

Submission to the Second Action Plan 2027–2032 National Plan to End Violence against Women and Children 2022–2032

Consultation Response – (Second Action Plan 2027–2032) under Violence Does Not End When the Violence Stops

Submitted by: Blue Knot Foundation

Contact:

[REDACTED]
President and Managing Director
Blue Knot Foundation

[REDACTED]
Website: www.blueknot.org.au

About Blue Knot Foundation

Blue Knot Foundation is Australia's National Centre of Excellence for Complex Trauma. We provide specialist support services, workforce capability development, practice leadership, organisational development and evidence translation to improve outcomes for people affected by complex trauma and those who support them. Through direct engagement with victim-survivors, practitioners, organisations and systems, Blue Knot brings a unique perspective on the conditions required to translate policy commitments into meaningful recovery and healing outcomes.

Implementation Priorities for the Second Action Plan

While all recommendations are important, Blue Knot Foundation considers the following priorities essential to translating the National Plan's Recovery and Healing domain into measurable outcomes.

Priority 1: Measure Recovery and Healing as National Outcomes

Recovery is achievable and should be recognised and measured as a national outcome alongside prevention, safety and accountability. The Second Action Plan should establish a nationally consistent outcomes framework, with regular monitoring and public reporting to demonstrate whether survivors are experiencing meaningful improvements in safety, wellbeing, functioning, participation, connection, empowerment and quality of life.

Priority 2: Build Capability to Prevent Re-Traumatisation

No victim-survivor should be harmed by the systems designed to provide support. The Second Action Plan should invest in the workforce, systems and implementation infrastructure needed to deliver trauma-informed, recovery-oriented and culturally safe responses. This includes nationally consistent capability expectations, workforce development, supervision, reflective practice, workforce wellbeing and coordinated "no wrong door" pathways.

Priority 3: Turn Policy into Practice

Australia already knows what works. The challenge is implementing it consistently. The Second Action Plan should establish a National Recovery and Healing Implementation Framework that aligns related reforms, strengthens accountability, supports workforce capability and enables monitoring, evaluation and continuous learning across jurisdictions and sectors.

Priority 4: Share Leadership with Victim-Survivors and Aboriginal and Torres Strait Islander Communities

Recovery is strengthened when those most affected help shape the response. Effective implementation depends on lived experience leadership and Aboriginal and Torres Strait Islander self-determination informing governance, implementation and evaluation. The Second Action Plan should strengthen decision-making partnerships with victim-survivors

and continue investing in Aboriginal and Torres Strait Islander-led healing, cultural safety and community-controlled responses.

Together, these priorities provide a practical roadmap for translating the Recovery and Healing domain of the National Plan into measurable action. They recognise that ending violence requires both preventing future harm and supporting recovery from harm that has already occurred, ensuring that systems contribute to healing rather than re-traumatisation.

Overall Position

The National Plan has established a strong foundation for ending violence against women and children. As implementation moves into its next phase, the challenge is no longer defining the vision, but ensuring recovery and healing are consistently supported through capable workforces, trauma-informed systems and coordinated action across governments and sectors.

This submission considers how the Second Action Plan can give practical effect to the Recovery and Healing domain. It recommends clearer recovery pathways, consistent trauma-informed practice, stronger workforce capability, measurable recovery outcomes and greater accountability across the systems on which victim-survivors rely.

Blue Knot Foundation brings a perspective grounded in direct practice and systems change. Through survivor support, workforce development, practice leadership and organisational development, we work with victim-survivors, practitioners, organisations and governments across prevention, response, recovery and healing. This provides insight into the conditions required to translate national policy commitments into meaningful and sustained improvements in people's lives.

The National Plan's commitment to lived experience leadership, Aboriginal and Torres Strait Islander self-determination and integrated, person-centred responses provides an important platform for this work. Its Theory of Change recognises prevention, early intervention, response, recovery and healing as interconnected elements of lasting change. Emerging national policy similarly recognises that preventing future harm requires more than primary prevention alone; it also depends on effective responses, reduced re-traumatisation and meaningful opportunities for recovery and healing.

