

31 July 2026

Department of Social Services
E-mail: SecondActionPlan@dss.gov.au

Submission: Second Action Plan under Australia's
National Plan to End Violence against Women and Children 2022–2032

To whom it may concern,

Bravehearts welcomes the opportunity to provide this submission to inform the development of the Second Action Plan under Australia's National Plan to End Violence against Women and Children 2022–2032. As Australia's leading specialist organisation dedicated to the prevention and treatment of child sexual abuse and exploitation, Bravehearts brings more than 25 years of experience in prevention, early intervention, therapeutic recovery, advocacy, research and systems reform.

While the National Plan recognises children and young people as victim and survivors in their own right, the Second Action Plan presents a critical opportunity to strengthen Australia's response to child sexual abuse and exploitation through targeted action. This includes enhancing prevention and early intervention initiatives, addressing the growing risks of online child sexual exploitation, strengthening child-safe systems and institutional accountability, improving cross-sector responses, and ensuring that children and young people who have experienced sexual abuse and exploitation have timely access to trauma-informed recovery and healing supports. Our recommendations are informed by evidence, practice experience and the voices of children, young people, families and survivors, and are aimed at ensuring the Second Action Plan delivers meaningful and lasting outcomes for children across Australia.

Key Recommendations

The Australian Government should make the prevention of child sexual abuse and exploitation a national priority by embedding evidence-based primary prevention, strengthening early intervention and institutional safeguarding, improving access to trauma-informed recovery services, addressing technology-facilitated abuse and exploitation, and establishing measurable national targets and accountability for reducing the incidence of child sexual abuse over time.

1. **Recognise child sexual abuse and exploitation as a preventable form of gender-based violence** and explicitly embed it within the continuum of violence addressed under the National Plan to End Violence against Women and Children.
2. **Strengthen alignment across national frameworks** by establishing shared outcomes, coordinated implementation and clear accountability between the National Plan to End Violence against Women and Children, the National Strategy to Prevent and Respond to Child Sexual Abuse, and *Safe and Supported*.

3. **Increase investment in primary prevention** to achieve parity with investment in response and recovery, recognising that preventing abuse before it occurs is essential to reducing its incidence.
4. **Implement a national public health approach to prevention** that includes evidence-based body safety, consent and respectful relationships education; parent and caregiver education; organisational safeguarding; and community awareness initiatives commencing in early childhood.
5. **Recognise children as victim-survivors in their own right**, ensuring policy, legislation and service responses are child-centred, trauma-informed, developmentally appropriate and uphold children's rights.
6. **Expand equitable access to specialist trauma-informed therapeutic services** by reducing waiting times, increasing long-term funding, improving regional and remote access, strengthening telehealth, and ensuring culturally safe services for diverse communities.
7. **Strengthen early identification and intervention** by building workforce capability across universal services (including early childhood education, schools, health, mental health, disability, youth and emergency services) to recognise grooming, respond to disclosures and facilitate timely referrals.
8. **Respond to technology-facilitated child sexual abuse as a core national priority** by including specific actions and measurable outcomes addressing online grooming, sexual extortion (sextortion), AI-generated child sexual abuse material, livestreaming, image-based abuse and technology-facilitated coercive control.
9. **Improve regulation and accountability of technology platforms** through stronger prevention obligations, child safety measures and collaboration with law enforcement and child protection agencies.
10. **Strengthen institutional safeguarding** through nationally consistent implementation of the Child Safe Standards, independent monitoring and auditing, and ongoing workforce development across education, sport, faith-based organisations, disability services and out-of-home care.
11. **Expand evidence-based responses for children displaying harmful sexual behaviours**, prioritising early assessment, therapeutic intervention, family-centred practice and avoiding unnecessary criminalisation where appropriate.
12. **Ensure equitable and culturally safe responses** for Aboriginal and Torres Strait Islander children, children with disability, LGBTQIA+ young people, children in out-of-home care, migrant and refugee communities, and children living in rural and remote Australia.
13. **Embed the voices of children, young people and adult survivors** in the design, implementation, governance and evaluation of policies, programs and services through meaningful and supported participation.
14. **Strengthen cross-portfolio coordination** across health, education, child protection, justice, youth justice, housing, women's safety and the digital environment to deliver integrated prevention, response and recovery.
15. **Establish measurable national targets and transparent public reporting** on reducing the incidence of child sexual abuse and exploitation, supported by sustained investment, independent evaluation and improved national data collection

Priority Area 1: Victim-Survivors

1. <i>What service or system responses would make the biggest difference to victim-survivors' safety, wellbeing, healing and recovery?</i>
--

The Second Action Plan should strengthen responses for children and adult survivors by recognising that recovery from child sexual abuse is often a lifelong process requiring accessible, trauma-informed and developmentally appropriate services. While Australia has invested substantially in responding after abuse has occurred, access to specialist therapeutic care remains inconsistent across jurisdictions, with long waiting lists and limited availability outside metropolitan areas.

Priority reforms should include:

- expanded funding for specialist child sexual abuse services;
- long-term therapeutic care rather than time-limited interventions;
- equitable access through telehealth and regional outreach;
- culturally safe services for Aboriginal and Torres Strait Islander communities;
- specialist responses for children with disability, LGBTQIA+ young people, children in out-of-home care, and migrant and refugee communities; and
- improved coordination between health, mental health, education, child protection and justice systems.

Importantly, children should be recognised as victim-survivors in their own right rather than solely through the experiences of adult women. Service responses should be child-centred, trauma-informed and developmentally appropriate.

Evidence consistently demonstrates that the impacts of child sexual abuse extend well beyond childhood, affecting mental and physical health, educational attainment, relationships, employment, and overall wellbeing across the life course (Hailes et.al., 2019, Hashim et.al., 2025). Recovery is rarely linear and many victim-survivors require support at different stages of their lives as developmental milestones, life transitions, or subsequent experiences trigger renewed distress (Sousa-Gomes et.al., 2024). While Australia has made important investments in responding to child sexual abuse, access to specialist, evidence-based therapeutic services remains fragmented and inequitable. Long waiting lists, workforce shortages, inconsistent service models across jurisdictions, and limited availability in regional and remote communities mean that many children and adult survivors are unable to access timely, appropriate care when they need it.

The Second Action Plan provides an opportunity to establish a more consistent, equitable and trauma-informed service system that recognises recovery as a long-term process rather than a time-limited intervention. Services should be available throughout the lifespan, delivered by practitioners with specialist expertise in child sexual abuse, and tailored to children's developmental needs and individual circumstances (McPherson et.al., 2025b; Paton et.al., 2024; Sousa-Gomes et.al., 2024). Particular attention should be given to ensuring culturally safe services for Aboriginal and Torres Strait Islander children and families (Gibbs et.al., 2024; Wise et.al., 2024), as well as accessible and inclusive responses for children with disability, LGBTQIA+ young people, children in out-of-home care, and migrant and refugee communities, who may face additional barriers to seeking support (Ancín-Nicolás et.al., 2024; Burgund & Markovic, 2024, McPherson et.al., 2025a; Tarpey-Brown et.al., 2024). Improved coordination across health, mental health, education, child protection and justice systems is also essential to reduce fragmentation, minimise re-

traumatisation through repeated disclosure, and ensure that children and families receive seamless, integrated care.

Critically, the Second Action Plan should explicitly recognise children as victim-survivors in their own right. Although the National Plan appropriately focuses on ending violence against women and children, children who experience sexual abuse have distinct rights, needs and recovery pathways that must not be subsumed within adult service frameworks (McPherson et.al., 2025b; Paton et.al., 2024). Child-centred, trauma-informed and developmentally appropriate responses should therefore be embedded across policy, funding and service delivery, ensuring that every child is recognised, heard and supported according to their individual needs and best interests.

<i>2. What helps people access support earlier, and what barriers prevent people from seeking help or engaging with systems and services?</i>
--

Evidence consistently shows that children rarely disclose sexual abuse immediately and, when they do disclose, they are far more likely to confide in a trusted adult than to report directly to police or child protection authorities (Abdul Latiff et.al., 2024; McPherson et.al., 2025a). Disclosure is often a gradual and relational process, influenced by the child's developmental stage, understanding of the abuse, feelings of shame or self-blame, fear of not being believed, concerns about the consequences of disclosure, and the availability of safe, supportive adults. As a result, opportunities for earlier identification depend not only on children's willingness to disclose, but also on the capacity of the adults and services they encounter to recognise indicators of abuse, respond appropriately, and facilitate timely access to specialist support (Abdul Latiff et.al., 2024; McPherson et.al., 2025a).

Strengthening the capability of universal service systems (including early childhood education, schools, primary health care, emergency departments, mental health services, youth services and disability services) should therefore be a central prevention and early intervention priority within the Second Action Plan.

