoria) – report released March 2016
- Inquiry into Family, Domestic and Sexual violence (Commonwealth) – report released April 2021

Youth and adult justice system

- Inquiry into the High Level of First Nations People in Custody and Oversight Review of Deaths in Custody (New South Wales) – report released April 2021
- Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (Commonwealth) – report released September 2023

Youth suicide

- Inquiry into Early Intervention Programs Aimed at Preventing Youth Suicide (Commonwealth) – report released July 2011.
- Inquiry into Aboriginal Youth Suicide in Remote Areas (Western Australia) – report released November 2016.

This section also provides detail about how Australian governments have responded to the recommendations of these inquiries and reviews. While this section endeavours to track whether or not inquiry recommendations have been fully implemented, this is difficult to do because clear and transparent tracking of which recommendations have been implemented is often not publicly available.

In our consultations, we heard that a number of recommendations made by these Royal Commissions, inquiries and reviews have not been fully implemented in a meaningful or coordinated way. This input from stakeholders is supported by recent media coverage, which indicates that many recommendations from past inquiries have been ignored.³¹¹ As this coverage highlights, Senate statistics show that, since 2002, more than 300 inquiry reports have never had a final response from the Commonwealth Government.³¹²

Child protection system

Inquiry into the Prevention of Youth Suicide in New South Wales (NSW Parliament – report released October 2018)

Background: In 2017, the number and rate of children who died by suicide in NSW was the highest in 20 years. In July 2017, concern about this suicide rate led to an inquiry into the current approaches aimed at preventing youth suicide in NSW by the Committee on Children and Young People.^{313,314} At the time, The Committee Chair stated that ‘Too many of us know, or know of, a young person who has taken their own life’. The suicide of a young person has a huge and lasting impact on friends, families, schools and entire communities. We know that there is much work being done in NSW aimed at preventing youth suicide. We want to better understand the ways in which this important issue is being tackled, including

³¹¹ Butler, J. & Shepherd, T. (2024). *Submissions, witnesses, questions ... then nothing. Australian government cites 'passage of time' for silence on reports.* The Guardian. <https://www.theguardian.com/australia-news/article/2024/may/25/submissions-witnesses-questions-then-nothing-australian-government-cites-passage-of-time-for-silence-on-reports>

³¹² Ibid

³¹³ Committee on Children and Young People. (2017, July). *Inquiry into the Prevention of Youth Suicide.* Parliament of New South Wales. <https://www.parliament.nsw.gov.au/ladocs/other/10793/Media%20Release%20-%20Prevention%20of%20Youth%20Suicide.pdf>

³¹⁴ Joint Committee on Children and Young People. (2018, October). *Prevention of Youth Suicide in New South Wales: Report 5/56.* Parliament of New South Wales. <https://www.parliament.nsw.gov.au/ladocs/inquiries/2447/Report%20-%20Prevention%20of%20Youth%20Suicide%20in%20New%20South%20Wales.pdf>

what is being done well, and what could be improved'.³¹⁵ The inquiry had a particular focus on vulnerable and at-risk groups, including children with a child protection history.³¹⁶

The recommendations: The [final report](#) was tabled in parliament in October 2018 and contained 27 recommendations for government action.³¹⁷ The Committee highlighted that there is a high risk of suicide among children and young people with a child protection history. The Committee made several recommendations to help reduce the unacceptably high rate of suicide among this cohort, including that child protection workers and foster carers should be required to complete suicide prevention training. It identified that this would help ensure that child protection workers and foster carers have the skills to identify at risk-children and encourage help-seeking behaviour.

Government response: The NSW Government provided a [response](#) to the inquiry in February 2019.³¹⁸ It supported in principle the recommendation to make gatekeeper training compulsory for child protection workers and foster carers (recommendation 24). The Government's response also emphasized its commitment to supporting frontline practitioners working with vulnerable people and indicated that additional training requirements would be considered as part of professional development. However, at present, youth suicide prevention training is still not mandatory for child protection workers and foster carers in NSW.

Independent Review of Aboriginal Children and Young People in Out-of-Home Care (commissioned by NSW Government – report released October 2019)

Background: The Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) was commissioned by the NSW Government, in 2016, to examine the high rates of Aboriginal children in OOHC.³¹⁹ In particular, the review was undertaken to examine the circumstances of 'every Aboriginal child taken into out-of-home care during the past year'. This was intended to help identify opportunities to reduce entries into care and increase exits from care. Advocacy in response to the growing number of Aboriginal children in OOHC by Grandmothers Against Removals (GMAR) and others at the 2016 *Our Kids Our Way: Hearing the Voice of Aboriginal People* forum played a crucial role in the establishment of this independent review. GMAR campaigned widely and publicly to raise awareness about the 'ongoing forced removals of Indigenous children, the legacy of trauma and the steps required to bring about change'.³²⁰ The independent review was unique because it was led by an Aboriginal woman, supported by five Aboriginal female staff members, and advised by a predominantly Aboriginal Reference Group (including three members of GMAR NSW).

Recommendations: The [final report](#), titled '*Family is Culture, Independent Review of Aboriginal Children and Young People in OOHC in NSW*', was released in November 2019 and contained 125 recommendations for government action.³²¹ It identified that the child protection system is reactive rather than proactive and that investment needs to be made to help prevent families from reaching the point of crisis and to reduce likelihood of child removal. It also raised that earlier, targeted and specialised work with pregnant women is

³¹⁵ Committee on Children and Young People. (2017, July). *Inquiry into the Prevention of Youth Suicide*. Parliament of New South Wales.

<https://www.parliament.nsw.gov.au/ladocs/other/10793/Media%20Release%20-%20Prevention%20of%20Youth%20Suicide.pdf>

³¹⁶ Parliament of New South Wales. (2024). *Prevention of youth suicide in New South Wales*. New South Wales Government.

<https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2447#tab-termsofreference>

³¹⁷ Joint Committee on Children and Young People. (2018, October). *Prevention of Youth Suicide in New South Wales: Report 5/56*. Parliament of New South Wales.

<https://www.parliament.nsw.gov.au/ladocs/inquiries/2447/Report%20-%20Prevention%20of%20Youth%20Suicide%20in%20New%20South%20Wales.pdf>

³¹⁸ Davies, T. (Minister for Mental Health). (2018, October). *NSW Government's response to the Committee on Children and Young People Report 5/56 Prevention of youth suicide in New South Wales*. New South Wales Government.

<https://www.parliament.nsw.gov.au/ladocs/inquiries/2447/Government%20Response%20to%20Prevention%20of%20Youth%20Suicide%20Report.pdf>

³¹⁹ The Department of Communities and Justice. (2023). *Family is Culture: Review Report: Independent Review of Aboriginal Children and Young People in OOHC*. New South Wales Government. <https://dcj.nsw.gov.au/children-and-families/family-is-culture.html>

³²⁰ Davis, M. (2019, October). *Independent Review into Aboriginal Out-of-Home Care in NSW – Family is Culture: Final Report*. New South Wales Government.

<https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/family-is-culture-review-report.pdf>

³²¹ The Department of Communities and Justice. (2023). *Family is Culture: Review Report: Independent Review of Aboriginal Children and Young People in OOHC*. New South Wales Government. <https://dcj.nsw.gov.au/children-and-families/family-is-culture.html>

needed to address substance misuse and other risk factors that can increase likelihood of child removal, including homelessness, unemployment, mental health disorders and low social support. Several recommendations were made to address these concerns, improve early intervention responses and prevent newborn removal. The report recommended that the NSW Government should increase financial investment in early intervention support, and the number of specialised prenatal caseworkers so that expectant Aboriginal parents have access to early, targeted and coordinated intervention services and support.

Government response: The NSW Government provided a [response](#) to the *Family is Culture* report in July 2020.³²² This response emphasised the government's commitment towards building a responsive child protection system and highlighted that recent reforms and other government initiatives contributed to nearly 35% fewer Aboriginal children and young people entering OOH in 2018-2019, compared to 2015-2016. In addition, the response noted that many of the inquiry's recommendations were being addressed through current reforms.

A progress [report](#) released by the NSW Government, in November 2020, provides additional detail. In response to the recommendation to increase financial investment in early intervention support (recommendation 21), it noted that it would undertake work with sector partners to identify opportunities to boost investment in Aboriginal community controlled early intervention services. In response to the recommendation to increase the number of specialised prenatal caseworker (recommendation 45), the NSW Government stated that new policy and practice guidelines would be developed to support expectant parents where there are child protection concerns, which would include content specifically relating to working with Aboriginal parents. In addition, the NSW Government response noted that local Pregnancy Family Conferencing initiatives would be reviewed and evaluated to explore the potential benefits of expanding the program across more NSW Local Health Districts.

Progress reports were released in [May 2021](#), [August 2021](#), and [February 2024](#).^{323,324,325} Concerningly, the report released in 2024 indicates that the recommendation to increase financial investment in early intervention support to prevent more Aboriginal children from entering OOH is off-track.³²⁶ However, investment in early intervention services has increased to 11.3% from 9.27%, since June 2022, which is an improvement.

Child sexual abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse (commissioned by the Commonwealth Government – report released December 2017)

Background: The Royal Commission into Institutional Responses to Child Sexual Abuse was established in January 2013 by the Commonwealth Government to inquire into how institutions with a responsibility for children manage and respond to allegations and instances of child sexual abuse.^{327,328} There were a number of factors that prompted the establishment of the Royal Commission. These included growing public outrage at the lack

³²² The Department of Communities and Justice. (2020). *NSW Government response to the Family is Culture Review Report*. New South Wales Government.

<https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/nsw-government-response-to-the-family-is-culture-review-report.pdf>

³²³ The Department of Communities and Justice. (2021). *Family is Culture Progress Report: May 2021*. New South Wales Government.

<https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/family-is-culture-response-progress-report-may-2021.pdf>

³²⁴ The Department of Communities and Justice. (2021). *Family is Culture Progress Report: August 2021*. New South Wales Government.

<https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/family-is-culture-response-progress-report-august-2021.pdf>

³²⁵ The Department of Communities and Justice. (2024). *Family is Culture Progress Report: February 2024*. New South Wales Government.

https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/February_2024_-_Family_is_Culture_Response_Progress_Report.pdf

³²⁶ The Department of Communities and Justice. (2024). *Family is Culture Progress Report: February 2024*. New South Wales Government.

https://dcj.nsw.gov.au/documents/children-and-families/family-is-culture/February_2024_-_Family_is_Culture_Response_Progress_Report.pdf

³²⁷ Australian Government. (2024). *Royal Commission into Institutional Responses to Child Sexual Abuse*. <https://www.royalcommission.gov.au/child-abuse>

³²⁸ National Office for Child Safety. (2023). *Royal Commission*. Australian Government. <https://www.childsafety.gov.au/royal-commission>

of action by the government and institutions to address child sexual abuse in institutional contexts, which had been building for some time.

The Royal Commission was announced in November 2012 in the wake of several, high-profile cases of failed institutional responses to child sexual abuse. These prompted the Prime Minister at the time to state that: ‘The allegations that have come to light recently about child sexual abuse have been heartbreaking. These are insidious, evil acts to which no child should be subject. The individuals concerned deserve the most thorough of investigations into the wrongs that have been committed against them. They deserve to have their voices heard and their claims investigated. I believe a Royal Commission is the best way to do this’.

Of all the inquiries and reviews that have addressed ACEs, the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA)³²⁹ was perhaps the most significant. In our consultations, stakeholders highlighted three recommendations, as being both critically important and not fully implemented. These recommendations are from *Volume 9, Advocacy, support and therapeutic treatment services*³³⁰ of the RCIRCSA’s final report and are listed below.

Recommendations: The Royal Commission made 409 recommendations and the 17-volume [final report](#) was tabled in parliament in December 2017.³³¹ The final report is tens of thousands of pages long with the recommendations aiming to prevent child sexual abuse, improve the safety of institutions, and provide redress and supports for victim-survivors.³³²

Volume three of the Royal Commission’s report outlines the impacts of child sexual abuse which were reported during the more than 8,000 private sessions with survivors of child sexual abuse.³³³ Many detrimental and significant consequences of child sexual abuse were identified including suicidal behaviour, mental-ill health, poor interpersonal relationships and poor physical health. Many people reported experiencing mental distress as evidenced by nightmares, sleeping difficulties, low self-esteem and feeling shame and guilt. In relation to the impact on interpersonal relationships, many reported difficulties with trust and intimacy, lack of confidence in parenting, and relationship difficulties. The Royal Commission noted that the impacts were interconnected in complex ways: ‘The ripple effects of child sexual abuse have adverse and ongoing social, cultural and economic impacts on broader society as individuals, families, communities, institutions and services struggle to provide support and respond to the needs of victims and others affected’.

To better support people who have experienced child sexual abuse, the Royal Commission recommended that there should be specialist community support services for victim-survivors including peer-led support models and safe services for Aboriginal and Torres Strait Islander people and for people with disability. It noted that these services should be a central point of contact for victims and survivors to receive wraparound support and should provide emotional support and counselling. The services should work alongside individuals to meet their needs either by providing assistance directly, offering case management and brokerage, or by proactively linking them with an appropriate specialist service or activity.

³²⁹ Australian Government. (2013-2017). *Royal Commission into Institutional Responses to Child Sexual Abuse*. <https://www.childabuseroyalcommission.gov.au/>

³³⁰ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Volume 9, Advocacy, support and therapeutic treatment services*. Australian Government. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_9_advocacy_support_and_therapeutic_treatment_services.pdf

³³¹ Australian Government. (2024). *Royal Commission into Institutional Responses to Child Sexual Abuse*. <https://www.royalcommission.gov.au/child-abuse>

³³² Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report Recommendations*. Australian Government. https://www.royalcommission.gov.au/system/files/2021-08/final_report_-_recommendations.pdf

³³³ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Volume 3, impacts*. Australian Government. https://www.royalcommission.gov.au/system/files/2021-08/carc-final-report-volume-3-impacts_0.pdf

These recommendations are outlined in volume 9 of the Final Report, which addresses advocacy, support and therapeutic treatment.³³⁴

Highlighted recommendations:

- **Recommendation 9.1:** The Commonwealth Government and state and territory governments should fund dedicated community support services for victims and survivors in each jurisdiction, to provide an integrated model of advocacy and support and counselling to children and adults who experienced childhood sexual abuse in institutional contexts. Funding and related agreements should require and enable these services to:
 - a. be trauma-informed and have an understanding of institutional child sexual abuse
 - b. be collaborative, available, accessible, acceptable and high quality
 - c. use case management and brokerage to coordinate and meet service needs
 - d. support and supervise peer-led support models.
- **Recommendation 9.2:** The Commonwealth Government and state and territory governments should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice.
- **Recommendation 9.3:** The Commonwealth Government and state and territory governments should fund support services for people with disability who have experienced sexual abuse in childhood as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse.

Government response: The Commonwealth Government tabled its initial [response](#) to the Royal Commission into Institutional Responses to Child Sexual Abuse in June 2018.³³⁵ It then released five annual progress reports outlining its progress in implementing the Royal Commission's recommendations, between 2018 and 2022.³³⁶

The Commonwealth's Government's initial response stated that it had listened to the Royal Commission and to victim-survivors and it acknowledged that much more needed to be done to prevent and protect children from sexual abuse in institutions. It accepted the recommendation to fund dedicated community support services (recommendation 9.1). The Commonwealth Government also noted that it had already committed to funding community-based support services in every state and territory to support people affected by institutional child sexual abuse under the National Redress Scheme. It stated that the National Redress Scheme would provide for three elements of redress: access to counselling, a direct personal response, and a monetary payment.

