Suicide Prevention Australia

Adverse Childhood Experiences and Suicide

NOVEMBER 2025

Content warning

This report includes potentially confronting information and statistics on subjects such as childhood trauma, abuse and suicide. We urge all readers to take care and be mindful of any feelings of distress that might arise, either while reading the report or afterwards. If this occurs, you may wish to speak with a trusted friend or family member or reach out to one of the 24/7 support services listed at the end of this report.

Acknowledgement Statements:

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 and living experience helped guide the analysis and recommendations outlined in this report.

We particularly thank Suicide Prevention Australia's Lived Experience Panel for contributing their lived experience expertise to the development of issues and recommendations addressed in this report. We also want to acknowledge and thank members of the ACEs lived experience working group, Craig Hughes-Cashmore, Chaya Rainbird, Tanya Blazewicz and Rosiel Elwyn who were closely involved in the development of the report.

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 report.

Contents

CEO Foreword

Children experiencing traumatic events is, like suicide, a distressing topic to confront. Unfortunately, as the research outlined in this report makes clear, these events are all too common. Often referred to as Adverse Childhood Experiences (ACEs), over 60% of adult Australians have experienced at least one during their childhood, and some have experienced many. This can have a detrimental impact on the trajectory of a person's life and has been linked to a range of negative outcomes, including suicide.

It is important that we do confront these distressing topics in order to make sure that we as a nation are doing everything possible to not only support those who are being impacted by them, but also to prevent them from occurring in the first place. It is clear that isn't currently the case and that much more can and needs to be done.

We don't need an inquiry or Royal Commission to tell us that more needs to be done, a large number have already been held on ACEs and many of their recommendations have still not been implemented. And although there are areas where further research is required, we already have an extensive body of knowledge to guide action. There are also far too many people with lived experience of ACEs and suicide who can provide insights into what is needed.

This report pulls together a set of principles to guide action, as well as recommendations for specific initiatives under these principles that draw on the extensive evidence on ACEs. We hope this report can provide a blueprint as well as a call for action to address the pressing issues of ACEs and reduce the distress and suicide that they can cause.

Nieves Murray
CEO
Suicide Prevention Australia

Executive Summary

Adverse Childhood Experiences (ACEs) are traumatic events which can occur during childhood and may result from harmful interactions with family, peers, institutions or systems, such as the criminal justice system or child protection system. Exposure to ACEs is common and just over 60% of Australians aged over 16 report experiencing ACEs in childhood. There is a clear link between ACEs and suicide.

The purpose of this report is to set out principles and provide recommendations for government action to address ACEs, reducing the distress and risk of suicide they engender. The report is informed by extensive lived experience consultations, and an overview of previous government inquiries into, and of the research on, ACEs and suicide. It outlines the consultation processes undertaken, briefly summarises the research evidence showing the strong links between suicide and a range of ACEs, and lists key previous government inquiries into ACEs.

The following principles are outlined to guide government action:

- **Principle 1:** Implement a coordinated and strategic approach to ACEs and suicide prevention.
- **Principle 2:** Establish safe, nurturing relationships and environments for children and intervene early and actively when relationships and environments are not safe and/or nurturing.
- **Principle 3:** Listen and learn from the voices of children, families/kin and people with lived and living experience of ACEs and suicide.
- **Principle 4:** Provide perinatal, parenting and caregiver support with a particular focus on those with lived and living experience of ACEs.
- **Principle 5:** Ensure support services are resourced and equipped to identify people living with the impacts of ACEs and respond to the complex trauma which ensues.
- **Principle 6:** Build the capacity of education institutions to identify presentations of ACEs and unresolved trauma early and refer appropriately.
- **Principle 7:** Upskill and educate workplaces and the general community to improve knowledge and awareness of ACEs.
- **Principle 8:** Fund research to inform ACE-related policy and practice.

Under each principle a number of specific recommendations are made for government action. This report highlights the following recommendations as suggested focus areas:

- **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.
- **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 due to it.
- **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 support, including therapeutic interventions.
- **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.
- **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.