Workforce development should move beyond a compliance-based approach to mandatory reporting and equip professionals with the knowledge, confidence and practical skills required to identify and respond to child sexual abuse. Training should include recognising grooming behaviours, understanding the diverse ways children communicate abuse, responding to disclosures in a child-centred and trauma-informed manner, and navigating effective referral pathways to specialist services. Improved interagency collaboration and shared understanding across health, education, child protection and justice systems are also essential to ensure children receive coordinated and timely support.

Equally important is reducing waiting times for specialist therapeutic services. The period immediately following disclosure is a critical window in which children and families are most likely to engage with support; prolonged delays risk exacerbating trauma, undermining trust in service systems, and reducing the likelihood that children and their caregivers will access and remain engaged in treatment (Paton et.al., 2024). Ensuring timely access to specialist therapeutic care should therefore be recognised as an integral component of both recovery and the prevention of further harm.

3. <i>What current or emerging issues should the Second Action Plan address, including in relation to coercive control and technology-facilitated abuse?</i>

Technology-facilitated abuse should not be treated as a standalone digital issue but recognised as part of the broader continuum of child sexual abuse and gender-based violence. The Second Action Plan should include measurable actions addressing:

- online grooming;
- sexual extortion (sextortion);
- AI-generated child sexual abuse material;
- livestreamed abuse;
- image-based abuse involving children;
- emerging technologies and risks; and
- technology-facilitated coercive control affecting adolescents.

Technology has fundamentally changed the nature, scale and reach of child sexual abuse. Digital technologies are now routinely used to facilitate offending through online grooming, sexual extortion (sextortion), the production and distribution of child sexual abuse material, livestreamed abuse, image-based abuse, and increasingly through the misuse of generative artificial intelligence (AI) to create or manipulate abusive content (Drejer et.al., 2024; McGinn et.al., 2026; Wolbers et.al., 2025b). AI technologies present rapidly evolving risks, including the creation of synthetic child sexual abuse material, the manipulation of children's images without their knowledge or consent, increasingly sophisticated grooming techniques, and new methods for offenders to evade detection (Wolbers et.al., 2025a). These forms of abuse can occur alongside, precede or continue after contact abuse, enabling perpetrators to exploit children across multiple online and offline environments (Drejer et.al., 2024; Teunissen & Napier, 2023). As children's lives become increasingly interconnected with digital technologies, technology-facilitated child sexual abuse should no longer be regarded as an emerging or separate issue but recognised as a core component of contemporary child sexual abuse requiring an integrated and forward-looking national response.

Technology-facilitated child sexual abuse causes profound and often enduring harm to children and young people. Unlike many forms of contact abuse, digital abuse can be persistent, with images and videos repeatedly shared, stored or manipulated, creating an ongoing sense of victimisation and loss of control. Children affected by online sexual abuse frequently experience anxiety, depression, shame, self-blame, fear, social isolation and significant impacts on their relationships, education and overall wellbeing (Hellevik et.al., 2025; Page et.al., 2025). The permanence and global reach of digital content can mean that the trauma continues long after the initial abuse has occurred, as children live with uncertainty about where images may be circulating and who may have viewed them (Finkelhor et.al., 2025). These distinctive and ongoing harms reinforce the need for timely specialist therapeutic support and integrated responses that recognise technology-facilitated abuse as a serious form of child sexual abuse rather than a separate online safety issue.

The Second Action Plan should include clear, measurable actions to prevent and respond to technology-facilitated child sexual abuse across the prevention, protection and recovery continuum. This should include strengthening efforts to prevent online grooming, sexual extortion, AI-generated child sexual abuse material, livestreamed abuse, image-based abuse involving children, and technology-facilitated coercive control affecting adolescents. Given the pace of technological innovation, the Action Plan should also establish mechanisms for systematic identification and monitoring of emerging trends, research and evaluation to identify emerging threats and ensure policy, legislation and practice remain

responsive to new forms of offending. Effective responses require coordinated action across governments, industry, education and law enforcement (van der Spuy et.al., 2024). This includes strengthening platform accountability through safety-by-design approaches and effective regulatory oversight, enhancing specialist law enforcement capability and digital forensic expertise, equipping children, parents and professionals with evidence-based digital safety and relationship education, and ensuring timely access to specialist therapeutic support for children affected by online abuse.

Importantly, technology-facilitated abuse should not be treated as a standalone digital issue; it is part of the broader continuum of child sexual abuse and gender-based violence, with profound and enduring impacts on children's safety, mental health, relationships and wellbeing. Embedding these actions within the Second Action Plan will help ensure Australia's response remains adaptive, evidence-informed and capable of protecting children from both current and emerging forms of sexual exploitation and abuse.

<i>4. What gaps remain in addressing the needs of diverse communities, including Aboriginal and Torres Strait Islander people?</i>

While national reforms have improved recognition of the diverse experiences of children affected by child sexual abuse, significant inequities remain in access to prevention initiatives, early intervention, specialist therapeutic support and culturally safe responses. Children and young people from priority populations often face intersecting barriers related to geography, disability, culture, language, socioeconomic disadvantage and systemic discrimination, limiting both opportunities for prevention and access to appropriate support following abuse (Gibbs et.al., 2024; McPherson et.al., 2025a; Tarpey-Brown et.al., 2024). The Second Action Plan should include targeted and sustained investment to strengthen prevention, identification and recovery for Aboriginal and Torres Strait Islander children, children with disability, LGBTQIA+ young people, children in out-of-home care, children and families from migrant and refugee backgrounds, and children living in rural, regional and remote communities. These actions should align with existing national commitments under the National Strategy to Prevent and Respond to Child Sexual Abuse (2021–2030), National Agreement on Closing the Gap, Australia's Disability Strategy 2021–2031 and other relevant national frameworks.

Evidence consistently demonstrates that these groups experience heightened vulnerability to child sexual abuse or face additional barriers to disclosure, help-seeking and recovery (McPherson et.al., 2025a). Aboriginal and Torres Strait Islander children continue to experience the ongoing impacts of colonisation, intergenerational trauma and systemic inequities, underscoring the importance of Aboriginal community-controlled and culturally safe responses (Atkinson et.al., 2010; Dudgeon et.al., 2014). Children with disability experience substantially higher rates of violence and abuse than their peers and frequently encounter barriers to communication, disclosure and access to justice and therapeutic services (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). Children in out-of-home care remain at elevated risk because of prior trauma, placement instability and increased contact with multiple systems (Oswald et.al., 2010). LGBTQIA+ young people, children from culturally and linguistically diverse communities, and those living in rural and remote Australia may also experience stigma, discrimination, service shortages or limited access to specialist care (Colucci et.al., 2015; Russell & Fish, 2016). These disparities highlight the need for tailored, accessible and culturally responsive prevention and service delivery rather than a one-size-fits-all approach.

Achieving equitable outcomes requires more than adapting mainstream services; it requires genuine partnership with the communities most affected. The design, implementation and evaluation of policies, programs and services should be co-designed with children, young people, families, Aboriginal and Torres Strait Islander communities, people with disability, culturally and linguistically diverse communities, and adult survivors to ensure responses are culturally safe, inclusive and informed by lived experience. This includes investing in community-led solutions, strengthening the capability and diversity of the workforce, embedding trauma-informed and culturally safe practice across service systems, and collecting disaggregated data to monitor access, quality and outcomes across population groups. Embedding equity as a core principle of the Second Action Plan will help ensure that every child, regardless of their identity, background or circumstances, can access effective prevention, timely support and opportunities for healing and recovery

Priority Area 2: Prevention and early intervention

1. *What would make the biggest difference in preventing and ultimately ending violence?*

The greatest opportunity to reduce child sexual abuse lies in shifting investment towards primary prevention. While Australia has made important investments in improving responses to victims and survivors and strengthening justice and service systems, the majority of funding continues to be directed towards responding after abuse has occurred. This reactive approach fails to address the preventable nature of child sexual abuse and overlooks a growing body of evidence demonstrating that coordinated, evidence-based prevention strategies can reduce the likelihood of abuse occurring in the first place.

The Second Action Plan provides a critical opportunity to embed a comprehensive public health approach to preventing child sexual abuse. Such an approach recognises that preventing abuse requires action across the whole population, while also providing targeted interventions for groups and settings where risks are elevated (Cant et.al., 2022; Vosz et.al., 2023). Prevention should operate across multiple levels (including individual, family, community, organisational and societal) and address the social, cultural and structural conditions that enable abuse to occur.

A comprehensive prevention framework should include:

- Evidence-based prevention beginning in early childhood, recognising that children's understanding of bodily autonomy, personal boundaries and help-seeking develops over time and should be supported through developmentally appropriate education.
- Age-appropriate body safety and consent education delivered across the early years, primary and secondary school settings, equipping children and young people with knowledge, confidence and practical strategies to recognise unsafe behaviours, assert boundaries and seek help from trusted adults.
- Comprehensive respectful relationships education that explicitly addresses child sexual abuse, grooming behaviours, coercive control, online exploitation, healthy sexual development, consent and power dynamics. Education should be inclusive, culturally safe and accessible for all children and young people, including children with disability and those from diverse cultural and linguistic backgrounds.
- Parent and caregiver education to build knowledge of healthy child development, online safety, grooming behaviours, protective parenting practices and how to respond when concerns arise. Parents and caregivers are critical partners in prevention and require access to evidence-based information and support.