The Royal Commission was specifically focused on child sexual abuse in institutional settings but the impacts of child sexual abuse it identified also affect victim-survivors who are abused in non-institutional settings, who are the majority of child sexual abuse survivors. For this reason, any action to better respond to child sexual abuse must also consider the needs

³³⁴ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Volume 9, Advocacy, support and therapeutic treatment services*. Australian Government. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_9_advocacy_support_and_therapeutic_treatment_services.pdf

³³⁵ National Office for Child Safety. (2018). *Australian Government Response to the Royal Commission into Institutional Responses to Child Sexual Abuse*. Australian Government. <https://www.childsafety.gov.au/system/files/2023-11/Australian%20Government%20Response%20to%20the%20Royal%20Commission%20into%20Institutional%20Responses%20to%20Child%20Sexual%20Abuse%20-%20full%20version.PDF>

³³⁶ National Office for Child Safety. (2022). *Australian Government Annual Progress Reports*. <https://www.childsafety.gov.au/australian-government-annual-progress-reports>

of those abused in non-institutional contexts. It is important to note that initiatives, such as the National Redress Scheme, are only relevant to victim-survivors abused in institutional contexts.

In its initial [response](#) to the Royal Commission, the Commonwealth Government also accepted in principle the recommendation to fund support services for people with disability (recommendation 9.3). In responding to this recommendation, it reiterated its commitment to funding community-based support services in every state and territory. However, it is unclear how meaningful this commitment is in the context of the report also stating that the responsibility for establishing any additional services lay with the state and territory governments.

The Commonwealth Government's progress report, published in 2022, summarises several initiatives that have been implemented to improve support for victim-survivors and to increase access to the National Redress Scheme.³³⁷ While these are important initiatives, we received feedback from stakeholders that there are still gaps in access to dedicated community support services. The Commonwealth Government should address these and ensure that all victim-survivors, in every jurisdiction, have access to specialist community support services that include peer-led support models. State and territory governments should also ensure that there are additional support services available, which meet the needs of Aboriginal and Torres Strait Islander people and people with disability.

In October 2023, the Commonwealth Government launched a national awareness campaign to encourage adults to hold conversations with children to facilitate disclosures and encourage help seeking behaviors.³³⁸ As part of this campaign, referral pathways are being built but we have received feedback that this is problematic given existing services lack capacity to meet current levels of demand. While we welcome this initiative, it is critical that capacity building is undertaken to ensure that all victim-survivors who have disclosed child sexual abuse have access to dedicated community support services and peer-led support models to help reduce suicide risk.

In consultations there were significant discussions regarding recommendations made by the RCIRCSA to ensure that there are specialist community support services for victim-survivors of child sexual abuse, including peer-led support models and safe services for Aboriginal and Torres Strait Islander people, and for people with disability.³³⁹ Our stakeholders told us that these services should be a central point of contact for victims and survivors to receive wraparound support and should provide emotional support and counselling. Yet we received feedback that there are significant gaps in access to these specialist community support services.

The Commonwealth Government has previously stated that it has committed to funding community-based support services in every state and territory to support people affected by institutional child sexual abuse under the National Redress Scheme.^{340,341} But it is important to note that initiatives, such as the National Redress Scheme, are only relevant to victim-survivors abused in institutional contexts.

³³⁷ Australian Government. (2022). *Annual Progress Report 2022: Implementation of recommendations from the Final Report of the Royal Commission into Institutional Responses to Child Sexual Abuse*. <https://www.childsafety.gov.au/system/files/2023-11/annual-progress-report-2022.PDF>

³³⁸ National Office for Child Safety. (2024). *One Talk at a Time*. Australian Government. <https://www.childsafety.gov.au/one-talk-time>

³³⁹ Ibid

³⁴⁰ National Office for Child Safety. (2018). *Australian Government Response to the Royal Commission into Institutional Responses to Child Sexual Abuse*. Australian Government. <https://www.childsafety.gov.au/system/files/2023-11/Australian%20Government%20Response%20to%20the%20Royal%20Commission%20into%20Institutional%20Responses%20to%20Child%20Sexual%20Abuse%20-%20full%20version.PDF>

³⁴¹ National Office for Child Safety. (2022). *Australian Government Annual Progress Reports*. Australian Government. <https://www.childsafety.gov.au/australian-government-annual-progress-reports>

Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (commissioned by the TAS Government – report released August 2023)

Background: The Commission of Inquiry into the TAS Government's Responses to Child Sexual Abuse in Institutional Settings was established, in March 2021, to examine allegations and incidents of child sexual abuse in government and government funded institutions.^{342,343} This followed community concern, in 2019-2020, over appalling allegations of child sexual abuse occurring in institutions including in out of home care, schools, the state's youth detention centre and the Launceston General Hospital.^{344,345} A key precipitating factor was journalist Camille Bianchi's podcast, *The Nurse*, released in 2020. This consisted of eight episodes discussing the actions of a paediatric nurse, James Griffin, who was employed in the children's ward at Launceston General Hospital for 18 years and sexually abused the children he was supposed to care for.^{346,347} James Griffin was charged with numerous sexual offences relating to children but died by suicide while awaiting trial.^{348,349} Commissions of inquiry are rare in TAS given there have only been two others since 1990.³⁵⁰

Recommendations: An eight-volume [final report](#) was tabled in parliament, in August 2023, which contained 191 recommendations.³⁵¹ A central theme of the report was the need for children to have a basic understanding of the nature and dynamics of child sexual abuse. The Commission of Inquiry noted the results of an audit undertaken by the Royal Commission into Institutional Responses to Child Sexual Abuse of child sexual abuse prevention policies and curriculums in 32 primary school systems, across government, catholic and independent school sectors. Concerningly, this identified only 12.5% of schools had curriculums which contained specific child sexual abuse prevention education.³⁵²

The final report stated that, while there was sex education in many schools, it was not sufficient. Many victim-survivors believed the sex education provided did not give children enough insight into adult-child sexual abuse or institutional child sexual abuse and tell them who to turn to if experiencing harm. As a result, many victim-survivors told the Commission of Inquiry they did not recognise their experiences as child sexual abuse until much later in life as adults. The report noted that an education program could help children better identify child sexual abuse, inappropriate relationships and features of grooming.

To promote children's understanding of child sexual abuse, the Commission recommended that a child sexual abuse prevention curriculum should be funded and introduced. It suggested that this should be part of the mandatory respectful behaviours curriculum from early learning programs to Year 12, across all types of government schools.

³⁴² Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Report: Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings*. Tasmanian Government. <https://www.commissionofinquiry.tas.gov.au/report>

³⁴³ Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Report: Volume 1 - Summary, recommendations*

and findings. Tasmanian Government. <https://www.commissionofinquiry.tas.gov.au/report/listing/volume-1/?nocache#How-we-approached-our-task>

³⁴⁴ Langenberg, A & MacDonald, L. (2023, December 1). *Tasmanian government releases official response to child sexual abuse inquiry report*. ABC News.

<https://www.abc.net.au/news/2023-12-01/tasmania-child-sexual-abuse-commission-of-inquiry-response/103169934>

³⁴⁵ Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Report: Volume 1 - Summary, recommendations and findings*. Tasmanian Government.

https://www.commissionofinquiry.tas.gov.au/_data/assets/file/0011/724439/COI_Full-Report.pdf

³⁴⁶ Coulter, E. (2022, June 30). *Launceston General Hospital executive heard details about paedophile James Griffin from a podcast*. ABC News.

<https://www.abc.net.au/news/2022-06-30/hospital-executive-learned-of-griffin-details-from-podcast/101195724>

³⁴⁷ MacDonald, L. (2022, September 14). *Tasmania's Commission of Inquiry into child abuse wraps up — but will the problems be fixed?* ABC News.

<https://www.abc.net.au/news/2022-09-14/tasmania-commission-of-inquiry-child-abuse-ends-analysis/101435064>

³⁴⁸ MacDonald, L. (2022, August 17). *The warnings about paedophile James Geoffrey Griffin the Launceston General Hospital ignored*. ABC News.

<https://www.abc.net.au/news/2022-08-17/the-warnings-about-james-geoffrey-griffin-lgh-ignored/101334270>

³⁴⁹ Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Report: Volume 1 - Summary, recommendations and findings*. Tasmanian Government.

https://www.commissionofinquiry.tas.gov.au/_data/assets/file/0011/724439/COI_Full-Report.pdf

³⁵⁰ Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Report: Volume 1 - Summary, recommendations and findings*. Tasmanian Government.

https://www.commissionofinquiry.tas.gov.au/_data/assets/file/0011/724439/COI_Full-Report.pdf

³⁵¹ Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Report: Volume 1 - Summary, recommendations and findings*. Tasmanian Government.

https://www.commissionofinquiry.tas.gov.au/_data/assets/file/0011/724439/COI_Full-Report.pdf

³⁵² Royal Commission into Institutional Responses to Child Sexual Abuse. (2017, December). *Final Report – Volume 6: Making Institutions Child Safe*. Australian Government. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_6_making_institutions_child_safe.pdf

The Commission of Inquiry also found that teachers do not have the support and capacity to adapt child sexual abuse awareness content for particular cohort groups, including children with disability, from culturally and linguistically diverse backgrounds and Aboriginal children.³⁵³ As a result, it recommended that the TAS Government develop a whole-of-government approach to professional development. It noted that this should be available to professionals responding to trauma within government and government funded services, as well as statutory bodies, which provide services to children and young people or adult victim-survivors of child sexual abuse.

The Commission of Inquiry heard from many victim-survivors that their experiences with government services, such as the child safety, police, the teachers' registration board, and hospitals was neither safe nor trauma-informed. Therefore, the Commission of Inquiry's final report stressed that all relevant staff should undertake regular professional development dealing with responding to trauma, to better support victim-survivors.

Government response: The TAS Government published its response to the Commission of Inquiry, which was entitled *Keeping Children Safe and Rebuilding Trust*, in December 2023.³⁵⁴ The Tasmanian Government committed to implementing all 191 recommendations made by the Commission of Inquiry by 2029. In particular, the TAS Government committed to implementing mandatory child sexual abuse prevention education in schools by July 2026 (recommendation 6.1) and noted that work was underway to develop a long-term design, implementation, and evaluation plan for delivery of mandatory child sexual abuse prevention education.

The TAS Government also committed to developing a whole-of-government approach to trauma-informed professional development by July 2024 (recommendation 19.2). It indicated that work was underway to design and deliver a trauma-focused knowledge and skills framework, a whole-of-service training plan mapped to the framework, and a toolkit incorporating professional development offerings.

Further inquiries to address child sexual abuse

Several inquiries examining child sexual abuse have followed the RCIRCSA, including the *Board of Inquiry into historical child sexual abuse in Beaumaris Primary School and certain other government schools*, which was undertaken by the Victorian Government and released its final report in February 2024.³⁵⁵ Similar to the RCIRCSA, the Victorian Board of Inquiry has found that although there are some support services available, that many victim-survivors of child sexual abuse still lack adequate access to services and that existing services can fail to meet the needs of victim-survivors.³⁵⁶ Concerningly, the Board of Inquiry identified that there is poor coordination and collaboration between services, limited-service capacity, gaps in peer support services, inequities in access, limited social and relational support for secondary victims and an inadequate number of professionals with capability in responding to trauma.³⁵⁷

The Western Australian Government also recently held *An inquiry into the options available to survivors of institutional child sexual abuse in Western Australia who are seeking justice*.³⁵⁸ The inquiry was established in 2023 due to concerns that legislative and other

³⁵³ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017, December). *Final Report – Volume 13: Schools*. Australian Government. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_13_schools.pdf

³⁵⁴ Government Response to the Report of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. (2023). *Keeping Children Safe and Rebuilding Trust*. Tasmanian Government. https://www.keepingchildrensafetas.gov.au/_data/assets/pdf_file/0020/327134/Keeping-children-safe-and-rebuilding-trust_final-WEB.pdf

³⁵⁵ Victorian Government. (2023-2024). *Board of Inquiry into historical child sexual abuse in Beaumaris Primary School and certain other government schools*. https://www.royalcommission.vic.gov.au/sites/default/files/2024-03/Beaumaris_Report_Digital.pdf

³⁵⁶ Ibid

³⁵⁷ Ibid

³⁵⁸ West Australian Government. (2023-2024). *An inquiry into the options available to survivors of institutional child sexual abuse in Western Australia who are seeking justice*. [https://www.parliament.wa.gov.au/Parliament/commit.nsf/\(EvidenceOnly\)/C759C87000EEB37E482589D600029F5A](https://www.parliament.wa.gov.au/Parliament/commit.nsf/(EvidenceOnly)/C759C87000EEB37E482589D600029F5A)

responses to the RCIRCSA have not gone far enough and that there is further work to do to improve outcomes for child sexual abuse survivors.³⁵⁹ The first report was released in November 2023, and the second and final report was released in August 2024.³⁶⁰

The findings from these inquiries highlight that the Commonwealth Government should work together with state and territory Governments to ensure that all victim-survivors of child sexual abuse have access to appropriate support services including peer led support models. Fully and meaningfully implementing all of the recommendations of the RCIRCSA would effectively address many concerns about child sexual abuse throughout Australia and likely address most of the recommendations of these subsequent inquiries.

Domestic, Family and Sexual Violence

The Royal Commission into Family Violence (commissioned by the VIC Government – report released March 2016)

Background: The Royal Commission into Family Violence was established in VIC in February 2015 following several family-violence related deaths, including the horrific murder of 11-year-old, Luke Batty, by his father.^{361,362} The Royal Commission was asked ‘to inquire into and report on how responses to family violence can be improved by providing practical recommendations to stop family violence’.³⁶³ At the time of the establishment of the Royal Commission, the leading cause of death and disability in women aged under 45 in VIC was domestic, family and sexual violence (DFSV).³⁶⁴ Then VIC Governor, Alex Chernov, cited several concerning statistics about DFSV at the launch of the Royal Commission, including that there were 44 DFSV-related deaths in 2013, 65,000 DFSV incidents reported to Victorian Police in 2013-2014, and that in 2009 the estimated cost of DFSV to the economy was A\$3.4 billion.^{365,366}

Recommendations: The eight-volume [final report](#) was handed down in March 2016 and includes 227 recommendations.³⁶⁷ The Royal Commission recognised that children can be profoundly affected by DFSV either by being a direct target of the violence, or through exposure to family violence or its effects in the home. The final report noted that exposure to family violence can detrimentally impact victim-survivors’ physical and mental health, social and economic participation and ability to live free from fear. Sadly, several victim-survivors who participated in the Royal Commission stated that they had considered suicide. To facilitate recovery, the Royal Commission recommended that the VIC Government invest in programs to enable people affected by DFSV to have access to group-based or individual counselling for as long as needed. The final report noted that victims of DFSV have a limited range of therapeutic interventions available to them and that, where these interventions do exist, they are difficult to access.

Government response: In response to the Royal Commission into Family Violence, the VIC Government released a [10-year plan for change](#) entitled ‘Ending Family Violence: Victoria’s

³⁵⁹ Community Development and Justice Standing Committee. (2023). *Report 5: Seeking justice: improving options for survivors of institutional child abuse, volume 1: legislative and high-level administrative matters*. [20231123 - CDJSC Report.pdf \(parliament.wa.gov.au\)](#)

³⁶⁰ Parliament of Western Australia. (2024). *An inquiry into the options available to survivors of institutional child sexual abuse in Western Australia who are seeking justice*. [Committee Details - Inquiry \(parliament.wa.gov.au\)](#)

³⁶¹ Victorian Government. (2023). *About the Royal Commission into Family Violence*. <https://www.vic.gov.au/about-royal-commission-family-violence>

³⁶² The Age. (2021). *‘You still battle’: Rosie Batty on five years of family violence action*. <https://www.theage.com.au/national/you-still-battle-rosie-batty-on-five-years-of-family-violence-action-20210320-p57c1c.html>

³⁶³ Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Volume 1, Our inquiry*. Australian Government.

https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_1_our_inquiry.pdf

³⁶⁴ Victorian Government. (2015). *Family Violence Royal Commission Formally Established*. <https://www.premier.vic.gov.au/family-violence-royal-commission-formally-established/>

³⁶⁵ The Conversation. (2015). *Explainer: Victoria’s Royal Commission into Family Violence*. <https://theconversation.com/explainer-victorias-royal-commission-into-family-violence-36510>

³⁶⁶ Monash University. (2017). *Unmasking hidden terror of family violence*. <https://lens.monash.edu/@monash-magazine/2017/10/24/1229915/unmasking-hidden-terror>

³⁶⁷ Royal Commission into Family Violence. (2016, March 29). *Royal Commission report delivered to Government House*. Victorian Government.