Introduction

There are, unfortunately, a range of potentially traumatic events that can occur in childhood. Research often describes these as Adverse Childhood Experiences (ACEs) and they can include abuse and neglect, household dysfunction and community stressors, such as economic hardship and discrimination.[1]

In addition, ACEs may result from abuse by family, peers, institutions, or systems such as the criminal justice system or child protection system.[2, 3] The distress arising from ACEs can be extreme and this is seen in the clear link between ACEs and suicide. Some research has found that child abuse and neglect is the leading behavioural risk factor for suicide among Australians, [4, 5] and that experiencing physical abuse, sexual abuse, emotional abuse or neglect in childhood may account for 41% of all suicide attempts among Australians aged 16 to 85.[6]

The purpose of this report is to set out principles and provide recommendations for government action to address ACEs, reducing the distress and risk of suicide they engender. These principles and recommendations aim to prevent ACEs from occurring and to better support people who have experienced ACEs by reducing their negative impacts and the associated increased suicide risks.

This report is informed by extensive lived experience consultations, and an overview of previous government inquiries into, and of the research on, ACEs and suicide. The report briefly sets out the consultation processes and background of the research and government inquiries, before outlining eight principles for government action with recommended initiatives under each. This report is also supported by a separate Background Paper, which gives a more detailed overview of the research and previous government inquiries and well as setting out the principles in more detail.

‘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

Our principles and recommendations for action to address ACEs are based on the public health model, an established model that has been applied in Australia and internationally. The public health model encompasses three tiers of prevention – primary, secondary and tertiary. Primary prevention is directed to the whole community, and this is necessary to prevent ACEs before they arise. Secondary prevention focuses on early intervention with at-risk communities, and it is required to stop the behaviours that result in ACEs from continuing and escalating. Tertiary prevention refers to effectively responding to people who have already experienced harm, which, with respect to ACEs, involves providing the full range of support needed to reduce the damaging impacts of ACEs and related suicide risks.

Governments in Australia are already undertaking a range of actions to address ACEs.[7] For example, the Commonwealth Government has adopted Safe and Supported: *The National Framework for Protecting Australia’s Children 2021-2031* and this includes some valuable initiatives to address ACEs.

However, approaches are often piecemeal with no coordinated action to address ACEs across all three tiers of prevention in the primary health model. There is also no whole-of-government approach to addressing ACEs, which would require collaborative efforts across portfolios and all levels of government. The principles and recommendations in this report are intended to address these gaps and to provide a blueprint for a more coordinated and effective approach to preventing ACEs and ameliorating their negative impacts.

We have heard from our members, people with lived and living experience of suicide and external stakeholders that we need to act urgently to prevent ACEs from occurring. We have also heard that we must better support children and adults who have experienced ACEs if we want to drive down the rate of suicide in Australia. This paper presents our blueprint for action to prevent ACEs and to reduce the longstanding, detrimental impacts of ACEs which can heighten suicide risk.

1 Scott, K. (2021). Adverse childhood experiences. InnovAiT, 14(1), 6-11. https://doi.org/10.1177/1755738020964498

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

3 Scott, K. (2020). Adverse childhood experiences. InnovAiT, 14, 6 - 11. https://doi.org/10.1177/1755738020964498

4 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

5 Australian Institute of Health and Welfare. (2021). New insights into suicide and self-harm in Australia, including potentially modifiable risk factors. New insights into suicide and self-harm in Australia, including potentially-modifiable risk factors - Australian Institute of Health and Welfare (aihw.gov.au)

6 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

7 Australian Government. (2021). Safe and Supported: the National Framework for Protecting Australia’s Children 2021-2031. https://www.dss.gov.au/families-and-children-programs-services-children-protecting-australias-children/safe-and-supported-the-national-framework-for-protecting-australias-children-2021-2031

Background and Evidence

Consultation

The principles and recommendations in this report are the product of extensive consultation. Suicide Prevention Australia's Lived Experience Panel and members identified ACEs as a priority area that should be the focus of this report. Several members of Suicide Prevention Australia's Lived Experience Panel provided input to develop the initial scope and focus of the report. Four members of the panel who have experienced ACEs then formed a working group to co-design the report and provide feedback on its content.