- Strengthened organisational safeguarding across all organisations that work with children. This should include implementation of the National Principles for Child Safe Organisations, robust governance, safe recruitment practices, workforce capability, child participation, effective complaints mechanisms and continuous monitoring of child safety.
- Prevention initiatives across sporting, faith-based, educational, cultural and recreational settings, recognising that child sexual abuse occurs across a wide range of institutional and community contexts. Sector-specific prevention strategies should support organisations to identify and address risks before harm occurs while fostering cultures of safety, accountability and transparency.
- Whole-of-community prevention initiatives that increase public awareness of child sexual abuse, challenge harmful social norms, reduce stigma associated with disclosure and promote collective responsibility for keeping children safe.

Importantly, prevention efforts should also include interventions for individuals who may be at risk of offending before abuse occurs. This includes timely, evidence-based responses to children and young people displaying harmful sexual behaviours (HSB). Most children and adolescents who exhibit HSB have themselves experienced trauma, abuse or other significant adversities, and research demonstrates that, with early identification and developmentally appropriate therapeutic intervention, these behaviours can often be successfully addressed (Grady et.al., 2023; McPherson et.al., 2024), reducing the risk of ongoing harm and improving outcomes for both the child and others. Prevention should therefore ensure access to specialist assessment and treatment services, strengthen the capability of education, health, child protection and justice systems to identify and respond appropriately to HSB, and support families and carers to engage in effective interventions (Grady et.al., 2024).

Alongside these measures, confidential therapeutic services for adolescents and adults who recognise concerning sexual thoughts or behaviours, together with public awareness initiatives that encourage early help-seeking and reduce barriers to accessing support, can contribute to preventing first-time offending while ensuring child safety remains paramount (Beier et.al., 2024; McKibbin et.al., 2026; Tyler et.al., 2021).

The Second Action Plan should support sustained investment in prevention research, implementation and evaluation to strengthen Australia's evidence base and ensure prevention initiatives are scalable, effective and responsive to emerging risks, including those associated with digital technologies and online environments.

Finally, success under the National Plan should be measured not only by improvements in service responses, justice outcomes or disclosure pathways, but by demonstrable reductions in the incidence and prevalence of child sexual abuse. Prevention indicators should include measures of children's safety, organisational safeguarding capability, community awareness, implementation of evidence-based prevention programs, and long-term reductions in victimisation. Embedding prevention-focused outcomes within the National Plan's monitoring and evaluation framework will help shift the system from responding to abuse towards preventing it altogether.

<i>2. How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?</i>
--

Preventing and responding to child sexual abuse requires coordinated action across multiple policy frameworks and government portfolios. While Australia has developed several

complementary national strategies that address different aspects of child safety and family violence, implementation remains fragmented, with separate governance arrangements, reporting mechanisms and priorities limiting opportunities for integration and collective impact.

The Second Action Plan provides an opportunity to strengthen alignment between the:

- National Plan to End Violence against Women and Children 2022–2032;
- National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030; and
- Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031.

These frameworks share common objectives, including preventing violence, improving child safety, supporting victim-survivors, strengthening service systems and addressing the drivers of abuse. While these frameworks are complementary and increasingly aligned, they continue to be implemented through separate governance arrangements, action plans and reporting mechanisms. Strengthening coordination across the three frameworks through shared outcomes, aligned performance measures and common accountability mechanisms would improve policy coherence, reduce duplication of effort and enable governments to direct resources more effectively towards shared national priorities.

National coordination should include common outcomes, aligned performance indicators and shared accountability mechanisms across the three frameworks. This would enable governments to measure collective progress, identify gaps in implementation and ensure that investments across prevention, early intervention, response and recovery contribute to mutually reinforcing outcomes. Wherever possible, data collection, monitoring and evaluation should be harmonised to reduce reporting burden while strengthening evidence-informed policy and continuous improvement.

Effective implementation also requires stronger whole-of-government collaboration across Commonwealth, state and territory agencies. Child sexual abuse is not solely a child protection or criminal justice issue; it is a complex public health, education, social policy and community safety issue that requires coordinated leadership, integrated governance and collaboration across health, education, child protection, justice, policing and community sectors (National Office for Child Safety, 2021; Herbert et al., 2021). A whole-of-government approach is essential to ensure prevention, early intervention, response and recovery efforts are aligned and mutually reinforcing, rather than delivered in isolation. The Second Action Plan should strengthen cross-portfolio governance involving:

- health, including mental health and trauma services;
- education and early childhood education;
- child protection and family support;
- policing, justice and youth justice;
- disability and the National Disability Insurance Scheme;
- housing and homelessness services;
- digital regulation and online safety;
- sport, recreation and community organisations; and
- Aboriginal and Torres Strait Islander affairs.

Cross-sector collaboration should extend beyond government to include Aboriginal Community Controlled Organisations, specialist sexual assault services, child and family services, disability organisations, education providers, researchers and people with lived experience. Embedding co-design and shared decision-making across implementation

(Altman et.al., 2024; King et.al., 2022) will improve the relevance, accessibility and effectiveness of policies and programs for diverse communities.

Finally, national governance arrangements should clearly articulate responsibility for preventing child sexual abuse across portfolios, with regular public reporting against agreed indicators. Strong governance, shared accountability and coordinated implementation are essential to ensuring that Australia's national frameworks operate as a coherent system rather than a series of parallel initiatives. This integrated approach will maximise the impact of government investment and better support the National Plan's objective of ending violence against women and children.

<i>3. How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?</i>

Universal settings provide one of the greatest opportunities to prevent child sexual abuse before harm occurs (Cant et.al., 2022; Vosz et.al., 2023). Early childhood services, schools, sporting organisations, community groups, health services and online environments all play an important role in building children's safety, supporting families and strengthening adults' capacity to recognise and respond to concerns. A comprehensive prevention approach should equip children and young people with the knowledge and skills to understand body safety, consent, healthy relationships and help-seeking (Vosz et.al., 2023; Walsh et.al., 2015), while also ensuring that the adults and organisations around them are capable of creating safe environments and responding effectively when concerns arise (Robertson et.al., 2023).

The Second Action Plan should support nationally consistent, evidence-based prevention initiatives delivered through universal settings. This should include age-appropriate body safety and consent education across all stages of schooling; comprehensive respectful relationships education that explicitly addresses child sexual abuse, sexual violence, grooming and online exploitation; education for parents and caregivers on healthy child sexual development, online safety and recognising grooming behaviours; workforce development to improve the capability of educators, health professionals, early childhood practitioners, coaches and other adults working with children to identify indicators of abuse and respond appropriately; and continued implementation of organisational safeguarding practices consistent with the National Principles for Child Safe Organisations (National Office for Child Safety, 2026). As children's lives become increasingly connected to digital environments, governments should also invest in improving digital literacy and online safety education for children, families and professionals (Walsh et.al, 2022), recognising the growing role technology plays in facilitating child sexual exploitation.

Preventing online child sexual abuse cannot rest solely with children, families or frontline services. The technology sector must share responsibility for creating safer digital environments through stronger regulation, safety-by-design approaches, transparent risk management and greater accountability for preventing online child sexual exploitation and abuse (Grimm, 2024; Organisation for Economic Co-operation and Development (OECD), 2024). This includes proactively identifying and mitigating platform risks, strengthening age-appropriate protections, improving reporting mechanisms and cooperating with law enforcement and child protection agencies. A shared responsibility model that combines education, organisational safeguarding and industry accountability will provide a more comprehensive and effective approach to protecting children both online and offline.

4. What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

The evidence indicates that no single intervention is sufficient to prevent child sexual abuse. Rather, the most effective approaches adopt a comprehensive public health framework that combines universal prevention with targeted early intervention and coordinated responses across multiple settings (Cant et.al., 2022; Vosz et.al., 2023). Effective prevention includes strengthening children's knowledge and protective skills, supporting parents and caregivers, creating child-safe organisations, improving workforce capability, raising community awareness, and providing timely, trauma-informed therapeutic responses for children, young people and families affected by abuse or displaying concerning behaviours (Rayment-McHugh et.al., 2024; Vosz et.al., 2023). Together, these approaches address the multiple individual, relational, organisational and societal factors that contribute to the risk of child sexual abuse while strengthening protective factors across children's everyday environments.