<http://rcfv.archive.royalcommission.vic.gov.au/Media/Royal-Commission-report-delivered-to-Government-Ho.html>

Plan for Change' in November 2016.^{368,369} This plan committed to implementing all 227 of the Royal Commission's recommendations. The plan indicated that there would be increased support for victim-survivors to receive sexual assault and financial counselling, and \$5 million provided for 1,100 women and children to access counselling. To ensure oversight, the VIC Government also established the Family Violence Reform Implementation Monitor to monitor and review the implementation of the recommendations.^{370,371} Pleasingly, in January 2023, the VIC Government announced that all recommendations made by the Royal Commission had been fully implemented.³⁷² We applaud the VIC Governments efforts.

Inquiry into Family, Domestic and Sexual Violence (Commonwealth Parliament – report released April 2021)

Background: The Commonwealth Government Inquiry into Family, Domestic and Sexual violence was established in June 2020 and undertaken by the House Standing Committee on Social Policy and Legal Affairs.³⁷³ The focus of the inquiry was to ascertain the strengths and weaknesses of the National Plan to Reduce Violence against Women and their Children 2010-2022, identify opportunities to decrease violence against women and children, and relevant recommendations made by previous parliamentary inquiries focused on DFSV.

The inquiry took place during the COVID-19 pandemic, and the Committee noted that the challenges and restrictions associated with the pandemic 'required renewed consideration of how we reduce family, domestic and sexual violence in Australia'.³⁷⁴ A key precipitating factor for the inquiry was the murder of Brisbane woman, Hannah Clarke, and her three children, Aaliyah, Lianah and Trey, by Ms Clarke's estranged husband. These murders drew public attention to the issue of DFSV throughout Australia. In 2021, late in the Committee's process of inquiry, there was another horrific killing of Melbourne woman, Katica Perinovic, and her children, Claire, Anna, and Matthew, in an apparent murder-suicide. These tragic events impacted the Committee's deliberations.

Recommendations: The [final report](#) was published in 2021 and included 88 recommendations, which aimed to inform the development of the National Plan to address DFSV.³⁷⁵ The Committee heard that childhood trauma can increase likelihood of perpetration, and that the issues confronting children in DFSV situations are multifaceted and intergenerational. It also identified that women are particularly vulnerable to violence and financial abuse due to their economic situation and relative lack of economic independence. The Committee noted that lack of financial dependence can prevent women from leaving violent or abusive relationships.

The recommendations of the final report focused on funding for programs, including programs in schools, to improve financial literacy and reduce the financial abuse of women. It recommended that the Commonwealth Government work with the state and territory governments to provide funding for financial counsellors. The final report noted there was the lack of funding for financial counsellors by state and territory governments, except for the Victorian Government. The Victorian Government had funded 22 full-time financial counsellors in response to a recommendation from the Victorian Royal Commission into

³⁶⁸ Victorian Government. (2019). *Ending Family Violence: Victoria's Plan For Change*. <https://content.vic.gov.au/sites/default/files/2019-07/Ending-Family-Violence-10-Year-Plan.pdf>

³⁶⁹ Family Violence Reform Implementation Monitor. (2020). *What has changed since the Royal Commission into Family Violence?* Victorian Government. <https://www.fvrim.vic.gov.au/report-family-violence-reform-implementation-monitor-1-november-2020/what-has-changed-royal>

³⁷⁰ Victorian Government. (2023). *About the Monitor*. <https://www.fvrim.vic.gov.au/about-family-violence-reform-implementation-monitor>

³⁷¹ Victorian Government. (2023). *The Family Violence Reform Implementation Monitor*. <https://www.fvrim.vic.gov.au/family-violence-reform-implementation-monitor>

³⁷² Spence, R. (2023, January 28). *Landmark Royal Commission Recommendations Implemented*. Victorian Government.

https://www.premier.vic.gov.au/sites/default/files/2023-01/230128-Landmark-Royal-Commission-Recommendations-Implemented.pdf?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news

³⁷³ Parliament of Australia. (2023). *Inquiry into family, domestic and sexual violence*. Australian Government. <https://www.aph.gov.au/familyviolence>

³⁷⁴ Ruston, A. (2020, May 31). *Media Release - Parliamentary inquiry into family, domestic and sexual violence*. Australian Government.

<https://www.anneruston.com.au/parliamentary-inquiry-into-family-domestic-and-sexual-violence>

³⁷⁵ Parliament of Australia. (2021, March). *Inquiry into family, domestic and sexual violence*. Australian Government.

https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024577/toc_pdf/Inquiryintofamilydomesticandsexualviolence.pdf;fileType=application%2Fpdf

Family Violence of 2015-16. The final report identified that financial counsellors could help women, who have experienced violence, build financial independence so that they are empowered to leave abusive relationships.

The final report presented an audit of previous parliamentary reviews, focused on DFSV, and identified that there were a significant number of recommendations that had not been fully implemented. This was reiterated by submitters who raised the issue of ‘inquiry fatigue’ and drew attention to the large number of previous inquiries and recommendations in their submissions.

Government response: The Commonwealth Government stated, in September 2021, that it would provide a response to the inquiry once the National Plan was finalised.³⁷⁶ The National Plan to End Violence against Women and Children 2022-2032 was released in October 2022 and the Government provided a [response](#) in March 2023.^{377,378} The Commonwealth Government supported in principle the recommendation to provide funding for programs in schools to improve financial literacy (recommendation 31). While it recognised the importance of young people being equipped with financial knowledge and skills, it stated that the delivery of education programs in schools is the responsibility of state and territory governments and non-government education authorities and individual schools.

The Commonwealth Government also noted that there are a number of useful resources in schools to support financial upskilling among children. These include: the Australian Securities and Investments Commission’s MoneySmart for Teachers and the Australian Taxation Office’s (ATO) Paying it Forward and Tax, Super + You programs.

Despite these existing programs, we note that the inquiry found that there is a need for additional, targeted programs to improve financial literacy among women. State and territory governments should implement this recommendation to help reduce the financial abuse of women.

The Commonwealth also supported in principle the recommendation to provide funding for an increased number of financial counsellors (recommendation 32). It stated that it would work with state and territory governments on this recommendation but that there were already several programs and supports in place to increase the number of financial counsellors in Australia.

Youth and adult justice system

Inquiry into the High Level of First Nations People in Custody and Oversight Review of Deaths in Custody (NSW Parliament – report released April 2021)

Background: The NSW Inquiry into the High Level of First Nations People in Custody and Oversight Review of Deaths in Custody was established in 2020.³⁷⁹ Led by a Select Committee, the inquiry was tasked with examining the deaths of First Nations people in custody and the oversight arrangements in place to investigate and review each death.³⁸⁰

³⁷⁶ Parliament of Australia. (2021, April). *Inquiry into family, domestic and sexual violence*. Australian Government. <https://www.aph.gov.au/familyviolence>

³⁷⁷ Department of Social Services. (2022, October 17). *The National Plan to End Violence against Women and Children 2022-2032*. <https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/the-national-plan-to-end-violence-against-women-and-children-2022-2032>

³⁷⁸ Parliament of Australia. (2023, March). *Australian Government Response to the House of Representatives Standing Committee on Social Policy and Legal Affairs Report. Inquiry into family, domestic and sexual violence*. Australian Government. https://www.aph.gov.au/-/media/02_Parliamentary_Business/24_Committees/243_Reps_Committees/SPLA/Family_violence/Australian_Government_Response_for_the_House_Standing_Committee_on_Social_Policy_and_Legal_Affairs_f.pdf?la=en&hash=F5F5EAFDF00CC9C2861A661D4921D9E83E0BDEDB

³⁷⁹ Parliament of New South Wales. (2021, April). *Inquiry into the high level of First Nations people in custody and oversight and review of deaths in custody*. <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2602/Report%20No%201%20-%20First%20Nations%20People%20in%20Custody%20and%20Oversight%20and%20Review%20of%20Deaths%20in%20Custody.pdf>

³⁸⁰ Parliament of New South Wales. (2020, September). *Inquiry into the high level of First Nations people in custody and oversight and review of deaths in custody: Terms of Reference*. <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2602/Terms%20of%20Reference%20-%20High%20level%20of%20First%20Nations%20people%20in%20custody%20and%20oversight%20and%20review%20of%20deaths%20in%20custody.pdf>

The Black Lives Matter movement and ongoing community concerns about the overrepresentation of First Nations people in the criminal justice system contributed to the establishment of this inquiry. As the Chief Justice of NSW stated:

“The Black Lives Matter movement has brought the racism, inequality and abuses of power that have haunted our nation for so long to the forefront of public consciousness. This year marks 250 years since Captain Cook first landed in Australia. Despite this significant passage of time, the Black Lives Matter movement has exposed that our criminal justice system remains a tool of injustice for Indigenous Australians, who are one of the most incarcerated people in the world.”

- Chief Justice of NSW, the Honourable TF Bathurst AC

Recommendations: The [final report](#) of the Inquiry into the High Level of First Nations People in Custody and Oversight Review of Deaths in Custody was published in 2021, on the 30-year anniversary of the Royal Commission into Aboriginal Deaths in Custody.³⁸¹ Concerningly, the Committee identified that a large number of the recommendations from the Royal Commission into Aboriginal Deaths in Custody and the Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander People had either not been fully implemented, or had only been partially implemented without adequate resourcing to ensure lasting change.

The final report stated that: ‘It is extremely disappointing that many of the recommendations made in one of the most influential reports of our time, the Royal Commission into Aboriginal Deaths in Custody, have still not been implemented, and that governments have even given up monitoring the implementation of those recommendations.’ Accordingly, the Committee recommended that the NSW Government implement all the outstanding recommendations from the Royal Commission into Aboriginal Deaths in Custody and the Pathways to Justice Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples report. Sadly, the report stated that there did not seem to be sufficient political will to effect change and a genuine commitment to stopping the continuing high rate of deaths of Aboriginal people in custody.

The final report recommended that the minimum age of criminal responsibility (MACR) and the minimum age of detention be raised from 10 to at least 14 years of age, to help prevent children from coming in contact with the criminal justice system. The Committee noted that raising the minimum age to 14 is supported by the United Nations Convention on the Rights of the Child and that the median MACR across the world is 14 years. The final report also recognised that, alongside raising the MACR, additional services and supports to meet the needs of children should be implemented to reduce the risks children pose to themselves and others. To address this, the report recommended that the government establish an inter-agency and inter-department taskforce to develop a cohesive, whole of government

³⁸¹ Ibid

approach to therapeutic pathways that integrates health, education and housing approaches to youth behaviour for children between the ages of 10 and 14.

'There have been numerous other royal commissions, inquiries and recommendations which have focused on ending the imprisonment of Aboriginal people and preventing Aboriginal deaths in custody, yet many of these recommendations sadly continue to sit on the shelf and gather dust, quite frankly. Aboriginal people continue to offer up solutions, but their solutions appear to be largely ignored. While governments fail to act more Aboriginal people are dying in custody and more families are being forced to grieve and to seek justice simultaneously. This is not a choice that we need to keep making. We are not lacking in solutions to address these issues, but we have been lacking in some political will.'

- Karly Warner, Chief Executive Officer, Aboriginal Legal Service

Government response: The NSW Government provided a [response](#) to the inquiry in October 2021.³⁸² Its response stated that it was committed to reducing the number of Aboriginal people in custody and deaths in custody. The NSW Government noted the recommendation to implement the outstanding recommendations from the Royal Commission into Aboriginal Deaths in Custody report and the 2017 Australian Law Reform Commission's Pathways to Justice – An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples report (recommendation 1). In response, it decided that Corrective Services NSW would undertake a Thematic Review of Aboriginal Deaths in Custody. This review would examine the circumstances and findings from investigations into deaths of Aboriginal people in the custody in NSW Corrective Services, from 2010 to 2021. The NSW Government's response indicated the thematic review would draw on findings in the two reports and consider the unimplemented Royal Commissions recommendations. The thematic review appears to be underway but has not yet been published.³⁸³

To reduce the incarceration rate of Aboriginal and Torres Strait Islander People and deaths in custody, the State, Territory and Commonwealth Governments should implement all the outstanding recommendations from the 1991 Royal Commission into Aboriginal Deaths in Custody report. Similarly, they should implement the outstanding recommendations from the 2017 Australian Law Reform Commission's Pathways to Justice – An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples report.

The recommendations to raise the MACR and the minimum age of children in detention to at least 14 years (recommendation 11), as well as to establish a taskforce to develop therapeutic pathways for children that integrate health, education and housing approaches to youth behaviour for children aged 10-14 (recommendation 12), were under consideration

³⁸² Parliament of New South Wales. (2021, October 13). *NSW Government response: Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody*. New South Wales Government. <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2602/Government%20response%20-%20First%20Nations.pdf>

³⁸³ Corrective Services NSW. (2023). *Aboriginal Deaths in CSNSW Custody Thematic Review*. New South Wales Government. <https://correctiveservices.dci.nsw.gov.au/support/deaths-in-custody/aboriginal-deaths-in-csnew-custody-thematic-review.html>

by the NSW Government in 2021. To our knowledge there has been no further progress on this.

<i>A quick guide to the minimum age of criminal responsibility in Australia</i>
<ul style="list-style-type: none"> • Until 2023, the minimum age of criminal responsibility (MACR) across all jurisdictions in Australia was 10 years of age.³⁸⁴
<ul style="list-style-type: none"> • However, the NT raised the MACR to 12 years in 2023.³⁸⁵
<ul style="list-style-type: none"> • In 2023, The VIC Government announced the MACR would be raised to 12 years, and by 2027 to 14 years.³⁸⁶
<ul style="list-style-type: none"> • In the ACT the MACR was raised to 12 years in 2023, and will increase to 14 years in 2025.³⁸⁷
<ul style="list-style-type: none"> • The TAS Government will increase the MACR to 14 years, and the minimum age of detention to 16 by 2029.³⁸⁸
<ul style="list-style-type: none"> • The SA Government is currently considering raising the MACR to 14 years.³⁸⁹
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³⁸⁴Davis, C. (2022, June 17). *The minimum age of criminal responsibility in Australia: a quick guide*. Parliament of Australia.

https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2122/Quick_Guides/MinimumAgeCriminalResponsibility
³⁸⁵ Northern Territory Government. (2024). *Raising the minimum age of criminal responsibility*. <https://nt.gov.au/law/young-people/raising-minimum-age-of-criminal-responsibility#:~:text=On%201%20August%202023%2C%20the%20Northern%20Territory%20Government,raises%20the%20MACR%20from%2010%20to%2012%20years>

³⁸⁶ Allan, J. (2023, April 26). *Keeping Young People Out Of The Criminal Justice System*. Premier of Victoria. <https://www.premier.vic.gov.au/keeping-young-people-out-criminal-justice-system>

³⁸⁷ Justice and Community Safety Directorate. (2023). *Raising the Age*. ACT Government. <https://www.justice.act.gov.au/safer-communities/raising-the-age>

³⁸⁸ Raise the Age. (2024). *Landmark Win as Tasmania Commits to Raising the Age of Criminal Responsibility to 14*. <https://raisetheage.org.au/news-stories/media-release-landmark-win-as-tasmania-commits-to-raising-the-age-of-criminal-responsibility-to-14>

³⁸⁹ Justice and Community Safety Directorate. (2023). *Discussion Paper: Raising the Minimum Age of Criminal Responsibility*. ACT Government. https://hdp-au-prod-app-act-yoursay-files.s3.ap-southeast-2.amazonaws.com/4516/2433/2390/Discussion_Paper_-_FINAL.pdf

³⁹⁰Davis, C. (2022, June 17). *The minimum age of criminal responsibility in Australia: a quick guide*. Parliament of Australia.

https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2122/Quick_Guides/MinimumAgeCriminalResponsibility
³⁹¹ Northern Territory Government. (2024). *Raising the minimum age of criminal responsibility*. <https://nt.gov.au/law/young-people/raising-minimum-age-of-criminal-responsibility#:~:text=On%201%20August%202023%2C%20the%20Northern%20Territory%20Government,raises%20the%20MACR%20from%2010%20to%2012%20years>