Many victim-survivors continue to navigate fragmented systems while living with the enduring impacts of violence, childhood adversity and complex trauma. For them, violence does not end when the violence stops. The Australian Child Maltreatment Study found that 62.2 per cent of Australians have experienced at least one form of child maltreatment, with many experiencing impacts that continue across health, relationships, participation and wellbeing (Mathews et al., 2023). These experiences are associated with poorer health and mental health, increased vulnerability to violence and re-victimisation, reduced social and economic participation, and greater demand across health, disability, justice and social service systems.

The Recovery and Healing domain will only achieve its intended impact if implementation is coordinated, measurable and sustained across governments, sectors and service systems. Blue Knot Foundation makes seven recommendations to build the capability, accountability and practical infrastructure needed to translate this commitment into improved outcomes for victim-survivors.

- 1. Measure Recovery and Healing as National Outcomes**
- 2. Recognise Childhood Adversity and Complex Trauma as Contributors to Harm**
- 3. Prevent Re-traumatisation across Service Systems**
- 4. Build National Capability for Recovery and Healing**
- 5. Embed Lived Experience Leadership across all Reform Agendas**
- 6. Strengthen Aboriginal and Torres Strait Islander Healing and Self-Determination**
- 7. Establish a National Recovery and Healing Implementation Framework**

Taken together, these recommendations do not propose a new policy agenda. They propose the implementation infrastructure needed to realise the National Plan's existing commitment to Recovery and Healing.

Recommendation 1: Measure Recovery and Healing as National Outcomes

Recovery and healing are core objectives of the National Plan, yet implementation and reporting remain predominantly focused on prevention, safety and accountability. While these are essential, they do not demonstrate whether people recover from the long-term impacts of domestic, family and sexual violence.

Recovery extends beyond immediate safety and crisis response. It includes improvements in safety, wellbeing, functioning, participation, connection, agency, empowerment and quality of life that enable people to rebuild their lives following violence. This reflects growing evidence that domestic, family and sexual violence has enduring impacts on physical and mental health, education, employment, relationships, housing and social participation, often long after the violence has ceased (AIHW, 2026).

For many victim-survivors, particularly those exposed to repeated, prolonged or childhood violence, recovery involves healing from the impacts of complex trauma. Accordingly, recovery outcomes should extend beyond reductions in psychological symptoms to include improvements in functioning, participation, connection, empowerment and quality of life (WHO, 2019; O'Hara et al., 2024).

Emerging Australian evidence demonstrates that trauma-informed and trauma-specific interventions improve wellbeing, functioning and participation for people living with the impacts of complex trauma (O'Hara et al., 2024). International evidence similarly recognises rehabilitation and recovery as essential health interventions that optimise functioning, improve participation in education, work and community life, and reduce long-term disability (WHO, 2019, 2024).

Recovery is therefore both achievable and measurable. However, Australia currently lacks a nationally consistent approach to measuring recovery outcomes, limiting the ability to determine whether investments are improving survivors' lives over time. Contemporary evidence increasingly supports measuring outcomes beyond symptom reduction to include functioning, participation, quality of life and wellbeing (WHO, 2019).

Recognising recovery as a national outcome would complement—not replace—prevention and safety measures. Prevention reduces the incidence of violence, while recovery reduces its long-term impacts, strengthens wellbeing and participation, lowers the risk of re-victimisation, and reduces ongoing demand across health, justice and social service systems. Evidence from Australia demonstrates that, with appropriate intervention, support and resources, many of the long-term health impacts of violence are preventable or can be reduced (AIHW, 2026).

Recent national policy developments recognise that opportunities to address domestic, family and sexual violence extend across prevention, early intervention, response and recovery. The Second Action Plan should build on this direction by recognising recovery and healing as measurable national outcomes, supported by nationally consistent indicators, monitoring and public reporting.

The Second Action Plan should:

- recognise recovery and healing as national outcomes alongside prevention, safety and accountability;
- establish a nationally consistent Recovery and Healing Outcomes Framework;
- develop nationally consistent indicators measuring safety, wellbeing, functioning, participation, connection, empowerment and quality of life;
- incorporate recovery outcomes into National Plan monitoring, evaluation and public reporting; and
- support nationally consistent approaches to measuring survivor outcomes across services and jurisdictions.