Evidence also highlights the importance of embedding lived experience throughout policy and program design, implementation and evaluation to ensure prevention initiatives are culturally safe, accessible and responsive to the needs of diverse communities (King et.al., 2022; Walker et.al., 2023). Prevention efforts should be informed by Aboriginal and Torres Strait Islander leadership, disability inclusion and the expertise of specialist services working with children, families and adult survivors. Importantly, investment should prioritise interventions that have demonstrated effectiveness or are supported by a strong theoretical and evidence base. Independent evaluation should be embedded from the outset to assess implementation, outcomes and cost-effectiveness, enabling governments to scale successful initiatives while adapting or discontinuing approaches that do not achieve meaningful outcomes.

5. What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

The Second Action Plan should recognise that the nature of child sexual abuse is evolving rapidly, particularly in response to technological change. Digital technologies have expanded opportunities for grooming, coercion, image-based abuse and the production and dissemination of child sexual abuse material, while creating new pathways through which children and young people may experience harm or engage in harmful sexual behaviours (Gannoni et.al., 2023; Wolbers et.al., 2025a). Emerging technologies, including generative artificial intelligence, are also increasing the sophistication, scale and accessibility of child sexual exploitation and abuse, presenting significant challenges for prevention, detection and law enforcement.

These changes require prevention efforts to extend beyond traditional settings and address the digital environments in which children increasingly live, learn and socialise. Priority areas for the Second Action Plan should include:

- Preventing technology-facilitated child sexual exploitation;
- Responding to AI-enabled child sexual abuse material and synthetic sexual imagery involving children;
- Strengthening responses to peer-instigated harmful sexual behaviours and adolescent coercive control, including behaviours facilitated through digital platforms;
- Identifying and disrupting online offending pathways before abuse occurs; and

- Establishing stronger expectations for technology companies to proactively identify, assess and mitigate risks through safety-by-design principles, transparent risk management and greater accountability.

Ensuring prevention strategies keep pace with technological change will require ongoing investment in research, surveillance and evaluation, alongside mechanisms that enable governments to respond quickly to emerging evidence and evolving patterns of offending.

Priority Area 3: Children and young people in their own right

1. *What would make the biggest difference to improving safety, recovery and wellbeing outcomes for children and young people affected by this violence?*

Improving outcomes for children and young people affected by violence requires recognising them as rights holders and victim-survivors in their own right, with experiences, needs and recovery pathways that are distinct from those of the adults in their lives (Campo, 2015). Responses should move beyond viewing children solely through the lens of family violence or child protection and instead adopt a child-centred approach that prioritises children's safety, voice, wellbeing and long-term recovery (Lundy, 2007).

Early identification of abuse and trauma is critical to reducing the severity and duration of harm, enabling children and families to access timely, evidence-informed supports before the impacts become more entrenched (Malmberg-Heimonen et.al., 2024; McPherson et.al., 2025b). This requires professionals across health, education, early childhood, child protection and justice systems to have the knowledge, confidence and pathways to recognise concerns and respond in ways that are developmentally appropriate, trauma-informed and culturally safe.

The Second Action Plan should strengthen access to specialist therapeutic services that support children throughout their recovery, recognising that healing from violence often requires sustained support rather than time-limited interventions. This includes ensuring equitable access to child-centred, trauma-informed and culturally safe services, particularly for Aboriginal and Torres Strait Islander children, children with disability, children from culturally and linguistically diverse communities and those living in rural and remote areas. Schools also have a vital role in promoting recovery by providing safe, supportive and inclusive learning environments, responding appropriately to trauma and facilitating access to specialist supports where needed.

Importantly, children and young people should be meaningfully involved in the design, implementation and evaluation of the policies, programs and services that affect them. Embedding children's voices alongside the expertise of families, communities and practitioners will help ensure responses are responsive, accessible and effective in supporting children's recovery and wellbeing (McCafferty & Mercado Garcia, 2024).

2. *How can governments, services, education settings, families, communities and others better recognise and respond to children and young people experiencing violence or harm?*

Governments should strengthen the capacity of universal services to recognise and respond to children and young people experiencing violence or harm before concerns escalate to statutory child protection or justice systems (McPherson et.al., 2025a). Early childhood services, schools, healthcare providers and community organisations are often the first

settings in which children disclose abuse or where indicators of harm become apparent. However, opportunities for early intervention are frequently missed due to inconsistent workforce capability, limited confidence in responding to disclosures, fragmented referral pathways and uncertainty about interagency roles and responsibilities (Herbert et.al., 2021). Building the capability of universal services to identify abuse early and respond consistently is essential to improving children's safety, reducing the long-term impacts of trauma and ensuring families can access timely, specialist support entrenched (Cant et.al., 2022; Malmberg-Heimonen et.al., 2024; McPherson et.al., 2025b; Vosz et.al., 2023).

The Second Action Plan should support routine, developmentally appropriate and trauma-informed approaches to identifying abuse and adversity across child-serving systems, supported by clear referral pathways to specialist services and child protection where required. Professionals working with children should receive ongoing training to recognise indicators of abuse, respond safely and sensitively to disclosures, and understand the impacts of trauma on children's behaviour, development and wellbeing. Strengthening coordinated information sharing and multidisciplinary collaboration across health, education, child protection, justice and specialist support services will help ensure children do not fall through gaps between systems and receive timely, integrated responses that place their safety, recovery and wellbeing at the centre of decision-making.

3. <i>What approaches are most effective in supporting children and young people who are using violence or displaying harmful sexual behaviours to take accountability, change behaviours, and reduce harm?</i>
--

Children and young people who display harmful sexual behaviours should not be viewed simply as young sexual offenders. Their behaviours occur within a developmental context and require responses that recognise both the harm caused and the child's own experiences, strengths and capacity for change through timely, evidence-based intervention (McPherson et al., 2024; Rayment-McHugh et al., 2022).

Children and young people who display harmful sexual behaviours require responses that balance accountability with developmentally appropriate, trauma-informed intervention. While harmful sexual behaviours can cause significant harm and must be taken seriously, the evidence demonstrates that many children who engage in these behaviours have experienced trauma, abuse, family violence or other adverse childhood experiences themselves (Grady et al., 2024; McPherson et al., 2024). Responses should therefore recognise children's developmental stage and individual circumstances, while ensuring they are supported to understand the impact of their behaviour, take responsibility where appropriate, develop healthy relationships and reduce the likelihood of future harm. Therapeutic, child-centred interventions are more effective than punitive responses in addressing the underlying factors associated with harmful sexual behaviours and promoting long-term behavioural change (McPherson et al., 2024; Rayment-McHugh et al., 2022).

The Second Action Plan should strengthen access to timely specialist assessment and evidence-based interventions for children and young people displaying harmful sexual behaviours, recognising that earlier intervention is associated with better outcomes for both the child and community safety (Grady et al., 2024; McPherson et al., 2024). Services should adopt family-centred approaches that support parents and caregivers alongside the child, recognising the important role families play in recovery, supervision and behaviour change. Governments should also work towards nationally consistent access to specialist harmful sexual behaviour services so that children and families receive equitable, evidence-informed support regardless of where they live (Royal Commission into Institutional Responses to

Child Sexual Abuse, 2017). Importantly, responses should avoid unnecessary criminalisation where behaviours can be more appropriately addressed through therapeutic, child protection, education or health pathways, while ensuring that serious or persistent behaviours continue to receive proportionate legal responses where required. A coordinated, multidisciplinary approach across health, education, child protection, youth justice and specialist therapeutic services is essential to support accountability, reduce recidivism and improve long-term outcomes for children, families and victim-survivors..

4. How should the Second Action Plan respond to current or emerging forms of harm affecting children and young people, including technology-facilitated abuse, harmful online content, and violence within peer and dating relationships?

The Second Action Plan should recognise that technology is increasingly embedded in children's lives and that online and offline harms are now deeply interconnected. Technology-facilitated child sexual abuse, exploitation and interpersonal violence are not separate forms of harm but extensions of abuse that can occur across multiple settings and relationships (Gannoni et al., 2023; Vosz et.al., 2024). The Action Plan should explicitly address emerging risks including online grooming, AI-generated child sexual abuse material, sextortion, image-based abuse, peer sexual violence, adolescent dating violence and technology-facilitated coercive control (Drejer et.al., 2024; McGinn et.al., 2026; Teunissen & Napier, 2023; Wolbers et.al., 2025b). As digital technologies continue to evolve, policy responses must be sufficiently flexible to anticipate emerging risks while maintaining a consistent focus on preventing harm, protecting children and holding perpetrators accountable (OECD, 2024).

Children and young people require prevention education that reflects the realities of contemporary digital environments rather than treating online safety as a standalone issue. Education should support children to recognise grooming behaviours, coercive control, image-based abuse, healthy relationships, consent and help-seeking across both online and offline contexts (Walsh et al., 2022). Governments should also strengthen workforce capability to identify technology-facilitated abuse, improve support pathways for victim-survivors, and work collaboratively with technology companies to embed child safety through Safety by Design principles, stronger platform accountability and rapid responses to emerging technologies, including generative artificial intelligence (eSafety Commissioner, nd; OECD, 2024). A coordinated public health approach that combines education, regulation, safeguarding and specialist responses will be essential to ensuring prevention efforts remain responsive to the rapidly changing digital environment while supporting children and young people to participate safely online (Gannoni et al., 2023; OECD, 2024).