³⁹² Allan, J. (2023, April 26). *Keeping Young People Out Of The Criminal Justice System*. Premier of Victoria. <https://www.premier.vic.gov.au/keeping-young-people-out-criminal-justice-system>

³⁹³ Justice and Community Safety Directorate. (2023). *Raising the Age*. ACT Government. <https://www.justice.act.gov.au/safer-communities/raising-the-age>

³⁹⁴ Raise the Age. (2024). *Landmark Win as Tasmania Commits to Raising the Age of Criminal Responsibility to 14*. <https://raisetheage.org.au/news-stories/media-release-landmark-win-as-tasmania-commits-to-raising-the-age-of-criminal-responsibility-to-14>

³⁹⁵ Justice and Community Safety Directorate. (2023). *Discussion Paper: Raising the Minimum Age of Criminal Responsibility*. ACT Government. https://hdp-au-prod-app-act-yoursay-files.s3.ap-southeast-2.amazonaws.com/4516/2433/2390/Discussion_Paper_-_FINAL.pdf

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (commissioned by the Commonwealth Government – report released September 2023)

Background: The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was established in April 2019. It was tasked with investigating how to prevent and protect people with disability from experiencing violence, abuse, neglect and exploitation and how to improve laws, policies, structures and practices to better support people with disability.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was convened in response to the ongoing efforts of disability advocates and concern that people with disability in Australia are subject to routine violence, abuse, neglect and exploitation.^{396,397} There were several key developments which led to the Royal Commission. A primary recommendation of a 2015 Commonwealth inquiry into violence, abuse and neglect against people with disability in institutional and residential settings was that this Royal Commission be established.^{398,399} In addition, the Family and Community Development Committee of the Parliament of Victoria, which inquired into abuse in disability services in 2015, also recommended that the Victorian Government support a national Royal Commission into violence against people with disability.⁴⁰⁰ Further, in April 2017 more than 100 academics signed an open letter calling for a Royal Commission into Violence Against People with Disability which was directed at the Prime Minister.⁴⁰¹

Recommendations: The 12-volume [final report](#) was tabled in parliament, in September 2023, and included 220 recommendations.⁴⁰² The final report identified that children with disability are significantly over-represented in youth detention across Australia, and are more likely to have suffered multiple traumas, such as childhood abuse and neglect, socioeconomic disadvantage, family violence and poor educational opportunities. It also recognised that there is a high rate of children with cognitive disability in the criminal justice system, and that many children enter the criminal justice system without receiving a diagnosis.

The final report recommended that state and territory governments ensure that screening and assessment is available for children with cognitive disability involved in the criminal justice system. It noted that screening would ensure that all children with a cognitive disability are identified and provided with appropriate treatment and services. The final report also found that many people working at youth detention centres have not completed adequate training to support children with disability. The Royal Commission recommended that state and territory governments ensure staff and officials at all levels in youth detention centres receive appropriate initial and ongoing training and support in relation to the needs and experiences of children with disability.

³⁹⁶ Australian Government. (2019-2023). *The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. <https://www.royalcommission.gov.au/rounds/violence-abuse-neglect-and-exploitation-people-disability>

³⁹⁷ Ministers for the Department of Social Services. (2024, March 5). *Joint Statement on Australian, State and Territory responses to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Australian Government. <https://ministers.dss.gov.au/media-releases/14011>

³⁹⁸ The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023, September). *Final Report: Executive Summary, Our vision for an inclusive Australia and Recommendations*. Australian Government. <https://disability.royalcommission.gov.au/system/files/2023-11/Final%20report%20-%20Executive%20Summary%2C%20Our%20vision%20for%20an%20inclusive%20Australia%20and%20Recommendations.pdf>

³⁹⁹ Australian Government. (2017, March). *Australian Government response to the Senate Community Affairs References Committee report: Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*. https://www.apf.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Government_Response

⁴⁰⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023, September). *Final Report: Volume 2. About the Royal Commission*. Australian Government. <https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%202C%20About%20the%20Royal%20Commission.pdf>

⁴⁰¹ Ibid

⁴⁰² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023, September). *Final Report - Complete Volume*. Australian Government. <https://disability.royalcommission.gov.au/publications/final-report-complete-volume-formats>

Government response: In March 2024, a joint statement by the State and Territory Disability Ministers responding to the recommendations of the Royal Commission was released.⁴⁰³ This noted that a coordinated effort was required by all state and territory governments to address the recommendations. It stated that these governments were committed to working closely together to support and implement the Royal Commission's vision for an inclusive Australia, and to ensure the implementation of reforms that will create meaningful and lasting change. However, the joint Ministerial statement indicated that governments need adequate time to respond to the recommendations and, therefore, will provide a response after 31 March 2024.

Youth suicide

Inquiry into Early Intervention Programs Aimed at Preventing Youth Suicide (Commonwealth Parliament – report released July 2011)

Background: In 2009, the Inquiry into Early Intervention Programs Aimed at Preventing Youth Suicide was established and undertaken by the House of Representatives Standing Committee on Health and Ageing.⁴⁰⁴ The high rate of suicide among young people prompted the inquiry. Sadly, in 2005, suicide was the cause of 20 % of all deaths among young people aged 15 and 24 years in Australia. The House of Representatives was dissolved during the course of the inquiry, which lapsed in July 2010, ahead of the August 2010 federal election. In September 2010, the House of Representatives Standing Committee on Health and Ageing was re-established and, in November 2010, the new House of Representatives Standing Committee on Health and Ageing resolved to re-adopt the inquiry established by the previous parliament.

Recommendations: The [final report](#) entitled 'Before it's too late: Report on early intervention programs aimed at preventing youth suicide' was tabled in parliament, in July 2011, and includes 10 recommendations.⁴⁰⁵ The Committee identified that young people who have experienced trauma, grief, loss and family breakdown are at heightened risk of suicide. It also found that many young people do not understand whether they need a support services or not. To address this, the Committee recommended that the Australian Curriculum, Assessment and Reporting Authority include social development education and mental health education as a core component of the national curriculum for primary and secondary school.

The final report recognised that mental health literacy would empower young people to take an active role in their own wellbeing, encourage help-seeking behaviours and destigmatise mental health difficulties. The Committee found that delivery through schools would ensure that most children complete the program.

The final report identified that there is a heightened risk of suicide in the transition from adolescence to adulthood. Therefore, it recommended that social development and mental health education for older secondary school students include specific components to ensure students are prepared for the transition into the workforce or higher education. The final report also stressed that students must be made aware of the full range of services available as they transition from child to adult services.

⁴⁰³ Ministers for the Department of Social Services. (2024, March 5). *Joint Statement on Australian, State and Territory responses to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Australian Government. <https://ministers.dss.gov.au/media-releases/14011>

⁴⁰⁴ Parliament of Australia. (2011, July). *Before it's too late: Report on early intervention programs aimed at preventing youth suicide*. Australian Government. https://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/youthsuicide/report.htm

⁴⁰⁵ Ibid

The Committee considered that teachers have a significant role when it comes to managing the wellbeing of children. To be equipped for this role, it recommended that teachers should complete mandatory training on mental health awareness and have the skills and training to recognise and assess suicide risk.

Government response: The Commonwealth Government provided a [response](#) to the inquiry in June 2013.⁴⁰⁶ The government noted both the recommendation to include social development and mental health education in the national curriculum and the recommendation to include specific components for secondary students to improve preparedness for the transition to the workforce or higher education. In responding to these recommendations, it pointed out that the existing universal school-based initiative 'MindMatters' provides mental health promotion, prevention and early intervention, and operates in Australian secondary schools to support the needs of students throughout their senior secondary education. It also flagged that a separate initiative, 'KidsMatter', operates in primary schools. The Commonwealth Government undertook to continue to work with the states and territories to address the principles underlying these recommendations. Despite this, we heard during consultations that many of the mental health literacy programs, operating in schools across Australia, are insufficient to properly meet the needs of children.

The Commonwealth Government supported in principle the recommendation that teachers receive mandatory training on mental health awareness and suicide prevention. It was noted that it already invested in the 'ResponseAbility Teacher Education Program', which provides evidence-based resources on mental health and suicide prevention for pre-service education, the tertiary and vocational education training sectors, teachers and early childhood staff.

[Inquiry into Aboriginal Youth Suicide in Remote Areas \(WA Parliament – report released November 2016\)](#)

Background: The WA Inquiry into Aboriginal Youth Suicide in Remote Areas was established, in 2016, by the Education and Health Standing Committee. To identify what should be done to help prevent Aboriginal youth suicide in remote areas, the inquiry examined the status of previous inquiry recommendations related to Aboriginal youth suicide in remote areas, in addition to the allocation and effectiveness of resources, and the gaps in strategies and services.⁴⁰⁷ Sadly, the suicide death of a 10-year girl, in a remote Aboriginal community in March 2016, led to the inquiry.⁴⁰⁸ It was the nineteenth suicide death of an indigenous person in WA between Christmas and March 2016.^{409,410} Soon after the suicide death, the member for Kimberly moved a motion in the Legislative Assembly and stated: 'This house urgently calls for a parliamentary inquiry to determine what more can be done to halt the worrying number of youth suicides amongst Aboriginal youth in WA, particularly in remote communities, and to determine what resources have been set aside to tackle this crucial issue facing our state'.^{411,412}

⁴⁰⁶ Australian Government. (2013, June). *Australian Government Response to Before it's too late: Report on the inquiry into early intervention programs aimed at reducing youth suicide*. <https://www.health.gov.au/sites/default/files/early-intervention-programs-aimed-at-reducing-youth-suicide-australian-government-response-to-the-house-of-representatives-standing-committee-on-health-and-ageing-s-report-on-the-inquiry-into-early-intervention-programs-aimed-at-reducing-y.pdf>

⁴⁰⁷ Education and Health Standing Committee. (2016, November 17). *Learnings from the message stick. The report of the Inquiry into Aboriginal youth suicide in remote areas. Report No. 11*. Western Australian Legislative Assembly.

[https://www.parliament.wa.gov.au/parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/B7C324463C7E020A4825806E00050947/\\$file/161114+Aboriginal+Youth+Suicide+Draft+Report+FINAL+with+electronic+signature+17112016.pdf](https://www.parliament.wa.gov.au/parliament/commit.nsf/(Report+Lookup+by+Com+ID)/B7C324463C7E020A4825806E00050947/$file/161114+Aboriginal+Youth+Suicide+Draft+Report+FINAL+with+electronic+signature+17112016.pdf)

⁴⁰⁸ Hamlyn, C. (2016, November 17). *Aboriginal youth suicide recommendations ignored by WA Government, report finds*. ABC News. <https://www.abc.net.au/news/2016-11-17/aboriginal-youth-suicide-inquiry-report-recommendations-ignored/8033320>

⁴⁰⁹ Parke, E. (2016, March 8). *Apparent suicide of 10-year-old Indigenous girl shocks remote WA community*. ABC News. <https://www.abc.net.au/news/2016-03-08/suicide-of-10-year-old-indigenous-girl-shocks-wa-community/7231052>

⁴¹⁰ Ibid

⁴¹¹ Farrer, J. (2016, March 16). *Parliamentary Debates (Hansard)*. Western Australia, Legislative Assembly. pp1208-1226.

<https://www.parliament.wa.gov.au/hansard/hansard.nsf/DailyTranscripts?OpenView&gotodate=20160316>

⁴¹² Education and Health Standing Committee. (2016, November). *Learnings from the message stick. The report of the Inquiry into Aboriginal youth suicide in remote areas. Report No. 11*. Western Australian Legislative Assembly.

[https://www.parliament.wa.gov.au/parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/B7C324463C7E020A4825806E00050947/\\$file/161114+Aboriginal+Youth+Suicide+Draft+Report+FINAL+with+electronic+signature+17112016.pdf](https://www.parliament.wa.gov.au/parliament/commit.nsf/(Report+Lookup+by+Com+ID)/B7C324463C7E020A4825806E00050947/$file/161114+Aboriginal+Youth+Suicide+Draft+Report+FINAL+with+electronic+signature+17112016.pdf)

Recommendations: The [final report](#) entitled, ‘Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas’ (the Message Stick Inquiry) was published in November 2016 and contained 44 recommendations.⁴¹³ This report recognised that Aboriginal youth are at heightened risk of suicide due to exposure to racism, discrimination, lateral violence, intergenerational trauma, loss of culture, identity and language.⁴¹⁴ In addition, it acknowledged that there have been a significant number of inquiries and reports undertaken by Commonwealth and WA bodies into these issues. It found that, within a 15-year period, there had been over 700 recommendations or identified actions made to improve aspects of the lives of Aboriginal people in Australia.

The Committee made several important findings, including that the WA Government has failed to adequately respond to recommendations made by previous inquiries for more than 15 years. It noted that this failure to respond to previous recommendations has contributed to the current poor state of wellbeing of Aboriginal people in WA and to crisis levels of Aboriginal youth suicide. Another key finding was that many previous recommendations remained relevant and provided valuable information to government agencies, and that there is a lack of emphasis and accountability for implementing inquiry recommendations. The Committee also found it difficult to ascertain the status of past recommendations and indicated that efforts need to be made to better track what measures have been taken to implement recommendations.

To address these concerns, the Committee recommended that the Premier and each Minister, to whom recommendations were directed, report to parliament on the progress of implementing the final report recommendations. This recommendation specified that these reports should be six-monthly and should continue for no fewer than five years after the tabling of the final report. In addition, the Committee recommended that the Department of Premier and Cabinet create a centralised database of inquiry recommendations made to WA government agencies.

The Committee also found that access to after-hours mental health and suicide prevention services in remote areas should be improved to help prevent suicide. Although people living in remote areas can access support via telehealth technology, the Committee found that telehealth services have limited effectiveness and require a pre-existing relationship between Aboriginal people and service providers, which often does not exist. Further, telehealth services are generally located in regional centres that still require Aboriginal people to travel to access these services. Therefore, the Committee recommended that the WA Government provide accessible, 24-hour mental health and suicide prevention services in remote areas.

Government response: The WA Government provided a [response](#) to the inquiry two years after the release of the final report in July 2019, which indicated that capacity to respond was impacted by a range of factors, including a change of government.⁴¹⁵ The response does not directly address each of the 44 recommendations making it difficult to ascertain whether the final report recommendations were supported by the government and implemented. Instead, an outline of the initiatives that the government is undertaking to help prevent Aboriginal youth suicide in remote areas was provided.

⁴¹³ Ibid

⁴¹⁴ Ibid

⁴¹⁵ Aboriginal Policy and Coordination Unit. (2018, July 4). *Government Response to Learnings From the Message Stick: The Report of the Inquiry into Aboriginal Youth Suicide in Remote Areas*. West Australian Government. <https://www.wa.gov.au/system/files/2019-05/Message-Stick-Response-Final-4-July-2018.pdf>

The eight principles and recommendations

Our consultations with stakeholders and review of the research literature provided a great deal of material related to ACEs, which we took into account in developing the principles and recommendations in this paper. In Section 6 of this paper, we set out our principles and recommendations in brief. However, this Appendix B provides more of the background and detail we gathered to support these principles and recommendations. We have provided this more detailed work to make it available to those who participated in our consultations and any stakeholders who are interested in how our recommendations were developed. Detailed reasoning supporting each of our principles and recommendations is presented below.

Principle 1: Implement a coordinated and strategic approach to ACEs and suicide prevention

Coordination, collaboration and strategic planning across government, both horizontally (across portfolios and agencies) and vertically (between local, state and national levels) is essential to ensure that all ACE-related strategies are fully and meaningfully implemented to help prevent ACEs and suicide.

Under the United Nations Convention on the Rights of the Child (UNCRC), which was ratified in 1990, there are a wide range of protection and participation rights for children in Australia.⁴¹⁶ The UNCRC provides that all children have the right to adequate nutrition, healthcare, education and opportunities to reach their full potential.^{417,418} It also provides that children have a right to a standard of living that is good enough to meet their physical and mental needs and should be protected from all forms of abuse, neglect, exploitation, and discrimination.⁴¹⁹ During consultations, stakeholders raised that Australian children should be protected from harm under the UNCRC. To protect the rights of Australian children and to help prevent ACEs, all governments in Australia should uphold the UNCRC.