Recommendation 2: Recognise Childhood Adversity and Complex Trauma as Contributors to Harm

The National Plan recognises that violence occurs within broader social and life-course contexts. Recognising childhood adversity and complex trauma as significant contributors to the harms the Plan seeks to prevent would strengthen implementation and support more integrated responses across prevention, response, recovery and healing.

The Australian Child Maltreatment Study found that 62.2 per cent of Australians experienced at least one form of child maltreatment and almost two in five experienced multiple forms (Haslam et al., 2023). Childhood adversity is associated with substantially increased risks of

mental ill-health, self-harm, suicide attempts and poorer health, social and economic outcomes across the lifespan (Scott et al., 2023; Lawrence et al., 2023). The *Ten to Men* study similarly demonstrates strong associations between adverse childhood experiences, poorer mental health, greater psychological distress and reduced wellbeing throughout adulthood (AIFS, 2026). Recent Australian evidence further estimates that adverse childhood experiences contribute to approximately 41 per cent of suicide attempts (Suicide Prevention Australia, 2025).

For many people, repeated and cumulative childhood adversity contributes to complex trauma. The National Mental Health Commission has identified complex trauma as a significant but under-recognised contributor to mental ill-health, psychosocial disability and complex service needs, highlighting the need for trauma-informed and trauma-specific responses across systems (National Mental Health Commission, 2024).

Childhood adversity and complex trauma increase vulnerability to victimisation and re-victimisation, create barriers to safety and recovery, contribute to intergenerational cycles of harm, and drive long-term demand across health, mental health, disability, justice and community services. Emerging evidence demonstrating the frequent co-occurrence of child sexual abuse and domestic and family violence further reinforces the need for integrated approaches across prevention, response, recovery and healing rather than siloed policy responses (Olejníková et al., 2025).

This issue of childhood adversity and complex trauma cross multiple policy portfolios. They are common contributors to many of the harms addressed across Australia's violence prevention, child wellbeing, mental health, suicide prevention, disability and justice reforms. Recognising this shared foundation would strengthen coordination across governments, improve trauma-informed capability and support more effective, integrated responses. Addressing childhood adversity and complex trauma is a recovery imperative and a long-term investment in preventing future violence.

The Second Action Plan should:

- recognise childhood adversity and complex trauma as shared contributors across violence prevention, child wellbeing, mental health, suicide prevention, disability and justice reform
- incorporate childhood adversity and complex trauma into implementation, monitoring and evaluation frameworks
- embed childhood adversity and complex trauma within workforce capability, service design and system reform initiatives
- support integrated responses for people experiencing cumulative and lifelong impacts of violence and trauma
- strengthen coordination across related reform agendas to reduce fragmentation and address common contributors to harm.

Recommendation 3: Prevent Re-Traumatisation Across Service Systems

The National Plan acknowledges that victim-survivors are too often re-traumatised by the systems they turn to for safety and support. The accompanying survivor statement describes

fragmented, inaccessible and harmful responses that can mirror the dynamics of abuse by undermining safety, choice, trust and control (Department of Social Services, 2022). Reducing re-traumatisation is fundamental to achieving the National Plan's objectives and should be embedded as a core implementation priority of the Second Action Plan.

Blue Knot's direct work with people affected by childhood trauma, family violence, sexual violence and institutional abuse consistently highlights the impacts of fragmented service systems, repeated retelling of traumatic experiences, adversarial processes, victim-blaming responses and failures to recognise the effects of complex trauma. Victim-survivor-led research similarly identifies fragmented systems, inconsistent trauma-informed practice and experiences of secondary harm as significant barriers to recovery (Heward-Belle et al., 2026).

Re-traumatisation is a quality, safety and service effectiveness issue. Re-traumatising responses can undermine recovery, reduce help-seeking, weaken trust in institutions and contribute to disengagement from support. Conversely, positive disclosure and service experiences are associated with improved wellbeing, engagement and recovery outcomes (O'Leary et al., 2025).

The Rapid Review highlighted the important role of family members, friends, peers and other "natural responders" in recognising violence, responding to disclosures and supporting pathways to recovery (Office for Women, 2026). Building capability across communities, alongside formal service systems, should form part of a comprehensive prevention, response and recovery approach.