5. How can children and young people be meaningfully involved in shaping the policies, programs and services that affect them?

Children and young people should be recognised as experts in their own lives and meaningfully involved in shaping the policies, programs and services that affect them. Participation should extend across policy development, program design, implementation, evaluation, research and governance, recognising that children and young people bring unique perspectives on safety, help-seeking, service accessibility and recovery that cannot be replicated by adult professionals alone (McCafferty & Mercado Garcia, 2024; United Nations Committee on the Rights of the Child, 2009). Embedding children's participation

supports more responsive, effective and rights-based systems while improving the quality, relevance and acceptability of policies and services.

Meaningful participation requires more than consultation. Governments should embed safe, trauma-informed and culturally responsive approaches that ensure children and young people are appropriately supported, informed and able to participate voluntarily in ways that reflect their age, maturity and lived experience (Altman et.al., 2026; king et.al., 2022; Woodman et.al., 2023). Participation should also include adult survivors of child sexual abuse, whose lived experience provides critical insight into system improvement and prevention. Co-design approaches that value lived expertise alongside professional and research evidence can strengthen decision-making and contribute to more effective, equitable and child-centred responses across the National Strategy.

Priority Area 4: People who use violence

1. <i>What would make the biggest difference in preventing and responding earlier to the use of violence?</i>
--

The greatest opportunity to prevent violence lies in strengthening prevention and early intervention across families, communities and universal child-serving systems before behaviours escalate or harm occurs. Earlier responses should focus on identifying concerning behaviours, strengthening protective factors and intervening when children, young people or adults first demonstrate indicators of risk. This includes recognising harmful sexual behaviours in childhood, supporting children and families through timely specialist assessment and evidence-based intervention, improving parent education, strengthening organisational safeguarding, and increasing community and professional capability to recognise and respond to grooming behaviours (Vosz et al., 2023; McPherson et al., 2024). A public health approach that combines universal prevention with targeted early intervention is more likely to reduce the incidence of child sexual abuse than systems that rely predominantly on statutory or criminal justice responses after harm has occurred (Cant et al., 2022).

Governments should also invest in building the confidence and capability of parents, educators, health professionals and community organisations to recognise early warning signs and respond consistently and appropriately. Children who display harmful sexual behaviours, as well as individuals concerned about their own sexual thoughts or behaviours, should have access to confidential, evidence-based therapeutic services before behaviours escalate to abuse (McPherson et al., 2024; McKibbin et al., 2026). Embedding child-safe organisational practices (National Office for Child Safety, 2026), strengthening referral pathways and supporting multidisciplinary collaboration across health, education, child protection and specialist services will improve opportunities for early intervention and reduce the likelihood of future harm.

2. <i>How can services, families, communities, workplaces, institutions and others better recognise and respond safely to people using violence or at risk of using violence?</i>
--

Preventing child sexual abuse requires communities and frontline services to recognise and respond to the early warning signs, risk factors and concerning behaviours associated with child sexual abuse before abuse occurs, supported by evidence-informed referral pathways and early intervention. (Vosz et.al., 2023). Governments should invest in building community capability to identify grooming behaviours, problematic and harmful sexual behaviours in

children and young people, online exploitation, coercive control within families and other evidence-based indicators of escalating risk. Training should extend beyond specialist child protection and sexual assault services to include early childhood education, schools, healthcare, mental health, disability, alcohol and other drug services, sporting organisations, faith-based organisations and other community settings where children and young people spend their time (Cant et.al., 2022; Vosz et.al., 2023). Building confidence to recognise these behaviours, respond appropriately and act early is essential to preventing abuse and reducing opportunities for perpetrators to offend.

Early recognition must be supported by coordinated, child-centred referral pathways that enable timely assessment, intervention and ongoing support. Clear guidance should be available across education, health, justice and community sectors to ensure that concerns about grooming, harmful sexual behaviours or emerging risk can be safely assessed and referred to specialist services. Governments should also invest in evidence-informed therapeutic interventions for children and young people displaying harmful sexual behaviours, alongside specialist assessment and behaviour change programs for adults at risk of offending or using sexual violence. These responses must prioritise the safety and wellbeing of children, strengthen perpetrator accountability and support earlier intervention to prevent child sexual abuse before it occurs.

3. <i>What approaches are most effective in supporting people who use violence to take accountability, change behaviours, and reduce the use of violence, while focusing on victim-survivor safety?</i>
--

Supporting people who use violence to take accountability requires responses that are evidence-based, trauma-informed, and tailored to the specific drivers and patterns of offending, while maintaining victim-survivor safety as the paramount consideration. For adults who perpetrate child sexual abuse or exploitation, specialist therapeutic interventions that address offence-supportive beliefs, emotional regulation, healthy relationships, and risk management are most effective when combined with ongoing supervision, multi-agency information sharing, and robust safety planning for victims and children (ATSA, 2025; Sousa et.al., 2023). Interventions should be integrated across justice, health and social service systems, with outcomes measured not only by program completion but by sustained behavioural change and reductions in reoffending.

The Second Action Plan should also strengthen investment in early intervention and developmentally appropriate responses for children and young people displaying harmful sexual behaviours. The evidence demonstrates that most children who engage in harmful sexual behaviours do not progress to adult sexual offending when provided with timely, specialised, family-based therapeutic support (McKibbin et.al., 2024; McPherson et.al., 2024). Responses should therefore avoid unnecessary criminalisation and instead prioritise assessment, treatment and support that address underlying trauma, developmental needs and family functioning, while ensuring the safety and wellbeing of affected children. Building workforce capability to identify, assess and respond to harmful sexual behaviours early will improve outcomes for children, reduce future violence, and contribute to the National Plan's prevention objectives.

4. *How can governments and services, among others, strengthen culturally safe, accessible and evidence-informed responses for a range of communities and cohorts?*

Strengthening responses for children and young people affected by child sexual abuse and exploitation requires governments to embed culturally safe, trauma-informed and evidence-informed approaches across all systems that interact with children and families. Responses must be co-designed with Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people with disability, LGBTQIA+ communities, and people with lived and living experience to ensure services are trusted, accessible and responsive to diverse needs (Ancín-Nicolás et al., 2024; Burgund & Markovic, 2024; King et al., 2022; McPherson et al., 2025a; Tarpey-Brown et al., 2024). Cultural safety should extend beyond service delivery to workforce capability, governance and evaluation, recognising the ongoing impacts of colonisation, discrimination and structural inequities on access to support and justice (Gwynne et al., 2026). Services should be available regardless of where children and families live, with investment in place-based models, specialist outreach, telehealth and multidisciplinary responses to address inequities experienced by rural, regional and remote communities.

Governments should also strengthen the evidence base by investing in consistent national data collection, rigorous evaluation (e.g., funding recurring cycles of the Australian Child Maltreatment Study: Matthews et al., 2023) and the translation of research into practice, particularly for under-researched populations (McPherson et al., 2024) and emerging forms of technology-facilitated child sexual abuse and exploitation (Gannoni et al., 2023). Service systems should prioritise early identification, coordinated responses across health, education, child protection, justice and specialist services, and sustained support that recognises recovery is often long-term. Building the capability of the workforce through ongoing training in trauma-informed, culturally safe and developmentally appropriate practice will improve outcomes while ensuring responses remain centred on the safety, rights and wellbeing of children and young people.

Priority Area 5: System Integration and Workforce

1. *What would make the biggest difference in creating a more coordinated and connected system response for people affected by violence against women and children and other forms of gender-based violence and people using violence?*

The Second Action Plan should strengthen coordination across governments and portfolios by explicitly recognising child sexual abuse and exploitation as part of the continuum of gender-based violence, requiring a genuinely integrated national response. Too often, responsibility for prevention, early intervention and response is fragmented across health, education, child protection, justice, housing, women's safety and digital regulation, resulting in gaps in identification, referral and ongoing support (Bunger et al. 2024; Hale et al., 2026). A coordinated approach should establish shared national outcomes, clear governance arrangements, sustained cross-portfolio investment and consistent accountability mechanisms that ensure agencies work towards common objectives rather than operating in silos.

Effective coordination must also reflect the changing nature of child sexual abuse and exploitation, including technology-facilitated abuse, which demands stronger collaboration between governments, law enforcement, regulators, digital platforms and specialist services. Investment in integrated service models, common risk assessment and referral pathways, data systems, and multidisciplinary responses would improve continuity of care

and reduce the burden on children, young people and families navigating multiple systems. Embedding evidence-informed practice and lived experience in policy development, implementation and evaluation will ensure the system remains responsive, effective and focused on preventing harm while supporting recovery.