A research study found that there are already many policies, in Australia, that address ACEs occurring in the family environment.⁴²⁰ Considering this large number of policies, Australia should be well-positioned to identify and respond to ACEs. However, the study also noted that existing ACE-related policies have never been mapped across national, state and territory government departments.⁴²¹ In addition, stand-alone strategies that address ACEs, such as the *Alcohol and Other Drug Strategy* and the *National Strategy to Prevent and Respond to Child Sexual Abuse*, do not adequately recognise that ACEs frequently co-occur. These policies need to be mapped and better coordinated for action to address ACEs to have a more positive impact.

To help prevent ACEs from occurring, and to better meet the needs of children and adults with a history of ACEs, an *Adverse Childhood Experiences Strategy* should be developed by a cross-agency taskforce to ensure genuine whole-of-government and cross portfolio design and delivery. An *Adverse Childhood Experiences Strategy* would provide a framework, which maps and integrates all relevant ACE prevention policies and strategies across sectors and governments, to help address the co-occurrence of ACEs. The strategy should include

⁴¹⁶ Australian Human Rights Commission. (2023). *The UN Committee on the Rights of the Child and reporting on children's rights*. <https://humanrights.gov.au/our-work/childrens-rights/un-committee-rights-child-and-reporting-childrens-rights#:~:text=Australia%20ratified%20the%20CRC%20in%20December%201990.%20This, enjoy%20the%20rights%20set%20out%20in%20the%20treaty>.

⁴¹⁷ UNICEF Australia. (2024). *Poster: Convention on the Rights of the Child*. <https://www.unicef.org.au/stories/poster-convention-on-the-rights-of-the-child>

⁴¹⁸ Save the Children. (2023, October 13). *Understanding child rights*. <https://www.savethechildren.org.au/our-stories/rights-of-the-child>

⁴¹⁹ UNICEF. (2024). *A simplified version of the United Nations Convention on the Rights of the Child*. <https://assets-us-01.kc-usercontent.com/99f113b4-e5f7-00d2-23c0-c83ca2e4cfa2/fc21b0e1-2a6c-43e7-84f9-7c6d88d8cc18b/unicef-simplified-convention-child-rights.pdf>

⁴²⁰ Honisett, S., Loftus, H., Liu, H. M., Montgomery, A., De Souza, D., Hall, T., Eastwood, J., Hiscock, H., & Goldfeld, S. (2023). Do Australian policies enable a primary health care system to identify family adversity and subsequently support these families—A scoping study. *Health Promotion Journal of Australia*. <https://doi.org/10.1002/hpja.684>

⁴²¹ Ibid

initiatives, to improve support and linkages between services for people who have experienced multiple ACEs, and clear actions to help prevent ACEs from occurring. The strategy would also help ensure that the needs of high-risk cohorts, such as people who have been involved in both the care system and the youth justice system, are met.

Recommendation:

1. The Commonwealth Government should fund and implement an Adverse Childhood Experiences Prevention Strategy which maps and integrates all relevant ACE prevention policies and strategies across sectors and governments. This is necessary to uphold the United Nations Convention on the Rights of the Child.

Given the strong link between ACEs and suicide, all strategies and plans that address ACEs, at the national and state and territory levels, should consider suicide and include clear actions to help prevent suicide.

During consultations, stakeholders raised that, at present, there are ACE-related government strategies and plans that do not explicitly include clear standalone actions to prevent suicide, such as the *National Plan to End Violence against Women and Children 2022-2032*.⁴²² This is problematic given the high rate of suicide among people who have experienced domestic family and sexual violence (DFSV). Research has identified that over half of all women and children who died by suicide in WA in 2017 were victims of DFSV.⁴²³ This highlights that, to help reduce the rate of suicide in Australia, all strategies that address ACEs should explicitly consider suicide and include clear actions to prevent suicide.

Recommendation:

2. The Commonwealth Government should ensure that all ACE-related strategies and plans include clear actions to prevent suicide. This will help reduce suicide risk among children and adults in Australia who have experienced ACEs and are living with complex trauma.

As outlined in this report, there have been many Royal Commissions, inquiries and reviews which have made important recommendations to address ACEs, yet a considerable number of these recommendations have not been fully or meaningfully implemented. It is vital that the valuable work undertaken by these inquiries is not wasted and that all ACE-related recommendations where relevant are implemented to help prevent ACEs and suicide in Australia. The Commonwealth Government should establish a taskforce to undertake an audit of these past inquiries to identify all ACE-related recommendations which could be implemented in the short-term to help reduce the rate of ACEs and suicide in Australia. The taskforce should report back to the government in a timely manner and within a 12-month timeframe. The Commonwealth Government should then report publicly, within 18 months, on action taken to implement the taskforce's recommendations.

Recommendation:

3. The Commonwealth Government should invest in a taskforce to identify all ACE-related recommendations from previous Royal Commissions, inquiries and reviews which could

⁴²² Department of Social Services. (2022, October 17). *The National Plan to End Violence against Women and Children 2022-2032*. <https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/the-national-plan-to-end-violence-against-women-and-children-2022-2032>

⁴²³ Bourke K. (2022, December 3). *Research reveals alarming link between family violence and suicide in WA*. ABC News. <https://www.abc.net.au/news/2022-12-03/research-reveals-domestic-violence-and-suicide-link/101606198>

be implemented in the short-term to create immediate change and to help prevent ACEs and suicide. The taskforce should be required to report to the Commonwealth Government within a 12-month timeframe. The Commonwealth Government should then work with state and territory governments to implement these recommendations and should report publicly within 18 months on action taken in response to the taskforce's recommendations.

Principle 2: Establish safe, nurturing relationships and environments for children and young people and intervene early and actively when relationships and environments are not safe and nurturing

There should be a focus on promoting safe and nurturing environments, free from abuse and neglect, for all children in Australia. It is also vital that basic housing, economic and social needs are met to ensure that all children in Australia can thrive and to help reduce suicide risk.

To help prevent the likelihood of ACEs, Australian governments should take action to ensure all children are raised in a safe, nurturing environment. During consultations, we heard that fostering resilience and a warm and nurturing environment for children can ameliorate the negative impacts of ACEs and reduce suicide risk.

Sadly, children in contact with care systems and youth justice systems have significantly higher rates of ACEs and are at heightened risk of suicide compared to their peers.^{424,425,426} Research indicates that suicide is 4.9 times more likely among people who interact with the child protection system, compared to people without a history of child protection or neglect.⁴²⁷ There are national strategies to support vulnerable children, and in particular children in contact with the child protection system including *Safe and Supported Framework for Protecting Australia's Children 2021-2031* and *Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2026*.^{428,429} However, more needs to be done to ensure these strategies are fully implemented and help prevent likelihood of ACEs and suicide among children.

Children in contact with the youth justice system are between two and four times more likely to die by suicide compared to their peers.^{430,431,432} While state and territory strategies exist to support children in contact with the youth justice system, this is a piecemeal approach and there is no overarching national strategy to help ensure that children in contact with the youth justice system don't experience further ACEs such as neglect, abuse or maltreatment. A national strategy should be developed to ensure that children in contact with the youth justice system receive adequate care and to reduce the likelihood of further ACEs and reduce suicide risk.

The Commonwealth Government should work together with the state and territory governments to reform the care and youth justice systems to ensure that that all children in

⁴²⁴ Folk, J. B., Kemp, K., Yurasek, A., Barr-Walker, J., & Tolou-Shams, M. (2021). Adverse childhood experiences among justice-involved youth: Data-driven recommendations for action using the sequential intercept model. *The American Psychologist*, 76(2), 268–283. <https://doi.org/10.1037/amp0000769>

⁴²⁵ Liming, K. W., Akin, B., & Brook, J. (2021). Adverse Childhood Experiences and Foster Care Placement Stability. *Pediatrics*, 148(6), e2021052700. <https://doi.org/10.1542/peds.2021-052700>

⁴²⁶ Taussig, H. N., Harpin, S. B., & Maguire, S. A. (2014). Suicidality among preadolescent maltreated children in foster care. *Child Maltreatment*, 19(1), 17–26. <https://doi.org/10.1177/1077559514525503>

⁴²⁷ Trew, S., Russell, D. H., & Higgins, D. (2020). *Effective interventions to reduce suicidal thoughts and behaviours among children in contact with child protection and out-of-home care systems – a rapid evidence review*. Institute of Child Protection Studies, Australian Catholic University. <https://doi.org/10.26199/511771a5a6b9e>

⁴²⁸ Commonwealth of Australia (2021). *Safe & Supported: The National Framework for Protecting Australia's Children 2021-2031*. [Safe & Supported: the National Framework for Protecting Australia's Children 2021-2031 \(dss.gov.au\)](https://www.dss.gov.au/national-framework-for-protecting-australia-s-children-2021-2031)

⁴²⁹ Commonwealth of Australia. (2022). *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031*. [Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031 \(dss.gov.au\)](https://www.dss.gov.au/national-framework-for-protecting-australia-s-children-2021-2031)

⁴³⁰ Memory, J. (1989). Juvenile suicides in secure detention facilities: Correction of published rates. *Death Studies*, 13(5), 455-463. <https://doi.org/10.1080/07481188908252324>

⁴³¹ Gallagher, C. A., & Dobrin, A. (2006). Deaths in juvenile justice residential facilities. *The Journal of Adolescent Health*, 38(6), 662–668. <https://doi.org/10.1016/j.jadohealth.2005.01.002>

⁴³² Stokes, M. L., McCoy, K. P., Abram, K. M., Byck, G. R., & Teplin, L. A. (2015). Suicidal Ideation and Behavior in Youth in the Juvenile Justice System: A Review of the Literature. *Journal of Correctional Health Care*, 21(3), 222–242. <https://doi.org/10.1177/1078345815587001>

contact with these systems are raised in a warm, supportive and nurturing environment to help prevent suicide.

This is the intention of *The Promise*, a policy introduced in Scotland that aims to ensure that every child will grow up loved, safe and respected so that they realise their full potential.^{433,434}

The Promise

We know that early experiences, including pre-birth, lay the foundation for wellbeing throughout childhood and into adult life, with recognition of the importance of preventing adverse experiences, and availability of relationship-based and trauma-informed approaches. In adopting a holistic approach, we must:

- Support our children, young people, adults, and families who are care experienced, recognising that experience of care has an effect on people throughout their lives.
- Support our children, young people, adults, and families who we know are at risk of being taken into care, recognising that the right support at the right times will help keep families together and avoid the need for care.
- Support all of our children, young people, adults and families, recognising that if we get the services that everyone uses right then the level of engagement with the care system will be reduced.

The utility of *The Promise* in Australia was previously identified in a Churchill Fellowship report, published in 2023, on childhood trauma and adversity.^{435,436}

‘The Government should commission and develop a policy that states its ambition for children and young people in Australia – our version of The Promise. This policy must be drawn from research, the voices of children, young people, and families as well as the workforces that engage with them and be representative of all sectors of Australian society. This policy must be linked to funding to implement change.’

- Nicola Palfrey

⁴³³ Scottish Government. (2022, December 20). *Keeping The Promise to all our children, young people, adults and families*. <https://www.gov.scot/publications/keeping-promise-children-young-people-adults-families/pages/2/#:~:text=A%20Promise%20that%3A%201%20you%20will%20stay%20at,but%20as%20you%20move%20into%20the%20adult%20world>

⁴³⁴ The Promise Scotland. (2022). *The Promise*. <https://thepromise.scot/>

⁴³⁵ Nicola Palfrey, Clinical Psychologist and Head of Clinical Leadership at Headspace, which is one of Suicide Prevention Australia's member organisations.

⁴³⁶ Palfrey, N. (2023). *How to make exposure to childhood trauma and adversity a public health issue: A Churchill Fellowship Report*. <https://doi.org/10.13140/RG.2.2.30350.95047>

While *The Promise* was primarily developed to support children and young people in the care system, it recognises that all children and families/kin must have access to adequate support to reduce the likelihood that a child will enter care. At the core of *The Promise* is a commitment towards ‘getting it right for every child’ (GIRFEC). GIRFEC recognises that what surrounds us, shapes us: a child and young person’s individual growth and development is experienced in the context of their networks of family/kin and care, local communities, and the influences of wider society.⁴³⁷ *The Promise* recognises that developing trusted relationships and building confidence are essential to child wellbeing.⁴³⁸

If Australia develops its own version of *The Promise*, this will be particularly important for specific populations, such as First Nations People and CALD communities, because of the greater exposure to, and additional types of, ACEs that they experience. An Australian version of *The Promise* should be appropriately tailored to these specific populations and responsive to their particular needs.

In 2021, the Commonwealth Government launched the world’s first *National Children’s Mental Health and Wellbeing Strategy*⁴³⁹, which would form a good starting point for Australia to develop its own version of *The Promise*. This strategy aims to improve the integration of services within the child mental health and wellbeing system to support the mental health and wellbeing of children aged 0-12 and their families.⁴⁴⁰ Eight principles have been used as the foundation of the Strategy’s development:

- 1) **Child-centred:** Giving priority to the interests and needs of children.
- 2) **Strengths-based:** All services have a perspective that builds on child and family strengths, to inform a holistic and family-centred approach.
- 3) **Prevention-focused:** Both universal and targeted prevention of mental illness by promoting mental wellbeing.
- 4) **Equity and access:** Ensuring that all children and families have access to health, education, and social services.
- 5) **Universal system:** Programs and services are developmentally appropriate, culturally responsive and treat children in the context of families and communities.
- 6) **Evidence-informed best practice and continuous quality evaluation:** The use of data and indicators to create a continuous feedback loop between research and clinical practice.
- 7) **Early intervention:** Early intervention for those in need, while addressing the impacts of trauma and social determinants.
- 8) **Needs based, not diagnosis driven:** Service delivery based on individual needs and reduced focus on requiring a diagnosis to access services.

The Commonwealth Government should ensure that state and territory governments build on this work and commission and develop a policy stating the ambition that all children, including those in contact with care and justice systems, experience trusted relationships and are raised in a stable, nurturing environment where they feel loved, safe, and respected.

⁴³⁷ Scottish Government. (2022, March 30). *Keeping the Promise implementation plan*. <https://www.gov.scot/publications/keeping-promise-implementation-plan/pages/2/>

⁴³⁸ The Promise Scotland. *Intandem: Building Trusted Relationships*. <https://thepromise.scot/stories-of-change/intandem-building-trusted-relationships>

⁴³⁹ National Mental Health Commission. (2021). *National Children’s Health and Wellbeing Strategy*. Australian Government. <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>

⁴⁴⁰ Department of Health and Aged Care. (2021). *Australian launches world’s first children’s mental health and wellbeing strategy*. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australia-launches-worlds-first-childrens-mental-health-and-wellbeing-strategy>

It is also critical that children remain safe while in an online environment. The online environment poses a range of risks to safety. In its *Typology of Online Harms* the World Economic Forum categorises online harms into three types: content, contact and conduct harms.⁴⁴¹ Content harms are harms related to problematic online material. This includes online material that is illegal, age-inappropriate, potentially dangerous or misleading. Contact harms are harms that occur through online interactions with others, such as where contact is made with a child to groom them for sexual abuse. Conduct harms are harmful behaviours enabled by digital technology. Examples include online fraud through scams, phishing and catfishing.

These range of harms highlight that ACEs can occur in an online environment and can increase the risk of suicide among children. Cyberbullying during childhood is an ACE that is the result of contact harm sustained online. Research shows that victims of cyberbullying are at elevated risk of suicide and that young people who are victims of cyberbullying are more than twice as likely to experience suicidal behaviour.^{442,443,444,445} Given that the online environment can cause ACEs and can result in vulnerable children who have experienced ACE from being re-victimised and experiencing additional ACEs, the Commonwealth Government should take effective action to prevent ACEs from occurring online. While a national eSafety exists, a standalone national strategy which targets children should be developed to help prevent children from experiencing online harms and to reduce suicide risks.⁴⁴⁶ In addition, the powers of the eSafety Commissioner should be increased to ensure that the national strategy is fully implemented and monitored and to intervene when necessary to ensure that children remain safe in an online environment.