Whether systems reduce or reinforce harm is determined by how they are designed and implemented. Preventing re-traumatisation therefore requires trauma-informed principles to be embedded across the structures that shape people's experience—from organisational policy and service design to intake, assessment, referral pathways, information sharing and complaints processes—so that safety, trust, choice, collaboration and empowerment are experienced consistently rather than left to individual practice.

Victim-survivors should not have to repeatedly recount traumatic experiences, navigate disconnected services or begin again each time they seek help. A genuine "no wrong door" approach means that wherever a person first seeks support, they can access safe, coordinated pathways to recovery without unnecessary repetition, fragmentation or avoidable harm. Achieving this requires services to share a common understanding of trauma, work collaboratively across organisational boundaries and provide consistent, trauma-informed responses throughout a person's recovery journey.

The Second Action Plan should recognise preventing re-traumatisation as a cross-system implementation priority. This requires trauma-informed principles to be embedded in the policies, procedures and governance arrangements that shape people's experience of services. Workforce capability, referral pathways, information sharing, service design and accountability mechanisms should all contribute to reducing the risk of system-induced

harm. Preventing re-traumatisation is a violence prevention strategy that strengthens trust, improves engagement and supports better long-term outcomes.

The Second Action Plan should:

- establish prevention of re-traumatisation as a quality, safety and service effectiveness objective across funded services
- develop national principles and implementation guidance for preventing re-traumatisation across systems interacting with victim-survivors
- support trauma-informed service design, organisational change and system reform initiatives
- strengthen and evaluate "no wrong door" referral, navigation and coordination pathways
- build capability among specialist, universal and community-based responders, including natural responders
- embed prevention of re-traumatisation within commissioning, accreditation, quality improvement and evaluation frameworks.

Recommendation 4: Build National Capability for Recovery and Healing

Achieving recovery and healing outcomes requires a workforce and service system that can recognise, understand and respond effectively to the impacts of violence, childhood adversity and complex trauma. Recovery and healing cannot depend solely on specialist violence services. Every system with which victim-survivors engage, including health, mental health, alcohol and other drug, disability, education, housing, justice and community services, requires the capability to provide safe, trauma-informed responses. Consistent capability across these systems is essential to preventing re-traumatisation, improving service quality and supporting recovery and healing.

The Second Action Plan should establish a coordinated national approach to building complex trauma capability across sectors. This should include nationally consistent expectations for trauma-informed and trauma-specific practice, cultural safety, lived experience-informed service delivery, supervision and reflective practice. These expectations should be supported through workforce development, evidence translation, practice guidance, implementation support, communities of practice and continuous learning mechanisms that enable emerging evidence to be translated into practice across sectors and jurisdictions.

The effectiveness of trauma-informed systems depends on the wellbeing, psychosocial safety and sustainability of the workforce. Supporting practitioners through supervision, reflective practice, organisational wellbeing initiatives and effective management of psychosocial hazards is fundamental to maintaining safe, high-quality services. Workforce wellbeing is essential to service quality, recovery outcomes and long-term system capability.

Capability-building must also respond to the needs of diverse communities and the changing nature of violence. This includes strengthening culturally safe responses for Aboriginal and Torres Strait Islander peoples, improving capability to meet the needs of people with disability,

LGBTIQA+ communities, migrant and refugee communities, and people living in rural and remote areas. As violence increasingly occurs across both physical and digital environments, workforces must also be equipped to recognise and respond to technology-facilitated abuse, including image-based abuse, online harassment and technology-enabled coercive control.

National capability functions are essential implementation infrastructure for recovery and healing. In areas such as complex trauma in which evidence continues to evolve and practice spans multiple sectors, functions such as evidence translation, practice guidance, workforce development, supervision, implementation support and communities of practice enable organisations to apply evidence consistently, reduce unwarranted variation in service delivery and strengthen the quality of care experienced by victim-survivors.

Sustained investment in these functions creates the conditions for trauma-informed practice to be embedded across systems, strengthens organisational readiness and supports recovery and healing at scale. Without this implementation infrastructure, policy commitments are unlikely to translate into consistent practice or achieve their intended outcomes.

