

Second Action Plan – National Strategy to Prevent and Respond to Child Sexual Abuse

Blue Knot Foundation Submission

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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.

Overall Position

The First Action Plan established important foundations for implementing the National Strategy, including stronger governance, greater investment in prevention and response, increased engagement with victims and survivors, growing attention to online child sexual abuse, and recognition of recovery and healing as essential components of reform. The Second Action Plan offers the opportunity to move from establishing policy foundations to strengthening implementation.

For many victim-survivors, child sexual abuse does not end when the abuse stops. Its effects continue through complex trauma, poorer mental and physical health, disrupted relationships, reduced participation and, too often, through fragmented systems that require repeated disclosure, inconsistent responses and unnecessary re-traumatisation. The Australian Child Maltreatment Study found that 28.5 per cent of Australians experienced child sexual abuse, with substantially poorer mental health and wellbeing outcomes among those exposed to multiple forms of maltreatment, demonstrating that recovery and healing are not peripheral concerns but a national public health priority (Mathews et al., 2023; Scott et al., 2023; Lawrence et al., 2023). Emerging evidence also highlights the growing prevalence of online child sexual victimisation and its enduring impacts, reinforcing the need for prevention, trauma-informed responses and lifelong recovery pathways (Mathews et al., 2025).

These findings reinforce that child sexual abuse is far more than a child protection issue. It is a major public health, mental health and lifelong recovery issue that creates ongoing demand across health, disability, justice and community services. While preventing abuse must remain the highest priority, recovery and healing are equally essential if the National Strategy is to reduce the long-term impacts of abuse and interrupt intergenerational cycles of harm.

The National Strategy already recognises prevention, early intervention, response, recovery and healing as interconnected priorities. The challenge for the Second Action Plan is to ensure these priorities are delivered through trauma-informed systems, capable workforces and coordinated implementation across related reforms. Victim-survivors should be able to move through services without repeatedly retelling traumatic experiences, navigating disconnected pathways or encountering practices that reinforce rather than reduce harm.

Blue Knot Foundation's submission focuses on strengthening implementation of the National Strategy's commitments to recovery and healing. It recommends measurable recovery outcomes, prevention of re-traumatisation, strengthened workforce capability, lived

experience leadership, Aboriginal and Torres Strait Islander healing and self-determination, and coordinated implementation across related national reforms.

Blue Knot Foundation makes seven recommendations:

1. Measure Recovery and Healing as National Outcomes.
2. Recognise Shared Drivers of Harm.
3. Prevent Re-traumatisation Across Systems.
4. Build National Capability.
5. Embed Lived Experience Leadership.
6. Strengthen Aboriginal and Torres Strait Islander Healing and Self-Determination.
7. Establish a National Recovery and Healing Implementation Framework.

Together, these recommendations strengthen the National Strategy's capacity to support lifelong recovery and healing alongside prevention. They recognise that ending child sexual abuse requires not only preventing future abuse but ensuring that people affected by child sexual abuse are supported to recover, heal and participate fully throughout their lives.

Executive Summary

Blue Knot's four priority recommendations:

- Make recovery and healing measurable national outcomes.
- Build national capability and prevent re-traumatisation.
- Establish a Recovery and Healing Implementation Framework.
- Embed lived experience leadership and Aboriginal and Torres Strait Islander self-determination.

Why these priorities matter:

- Child sexual abuse is both a prevention challenge and a lifelong recovery challenge.
- Recovery should be measured because recovery is achievable and important.
- Systems should not re-traumatise those they are intended to support.
- Effective implementation now requires capability, accountability and coordination at scale.

Together, these priorities provide a practical pathway for translating the National Strategy's commitment to prevention, recovery and healing into measurable outcomes for victim-survivors.

Implementation Priorities for the Second Action Plan

Blue Knot Foundation considers the following four priorities essential to translating the National Strategy into measurable prevention, recovery and healing outcomes.