Recommendation:

4. To address ACEs and to ensure that all children, including those in contact with the child protection and criminal justice system, are raised in safe and supportive environments the Commonwealth Government should:
 - (1) Fully fund, build on and implement the following national strategies:
 - *The National Children's Mental Health and Wellbeing Strategy*
 - *Safe and Supported Framework for Protecting Australia's Children 2021-2031*
 - *Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2024*
 - (2) Invest in a national strategy to support children in contact with the youth justice system to ensure that children receive an adequate level of care and to reduce the likelihood that children will experience further ACEs such as maltreatment, neglect or abuse while in contact with the youth justice system to help prevent suicide.
 - (3) Fund and develop a national digital strategy for children to ensure a safe online environment. The powers of the eSafety Commissioner should be increased to implement and monitor the strategy and to intervene when necessary to ensure e-safety.

⁴⁴¹ World Economic Forum (2023). *Toolkit for Digital Safety Design Interventions and Innovations: Typology of Online Harms*. https://www3.weforum.org/docs/WEF_Typology_of_Online_Harms_2023.pdf

⁴⁴² Schonfeld, A., McNiel, D., Toyoshima, T., & Binder, R. (2023). Cyberbullying and Adolescent Suicide. *The Journal of the American Academy of Psychiatry and the Law*, 51(1), 112–119. https://doi.org/10.29158/JAAPL_220078-22

⁴⁴³ Rodway, C., Tham, S. G., Richards, N., Ibrahim, S., Turnbull, P., Kapur, N., & Appleby, L. (2023). Online harms? Suicide-related online experience: a UK-wide case series study of young people who die by suicide. *Psychological Medicine*, 53(10), 4434–4445. <https://doi.org/10.1017/S0033291722001258>

⁴⁴⁴ Gavrilovic Nilsson, M., Tzani Pepelasi, K., Ioannou, M., & Lester, D. (2019). Understanding the link between Sextortion and Suicide. *International Journal of Cyber Criminology*, 13(1), 55–69.

⁴⁴⁵ John, A., Glendenning, A. C., Marchant, A., Montgomery, P., Stewart, A., Wood, S., Lloyd, K., & Hawton, K. (2018). Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review. *Journal of Medical Internet Research*, 20(4), e129. <https://doi.org/10.2196/jmir.9044>

⁴⁴⁶ eSafety Commissioner. (2022). *Australia's eSafety Strategy 2022-2025*. [eSafety Strategy 2022-25.pdf](https://www.esafety.gov.au/strategy)

To be raised in a stable, nurturing environment that is free from abuse, children need to be protected from Domestic Family and Sexual Violence (DFSV). *Consistent with the National Children's Mental Health and Wellbeing Strategy*, early intervention with at-risk people and communities, to stop DFSV as soon as it starts, is required for children to be properly protected. Until now, the bulk of government action has been focused on providing crisis responses to DFSV – which are a necessity and are still insufficiently funded to meet the level of need – but early intervention to address DFSV has received little funding. The recommendations of the Commonwealth Government's recently-convened Expert Panel on DFSV will, hopefully, lead to more funding for early intervention and primary prevention funding that is targeted to best effect. However, whatever the Expert Panel's recommendations, it is crucial that early intervention is addressed to reduce childhood exposure to DFSV and the increased suicide risks that ensue.

Recommendation:

5. All governments should ensure adequate funding is provided for early intervention initiatives that target populations at risk of domestic, family and sexual violence (DFSV), to help reduce children's exposure to DFSV. This funding should be long-term and should not be diverted from DFSV primary prevention or response measures, which should be funded separately.

Establishing safe and nurturing environments for children does not only require that they be free from abuse and neglect, although this is very important. It also requires that governments provide adequate funding for economic and social supports for children and families/kin to address the drivers of ACEs and suicidal distress.

There are several causes of ACEs, including food and housing insecurity, which can be addressed by ensuring that all children and households can meet their basic needs. Australian governments should address the structural inequities that impact the ability of some Australians to meet their basic needs and trap people in poverty. This would help break the cycle of intergenerational trauma and reduce suicide risk among children and adults.

We heard, during consultations, that when households' basic needs are met, including housing and medical care, wellbeing among children and adults significantly increases while suicide risk decreases. A recent epidemiological research study, using Australian data, also noted that policies to reduce financial stress on families and enable them to meet their material needs are essential to prevent ACEs.⁴⁴⁷ Parents and caregivers who do not have to worry about meeting their basic needs are more likely to have the time and capacity to nurture and support their children.

Recommendations:

6. The Commonwealth Government should fund and develop a national strategy to end homelessness that includes clear actions to reduce the rate of child homelessness and housing insecurity, consistent with the *Everybody's Home*⁴⁴⁸ policy platform.

⁴⁴⁷ Grummitt, L., Baldwin, J.R., Lafoa'i, J., Keyes, K.M., & Barrett, E.L. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry*. <https://doi.org/10.1001/jamapsychiatry.2024.0804>

⁴⁴⁸ Everybody's Home. (2024). <https://everybodyshome.com.au/>

7. The Commonwealth Government should increase the rate of all income support payments, in line with the Australian Council of Social Service's *Raise the Rate*⁴⁴⁹ policy platform, to help reduce the number of children and families experiencing poverty and financial challenges.

Establishing safe and nurturing environments for children requires minimising unnecessary contact between children and the criminal justice and child protection systems. This contact should be minimised because it generally leads to poor outcomes for children.

To prevent children entering the criminal justice system, the minimum age of criminal responsibility (MACR) and of detention should be raised from 10 to at least 14 years of age. This is consistent with the *United Nations Convention on the Rights of the Child*⁴⁵⁰ and the median MACR internationally, which is 14 years old.⁴⁵¹ It is also consistent with the recommendations of the Australian Law Reform Commission's Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples.⁴⁵²

To prevent children entering the Out of Home Care (OOHC) system, more investment is required in early intervention that stops families from reaching crisis point and reduces the likelihood of child removal. Early intervention supports are particularly important for Aboriginal children to reduce their over-representation in OOHC. More investment in early intervention would be consistent with the recommendations of the Independent Review of Aboriginal Children and Young People in Out-of-Home Care⁴⁵³, which was undertaken by the New South Wales Government. It would also help to achieve target 12, under the *National Agreement on Closing the Gap*, which aims to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in OOHC by 45% by 2031.⁴⁵⁴

Recommendation:

8. All state and territory governments should raise the minimum age of criminal responsibility and the minimum age of children in detention to at least 14 years of age.
9. All state and territory governments should increase long-term financial investment in early intervention supports aimed at preventing more Aboriginal children entering Out of Home Care.

When children do enter the child protection system establishing a safe environment requires that children at risk of suicide are identified in a timely manner and referred to appropriate support services. A recommendation of the Inquiry into the Prevention of Youth Suicide⁴⁵⁵, established by the NSW Government, was that child protection workers and foster carers should complete mandatory suicide prevention training to improve their ability to identify and support children and young people at risk of suicide. We support this recommendation as it would help prevent suicide among children who have experienced ACEs who are in contact with the child protection system. It is also important that kinship carers have the necessary skills and confidence to help prevent suicide among Aboriginal and Torres Strait Islander children. We recommend that kinship carers complete targeted Aboriginal and Torres Strait

⁴⁴⁹ Australian Council of Social Service. (2024). *Raise the Rate for Good*. <https://www.raisetherate.org.au/>

⁴⁵⁰ United Nations. (1989). *United Nations Convention on the Rights of the Child*. <https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>

⁴⁵¹ Hazel, N. (2008). *Cross-national comparison of youth justice*. Youth Justice Board. https://www.academia.edu/1621782/Cross-national_comparison_of_youth_justice

⁴⁵² Australian Law Reform Commission. (2017). *Pathways to Justice – Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples* (ALRC Report 133). <https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/>

⁴⁵³ NSW Government. (2019). *Family is Culture, Independent Review of Aboriginal Children and Young People in OOHC in NSW*. <https://dcj.nsw.gov.au/children-and-families/family-is-culture.html>

⁴⁵⁴ Closing the Gap. (2024). *Closing the gap targets and outcomes*. Australian Government. <https://www.closingthegap.gov.au/national-agreement/targets>

⁴⁵⁵ NSW Government. (2018). *Inquiry into the Prevention of Youth Suicide in NSW*. <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2447>

Islander suicide prevention training to improve their capacity to provide culturally safe support and prevent suicide.

Recommendation:

10. All state and territory governments should make training on youth suicide prevention, including gatekeeper training, compulsory for all child protection workers and foster and kinship carers.

With respect to supporting children within the criminal justice system, The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, established by the Commonwealth Government, recommended that Australian governments implement appropriate screening and assessment for all children with cognitive disability in contact with the criminal justice system.⁴⁵⁶ The Commission noted that screening would ensure that all children with a cognitive disability are identified and provided with appropriate treatment and services. We support this recommendation as it would make the criminal justice system a safer and more supportive environment for children with disability.

Recommendation:

11. All state and territory governments should ensure that timely screening and expert assessment are available for all children with cognitive disability in the criminal justice system (including, but not limited to, detention settings). It should also ensure that these children receive appropriate responses, including therapeutic interventions.

Principle 3: Listen and learn from the voices of children, families/kin and people with lived and living experience of ACEs and suicide

To ensure that ACE-related policies, systems and services are meaningful and fit for purpose for children, families/kinship networks and adults with lived and living experience of ACEs and suicide should be empowered and involved in the co-design process.

To help prevent ACEs and address the critical issue of suicide among people with a history of ACEs, we need to hear and respond to the voices of children, families/kin, and people with lived experience. Article 12 of the *UN Convention on the Rights of the Child* provides that children have a right to express their views on all matters which affect them.⁴⁵⁷ Children, families/kin and people with lived experience have a deep understanding of the current challenges and failings of ACE-related systems, services and policy and can, therefore, provide valuable insight and advice for improvement.

Governments should not only ensure that children, families/kin, and people with lived experience are meaningfully consulted about any issues which may affect them, but that these cohorts are involved in co-design and are empowered to create real change. The government should also recognise the diversity and complexity of family/kin structures in Australia and strive to involve and learn from a diverse range of voices. This will help ensure that all systems, services, and policy are fit for purpose.

⁴⁵⁶ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Final Report - Volume 8, Criminal justice and people with disability* (Recommendation 8.4). <https://disability.royalcommission.gov.au/publications/final-report-volume-8-criminal-justice-and-people-disability>

⁴⁵⁷ United Nations. (1989). *United Nations Convention on the Rights of the Child*. <https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>

'People can ignore what children say and dismiss it. I feel that we need to listen to children as a first step. Emotional intelligence starts from birth, and we need to listen to our children to break cycles of intergenerational trauma.'

- Lived Experience, Suicide Prevention Australia, SEDS project

Recommendations:

12. The Commonwealth Government should work with state and territory governments to formulate co-design principles to govern the development of all ACE-related policies, systems and services. This should facilitate input from a diverse range of children, families/kinship networks and people with lived and living experience of ACEs to any ACE-related government decision-making.
13. All governments should invest in programs which upskill children, families and people with lived experience of ACEs to enable them to meaningfully participate in the development of ACE-related policies, systems and services.

Principle 4: Provide perinatal, parenting and caregiver support with a particular focus on those with lived and living experience of ACEs

Parents, caregivers and kinship networks, especially those who have experienced ACEs, should have access to the guidance and specialised support they need to help ensure that all children in Australia are raised in a positive and caring environment.

All parents should be equipped with the skills needed to create a safe environment for their child which minimises the risk of harm. During our consultations, stakeholders raised that harmful parenting styles, such as withholding affection or attention, can result in ACEs. We also heard from people with lived experience that parenthood can be an exceedingly challenging time for those who have experienced ACEs, who may not have a reference of what 'good' parenting looks like. Stakeholders proposed that all parents in Australia should have access to a free parenting course to improve their confidence and skills in parenting and to help prevent ACEs from occurring.

Currently, Australia lacks a standard, national parenting program. A good example of the type of program needed is the 'Positive Parenting Program' – also known as 'Triple P' – which is a free, evidence-based parenting program.⁴⁵⁸ Triple P was developed in Australia as an early intervention and prevention model to support child and parent wellbeing.^{459,460} However, while the Triple P program is accessible in some regions, it is not in others.

⁴⁵⁸ Triple P. (2024). *Triple P Positive Parenting Program*. <https://www.triplep-parenting.net.au/triple-p/>

⁴⁵⁹ Sanders M. R. (2023). The Triple P System of Evidence-Based Parenting Support: Past, Present, and Future Directions. *Clinical Child and Family Psychology Review*, 26(4), 880–903. <https://doi.org/10.1007/s10567-023-00441-8>

⁴⁶⁰ Australian Institute of Family Studies. (2015, June). *The Triple P-Positive Parenting Program*. <https://aifs.gov.au/research/family-matters/no-96/triple-p-positive-parenting-program>

Implementing a standard national parenting program, which all parents can access for free, would help ensure that parents have the necessary skills to care for and connect with their child and that children are raised in safe, non-violent, and non-coercive environments.

In our consultations, stakeholders suggested that, as part of a standard, national parenting program, advertisements and resources promoting positive parenting should be made widely available. These could be made available online and at locations parents and caregivers frequent, such as primary care services, sporting clubs, community centres and in shopping centres. These resources could also include information on parenting support services so that parents know where to locate and access support. We heard from our members that, although there are parenting resources available, cross-jurisdictional coordination and reach should be improved to ensure that parents and caregivers, located across all regions of Australia, have access to positive parenting resources.

During consultations, we found that stakeholders supported a publicly-funded messaging campaign to encourage positive parenting and discourage child abuse and maltreatment. Public messaging campaigns can be successful in changing people's behavior and attitudes and reducing unwanted behavior and a positive parenting campaign could help reduce the number of children entering the care system in Australia. Single standalone strategies do not work, and a public messaging campaign would need to form part of an overall framework to address ACEs, which has multiple and mutually reinforcing strategies.

Besides primary prevention parenting initiatives targeting the whole population, early intervention is particularly important for adults with ACEs, who are either contemplating parenthood or who have become parents. People with high ACE exposure often do not have models of positive parenting practices because they did not experience these growing up. Early intervention to support these people to understand and cope with their complex trauma would help them to be better equipped to engage in parenting programs and to become parents. Some stakeholders also suggested that there should be parenting programs specifically targeted to this cohort to provide them with the additional skills, knowledge and supports they are likely to need.

With respect to early intervention parenting supports, in our consultations, we heard that mental health supports that include the whole family, under a family-centred framework, often have the best outcomes. However, Australia's mental health system generally focuses on diagnosing and treating individuals instead of supporting family/kin as a unit, through therapeutic supports such as family therapy. This is problematic considering that, if one family/kin member has experienced ACEs, the whole family may be impacted. We consider that models of care should be reformed to recognise that entire families/kin and households can be affected and to enable families/kin to access support and treatment services together.

Recommendations:

14. The Commonwealth Government should fund a standard, national parenting program which parents and caregivers can access for free, to learn the skills needed to raise children in a positive, supportive, and caring environment. This should include a nationwide public messaging campaign and access to positive parenting resources for all parents and caregivers.
15. The Commonwealth Government should work with state and territory governments to provide targeted prevention and early intervention support services, to vulnerable parents and caregivers, to encourage positive parenting practices and help prevent harmful parenting behaviours.

16. The Commonwealth Government should develop a national family mental health care strategy to facilitate access to mental health care support services that address the family as a unit, such as family therapy programs. Models of care should recognise that, where a whole family or kinship network is affected by ACEs, individualised interventions may be less effective than family-centred supports

The first 1,000 days of life are an important period for development, and for infants to thrive they must have their needs met, and form a secure attachment with a caring, responsive caregiver. During consultations, stakeholders raised that all new parents who require support should have access to a nurse home visiting program to help improve infant and parent wellbeing and reduce the likelihood of ACEs occurring. A recent, epidemiological research study, using Australian data, also recommended that nurse home visiting programs be made available to prevent child maltreatment.⁴⁶¹

A nurse home visiting program involves a maternal child health nurse regularly visiting a home, from the time of a child's birth until they are two years of age, to ensure that parents build positive parenting skills and have the skills and confidence to parent. Nurse home visiting programs also allow for the early identification of at-risk children and referral to appropriate services. While nurse home visiting programs operate across Australia, there are several regions which lack access to these services. Nurse home visiting programs should be accessible across all regions of Australia to support new parents and caregivers and to improve the wellbeing of children.