The Second Action Plan should:

- develop and implement a National Complex Trauma Recovery Capability Framework
- establish nationally consistent capability expectations for trauma-informed and trauma-specific practice across relevant sectors
- fund nationally consistent trauma-informed and trauma-specific workforce development pathways
- expand access to supervision, reflective practice and communities of practice
- strengthen workforce wellbeing, sustainability and vicarious trauma mitigation initiatives
- support capability development across specialist, universal and community-based workforces
- invest in national capability-building functions that support evidence translation, implementation support and continuous learning across jurisdictions and sectors.

Recommendation 5: Embed Lived Experience Leadership across all Reform

Agendas

The National Plan recognises victim-survivors as essential partners in designing, implementing and evaluating reform. Realising this commitment means sharing influence over the decisions that shape policy, services and system change.

Victim-survivors bring expertise that cannot be replicated through research, professional knowledge or service data alone. Their lived experience provides critical insight into how systems are experienced in practice, where barriers and harms occur, and what enables safety, recovery and healing. Research consistently demonstrates that meaningful participation depends on genuine influence over priorities, decision-making, resource allocation and accountability, rather than consultation alone (Heward-Belle et al., 2026).

Lived experience leadership should be embedded in the governance of reform rather than confined to consultation processes. Decision-making structures, remuneration, trauma-informed supports and organisational capability should enable victim-survivors to shape priorities, implementation, evaluation and continuous improvement, ensuring lived experience expertise informs decisions throughout the reform lifecycle.

The Second Action Plan should move lived experience leadership from principle to practice by establishing clear expectations for influence, appropriate investment and mechanisms for accountability. Measuring how lived experience expertise shapes decisions, and not simply whether consultation has occurred, would strengthen the quality, legitimacy and effectiveness of reform.

The Second Action Plan should:

- establish expectations for lived experience leadership across governance, implementation, monitoring and evaluation activities
- support development of nationally consistent approaches to remuneration and support for lived experience participation
- embed lived experience leadership within implementation, evaluation and accountability mechanisms
- strengthen organisational capability to engage safely, ethically and effectively with lived experience expertise
- support ongoing victim-survivor participation in continuous improvement and reform processes.

Embedding lived experience leadership strengthens the legitimacy, quality and accountability of reform by ensuring decisions are informed by those with direct experience of the systems they seek to improve.

Recommendation 6: Strengthen Aboriginal and Torres Strait Islander Healing and Self-Determination

For Aboriginal and Torres Strait Islander peoples, recovery and healing cannot be separated from culture, community, connection to Country and self-determination. The Second Action Plan should strengthen Aboriginal and Torres Strait Islander leadership, decision-making and community-controlled responses, recognising that culturally grounded healing is fundamental to preventing violence, supporting recovery and restoring wellbeing.

Implementation should be led by Aboriginal and Torres Strait Islander communities through community-controlled organisations and culturally grounded healing approaches. Expanding Aboriginal Family Wellbeing Services, Indigenous Healing Services and other Aboriginal community-controlled initiatives provides a practical pathway for strengthening recovery and healing while reducing the risk of re-traumatisation.

These approaches are already reflected across national reform agendas, including the *National Plan*, the *Closing the Gap* Priority Reforms, *Our Ways – Strong Ways – Our Voices*,

Safe and Supported and the *National Strategy to Prevent and Respond to Child Sexual Abuse*. The challenge is no longer establishing policy commitment but implementing these reforms in a coordinated way. Aligning investment, accountability and implementation across these agendas would strengthen Aboriginal and Torres Strait Islander-led healing responses, reduce fragmentation and improve outcomes across violence prevention, child wellbeing, mental health and social and emotional wellbeing.

The Second Action Plan should:

- increase long-term investment in Aboriginal and Torres Strait Islander-led healing initiatives
- strengthen Aboriginal community-controlled responses across prevention, recovery and healing systems
- support implementation of culturally safe trauma-informed and trauma-specific services
- invest in Aboriginal and Torres Strait Islander trauma, healing and workforce capability development
- align implementation with *Closing the Gap*, *Our Ways – Strong Ways – Our Voices*, *Safe and Supported*, and the *National Strategy to Prevent and Respond to Child Sexual Abuse*
- support shared accountability and coordinated implementation across related reform agendas.