2. What workforce capabilities, supports, or conditions are most needed to strengthen prevention, early intervention, response and recovery?

Strengthening the workforce is critical to improving prevention, early intervention, response and recovery for children affected by sexual abuse and exploitation (Bacchus et.al., 2024). Governments should invest in nationally consistent capability development that equips professionals across health, education, early childhood, child protection, justice, community services and the digital safety sector to recognise grooming behaviours, respond appropriately to disclosures, apply trauma-informed and developmentally appropriate practice, and understand their safeguarding and mandatory reporting responsibilities. Workforce development should also strengthen cultural capability to ensure responses are safe, accessible and effective for Aboriginal and Torres Strait Islander children, culturally and linguistically diverse communities, children with disability, LGBTQIA+ young people, and those in regional and remote areas (Ancín-Nicolás et.al., 2024; Burgund & Markovic, 2024; King et.al., 2022; McPherson et.al., 2025a; Tarpey-Brown et.al., 2024).

The Second Action Plan should also recognise the evolving nature of child sexual abuse and exploitation by building capability to identify and respond to technology-facilitated abuse, including online grooming, image-based abuse, sextortion and exploitation occurring across digital platforms (Gannoni et.al., 2023; Price et.al., 2024; Shiau et.al., 2025). Beyond training, workforce capability depends on supportive organisations, including access to specialist advice, supervision, multidisciplinary collaboration and ongoing professional development. Embedding evidence-informed practice, institutional safeguarding and continuous quality improvement across systems will strengthen practitioner confidence, improve consistency of responses, and deliver better outcomes for children, young people and their families.

3. What approaches or models appear most effective in improving collaboration, coordination and information sharing across services, systems and programs?

Integrated, multidisciplinary service models provide the strongest foundation for improving collaboration and coordination in responses to child sexual abuse and exploitation. Linking education, health, child protection, specialist sexual assault services, law enforcement, justice and community services through shared governance and clearly defined roles enables children and families to receive timely, coordinated and trauma-informed support (Paton et.al., 2024). These models reduce service fragmentation and the need for repeated disclosures and improve continuity of care while supporting earlier identification of risk and more effective intervention.

To strengthen these approaches, governments should prioritise shared referral pathways, common risk assessment and safeguarding frameworks, and appropriate information-sharing arrangements that place the safety and wellbeing of children at the centre. Investment in data systems, multidisciplinary case coordination and consistent national guidance will support more effective decision-making across jurisdictions and sectors (Bunger et.al., 2024; Chuang et.al., 2024). Ongoing evaluation and the translation of evidence into practice should underpin these models to ensure they remain responsive to

emerging challenges, including technology-facilitated child sexual abuse and exploitation, and deliver improved outcomes for children, young people and their families

4. What supports do specialist and universal services need to provide inclusive, accessible and response services?

Universal services (including health, education, early childhood, primary care and community services) require ongoing investment to build confidence and capability in preventing, identifying and responding to child sexual abuse and exploitation (McPherson et.al., 2025b; Vosz et.al., 2023). This includes regular training in trauma-informed, culturally safe and developmentally appropriate practice, access to specialist consultation and supervision, and clear referral pathways into specialist services. Universal services also need practical tools, consistent guidance and strong partnerships with specialist providers to support early intervention and ensure children and families receive timely, coordinated support.

Specialist services require sustainable, long-term funding that enables workforce growth, service continuity and the delivery of evidence-informed interventions across the continuum of prevention, response and recovery (Campbell et.al., 2024; Lime & Owens, 2025; Russell & Higgins, 2020). Governments should prioritise equitable access to specialist support across metropolitan, regional, rural and remote Australia through place-based services, outreach, telehealth and multidisciplinary models. Investment should also support culturally safe and community-led services, alongside specialist capability to respond to emerging forms of technology-facilitated child sexual abuse and exploitation, ensuring all children, young people and families can access high-quality support regardless of where they live or their individual circumstances.

5. What evidence, workforce or system gaps should the Second Action Plan prioritise to strengthen implementation and improve outcomes over time?

The Second Action Plan should prioritise addressing key evidence, workforce and system gaps that limit capacity to prevent and respond to child sexual abuse and exploitation. This includes establishing measurable national targets and indicators for reducing child sexual abuse, supported by improved national data collection and reporting that enables consistent monitoring of prevalence, service responses and outcomes across jurisdictions (Mathews et.al., 2023; McPherson et.al., 2025b). Governments should invest in independent evaluation of prevention and early intervention initiatives to ensure resources are directed towards approaches that demonstrate effectiveness and can be scaled nationally. Greater investment is also needed in research on technology-facilitated child sexual abuse and exploitation to keep pace with rapidly evolving online risks and inform evidence-based policy and practice.

Strengthening implementation also requires consistent adoption and monitoring of institutional safeguarding measures, including nationwide implementation of the Child Safe Standards and independent auditing of organisational compliance (National Office for Child Safety, 2021 & 2026). Sustainable, long-term investment in prevention, workforce capability and specialist services is essential to move beyond short-term program cycles and support continuous improvement. Public reporting on progress, outcomes and accountability should underpin the Second Action Plan: ensuring transparency while driving coordinated national action to reduce child sexual abuse and improve safety and recovery outcomes for children and young people.

Summary

Child sexual abuse and exploitation is preventable and must be recognised as a core national priority within Australia's efforts to end gender-based violence. The Second Action Plan presents a critical opportunity to strengthen prevention, improve coordination across governments and sectors, and ensure that all children and young people have access to safe, timely and effective support when abuse occurs. Achieving this requires sustained investment in evidence-based primary prevention, early intervention, trauma-informed recovery services, institutional safeguarding and responses to emerging forms of technology-facilitated abuse and exploitation, underpinned by strong national leadership and accountability.

The recommendations outlined in this submission provide a practical framework for embedding child sexual abuse and exploitation within the National Plan and strengthening alignment with complementary national strategies. By adopting a public health approach, centring the voices and rights of children and victim-survivors, investing in workforce capability and culturally safe services, and establishing measurable national targets with transparent reporting, governments can deliver meaningful prevention of child sexual abuse and exploitation while improving outcomes for children, families and communities across Australia.

We would welcome the opportunity to engage further on the matters raised in this submission and can be contacted at research@bravehearts.org.au should any additional information be required.

Kind Regards,

A large rectangular area of the document has been completely redacted with black ink, obscuring the signature and any accompanying text or contact information.

References

- Abdul Latiff, M., Fang, L., Goh, D.A. & Tan, L.J. (2024). A systematic review of factors associated with disclosure of child sexual abuse. *Child Abuse & Neglect*, 147. doi.org/10.1016/j.chiabu.2023.106564
- Altman, T., Hunter, S., & Gay, M. (2026). From Tokenism to Transformation: Relational Guiding Principles for Genuine Co-Design with Young People with Disability Through a Critical Disability Lens. *Youth*, 6(2). doi.org/10.3390/youth6020057
- Ancín-Nicolás, R. A., Pastor, Y., López-Sáez, M. Á., & Platero, L. (2024). Protective Factors in the LGBTIQ+ Adolescent Experience: A Systematic Review. *Healthcare*, 12(18), 1865. doi.org/10.3390/healthcare12181865
- Association for the Treatment and Prevention of Sexual Abuse (ATSA) (2025). *Best practice guidelines for the assessment, treatment, risk management, and risk reduction of men who have committed sexually abusive behaviors* (6th ed.). Association for the Treatment and Prevention of Sexual Abuse. Accessed online:

<https://members.atsa.com/learn/Details/best-practice-guidelines-for-men-6th-edition-251865>

Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 135–144). Australian Government Department of Health and Ageing

Bacchus, L.J., Colombini, M., Pearson, I., Gevers, A., Stöckl, H. & Guedes, A.C. (2024). Interventions that prevent or respond to intimate partner violence against women and violence against children: a systematic review. *Lancet Public Health*, 9(5):e326-e338. doi.org/10.1016/S2468-2667(24)00048-3

Beier, K. M., Nentzl, J., von Heyden, M., Fishere, M., & Amelung, T. (2024). Preventing child sexual abuse and the use of child sexual abuse materials: Following up on the German Prevention Project Dunkelfeld. *Journal of Prevention*, 45(6), 881–900. doi.org/10.1007/s10935-024-00792-0

Bunger, A.C., Chuang, E., Girth, A.M., Lancaster K.E., Smith, R., Phillips, R.J., Martin, J., Gadel, F., Willauer, T., Himmeger, M.J., Millisor, J., McClellan, J., Powell, B.J., Saldana, L. & Aarons, G.A. (2024). Specifying cross-system collaboration strategies for implementation: a multi-site qualitative study with child welfare and behavioral health organizations. *Implementation Science*, 19(13). doi.org/10.1186/s13012-024-01335-1