Priority 1: Measure Recovery and Healing as National Outcomes

Recovery should be measured because recovery is achievable. The Second Action Plan should recognise recovery and healing as national outcomes alongside prevention, safety and accountability. Establishing nationally consistent recovery outcomes, supported by monitoring, evaluation and public reporting, would strengthen accountability, inform future investment and ensure progress is measured not only by activities delivered, but by meaningful improvements in victim-survivors' safety, wellbeing, functioning, participation, connection, empowerment and quality of life over time.

Priority 2: Build Capability to Prevent Re-Traumatisation

No victim-survivor of child sexual abuse should be harmed by the systems designed to provide support. The Second Action Plan should invest in the workforce, systems and implementation infrastructure required to deliver trauma-informed, recovery-oriented and culturally safe responses across service systems. This includes nationally consistent capability expectations, workforce development, supervision, reflective practice, workforce wellbeing initiatives, capability to recognise and respond to harmful sexual behaviours and coordinated "no wrong door" pathways that improve access to prevention, recovery and healing supports. Capability development should also address emerging forms of abuse, including online child sexual abuse, harmful sexual behaviours and technology-facilitated abuse.

Priority 3: Establish a National Recovery and Healing Implementation Framework

Australia already knows what works. The challenge is implementing it consistently across governments, sectors and service systems. A Child Sexual Abuse Recovery and Healing Implementation Framework should support coordination across related reform agendas, establish shared outcomes and capability expectations, strengthen accountability, and support implementation, 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 stronger when those most affected help shape the decisions that affect them. The Second Action Plan should embed lived experience leadership across governance, implementation, monitoring and evaluation, while continuing to strengthen Aboriginal and Torres Strait Islander-led healing responses, cultural safety, community-controlled approaches and self-determination.

Recommendation 1: Measure Recovery and Healing as National Outcomes

Recovery should be measured because recovery is achievable. The National Strategy recognises recovery and healing as essential components of Australia's response to child sexual abuse. However, implementation, monitoring and reporting remain predominantly focused on prevention, safety and service delivery rather than whether victim-survivors experience meaningful recovery over time. If recovery and healing are strategic objectives, they should also be measurable national outcomes.

Child sexual abuse is associated with lifelong impacts on mental and physical health, relationships, education, employment, social participation and wellbeing. For many victim-survivors, particularly those who have experienced repeated or prolonged abuse, recovery involves healing from the impacts of complex trauma. Accordingly, recovery should be measured through improvements in safety, wellbeing, functioning, participation, connection, agency, empowerment and quality of life, rather than relying solely on reductions in psychological symptoms (Australian Child Maltreatment Study [ACMS], 2023; O'Hara et al., 2024; World Health Organization [WHO], 2019).

Recovery extends beyond immediate safety and crisis response. It reflects a person's increasing capacity to participate in family, education, employment, community and cultural life, establish safe and meaningful relationships, exercise choice and control, and pursue personally meaningful goals. Measuring these outcomes would demonstrate whether policies, services and investments are improving people's lives—not simply whether activities have been delivered.

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 functioning, participation and quality of life as fundamental indicators of recovery and rehabilitation (WHO, 2019). Measuring recovery would strengthen accountability, inform investment decisions and demonstrate the long-term value of recovery-oriented services.

The Second Action Plan should translate the National Strategy's commitment to recovery and healing into nationally consistent outcomes, indicators and reporting arrangements. Measures should recognise that recovery is individual, culturally informed and non-linear, and should be developed in partnership with people with lived and living experience.

The Second Action Plan should:

- recognise recovery and healing as measurable 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, cultural connection and quality of life;
- incorporate recovery outcomes into monitoring, evaluation and public reporting;
- publicly report recovery outcomes alongside prevention, response and safety outcomes; and
- support lived experience-informed and longitudinal measurement of recovery over time.

Recommendation 2: Recognise Child Sexual Abuse, Childhood Adversity and Complex Trauma as Shared Drivers of Harm

Child sexual abuse rarely occurs in isolation. For many victim-survivors, it co-occurs with family violence, emotional abuse, neglect and other forms of childhood adversity, contributing to complex trauma and lifelong impacts. Together, child sexual abuse, childhood adversity and complex trauma are shared drivers of lifelong harm, vulnerability and long-term service demand across multiple systems.