Recommendation:

17. State and territory governments should ensure that all families/kin across Australia have access to a nurse home visiting program to increase access to support during the perinatal period. This will enable the early identification and referral to appropriate services of at-risk children and parents or caregivers with a history of ACEs who need support to develop positive parenting practices.

There are several adverse events which can occur during and post pregnancy, such as birth trauma, infant loss, postpartum depression, anxiety and psychosis, which can heighten suicide risk for new parents. New parents can also struggle to adjust to the challenges and changes associated with parenthood and, where they feel overwhelmed by these changes, this can further increase suicide risk. Sadly, suicide is one of the leading causes of maternal death.⁴⁶² If a parent experiences suicidal behaviour or if there is parent loss from suicide this can disrupt parent-child attachment and can lead to ACEs. It is critical that all parents at heightened vulnerability to suicide are identified and have access to appropriate support. The Australian Association of Psychologists recommends that up to 40 Medicare-rebated psychology sessions should be provided to give adequate support to parents and caregivers in the perinatal period.⁴⁶³ Funding to specialist perinatal support services, such as The Gidget Foundation, should also be increased so that free mental health support is more available during this period.

⁴⁶¹ Grummitt, L., Baldwin, J.R., Lafoa'i, J., Keyes, K.M., & Barrett, E.L. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry*. <https://doi.org/10.1001/jamapsychiatry.2024.0804>

⁴⁶² Australian Institute of Health and Welfare. (2023). *Australia's mothers and babies: maternal deaths*. <https://www.aihw.gov.au/reports/mothers-babies/maternal-deaths-australia>
⁴⁶³ Australian Association of Psychologists. (2023). *Peak psychology group calls for 40 sessions for perinatal women*. <https://www.aapi.org.au/Web/Web/About-AAPI/Media/Media-Releases/40sessionsforpnd.aspx>

In consultations, we heard that, during pregnancy and early parenthood, parents tend to reflect on their own childhood and consider what they would like to do the same or differently from their own parents or caregivers. We heard that this period of reflection can sometimes cause traumatic and repressed memories to surface which can cause distress and mental-ill health. A report, published in 2020 by the Productivity Commission, identified that one in five women experience anxiety in the perinatal period and that one in ten new fathers or partners experience perinatal depression and/or anxiety.⁴⁶⁴ To better support new parents and caregivers, the Productivity Commission recommended that the Commonwealth Government should, as a priority, introduce universal screening that identifies mental ill-health in new parents.⁴⁶⁵ Strategies to introduce universal screening could include use of existing maternal and child health services, online screening, and outreach services. Considering suicide is one of the leading causes of maternal death, we consider the Commonwealth Government should go further than the Productivity Commission recommendations and also screen for suicide risk: 'The frequent interactions of families with healthcare providers in the perinatal period afford a valuable opportunity to improve detection of mental ill-health and offer early intervention.'⁴⁶⁶

Recommendation:

18. The Commonwealth Government should provide funding to improve access to perinatal specialist support services, which provide free counselling, screening and support for expectant and new parents. All governments should promote universal screening using the *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline (2023)*⁴⁶⁷, developed by the Centre of Perinatal Excellence. This will enable early intervention to prevent suicide among parents and caregivers who have experienced ACEs.

Research indicates that a significant proportion of children who receive treatment for substance use have experienced ACEs.^{468,469,470} For a developing child, exposure to alcohol and other drugs can have negative long-term impacts including early school leaving, unemployment, mental ill-health, and suicide.^{471,472}

In our consultations, stakeholders raised that parents and caregivers should have access to programs, advice and resources that support them to prevent, and better respond to, alcohol and drug misuse in children. This could form part of any standard, national parenting program that is introduced. In addition, we heard that it is crucial that both parents/caregivers and children have access to alcohol and drug support and treatment services. This would help prevent, and ameliorate the negative impacts of, alcohol- and drug-related harms to children.

⁴⁶⁴ Productivity Commission. (2020). *Mental Health Inquiry Report – Volume 1*. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

⁴⁶⁵ Productivity Commission. (2020). *Mental Health Inquiry Report – Volume 1 (Recommendation 5, Action 5.1)*. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

⁴⁶⁶ Productivity Commission. (2020). *Mental Health Inquiry Report – Volume 1*. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

⁴⁶⁷ Centre of Perinatal Excellence. (2023). *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. https://www.cope.org.au/wp-content/uploads/2023/06/COPE_2023_Perinatal_Mental_Health_Practice_Guideline.pdf

⁴⁶⁸ Khoury, L., Tang, Y. L., Bradley, B., Cubells, J. F., & Ressler, K. J. (2010). Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population. *Depression and Anxiety*, 27(12), 1077–1086. <https://doi.org/10.1002/da.20751>

⁴⁶⁹ Funk, R. R., McDermett, M., Godley, S. H., & Adams, L. (2003). Maltreatment issues by level of adolescent substance abuse treatment: the extent of the problem at intake and relationship to early outcomes. *Child Maltreatment*, 8(1), 36–45. <https://doi.org/10.1177/1077559502239607>

⁴⁷⁰ Deykin, E. Y., & Buka, S. L. (1997). Prevalence and risk factors for posttraumatic stress disorder among chemically dependent adolescents. *The American Journal of Psychiatry*, 154(6), 752–757. <https://doi.org/10.1176/ajp.154.6.752>

⁴⁷¹ Skylstad, V., Babirye, J. N., Kiguli, J., Skar, A. S., Kühl, M. J., Nalugya, J. S., & Engebretsen, I. M. S. (2022). Are we overlooking alcohol use by younger children?. *BMJ Paediatrics Open*, 6(1), e001242. <https://doi.org/10.1136/bmjpo-2021-001242>

⁴⁷² Castellanos-Ryan, N., O'Leary-Barrett, M., & Conrod, P. J. (2013). Substance-use in Childhood and Adolescence: A Brief Overview of Developmental Processes and their Clinical Implications. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 22(1), 41–46.

As alcohol and drug misuse is often related to having experienced ACEs, all alcohol and drug support services must be trauma-informed. In addition to providing specialised drug and alcohol interventions, they should be skilled in delivering complex trauma interventions.

Recommendations:

19. Governments should ensure that adults from all regions of Australia who are engaging in harmful levels of alcohol and drug consumption have timely access to alcohol and drug support services. This will enable parents and caregivers to access alcohol and drug treatment, where needed, which will reduce alcohol- and drug-related harms to children.
20. Governments should ensure that all children impacted by alcohol and other drug related harms from a parent or caregiver, have access to appropriate support services and are aware of these services. This will reduce the impact of ACEs arising from harmful levels of parental substance use and misuse.

Support to parents and caregivers should include government support to prevent eating disorders, and the poor health consequences of eating disorders, in children and young people. Research has consistently linked exposure to ACEs to the development of eating disorders, and it has shown that ACE exposure is associated with more severe eating disorders, more co-occurring mental health problems, and poorer treatment outcomes.^{473,474,475}

The Butterfly Foundation, a national charity advocating for the needs of those with eating disorders and body image issues, considers that Australian children and young people currently face unprecedented issues with negative body image, disordered eating and eating disorders.⁴⁷⁶ It notes that, between 2012 and 2024, the prevalence of eating disorders in youth aged 10 to 19 increased by 86%⁴⁷⁷ and that the social media environment is a contributor to this increase. The Butterfly Foundation recommends a range of government interventions to address the concerning trend of large increases in the number of young people affected by eating disorders.⁴⁷⁸ We support its recommendation that evidence-based eating disorder prevention and body image interventions should be rolled out nationally.⁴⁷⁹ Current evidence-based interventions include Media Smart, Media Smart-Targeted and the Body Project.⁴⁸⁰

Recommendation:

21. The Commonwealth Government should coordinate the national roll-out and implementation of evidence-based eating disorder prevention and body image interventions at scale, to prevent harms associated with experiencing poor health in childhood.

⁴⁷³Caslini, M., Bartoli, F., Crocamo, C., Dakanalis, A., Clerici, M., & Carrà, G. (2016). Disentangling the association between child abuse and eating disorders: A systematic review and meta-analysis. *Psychosomatic Medicine*, 78(1), 79–90. <https://doi.org/10.1097/PSY.0000000000000233>

⁴⁷⁴Eielsen, H. P., Ulvenes, P., Hoffart, A., Rø, Ø., Rosenvinge, J. H., & Vrabel, K. (2024). Childhood trauma and outcome trajectories in patients with longstanding eating disorders across 17 years. *The International Journal of Eating Disorders*, 57(1), 81–92. <https://doi.org/10.1002/eat.24067>

⁴⁷⁵Nelson, J. D., Martin, L. N., Izquierdo, A., Kornienko, O., Cuellar, A. E., Cheskin, L. J., & Fischer, S. (2023). The role of discrimination and adverse childhood experiences in disordered eating. *Journal of Eating Disorders*, 11(1), 29. <https://doi.org/10.1186/s40337-023-00753-8>

⁴⁷⁶Butterfly Foundation. (2024). Social Media, Body Image and Eating Disorders Roundtable. <https://butterfly.org.au/wp-content/uploads/2024/05/Roundtable-Recommendations-FINAL-ONLINE.pdf>

⁴⁷⁷Ibid.

⁴⁷⁸Ibid.

⁴⁷⁹Ibid.

⁴⁸⁰Ibid.

The National Children’s Commissioner is responsible for promoting the rights, wellbeing and development of children and young people in Australia.⁴⁸¹ Given the National Children Commissioner’s role at the national level they should ensure that all recommendations related to improving perinatal, parenting and caregiver support are fully and meaningfully implemented across Australia. Where appropriate, giving responsibility to the National Children’s Commissioner, in consultation with State and Territory Children’s Commissioners, would promote accountability and help enact change. The National Children’s Commissioner should meet regularly with all State and Territory Children Commissioners to discuss progress and to ensure the full and meaningful implementation of these measures

Recommendation:

22. The Commonwealth Government should, where appropriate, task the National Children’s Commissioner with responsibility for coordinating implementing measures introduced to improve perinatal, parenting and caregiver support. Regular meetings should be held, attended by the National Children’s Commissioner and all State and Territory Children Commissioner’s, to ensure implementation of these measures.

Principle 5: Ensure support services are resourced and equipped to identify people living with the impacts of ACEs and respond to complex trauma which ensues

All services which support children and adults who have experienced ACEs must use a trauma-informed and culturally safe approach to help prevent re-traumatisation, improve health and wellbeing outcomes, and to help prevent suicide among victim-survivors.

During consultations, people with lived experience raised that the workforce, which supports people who have experienced complex or severe trauma, can lack the training and expertise to provide appropriate support. Australian governments should ensure that the workforce which supports people living with complex or severe trauma receive adequate training and can recognise trauma symptoms in diverse population cohorts. People living with complex trauma can be labelled ‘too complicated’ and practitioners can lack the skills and expertise needed to support people with multiple, complex and intersectional issues.

There can also be a discord as medical practitioners are trained to use the *Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5)* to diagnose mental health disorders, yet people with a history of ACEs may not fit neatly into a specific diagnostic category. Trauma reactions can differ across population groups, and it is vital that the workforce is trained to look beyond the Western, biomedical model to better meet the needs of children and adults with a history of ACEs.⁴⁸² During consultations, stakeholders also raised that the workforce can lack the training to identify trauma symptoms in people who are neurodiverse. People who are neurodiverse are significantly more likely to experience childhood trauma, yet there is an elevated risk of underdiagnosis and under-treatment of traumatic symptoms.^{483,484}

⁴⁸¹ Department of Social Services. (2019). National Children’s Commissioner. National Children’s Commissioner | Department of Social Services, Australian Government (dss.gov.au)

⁴⁸² Patel, A. R., & Hall, B. J. (2021). Beyond the DSM-5 Diagnoses: A Cross-Cultural Approach to Assessing Trauma Reactions. *Focus (American Psychiatric Publishing)*, 19(2), 197–203. <https://doi.org/10.1176/appi.focus.20200049>

⁴⁸³ Cruz, D., Lichten, M., Berg, K., & George, P. (2022). Developmental trauma: Conceptual framework, associated risks and comorbidities, and evaluation and treatment. *Frontiers in psychiatry*, 13, 800687. <https://doi.org/10.3389/fpsy.2022.800687>

⁴⁸⁴ Lobregt-van Buuren E, Hoekert M, Sizoo B. Autism, Adverse Events, and Trauma. In: Grabrucker AM, editor. (2021). Autism Spectrum Disorders. Exon Publications. Chapter 3. Available from: [Autism, Adverse Events, and Trauma - Autism Spectrum Disorders - NCBI Bookshelf \(nih.gov\)](https://doi.org/10.3389/fpsy.2022.800687)

All adults who work with children should have the skills to undertake trauma-informed safety planning with at-risk children. Safety planning is a brief intervention which could help prevent suicide among children with a history of ACEs. The most widely used safety planning framework was established by Stanley and Brown⁴⁸⁵ who note that the goal of safety planning is for people to become more aware of their personal warning signs that a suicidal crisis is beginning or escalating so that they can take action before they are in danger of acting on their suicidal feelings.⁴⁸⁶ A systematic scoping review of the literature suggests that safety planning should be routine for children and young people experiencing suicidal thoughts.⁴⁸⁷

For suicide prevention to be effective, it is vital that key people in the community, such as general practitioners, receive suicide prevention training. Connector training, also referred to as gatekeeper training, is also essential. This ensures that individuals who are in regular contact with people at risk of suicide are equipped with suicide prevention skills and can respond effectively to those in need. Individuals who act in this capacity fulfill a key role in the community and are often the first to recognise the warning signs of suicide. With the right training, connectors within communities can have a conversation that could shift a person's mental health, wellbeing, or suicide risk.

To improve support for children and adults with a history of ACEs, the government should also invest in the peer workforce. During consultations it was raised that people with a traumatic upbringing or who have experienced institutional betrayal may be uncomfortable accessing support services as they may not trust formal systems and may feel alienated. Peer support is an alternative to a clinical intervention which could encourage people with a history of ACEs to access support. The government should invest in a peer workforce that can adequately support people with complex trauma who have been exposed to multiple ACEs. This will help ensure that people who have experienced ACEs receive support to help them find a place of safety and stability and develop coping mechanisms.

In particular, the government should fund peer support or lived experience groups for people with a history of ACEs. These groups allow people to connect with others who share a similar experience in a group setting, either online or face-to-face, to discuss their knowledge and learn coping skills with others in a safe space. Peer support groups are particularly helpful for increasing social connection, and improving resilience, self-esteem, and wellbeing using a professionally facilitated peer support model. Local peer support groups could be offered in primary care settings and facilitated by a trained mental health practitioner who has received suicide prevention first aid training and is able to recognise suicidal indication. Different peer support groups can be offered for children and adults.

To drive the implementation of these recommendations and to better support children and adults who have experienced ACEs the Commonwealth Government should fund and implement a national set of guidelines for working with people with ACEs and complex trauma. The Commonwealth Government should also invest in related programs which focus on upskilling adults who work directly with children, suicide prevention training for adults who come in contact with vulnerable members of the community who have experienced ACEs and face-to-face and online peer support programs for people at risk of suicide who have experienced ACEs.

⁴⁸⁵ Stanley-Brown Safety Planning Intervention. (2024). "How has the safety plan helped me". <https://suicidesafetyplan.com/#:-:text=The%20Stanley-Brown%20Safety%20Planning%20Intervention%20is%20a%20brief%2C,suicidal%20individual%20that%20aims%20to%20mitigate%20acute%20risk>.