Burgund Isakov, A., & Markovic, V. (2024). Systematic Review of Trauma-Informed Approaches and Trauma-Informed Care for Forced Migrant Families: Concepts and Contexts. *Trauma, Violence & Abuse*, 25(5), 3999-4015. doi.org/10.1177/15248380241266161

Campbell, E., Fernando, T., Gassner, L., Hill, J., Seidler, Z., & Summers, A. (2024). *Unlocking the prevention potential: Accelerating action to end domestic, family and sexual violence: Report of the Rapid Review of Prevention Approaches*. Department of the Prime Minister and Cabinet, Australian Government. Accessed online: <https://www.pmc.gov.au/sites/default/files/resource/download/unlocking-prevention-potential.pdf>

Campo, M. (2015). *Children's exposure to domestic and family violence: Key issues and responses* (CFCA Paper No. 36). Australian Institute of Family Studies

Cant, R. L., Harries, M., & Chamarette, C. (2022). Using a public health approach to prevent child sexual abuse by targeting those at risk of harming children. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5(4), 573–592. doi.org/10.1007/s42448-022-00128-7

Chuang, E., Bunger, A., Smith, R., Girth, A., Philips R., Miech, E., Lancaster, K., Martin, J., Gadel, F., Himmeger, M., McClellan, J., Millisor, J., Willauer, T., Powell, B.J., Dellor, E. & Aarons, G.A. (2024). Collaboration strategies affecting implementation of a cross-systems intervention for child welfare and substance use treatment: a mixed methods analysis. *Implementation Science Communications*, 5(127). doi.org/10.1186/s43058-024-00666-w

Colucci, E., Minas, H., Szwarc, J., Guerra, C., & Paxton, G. (2015). In or out? Barriers and facilitators to refugee-background young people accessing mental health services. *Transcultural Psychiatry*, 52(6), 766–790. doi.org/10.1177/1363461515571624

Drejer, C., Riegler, M. A., Halvorsen, P., Johnson, M. S., & Baugerud, G. A. (2024). Livestreaming Technology and Online Child Sexual Exploitation and Abuse: A Scoping

- Review. *Trauma, Violence, & Abuse*, 25(1), 260-274.
doi.org/10.1177/15248380221147564
- Dudgeon, P., Milroy, H., & Walker, R. (Eds.). (2014). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed.).
- eSafety Commissioner (nd). Safety by Design. Australian Government. Accessed online:
<https://www.esafety.gov.au/industry/safety-by-design>
- Finkelhor, D., Turner, H., Colburn, D. & Mitchell, K.J. (2025). Persisting concerns about image exposure among survivors of image-based sexual exploitation and abuse in childhood. *Psychological Trauma: Theory, research, practice and policy*, 17(Suppl 1):S88-S93.
doi.org/10.1037/tra0001815
- Gannoni, A., Voce, A., Napier, S., Boxall, H. & Thomsen, D. (2023). *Preventing child sexual abuse material offending: An international review of initiatives*. Research Report no. 28. Canberra: Australian Institute of Criminology. doi.org/10.52922/rr78764
- Gibbs, J., Milroy, H., Mulder, S., Black, C., Lloyd-Johnsen, C., Brown, S., & Gee, G. (2024). A Systematic Scoping Review of Indigenous People's Experience of Healing and Recovery from Child Sexual Abuse: A Protocol. *International Journal of Environmental Research and Public Health*, 21(3), 311. doi.org/10.3390/ijerph21030311
- Grady, M.D., Yoder, J., Deblinger, E. & Mannarino, A.P. (2023). Developing a trauma focused cognitive behavioral therapy application for adolescents with problematic sexual behaviors: A conceptual framework. *Child Abuse & Neglect*, 140.
doi.org/10.1016/j.chiabu.2023.106139
- Grady, M. D., Yoder, J., Jones, S. N., & Williams, A. (2024). Seeking an integrated approach to trauma and problematic sexual behaviors in adolescents: Learning from practitioners. *Journal of Child & Adolescent Trauma*, 17(2), 383–397. doi.org/10.1007/s40653-023-00604-3
- Grimm, R. (2024). Putting the count back into accountability: An analysis of transparency data about the sexual exploitation of minors. doi.org/10.48550/arXiv.2402.14625
- Gwynne, K., Rollo, S., Griew, J., Evans, C., Parter, C., French, R., Balch, M., Hillan, L. & Griew, L. (2026). Workforce and the aboriginal community-controlled child and family support sector: A review of the evidence and a guide for practice, *The British Journal of Social Work*, 56(1), 473–491. doi.org/10.1093/bjsw/bcaf254
- Hailes, H.P., Yu, R., Danese, A. & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: an umbrella review. *Lancet Psychiatry*, 6(10), 830-839. doi.org/10.1016/S2215-0366(19)3028
- Hale, H., Bracewell, K., Bellussi, L., Jenkins, R., Alexander, J., Devaney, J. & Callaghan J.E.M. (2026). The Child Protection Response to Domestic Violence and Abuse: a Scoping Review of Interagency Interventions, Models and Collaboration. *Journal of Family Violence*, 41, 653–673. doi.org/10.1007/s10896-024-00681-4
- Hashim, M., Iqbal, N., Halligan, S., Alimoradi, Z., Pfaltz, M., Farooqi, S. R., Khan, I., Galán, C. A., & Vostanis, P. (2025). Association of Childhood Sexual Abuse with Adolescent's Psychopathology: A Systematic Review and Meta-Analysis. *Trauma, Violence, & Abuse*, 26(3), 483-496. doi.org/10.1177/15248380241281365
- Hellevik, P.M., Haugen, L.-E.A. & Överlien, C. (2025) Outcomes of image-based sexual abuse among young people: a systematic review. *Frontiers in Psychology*, 16.
doi.org/10.3389/fpsyg.2025.1599087

- Herbert, J., Ghan, N., Salveron, M., & Walsh, W. (2021). Possible Factors Supporting Cross-Agency Collaboration in Child Abuse Cases: A Scoping Review. *Journal of Child Sexual Abuse*, 30(2), 167–191. doi.org/10.1080/10538712.2020.1856994
- King, P. T., Cormack, D., Edwards, R., Harris, R., & Paine, S.-J. (2022). Co-design for Indigenous and other children and young people from priority social groups: A systematic review. *SSM – Population Health*, 18. doi.org/10.1016/j.ssmph.2022.101077
- Lines, L., & Owens, A. (2025). *Workforce capability framework for preventing and responding to child sexual abuse across the lifespan*. National Centre for Action on Child Sexual Abuse. Accessed online: <https://nationalcentre.org.au/research/developing-workforce-capability-statement-to-underpin-how-workers-prevent-and-respond-to-child-sexual-abuse-across-the-lifespan/>
- Lundy, L. (2007). ‘Voice’ is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927–942. doi.org/10.1080/01411920701657033
- Malmberg-Heimonen, I., Finne, J., Tøge, A.G., Pontoppidan, M., Dion, J., Tømmerås, T. & Pedersen, E. (2024). Interventions to Reduce Child Maltreatment: A Systematic Review with a Narrative Synthesis. *International Journal on Child Maltreatment: Research, Policy and Practice*, 7, 459–475 (2024). doi.org/10.1007/s42448-024-00196-x
- Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., ., Thomas, H. J., Lawrence, D., Haslam, D., Malcova, E. & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: Findings from a national survey. *Medical Journal of Australia*, 218(Suppl. 6), S13–S18. doi.org/10.5694/mja2.51873.
- McCafferty, P. & Mercado Garcia, E. (2024). Children’s Participation in Child Welfare: A Systematic Review of Systematic Reviews, *The British Journal of Social Work*, 54(3), 1092–1108. doi.org/10.1093/bjsw/bcad167
- McGinn, T., Chereni, A. & McGinnis, E. (2026). A systematic review of the perceived barriers to and facilitators of technology assisted - Child sexual abuse disclosure. *Child Abuse & Neglect*, 172. doi.org/10.1016/j.chiabu.2025.107869
- McKibbin, G., Green, J., Humphreys, C., & Tyler, M. (2024). Pathways to Onset of Harmful Sexual Behavior. *Victims & Offenders*, 19(5), 739–777. doi.org/10.1080/15564886.2023.2208579
- McKibbin, G., Kuruppu, J., Humphreys, C., Gomez, V. S., & Zarine, D. (2026). Acceptability of Stop It Now! Australia: perceptions of service users, police and practitioners. *Journal of Sexual Aggression*, 1–16. doi.org/10.1080/13552600.2026.2659697
- McPherson, L., Gatwiri, K., Graham, A. Rotumah, D. Hand, K., Modderman, C., Chubb, J. & James, S. (2025a). What Helps Children and Young People to Disclose their Experience of Sexual Abuse and What Gets in the Way? A Systematic Scoping Review. *Child Youth Care Forum*, 54, 515–544. doi.org/10.1007/s10566-024-09825-5
- McPherson, L., Gatwiri, K., Vosz, M., MacNamara, N., Mitchell, J. & Tucci, J. (2025b). Approaches to Assessment and Intervention with Children and Young People who have Experienced Child Sexual Abuse: A Review of Reviews. *Journal of Child & Adolescent Trauma* 18, 279–291. doi.org/10.1007/s40653-025-00702-4
- McPherson, L., Vosz, M., Gatwiri, K., Hitchcock, C., Tucci, J., Mitchell, J., Fernandes, C., & Macnamara, N. (2024). Approaches to Assessment and Intervention With Children and