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 of maltreatment (Haslam et al., 2023). Exposure to multiple forms of childhood adversity is associated with substantially increased risks of mental illness, self-harm, suicide attempts and poorer health, social and economic outcomes across the lifespan (Scott et al., 2023; Lawrence et al., 2023). The National Mental Health Commission has similarly identified complex trauma as a significant but under-recognised contributor to mental ill-health, psychosocial disability and complex service needs, reinforcing the need for trauma-informed and trauma-specific responses across service systems.

Recent evidence also highlights the extent to which child sexual abuse overlaps with other forms of violence. Domestic and family violence is identified in up to 91 per cent of child sexual abuse cases, while child sexual abuse is identified in up to 36 per cent of domestic violence cases (Olejnikova et al., 2025). These overlaps reinforce the need for prevention, response, recovery and healing initiatives that recognise the broader context in which abuse occurs rather than responding to individual forms of violence through separate and disconnected policy and service responses.

Recognising child sexual abuse, childhood adversity and complex trauma as shared drivers of harm strengthens understanding of pathways into victimisation and re-victimisation, barriers to disclosure and recovery, intergenerational transmission of harm, mental ill-health and long-term demand across health, mental health, disability, justice and community services. It also highlights opportunities for earlier intervention by addressing the cumulative impacts of adversity before they contribute to escalating health, social and justice outcomes.

It also provides an important lens for understanding harmful sexual behaviours displayed by some children and young people. While harmful sexual behaviours arise from multiple factors, trauma and developmental adversity are recognised contributors in some cases and should inform prevention, early intervention and developmentally appropriate responses.

Child sexual abuse, childhood adversity and complex trauma sit across child wellbeing, violence prevention, mental health, suicide prevention, disability and justice reforms. Because these systems frequently respond to the same individuals, families and communities, recognising their shared drivers provides a stronger foundation for coordinated prevention, early intervention, recovery and healing. It also supports more effective investment by addressing common drivers of demand across multiple service systems.

The Second Action Plan should:

- explicitly recognise child sexual abuse, childhood adversity and complex trauma as shared drivers of harm and long-term service demand
- use shared drivers of harm to inform cross-portfolio planning, commissioning and investment decisions
- incorporate childhood adversity and complex trauma into prevention, recovery and healing frameworks
- strengthen trauma-informed and trauma-specific responses across relevant service systems
- support cross-portfolio implementation that recognises shared drivers across related reform agendas
- ensure prevention, recovery and healing initiatives address the cumulative impacts of child sexual abuse, childhood adversity and complex trauma across the life course.

Recommendation 3: Prevent Re-Traumatisation Across Systems and Services

Recovery is shaped not only by the abuse experienced, but by how systems respond. Both the National Strategy and victim-survivor testimony recognise that fragmented services, repeated retelling of traumatic experiences, adversarial processes, poor communication, lack of transparency, disbelief and responses that fail to recognise the impacts of trauma can undermine recovery.

Australian research demonstrates that institutional responses continue to influence long-term recovery. Survivors report that dismissal, loss of control, inconsistent responses and barriers to support contribute to ongoing harm, while being believed, treated with dignity and connected to coordinated support strengthens recovery (AiLECS Lab & Bravehearts Foundation, 2024; O'Leary et al., 2025; MacSween et al., 2026). Positive disclosure experiences improve wellbeing, engagement and trust, whereas re-traumatising responses discourage help-seeking and undermine confidence in services.

Preventing re-traumatisation requires more than trauma-informed practitioners. It requires trauma-informed systems. How services are designed, connected and experienced is just as important as individual practice. Trauma-informed principles should be embedded across service design, intake and assessment, referral pathways, information sharing, complaints processes and organisational policies so that safety, trust, choice, collaboration and empowerment are experienced consistently rather than by chance.