With the initial scope and focus determined, we then held 41 consultations with Suicide Prevention Australia members, external stakeholders and people with a lived and living experience of suicide to develop the content of the report. These consultations considered the impacts of ACEs and what action governments should take to address ACEs and, in so doing, reduce suicide risks. Feedback was also sought from Suicide Prevention Australia's Policy Advisory Committee. In addition, five people with lived and living experience of suicide provided case studies outlining the life changing impacts of ACEs, which have been included in this report.

Research

Besides consultation, this report draws on an in-depth desktop research review which identified research on ACEs and suicide. This research is set out in full in the accompanying Background Paper and summarised here.

The prevalence of ACEs in Australia is unacceptably high. 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).[8] This 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.[9,10]

There are a range of different experiences that can adversely impact on children, and the research shows that ACEs rarely occur in isolation.[11,12] Therefore, efforts to prevent ACEs and reduce suicide risk should address co-occurring ACEs.

8 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

9 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

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

11 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

12 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

These different experiences can be categorised in a number of ways, the following is a list of ACEs identified by the lived experience working group:

- 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 relating to each of these is presented in the accompanying Background Paper, including information on prevalence and the breadth of research linking these to suicide. Here key pieces of research on the links to suicide of each are summarised.

Bereavement: 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.[13,14,15] Children who are bereaved are at increased risk of suicide and more likely to die by suicide compared to the non-bereaved.[16,17,18] The death of a parent from any cause including suicide can increase the risk of suicide among children who have experienced such a bereavement between two to four times compared to non-bereaved children.[19,20,21,22,23]

Bullying: Children who are victims or perpetrators of bullying are more likely to experience suicidal ideation compared to children who are not involved in bullying.[24] Children who are victims of cyberbullying are nearly four times as likely to think about suicide or die by suicide compared to their peers.[25] Thirty per cent of children who report that they have been bullied at school experience suicidal ideation compared to 14% of their peers who have not been bullied.[26]

Child sexual abuse: People who have been sexually abused as children are significantly more likely to die by suicide compared to the general community[27,28] They are three times more likely to attempt suicide.[29] Some types of child sexual abuse, such as experiencing vaginal or anal penetration, are associated with higher rates of suicidal ideation and suicide attempts.30 Child sexual abuse frequently co-occurs with physical abuse31 and the age of the child when abused can impact suicide risk.[32] The younger children are when they are sexually abused, the more likely they are to experience suicidal ideation.[33]

‘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

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

2 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

3 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

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5 Ibid

6 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

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12 Skapinakis, P., Bellos, 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

13 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

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21 Ibid

Emotional abuse: Experiencing emotional abuse as a child can lead to feelings of deficiency, shame and self-sacrifice, which may lead to emotional problems and depression.[34] People who have experienced emotional abuse in childhood are at significantly greater risk of suicide compared to people who do not experience it.[35,36] They are two and a half times more likely to attempt suicide.[37]

Economic stressors: There are a range of economic stressors that can be traumatic for children, such as experiencing financial hardship and housing insecurity. Not all economic stressors have been extensively researched, but we know that children experiencing homelessness are two or three times more likely to attempt suicide compared to securely housed children.[38,39]

Experiencing poor health: Children who have chronic physical and mental health conditions are more likely to think about suicide and attempt suicide compared to their peers.[40] There is also a heightened risk of suicide among children with a diagnosed eating disorder.[41] A study found that among girls aged between 10 and 18 with a diagnosed eating disorder 60% experienced suicidal behaviour.[42] Another study found that among children aged 9-18 with a diagnosed eating disorder that 30% experienced lifetime suicidal ideation.[43] Poor health can have detrimental impacts on children's appearance, physical activities, friendships and psychological wellbeing, which can increase distress.[44] People who are diagnosed with cancer in childhood are also at increased risk of suicide.[45]

34 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

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42 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

43 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

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45 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

Living with household dysfunction: 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 different types of household dysfunction 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.[46] Children exposed to DFSV have more symptoms of anxiety and depression and an increased likelihood of self-harm, suicidal ideation and suicide attempts than those who have not experienced DFSV or other forms of maltreatment.[47]
- **Substance misuse:** Parental substance misuse can impact a parent's ability to provide a safe, stable and nurturing environment and meet a child's needs.[48] Children who live with a family member who abuses alcohol are significantly more likely to attempt suicide compared to their peers.[49]
- **Mental illness:** Living with a parent with poor mental health is a significant risk factor for poor mental health and suicide.[50] 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.[51] 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.[52]
- **Incarceration:** Children whose parents are incarcerated are significantly more likely to attempt suicide compared to their peers.[53] Parental or caregiver incarceration can magnify or cause financial, social and psychological challenges and disadvantages for children.[54] 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.[55] The link between depression and increased suicide risk is well-established.