Aboriginal and Torres Strait Islander leadership, healing, cultural safety and self-determination are essential to achieving sustainable prevention, recovery and healing outcomes.

Recommendation 7: Establish a National Recovery and Healing Implementation Framework

Childhood adversity and complex trauma are significant contributors to many of the harms the National Plan seeks to prevent, including violence vulnerability, re-victimisation, mental ill-health, suicidal distress, psychosocial disability and long-term service demand. These impacts extend across violence prevention, child wellbeing, child sexual abuse, mental health, suicide prevention, disability and justice systems. Yet implementation continues to occur largely within portfolio boundaries, resulting in fragmented pathways for victim-survivors despite shared objectives across national reforms.

Australia already has substantial national reform architecture through the *National Plan*, *Safe and Supported*, the *National Strategy to Prevent and Respond to Child Sexual Abuse*, *Our Ways – Strong Ways – Our Voices* and *Closing the Gap*. Collectively, these reforms recognise the importance of prevention, recovery, healing, trauma-informed practice and coordinated responses. The challenge is no longer identifying what needs to change. Extensive evidence, lived experience and successive national reviews have established many of the actions required. The remaining challenge is implementing these reforms in a coordinated way, so they operate as a connected system rather than a collection of parallel initiatives.

The Second Action Plan should establish a National Recovery and Healing Implementation Framework to provide the practical infrastructure needed to translate existing policy commitments into consistent practice, shared accountability and measurable outcomes. Rather than creating another reform agenda, the Framework would strengthen implementation across existing national strategies by supporting coordinated planning, delivery, monitoring and continuous improvement.

The Framework should include:

- shared recovery and healing outcomes across related national reforms
- nationally consistent measures of recovery, wellbeing and participation
- nationally consistent expectations for trauma-informed and recovery-oriented practice
- workforce capability, evidence translation and implementation support functions
- lived experience leadership and Aboriginal and Torres Strait Islander governance
- strengthened "no wrong door" referral, navigation and care coordination pathways
- cross-portfolio accountability, monitoring, evaluation and public reporting on shared outcomes.

This approach is consistent with the Rapid Review's conclusion that preventing violence requires coordinated action across governments, sectors and systems (Office for Women, 2026). Coordinated implementation enables prevention, response, recovery and healing initiatives to reinforce one another, reducing fragmentation and improving the quality and continuity of support experienced by victim-survivors.

The economic case for coordinated implementation is compelling. Australian Child Maltreatment Study analyses estimate that childhood maltreatment contributes approximately \$21.6 billion annually in health service costs and a further \$24.1 billion in lost productivity (Le et al., 2025). Strengthening implementation across existing reform agendas has the potential to improve outcomes across multiple policy priorities while reducing avoidable long-term social and economic costs associated with fragmented systems.

A National Recovery and Healing Implementation Framework would provide the implementation architecture needed to translate policy commitments into sustained system change. By aligning recovery and healing across related national reforms, the Framework would reduce fragmentation, strengthen accountability and enable victim-survivors to experience more connected pathways to recovery across the systems they rely upon.

Summary Statement

Violence does not end when the violence stops. For many victim-survivors, its effects continue through the ongoing impacts of trauma, the challenges of recovery and, too often, through systems that remain fragmented or inadvertently cause further harm. The Recovery and Healing domain of the National Plan recognises this reality. The task of the Second Action Plan is to ensure that recovery and healing become a measurable and consistent part of Australia's response to violence.

This submission argues that the next phase of reform should focus on how recovery and healing are delivered, measured and sustained. That means recognising recovery as a national outcome, building workforce and organisational capability, preventing re-traumatisation, strengthening lived experience leadership and Aboriginal and Torres Strait Islander self-determination, and coordinating implementation across related national reforms.

Recovery should be measured because recovery is achievable. Measuring recovery alongside prevention, safety and accountability will strengthen public accountability, improve the quality and consistency of services, and ensure that the National Plan is judged not only by the violence it prevents, but by the lives it helps rebuild.