Victim-survivors should not have to repeatedly recount traumatic experiences or navigate disconnected services to receive support. A genuine **"no wrong door"** approach means people can access coordinated, trauma-informed pathways to prevention, response, recovery and healing regardless of where they first seek help. Where appropriate and with informed consent, victim-survivors should not have to restart their recovery journey each time they move between services. Preventing re-traumatisation should therefore be recognised as a cross-system implementation priority that is reflected in workforce capability, service design, governance and accountability.

The Second Action Plan should:

- establish prevention of re-traumatisation as a quality, safety and service effectiveness objective across systems interacting with victim-survivors
- develop national principles and implementation guidance for preventing re-traumatisation across service systems
- develop consent-based information-sharing, referral and care coordination practices that minimise unnecessary repetition of traumatic histories
- support trauma-informed service design, organisational change and system reform initiatives
- strengthen and evaluate "no wrong door" referral, navigation and coordination pathways
- establish nationally consistent workforce capability expectations for trauma-informed and survivor-centred practice
- embed prevention of re-traumatisation within commissioning, accreditation, quality improvement and evaluation frameworks
- monitor victim-survivor experiences across systems and use findings to drive continuous improvement.

Recommendation 4: Build National Capability for Child Sexual Abuse and Complex Trauma Recovery

Recovery and healing depend on a workforce that can recognise, understand and respond effectively to child sexual abuse, childhood adversity and complex trauma. Workforce capability is fundamental to achieving prevention, response, recovery and healing outcomes.

Capability must extend beyond specialist child sexual abuse services because victim-survivors engage with multiple systems throughout their lives. Victim-survivors engage with health, mental health, disability, education, housing, justice and community services throughout their lives, and consistent trauma-informed capability across these systems is essential to preventing re-traumatisation, improving service quality and supporting recovery. Positive disclosure experiences are associated with trauma-informed, validating and supportive responses, while poor responses can contribute to ongoing harm, disengagement and barriers to recovery (O'Leary et al., 2025). Trauma-informed capability is required across universal systems, while access to trauma-specific expertise and treatment must be available when more specialised recovery support is needed.

Workforce capability is essential implementation infrastructure. The Second Action Plan should establish nationally consistent expectations for trauma-informed and trauma-specific practice, cultural safety, survivor-centred service delivery, supervision and reflective practice, supported by workforce development, evidence translation, implementation support and continuous learning. Sustained investment in these functions will strengthen service quality, reduce unwarranted variation in practice and improve outcomes across jurisdictions.

Capability must also evolve to meet changing needs. Workforces should be equipped to respond to both online and offline child sexual abuse, including image-based abuse, online grooming, sexual extortion and technology-facilitated exploitation. They should also

recognise that the harm associated with image-based child sexual abuse may be renewed each time abuse material is accessed, shared or recirculated. Capability should also include developmentally informed responses to harmful sexual behaviours displayed by some children and young people, together with culturally safe practice for Aboriginal and Torres Strait Islander peoples, people with disability, culturally and linguistically diverse communities, LGBTQIA+ communities, and people living in rural and remote areas.

High-quality trauma-informed services depend on a workforce that is supported to sustain trauma-informed practice over time. Workforce wellbeing and psychosocial safety should be recognised as core implementation priorities. Supervision, reflective practice and proactive management of psychosocial hazards – including vicarious trauma, secondary traumatic stress and burnout – are essential to sustaining workforce capability and delivering safe, effective and consistent responses to victim-survivors.

The Second Action Plan should:

- develop and implement a National Child Sexual Abuse and Complex Trauma Capability Framework
- establish nationally consistent capability expectations for trauma-informed and trauma-specific practice across relevant sectors
- embed complex trauma competencies within accreditation, registration and commissioning frameworks
- fund workforce and leadership development, 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 functions that support evidence translation, implementation support and continuous learning across jurisdictions and sectors.

Recommendation 5: Embed Lived Experience Leadership across Reform Agendas

Victim-survivors should help shape the systems designed to support them. The National Strategy recognises lived and living experience as central to reform. The next phase of implementation should move beyond participation towards shared influence over the decisions that shape policy, services and implementation. Lived experience leadership should be recognised as an essential element of good governance, not an additional consultation activity.