46 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

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48 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

49 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

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51 Ibid

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55 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

‘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

Neglect: Experiencing neglect in childhood is a well-documented risk factor for suicide.[56] Children who experience emotional neglect are more than twice as likely to attempt suicide compared to their peers, while children who have experienced physical neglect have a 1.5-fold increased risk of attempting suicide.[57]

Physical abuse: People who have experienced physical abuse in childhood are at greater risk of suicide,[58,59] and are two and a half times more likely to attempt suicide compared to the general population.[60] The prevalence of suicidal ideation is about five times higher in adults who experience childhood physical abuse than in those who do not.[61]

Separation from a parent(s) or caregiver(s): Separation from a parent or caregiver can be overwhelming and traumatic for children as they may not have the developmental capacity to understand that a parent or caregiver will return.[62] People who have been separated from parents in childhood are more likely to attempt suicide compared to children who have not been separated.[63] Children separated since birth are more likely to attempt suicide compared to children separated during late childhood.[64]

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.[65] Similarly, parental separation can be beneficial if it reduces a child’s exposure to high levels of parental conflict.[66]

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64 Ibid

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CASE STUDY

Experiencing ACEs in childhood weighs heavily on people. For me, at a young age I was separated from my family and siblings and lived in a separate household with very loving and supportive stepparents.

However, I could never understand why I was part of a different family unit. As a teenager it was particularly difficult as I would go to family events and see my younger brother living happily with my Mum and Dad but then I would have to go home to live with a different family.

It was very confusing for me, and I felt that no matter what I did I was not good enough for my family and so I became a perfectionist. This has had serious lifelong repercussions and has led to deep inner turmoil. I also felt very guilty as my stepparents were loving and I did not grow up disadvantaged.

Over the years these feeling chipped away at me and eventually led to a suicidal crisis where I felt like I had sat on these things for years and years and they had built up similar to a boiling kettle. I was at a tipping point and when I experienced something minor, this pushed me over the edge, and I went through a suicidal crisis. I was lucky that I had someone to sit with me and support me through this extremely difficult and challenging period. If it weren't for their support, I am not sure I would be alive today.

It was not until I was in my 50s that I learnt that my Mum was living with mental illness so was unable to look after me. As an adult I can now understand why I was separated from my family, but it does not mean I can accept it. This topic is really important as experiencing adversity in childhood can tear families apart and lead to suicide.

I am a peer worker and have learnt that a lot of the time people abuse positions of trust and for the victim, they will shut off and learn not to trust and feel, and that this can lead to suicidality. Experiencing trauma in childhood is the undercurrent which chews away at people and can lead to suicidality. It is so important that we talk openly about our struggles and that people have someone who will believe them, sit with them, and listen to them without judgement.

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. The accompanying Background Paper presents research on some groups, but not all possible aspects of intersectionality are addressed. Further research is needed on the range of intersecting factors that can interact with ACEs.

CASE STUDY

At the age of ten my child was bereaved by suicide as the next-door neighbour and my brother died by suicide. My child has autism and is transgender but functioned well until these two suicide deaths occurred. I was told that due to my child's young age, the suicide deaths would not affect them. But this was not the truth, and my child became exponentially distressed. They were unable to express their feelings, and this led to dark thoughts, negative emotions, and periods of self-harm.

In addition to the two suicide deaths, my child struggled with their gender and coming out as they attended a religious school and felt unable to express who they are. This set of circumstances and trauma which occurred in childhood led to ongoing suicidality. My child is now an adult yet is unable to live independently. Due to their autism diagnosis, they have had access to a psychologist under the NDIS scheme and receive a disability support pension. If it was not for their autism diagnosis, they would be unable to access the support they need, and I really think that similar to autism, complex trauma should also be considered a disability. It is important that we focus on childhood trauma as it can lead to dire lifelong impacts, and we must provide better support to prevent suicidality.