Blue Knot Foundation's Contribution

Blue Knot Foundation can support implementation of the Second Action Plan through:

- complex trauma expertise and evidence translation
- workforce capability development
- trauma-informed systems reform and organisational change
- supervision and reflective practice
- implementation support and continuous learning
- lived experience-informed practice leadership
- national recovery and healing capability development.

As Australia's National Centre of Excellence for Complex Trauma, Blue Knot Foundation is well positioned to support governments, service systems and communities to translate recovery and healing policy commitments into sustainable practice and measurable outcomes.

References

Australian Institute of Family Studies. (2026). *Ten to Men: The Australian Longitudinal Study on Male Health. Snapshot Issue 4: Supplementary Materials*. Australian Institute of Family Studies.

Australian Institute of Health and Welfare. (2026). *Health outcomes*.
<https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-outcomes>

Attorney-General's Department. (2026). *Consultation Paper: Second Action Plan 2026–2030, National Strategy to Prevent and Respond to Child Sexual Abuse*. Australian Government.

Department of Social Services. (2022). *National Plan to End Violence against Women and Children 2022–2032*. Australian Government.

Department of Social Services. (2025). *2025 Highlights: National Plan to End Violence against Women and Children 2022–2032 – First Action Plan 2023–2027*. Australian Government.
Domestic, Family and Sexual Violence Commission. (2025). *Yearly Report to Parliament 2025*. Australian Government.

Heward-Belle, S., Ciftci, S., Stevenson, L., Luu, B., Mayjor, H., Phillips, R., Cashmore, J., Chung, D., D'Silva, T., & Martawan, K. (2026). *Dignity by Design: Victim-Survivor-led System Redesign, Final Report*. National Centre for Action on Child Sexual Abuse.

Lawrence, D., Scott, J. G., Huntley, S., Malacova, E., Mathews, B., Haslam, D. M., Pacella, R., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., & Dunne, M. P. (2023). Health risk behaviours, self-harm and suicide attempts linked to child maltreatment: Findings from the Australian Child Maltreatment Study. *Medical Journal of Australia*, 218(S6), S27–S35.

Le, D. Q., Le, L. K.-D., Yap, M. B. H., Haslam, D. M., Higgins, D. J., Malacova, E., Scott, J. G., Lawrence, D., Mathews, B., & Mihalopoulos, C. (2025). Impact of child maltreatment on the costs of health service use and productivity loss: Findings from the Australian Child Maltreatment Study. *Child Abuse & Neglect*, 169, 107818.

Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., Haslam, D. M., Malacova, E., Dunne, M. P., & Australian Child Maltreatment Study Research Team. (2023). The prevalence of child maltreatment in Australia: Findings from a National Survey. *Medical Journal of Australia*, 218(6 Suppl.), S13–S18.

National Mental Health Commission. (2024). *National Report Card 2024: Mental Health and Suicide Prevention*. Australian Government.

Office for Women. (2026). *Rapid review of prevention approaches: Australian Government implementation update – 20 February 2026*. Department of the Prime Minister and Cabinet, Australian Government.

O'Hara, D. J., Ellem, K., & Witteveen, K. (2024). *Evaluation of the National Counselling and Referral Service within correctional centres: Executive summary and final report* [Unpublished

evaluation report]. School of Nursing, Midwifery and Social Work, The University of Queensland. Prepared for Blue Knot Foundation and the Department of Social Services.

Olejníková, L., Dragiewicz, M., Woodlock, D., Salter, M., & Banks, C. (2025). Co-occurrence of child sexual abuse and domestic violence: A scoping review. *Trauma, Violence, & Abuse*. Advance online publication. <https://doi.org/10.1177/15248380251383928>

Scott, J. G., Malacova, E., Mathews, B., Haslam, D. M., Pacella, R., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., & Dunne, M. P. (2023). The Association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *Medical Journal of Australia*, 218(S6), S38–S46.

Suicide Prevention Australia. (2025). *Childhood Adversity and Suicide Prevention: Evidence Summary*. Suicide Prevention Australia.

World Health Organization. (2019). *Rehabilitation in health systems: Guide for action*. <https://www.who.int/health-topics/rehabilitation/9789241515986>