For many victim-survivors, child sexual abuse has lifelong impacts on health, relationships, identity, trust and engagement with services. This expertise complements research, professional knowledge and service data by providing insight that none of these sources can offer on their own. It provides unique insight into how systems are experienced in practice, where barriers arise, what contributes to re-traumatisation and what enables recovery and healing.

Children, young people and adult victim-survivors should all have opportunities to influence reform in ways that are safe, developmentally appropriate and culturally responsive. Particular attention should be given to ensuring Aboriginal and Torres Strait Islander peoples, people with disability, culturally and linguistically diverse communities and other priority populations are able to shape decisions that affect them.

Embedding lived experience leadership requires more than representation. It requires governance and decision-making arrangements that give victim-survivors genuine influence over priorities, implementation, monitoring, evaluation and continuous improvement. This includes appropriate remuneration, trauma-informed participation supports, organisational capability and independent mechanisms that enable lived experience perspectives to inform decisions throughout the reform lifecycle.

Many victim-survivors continue to distrust institutions because of experiences of abuse, betrayal and ineffective responses. Independent lived experience leadership strengthens transparency, credibility and accountability by ensuring survivor perspectives remain visible throughout implementation rather than being filtered solely through government or service provider perspectives.

The Second Action Plan should:

- establish clear expectations for lived experience leadership across governance, implementation, monitoring and evaluation
- support nationally consistent approaches to remuneration, participation supports and organisational capability
- embed lived experience leadership within accountability, implementation and evaluation frameworks
- support co-design and co-evaluation approaches that involve lived experience leaders throughout implementation and continuous improvement
- establish sustainable mechanisms for independent survivor leadership and advice
- strengthen organisational capability to engage safely, ethically and effectively with lived experience expertise
- support meaningful participation of children, young people and priority populations in decisions that affect them
- require transparent feedback on how lived experience advice influenced decisions, including where recommendations were not adopted and why

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

Self-determination is fundamental to recovery and healing for Aboriginal and Torres Strait Islander peoples.

For Aboriginal and Torres Strait Islander communities, healing cannot be separated from culture, connection to Country, community, identity and self-determination. The Second Action Plan should strengthen Aboriginal and Torres Strait Islander leadership across the

design, delivery, governance and evaluation of responses to child sexual abuse, recognising that culturally grounded healing is central to prevention, recovery and long-term wellbeing.

Evidence consistently demonstrates that Aboriginal and Torres Strait Islander-led, community-controlled approaches achieve stronger and more sustainable outcomes because they are grounded in cultural authority, local knowledge and community priorities (Campbell et al., 2026). Healing is not simply the reduction of trauma symptoms. It is the restoration of identity, relationships, belonging, culture, connection to Country and community.

The policy foundations for this approach already exist through the National Strategy, Closing the Gap, Safe and Supported and *Our Ways – Strong Ways – Our Voices*. The challenge is no longer establishing policy commitments but implementing them in a coordinated way, aligning investment, accountability and delivery across reforms that engage many of the same children, families and communities.

Strengthening Aboriginal and Torres Strait Islander-led healing is therefore not only essential to improving outcomes for victim-survivors of child sexual abuse; it is also central to achieving Australia's broader commitments to Closing the Gap, self-determination and culturally safe systems.

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 leadership, trauma, healing and workforce capability development
- align implementation with Closing the Gap, Safe and Supported and *Our Ways – Strong Ways – Our Voices*
- strengthen shared accountability and coordinated implementation across related national reforms.

Recommendation 7: Establish a Child Sexual Abuse Recovery and Healing Implementation Framework

Australia already has substantial national reform architecture across child sexual abuse, child wellbeing, violence prevention, mental health and Aboriginal and Torres Strait Islander wellbeing. The challenge is no longer identifying what needs to change. The challenge is implementing these reforms in a coordinated way so they operate as a connected system rather than a collection of parallel initiatives.