Previous Government Inquiries

In our consultations, we heard that a number of recommendations made by previous 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.[67] Many of the recommendations flag longstanding, systemic issues that will continue to remain relevant until they are addressed. For this reason, it is important that the principles and recommendations in this report build on previous inquiry and review recommendations.

A list of previous Royal Commissions, inquiries and reviews, which have undertaken significant work to address ACEs and suicide, is provided below. These investigations focus on the child protection system, child sexual abuse, domestic, family and sexual violence (DVSV), the youth and adult justice sector and youth suicide. While not comprehensive, this list shows the breadth of work that has already been undertaken.

Previous Royal Commissions, inquiries and reviews focused on ACEs

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.

67 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

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.

A brief background on these inquiries and reviews is provided in the Background Paper. This also provides detail on Commonwealth, State and Territory Government responses to some of the recommendations made by these inquiries. While the paper 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.

The Royal Commission into Institutional Responses to Child Sexual Abuse

Of all the inquiries and reviews that have addressed ACEs, the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA)[68] 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*[69] of the RCIRCSA's final report and are listed below.

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, 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, 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 Australian Government and State and Territory Governments should fund support services for people with a disability who have experienced sexual abuse in childhood as an ongoing, integral part of advocacy, support and therapeutic treatment service system responses for victims and survivors of child sexual abuse.

These recommendations were 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.[70] 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.[71,72] But it is important to note that initiatives, such as the National Redress Scheme, are only relevant to victim-survivors abused in institutional contexts.

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

69 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

70 Ibid

71 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

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

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 who released its final report in February 2024.[73] Similar to the RCIRCSA, the Victorian Board of Inquiry has found that although there are some support services available, 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.[74] 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.[75]

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.*[76] The inquiry was established in 2023 due to concerns that legislative and other 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.[77] The first report was released in November 2023 and the second and final report was released in August 2024.[78]

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 the recommendations of the RCIRCSA would effectively address many concerns about child sexual abuse throughout Australia and likely also most of the recommendations of these subsequent inquiries.