- Young People Who Engage in Harmful Sexual Behavior: A Scoping Review. *Trauma, Violence, & Abuse*, 25(2), 1585-1598. doi.org/10.1177/15248380231189293
- National Office for Child Safety (2026). *National Principles for Child Safe Organisations*. Australian Government. Accessed online: <https://www.childsafety.gov.au/resources/national-principles-child-safe-organisatio>
- National Office for Child Safety (2021). *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*. Australian Government.
- Organisation for Economic Co-operation and Development (OECD) (2024). Towards digital safety by design for children (OECD Digital Economy Papers No. 363). OECD Publishing. Access online: <https://doi.org/10.1787/c167b650-en>
- Oswald, S. H., Heil, K., & Goldbeck, L. (2010). History of maltreatment and mental health problems in foster children: A review of the literature. *Journal of Pediatric Psychology*, 35(5), 462–472. doi./org10.1093/jpepsy/jsp114
- Page, S., McFeeters, A., Rani, N., Slater, C., Stevenson, J., Quayle, E. & Fry, D. (2025). Psychological and Emotional Harms of Online Child Sexual Exploitation and Abuse in Children Under the Age of 18: A Systematic Review of the Evidence. *Child Abuse Review* 34(4). doi.org/10.1002/car.70048.
- Paton, A. J., Parsons, V., Adamson, K., Pitts, C., Bromfield, L., & Horch, G. (2024). Developing Minimum Practice Standards for specialist and community support services responding to child sexual abuse. *Children Australia*, 46(2). doi.org/10.61605/cha_3027
- Price, S., McKillop, N., Scanlan, J., Rayment-McHugh, S., Christensen, L., & Prichard, J. (2024). A Review of Digital Interventions as Secondary Prevention Measures to Combat Online Child Sexual Abuse Perpetration. *Journal of Child Sexual Abuse*, 33(7), 869–890. doi.org/10.1080/10538712.2024.2415549
- Rayment-McHugh, S., McKillop, N., Adams, D., Higgins, D.J. & Russell, D.H. (2024). Context matters: Conceptualising and operationalising the contextual prevention of child sexual abuse. *Child Abuse Review*, 33(1). doi.org/10.1002/car.2859
- Rayment-McHugh, S., Adams, D., & McKillop, N. (2022). Introducing a contextual lens to assessment and intervention for young people who engage in harmful sexual behaviour: An Australian case study. *Journal of Children's Services*, 17(3), 192–204. doi.org/10.1108/JCS-06-2021-0024
- Robertson, A.L., Harris, D.A. & Karstedt, S. (2023). "It's a preventable type of harm": Evidence-based strategies to prevent sexual abuse in schools. *Child Abuse & Neglect*, 145. doi.org/10.1016/j.chiabu.2023.106419
- Royal Commission into Institutional Responses to Child Sexual Abuse (2017). *Final report: Volume 10, Children with harmful sexual behaviours*. Commonwealth of Australia.
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Final report*. Commonwealth of Australia. Accessed online: <https://disability.royalcommission.gov.au/publications/final-report>
- Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465–487. doi.org/10.1146/annurev-clinpsy-021815-093153
- Russell, D., & Higgins, D. (2020). Safeguarding Capabilities in Preventing Child Sexual Abuse: Exploratory Factor Analysis of a Scale Measuring Safeguarding Capabilities in Youth-

- Serving Organizations Workers. *Child Maltreatment*, 25(2), 233-242.
doi.org/10.1177/1077559519870253
- Shiau, A.Y.A., Holden, O.L., Musacchio, S., Talwar, V. & Wit-Williams, S. (2025). Online Child Sexual Exploitation and the Role of Computer-Mediated Communication: A Scoping Review. *Journal of Child Sexual Abuse*, 34(5-6),496-519.
doi.org/10.1080/10538712.2024.2388655
- Sousa, M., Andrade, J., de Castro-Rodrigues, A. & Gonçalves, R.A. (2023). The Effectiveness of Psychological Treatment in Adult Male Convicted for Sexual Offenses Against Children: A Systematic Review. *Trauma Violence & Abuse*. 24(3),1867-1881.
doi.org/10.1177/15248380221082080
- Sousa-Gomes, V., Abreu, B., Moreira, D., Del Campo, A., Moreira, D.S. & Fávero, M. (2024). Psychological intervention and treatment programs for adult victims of child sexual abuse: A systematic review. *Psychological Trauma: Theory, research, practice and policy*, 16(Suppl 1):S274-S284. doi.org/10.1037/tra0001389.
- Tarpey-Brown, G., Kirwan, J., Wise, S., Alisic, E., Vaughan, C., & Block, K. (2024). Domestic and Family Violence Affecting Children and Young People from Culturally and Racially Marginalized Migrant Backgrounds in Australia: A Scoping Review of Child Experiences and Service Responses. *Trauma, Violence & Abuse*, 25(5), 3872-3886.
doi.org/10.1177/15248380241265386
- Teunissen, C. & Napier, S. (2023). The overlap between child sexual abuse live streaming, contact abuse and other forms of child exploitation. *Trends & issues in crime and criminal justice no. 671*. Canberra: Australian Institute of Criminology.
doi.org/10.52922/ti78993
- Tyler, M., McKibbin, G., Humphreys, C., & The Men's Project. (2021). *Stop It Now! Australia: Scoping study for the development of a child sexual abuse prevention service in Australia*. Jesuit Social Services & The University of Melbourne.
- United Nations Committee on the Rights of the Child. (2009). General comment No. 12: The right of the child to be heard. Accessed online:
<https://www.refworld.org/legal/general/crc/2009/70207>
- van der Spuy, A., Witting, S., Burton, P., Day, E., Livingstone, S., & Ringmar Sylwander, K. (2024) *Guiding principles for addressing technology-facilitated child sexual exploitation and abuse*. Technical Report. Digital Futures for Children centre, 5Rights Foundation.
- Vosz, M., McPherson, L., Tucci, J., Mitchell, J., Fernandes, C., & Macnamara, N. (2023). It is time to focus on prevention: A scoping review of practices associated with prevention of child sexual abuse and Australian policy implications. *International Journal on Child Maltreatment: Research, Policy and Practice*, 6(1), 79–107. doi.org/10.1007/s42448-022-00143-8
- Walker, S. C., Baquero, B., Bekemeier, B., Parnes, M., & Arora, K. (2023). Strategies for enacting health policy codesign: A scoping review and direction for research. *Implementation Science*, 18(44). doi.org/10.1186/s13012-023-01295-y
- Walsh, K., Pink, E., Ayling, N., Sondergeld, A., Dallaston, E., Tournas, P., Serry, E., Trotter, S., Spanos, T. & Rogic, N.(2022). Best Practice Framework for Online Safety Education: Results from a rapid review of the international literature, expert review, and stakeholder consultation. *International Journal of Child-Computer Interaction*, 33.
doi.org/10.1016/j.ijcci.2022.100474

- Walsh, K., Zwi, K., Woolfenden, S. & Shlonsky, A. (2015). School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews*, (4). doi.org/10.1002/14651858.CD004380.pub3
- Wolbers, H., Cubitt, T. & Cahill, M. (2025a). Artificial intelligence and child sexual abuse: A rapid evidence assessment. *Trends & issues in crime and criminal justice no. 711*. Canberra: Australian Institute of Criminology. doi.org/10.52922/ti77802
- Wolbers, H., Cubitt, T., Carter, R. & Napier, S. (2025b). The impacts of sexual extortion on minors: A systematic review. *Trends & issues in crime and criminal justice no. 710*. Canberra: Australian Institute of Criminology. doi.org/10.52922/ti77789
- Woodman, E., Roche, S., & McArthur, M. (2023). Children's participation in child protection—How do practitioners understand children's participation in practice? *Child & Family Social Work*, 28(1), 125–135. doi.org/10.1111/cfs.12947
- Wise, S., Jones, A., Johnson, G., Croisdale, S., Callope, C., & Chamberlain, C. (2024). Healing and wellbeing outcomes of services for Aboriginal people based on cultural therapeutic ways: A systematic scoping review. *American Journal of Community Psychology*, 74, 5–15. doi.org/10.1002/ajcp.12759