For victim-survivors, fragmentation means navigating multiple services, repeatedly recounting traumatic experiences and encountering inconsistent responses. Research continues to identify fragmented referral pathways, poor interagency coordination, workforce

shortages and inconsistent access to specialist support as barriers to recovery (Keevers et al., 2025). A genuine "no wrong door" approach requires coordinated implementation across governments, sectors and service systems.

Recovery should also be understood as a lifelong process rather than a time-limited service response. Children, young people and adults may require support at different stages of life, particularly during major life transitions such as parenthood, relationship change, ageing, illness and bereavement, or following subsequent experiences of adversity. Recovery pathways should recognise the contribution of non-offending family members, partners, carers, kin and other trusted supporters, and provide information and support that strengthens their capacity to assist recovery where appropriate.

The Second Action Plan should establish a National Child Sexual Abuse Recovery and Healing Implementation Framework to provide the implementation infrastructure needed to translate existing policy commitments into consistent practice, shared accountability and measurable outcomes. Rather than creating a new reform agenda, the Framework would strengthen coordination across existing national strategies through shared planning, implementation, monitoring, evaluation and continuous learning.

The Framework should:

- establish shared prevention, recovery and healing outcomes across related national reforms
- establish nationally consistent capability expectations for child sexual abuse and complex trauma capability
- support coordinated national approaches to online child sexual abuse prevention, response, recovery and workforce capability
- align outcome, experience and recovery measures across related reforms
- strengthen workforce development, evidence translation and implementation support
- embed lived experience leadership and Aboriginal and Torres Strait Islander governance
- strengthen referral, navigation and service integration pathways
- support continuity and re-entry to recovery services across the life course, without requiring victim-survivors to restart complex assessment and referral processes
- support monitoring, evaluation and public reporting on shared outcomes
- establish cross-government accountability and continuous learning mechanisms.

Implementation should align with Aboriginal and Torres Strait Islander-led healing, child wellbeing, violence prevention and related national reforms, recognising that these initiatives increasingly engage the same children, families, communities and service systems.

A National Child Sexual Abuse Recovery and Healing Implementation Framework would provide the implementation infrastructure needed to reduce fragmentation, strengthen accountability and improve continuity of support for victim-survivors. By aligning existing reforms rather than creating new ones, it would help ensure that prevention, response, recovery and healing are delivered as an integrated national system rather than through disconnected initiatives. In doing so, it would strengthen Australia's broader commitments across child wellbeing, violence prevention and Aboriginal and Torres Strait Islander reform.

Summary Statement

Child sexual abuse does not end when the abuse stops. While preventing future abuse must remain a national priority, millions of Australians are already living with the lifelong impacts of child sexual abuse, childhood adversity and complex trauma. The Second Action Plan must therefore give equal attention to recovery, healing and preventing re-traumatisation.

Recovery should be measured because recovery is achievable. The National Strategy identifies Recovery and Healing as a core priority. The Second Action Plan should translate this commitment into practical action by embedding trauma-informed systems, strengthening workforce capability, sharing leadership with victim-survivors and Aboriginal and Torres Strait Islander communities, and measuring recovery alongside prevention outcomes.

Australia already has the policy foundations. The challenge is coordinated implementation. Child sexual abuse intersects with child wellbeing, violence prevention, mental health, disability, justice and Aboriginal and Torres Strait Islander reform. Stronger alignment across these agendas will reduce fragmentation, improve access to support and strengthen outcomes for victim-survivors, families and communities.

Blue Knot Foundation's central recommendation is that the Second Action Plan establish the implementation architecture needed to translate these ambitions into consistent practice across Australia. By strengthening recovery, healing and the prevention of re-traumatisation alongside prevention, the Second Action Plan can deliver a more integrated, accountable and survivor-centred national response to child sexual abuse.

Blue Knot Foundation's Contribution to Implementation

As Australia's National Centre of Excellence for Complex Trauma, 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.

Blue Knot Foundation is well positioned to support governments, service systems and communities to translate policy commitments into sustainable practice, measurable outcomes and lifelong healing for victims and survivors of child sexual abuse.

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