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

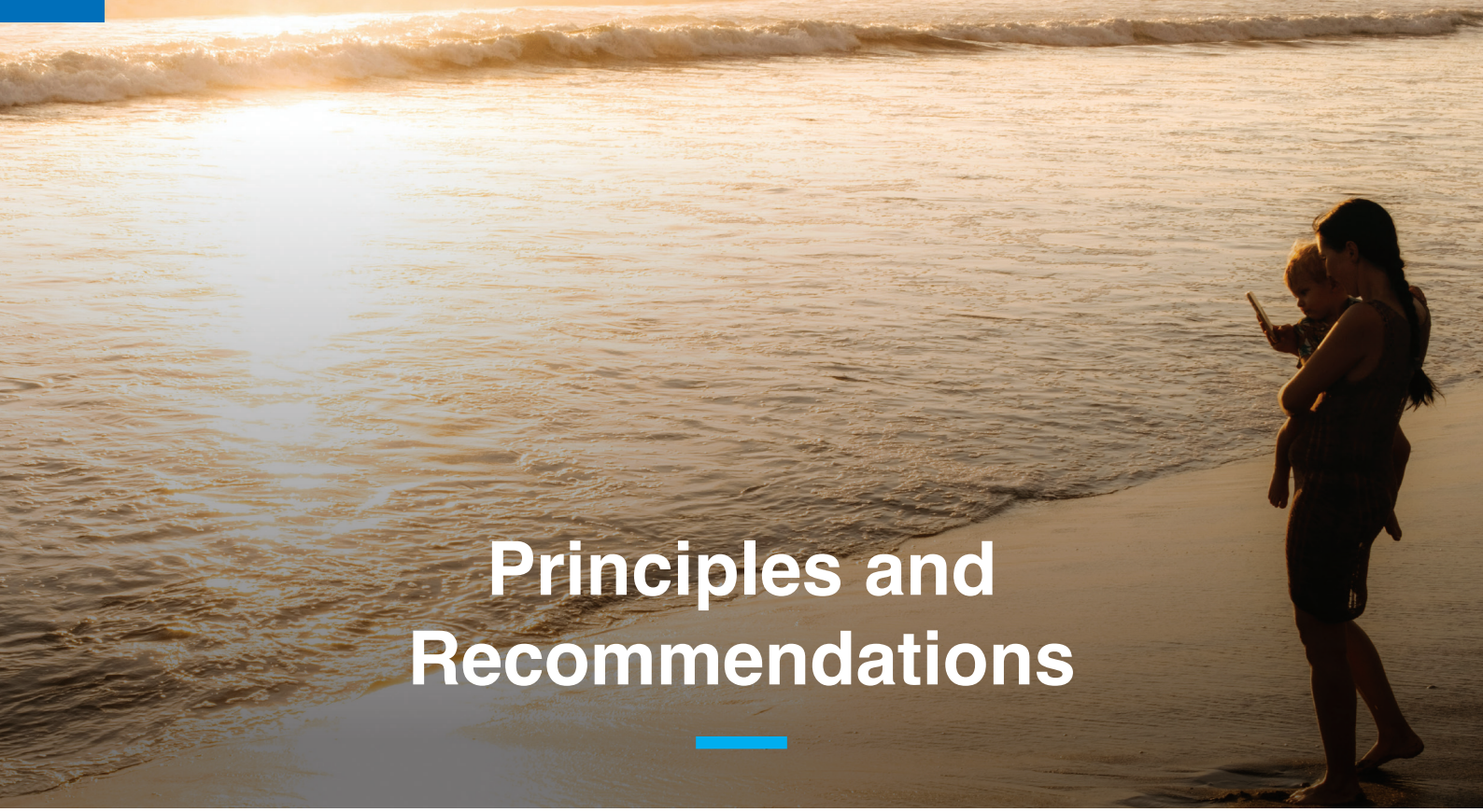
74 Ibid

75 Ibid

76 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

77 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 manners.* 20231123 - CDJSC Report.pdf (parliament.wa.gov.au)

78 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)



Principles and Recommendations

In this section of this report, we outline our recommendations for Government action to address ACEs, which build upon the work done in previous Royal Commissions, inquiries and reviews. To develop our recommendations, we undertook consultations with members, people with lived and living experience of suicide and representatives from a broad range of organisations.

Eight overarching principles emerged from these consultations that should be the focus of government action. Several recommendations were developed under each of these principles and are set out below. Further detail on each of the principles and recommendations can be found in the Background Paper.

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.

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.

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.

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

4. To address ACEs and 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 2023-2026*

(2) Invest in a national strategy to support children in contact with the youth justice system to help prevent suicide by ensuring 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.

(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.

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

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 policy platform.

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 policy platform, to help reduce the number of children and families experiencing poverty and financial challenges.

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.

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.

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 intervention.

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.

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.

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.

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.

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), developed by the Centre of Perinatal Excellence. This will enable early intervention to prevent suicide among parents and caregivers who have experienced ACEs.

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.

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.

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.

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.

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.

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.

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.

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.

32. The Commonwealth Government should provide funding for the National Suicide Prevention Research Fund to commission research focused on the link between ACEs and suicide to help identify strategies to prevent suicide among children and adults who have experienced ACEs.

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.

The principles and recommendations contained in this report are an attempt to provide an inclusive blueprint for action that encompasses a wide range of areas where critical work can be undertaken. There are a number of advantages to this broad-ranging approach. Firstly, it provides important perspective on the breadth of issues that need to be addressed in order to reduce ACEs and the concomitant risk of suicide. Secondly, it provides insights for those governments taking a comprehensive approach to addressing ACEs. Thirdly, by covering multiple areas it provides insights for governments taking a focus on just one aspect of this issue.

However, there is a risk in this approach of failing to provide advice on where government focus might be most beneficial. In providing a large number of recommendations, it may not be clear which are the most critical where resources are limited. For this reason, below are five recommendations selected from the full list above as suggested focus areas.

It should be noted that it is difficult to provide definitive advice on the most critical recommendations. All the recommendations listed above have been formed based on best evidence to develop actions that will be highly effective. And to some extent which are most critical will depend on current circumstances in particular jurisdictions. The below five recommendations were selected based on policy analysis taking into account likely costs and barriers of implementation as well as potential benefits.

Conclusion

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.

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.

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.

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.

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.

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