⁴⁸⁶ Stanley-Brown Safety Planning Intervention. (2024). "How has the safety plan helped me". <https://suicidesafetyplan.com/#:-:text=The%20Stanley-Brown%20Safety%20Planning%20Intervention%20is%20a%20brief%2C,suicidal%20individual%20that%20aims%20to%20mitigate%20acute%20risk>.

⁴⁸⁷ Abbott-Smith, S., Ring, N., Dougall, N., & Davey, J. (2023). Suicide prevention: What does the evidence show for the effectiveness of safety planning for children and young people? - A systematic scoping review. *Journal of psychiatric and mental health nursing*, 30(5), 899–910. <https://doi.org/10.1111/jpm.12928>

Recommendation:

23. The Commonwealth Government should drive the adoption and implementation of a national set of guidelines for working with people with ACEs and complex trauma, and related programs including:

- (1) A taskforce to ensure that adults who work directly with children can undertake safety planning and have the skills to support children who have experienced ACEs who are at risk of suicide.
- (2) Suicide prevention training for community members who are likely to come into contact with children and adults who have experienced ACEs.
- (3) Face-to-face and online peer support programs for children and adults who have experienced ACEs to help prevent suicide.

Case Study – A person with lived experience

I first came into contact with mental health services in 1996 when I was 19 years old. Now, at the age of 46, my brain is completely fried from dozens of experiences of unhelpful help such that I simply don't know what to do. I feel like I'm drowning in hopelessness and despair. My greatest solace is that I'm now almost certainly more than half-way through my life. This makes me feel like I'm on the home run.

During my late teens I formed a strong attachment to my church minister. I viewed him as a father figure, my biological father having died when I was 7 years old. My minister was the person I turned to after being in a "relationship" with one of the church youth group leaders for two years. When the "relationship" began, I was 14 and this leader was 32 years old. This man made me feel special...until he didn't.

My minister was aware of the situation but didn't feel the need to intervene. When I tried to speak with him about it, he told me to "confess any sin involved, put it behind me and move on." Despite this less-than-helpful advice, I formed a deep attachment to my minister and for a couple of years I was a regular visitor in his home. Then one day he decided we could no longer spend so much time together because although there was nothing inappropriate in our relationship, he feared that it could be misconstrued.

I was devastated. This was the man I regarded as my father-figure. This was the man who routinely called me "kiddo" and happily accepted the birthday, Christmas and Father's Day gifts I bestowed on him. This was the man who once introduced me as "daughter number three." Then suddenly he was gone.

I believe my reaction to this loss was entirely understandable in the context of my story. However, my deep grief and consequent chaotic behaviour, including significant self harm and multiple suicide attempts, was pathologized. In 1996, at the insistence of my minister, I saw my first therapist and I quickly received the label of Borderline Personality Disorder (BPD). It was all pretty much downhill from there.

Case Study – A person with lived experience

When I first received the BPD label, I felt relieved to know that I wasn't the only person who struggled in the ways that I did. However, this relief was quickly replaced with shame as I experienced the stigma directed towards people labelled with BPD. Apparently I was demanding, manipulative, utterly selfish, difficult, annoying, exhausting to be with, and scary.

Today I believe it is absurd to describe any person as having a disordered personality. Today I also know that I am autistic and that it is very common for autistic women to be labelled with BPD. I was 36 when I figured out I was autistic and paid a clinical psychologist to confirm what I already knew. By this time, I had been in the mental health system for 17 years. Imagine how different my world might be if one of the many mental health professionals I had seen by this time had looked beyond the BPD label and noticed the autistic woman before them.

During my late teens and early twenties, I had numerous involuntary hospital admissions in the context of suicidal crisis. Then, as time went on, I started to seek help at the hospital emergency department when I recognised I was descending into crisis. However, when I sought help, I was turned away. This is how I learned about the absurd way in which the public mental health system responds to people experiencing suicidal distress; if others take you to hospital when you know you don't need to be there, you risk being involuntarily detained, but if you seek help for yourself, you are likely to be turned away. Due to many awful experiences in hospital, including seclusion and mechanical restraint, I won't ever again 'reach out for support' at the hospital or anywhere where there is a risk that someone might call triple zero on me.

That first private therapist who I started seeing in 1996 dumped me as a client at the end of 1997 after I attempted suicide. In his mind, this was a 'real' attempt in contrast to my numerous previous attempts. He told me that he never thought I would 'actually do it' and that since I had, he couldn't keep seeing me.

Thus began a hellish period of therapist shopping. Finding helpful help should not be this hard! Good therapists should be the norm, not the exception. Finally, in April of 1999 I found a psychologist who I believed would be a helpful helping person. And he was a helpful helping person in many ways. I could always count on him to be there, to listen to the dozens of messages I left on his phone, and to call me back whenever I asked him to. For sixteen years he was there, the one stable presence in my otherwise chaotic world. But the relationship was...complicated. I understand now that our "therapeutic relationship" wasn't entirely therapeutic. In 2021 "Fred" was prosecuted by the Health Care Complaints Commission (HCCC) for things that happened between us. The details of that story are for another day.

After disentangling myself from the relationship with 'Fred' in 2015, I again searched for helpful help. I started with a psychologist a few months later and she subsequently became known as therapist-take-one. In May of 2023, I walked away from therapist-take-eighteen. I don't believe there will be a therapist-take-nineteen.

Of the eighteen therapists I have seen in the past eight years, one was a helpful helping person. She was therapist-take-thirteen and if I could have stayed with her, I would be in a very different place by now. She was the person I told about 'Fred'. She made the notification to the HCCC and she told me that even though she didn't really know what was going to happen, we would navigate it together. But alas, her mum became terminally ill and she resigned. I started seeing another psychologist in the practice but she dumped me as a client. Almost four years since our last appointment, the loss of therapist-take-thirteen remains a crushing loss in my world.

Therapist-take-thirteen showed me that helpful helping people exist. I know they're out there but finding them is like searching for one sharp needle in a haystack of blunt needles. It shouldn't be this way. I believe the scarcity of good psychologists and other mental health professionals is due to how these people are trained. For example, although the term 'trauma-informed' is a well-worn buzzword, in my experience most mental health professionals don't really know what it means, and they certainly don't know how to support people with complex trauma related issues.

Furthermore, the systems within which mental health professionals work are not trauma informed. Long-standing trauma-related issues cannot be fixed in ten or twenty therapy sessions. Given that I have a very extensive history of loss, the last thing I need is to find a helpful helping person and then lose them again a few months later because of funding issues. But that is what I would face, even if I was brave enough to try again. I am reliant on either the NDIS or Victims Services to fund any future therapy. However, neither of these systems provides any sense of certainty. How could I start over with someone not knowing if I will still be able to see them in twelve months? Such uncertainty is the antithesis of trauma informed care.

For this reason, I can't see myself trying to find helpful help again. I'm tired and I think I'm done. Now I just want to help make things better for those who come after me. I want to see a system where people with complex issues can get the support they need in order to create a life worth living. I want others to have what my nineteen-year-old self so desperately needed. What we are currently doing isn't working. It's time to do better. Please do better.

Principle 6: Build the capacity of education institutions to identify presentations of ACEs and unresolved trauma early and refer appropriately

Educational institutions should play a key role in identifying children who have experienced ACEs and preventing exposure to ACEs. School-aged children should be supported to recognise ACEs and to access appropriate, child-friendly services to help reduce suicide risk among children who have experienced ACEs.

During consultations, stakeholders raised that education institutions can play a role in the identification and prevention of ACEs. This was also noted by the Royal Commission into Institutional Responses to Child Sexual Abuse, which identified that schools and educational settings are a key area for the implementation of trauma-informed care.⁴⁸⁸ For children who

⁴⁸⁸ Quadara, A & Hunter, C. (2016). *Principles of trauma-informed approaches to child sexual abuse: A discussion paper*. Australian Government, Royal Commission into Institutional Responses to Child Sexual Abuse.

have been exposed to trauma, it is particularly important that they can develop a supporting, caring relationship with a teacher who is able to provide a safe, supporting relationship.

Concerningly, in our consultations, several people with lived experience and a history of ACEs stated that they were labelled as ‘bad’ at school and that teachers lacked the skills to identify that their classroom behaviour was linked to ACEs. Children who have been exposed to a traumatic experience may find it difficult to concentrate in class due to a heightened state of arousal or concerns about their safety and security.⁴⁸⁹ It has also been identified that over 50% of teachers do not feel equipped to support children with wellbeing and mental health issues.⁴⁹⁰

Teachers should be upskilled to identify children experiencing or at risk of ACEs and should understand how trauma can impact behaviour. This will improve teacher responses and reduce the likelihood of children being re-traumatised or educators experiencing vicarious trauma.

Recommendation:

24. The Commonwealth Government should work with state and territory governments to fund basic trauma training for teachers and the adoption of trauma informed service delivery for all educational institutions. This will ensure adequate support for children, with a history of ACEs, in the school environment to help reduce suicide risk.

Children should have the capacity and language to talk about ACEs and should be able to recognise unsafe situations and physical warning signs signalling they are unsafe. In addition, children should also be equipped with the skills to communicate with a safe adult when they have been exposed to ACEs and to ask for support. To ensure this, the Commonwealth Government should fund an ACEs training module, to be completed by all school children.

In addition, parents or carers should be able to rely on teachers for advice on where to find appropriate support services for their children. The Commonwealth Government should invest in resources for teachers that list appropriate services for both children and parents/caregivers.

During consultations, we heard that youth workers and youth mentors can help children exposed to ACEs improve their self-esteem, better manage stressful situations, and build positive relationships. For this reason, children living in disadvantaged areas, who are more likely to be exposed to multiple ACEs, should have access to youth workers and youth mentors in both primary and secondary school settings.

Considering that ACEs can have long-term detrimental impacts and negatively affect educational and employment outcomes, adult students who have experienced ACEs may require significant support.⁴⁹¹ In addition, universities and the Vocational Education and Training (VET) sector should be made aware of the link between exposure to ACEs, poor academic and employment outcomes and the increased risk of suicide to ensure that appropriate supports are in place for students.

⁴⁸⁹ Monash University. (2019). *Five approaches for creating trauma-informed classrooms*. <https://www.monash.edu/education/teachspace/articles/five-approaches-for-creating-trauma-informed-classrooms>

⁴⁹⁰ Schools Plus. (2023). *Impact Report 2023. Every child has the right to the same opportunities*. [Reports - Australian Schools Plus](#)

⁴⁹¹ Hardcastle, K., Bellis, M. A., Ford, K., Hughes, K., Garner, J., & Ramos Rodriguez, G. (2018). Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: findings from a retrospective study. *Public Health, 165*, 106–116. <https://doi.org/10.1016/j.puhe.2018.09.014>

In collaboration with state and territory government, we recommend that the Commonwealth Government work with universities and the VET sector to ensure that there are adequate supports in place for adult students who have experienced ACEs who are at heightened risk of suicide. The appropriate supports would help adult students cope with challenges related to experiencing ACEs and may increase likelihood of course completion and improve future employment prospects.

Recommendations:

25. The Commonwealth Government should work with state and territory governments to fund an ACEs training module for all school children. This module should provide children with the skills to recognise when they, or their peers, are experiencing ACEs and make them aware of appropriate support services that they can access.
26. The Commonwealth Government should work with state and territory governments to invest in a suite of resources that will equip teachers to refer parents and caregivers to suitable support services for children with a history of ACEs, who may be at risk of suicide.
27. The Commonwealth Government should work with state and territory Governments to invest in mentors for children who have experienced ACEs in primary and secondary schools to help improve coping skills, self-esteem and positive outcomes among children.
28. The Commonwealth Government should work with state and territory governments, universities and with the Vocational Education and Training sector to improve awareness of the impacts of ACEs and related suicide risks and to ensure measures are implemented to better support students to help prevent suicide.

Principle 7: Upskill and educate workplaces and the general community to improve knowledge and awareness of ACEs

Workplaces and the general community should have a sound understanding of the long-term impacts of ACEs and the increased risk of suicide among children and adults who have experienced ACEs. This will help improve support within communities and workplaces for people who have experienced ACEs and help prevent suicide.

During consultations, stakeholders suggested there should be a national campaign which educates the general community on the diverse types and impacts of ACEs, to reduce stigma for victim-survivors and to encourage people to access support. People with lived experience explained that a campaign would help their friends and families understand the potential impacts and long-term consequences of various ACEs. It could also help prevent ACEs through raising people's awareness about when their behaviour is likely to harm a child.

We heard that there should be separate awareness-raising measures that target workplaces to improve the ability of employers to support employees who have experienced ACEs and to prevent suicide. This would assist employers and Human Resource professionals to identify when workplace behaviors, such as task avoidance or absenteeism, are linked to ACEs so that the employer could provide meaningful support. In addition, workplace awareness-raising could reduce stigma and discrimination in the workplace and help create a more supportive environment for employees who have experienced ACEs. To help achieve this, we recommend that ACEs and suicide prevention awareness should be made

a requirement of industrial awards and registered agreements for Human Resource professionals and other workers with relevant roles.

It is also critical that workplaces are encouraged to adopt family friendly policies and to embrace a flexible work culture to better support working parents and caregivers. Organisations should be encouraged to achieve Family Friendly Certification to help embed a family-friendly workplace culture and supportive environment.⁴⁹² This will help reduce stress and improve the wellbeing of working parents and caregivers and could help prevent the perpetration of ACEs such as child maltreatment, abuse and neglect.

Recommendations:

29. The Commonwealth Government should invest in a campaign to raise awareness about the different types of ACEs, which decreases stigma and encourages people with a history of ACEs to access support. This should include additional funding for ACE support services to meet the increased demand resulting from the campaign.
30. The Commonwealth Government should provide incentives for Human Resource professionals to undertake training to support employees impacted by ACEs and who are at risk of suicide. An understanding of ACEs and suicide prevention should be made a requirement of industrial awards and registered agreements for Human Resource professionals and other workers with relevant roles.
31. The Commonwealth Government should provide incentives to organisations to implement family-friendly policies and to achieve Family Friendly Workplace certification. This will help to increase workplace flexibility for parents and caregivers and to prevent the long work hours that can lead to children experiencing ACEs.

Principle 8: Fund research to inform ACE-related policy and practice

Targeted research should be undertaken to inform interventions aimed at preventing or better responding to ACEs and to reduce the risk of suicide to continually improve the effectiveness of all related policies, systems and services.

During consultations, stakeholders maintained that there is a need for research which identifies ACE prevention strategies and mediating factors that can help reduce suicide risk. This research should be undertaken by the National Suicide Prevention Research Fund (Research Fund). The Research Fund was established in 2017 by the Commonwealth Government to support research into suicide prevention. Suicide Prevention Australia manages the fund on behalf of the Commonwealth Government.

It is critical that additional funding for the Research Fund is provided to enable research to be undertaken that advances our understanding of ACEs and translates this knowledge into practical, impactful services. This would enable Suicide Prevention Australia to deliver an enhanced research program over four years. Part of this funding can be used to undertake ACEs related research to help identify evidence-based and culturally safe initiatives and services to help prevent ACEs and suicide.

Recommendation:

32. The Commonwealth Government should provide funding for the National Suicide Prevention Research Fund to commission research focused on the link between ACEs

⁴⁹² Family Friendly Workplaces. (2024). *Introducing Family Friendly Workplaces*. [Family Friendly Workplaces Certification](#)

and suicide to help identify strategies to prevent suicide among children and adults who have experienced ACEs.

We heard, during consultations, that there are several research institutions in Australia, such as the Australian Institute of Family Studies, which undertakes research on ACE-related topics. These research institutions have a bank of existing data that could be used for further research. The Commonwealth Government should provide targeted funding so that these institutions can undertake research using these existing datasets. This would help advance knowledge of the impacts of ACEs and identify effective prevention strategies.

Recommendation:

33. The Commonwealth Government should provide targeted funding to research institutions to undertake research on the impacts of ACEs and identify effective ACE prevention strategies. This research could use existing datasets to improve the effectiveness of ACE-related services and programs.

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this paper.

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As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this paper.

If you or someone you know require 24/7 crisis support, please contact:

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

For general enquiries

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org