Safety and Support in Focus: A literature review on definitions, intersections, and policy frameworks of child sexual abuse

Executive Summary:

This literature review explores the definitions, intersections, and policy frameworks surrounding child sexual abuse (CSA) in the Australian context, with specific focus on adult female survivors supported by Stepping Out. The review highlights how definitional inconsistencies affect prevalence data, policy coordination, and service access. It examines the intersection of CSA with domestic, family, and sexual violence (DFSV), showing how grooming and early coercion increase survivors' vulnerability to re-victimisation, particularly through coercive control. It also evaluates national policy frameworks including the National Strategy to Prevent and Respond to CSA, the Crimes Legislation Amendment (Coercive Control) Act 2022, and the Direct Personal Response (DPR) Scheme. While recent reforms show promise, gaps remain in survivor-led integration, clinical governance, and coordinated data collection. The report recommends standardising CSA definitions, embedding recovery in policy, improving data frameworks, and supporting co-designed therapeutic models. It argues that only through a coordinated, trauma-informed and lived-experience-driven approach can long-term outcomes for adult survivors be meaningfully improved.

Introduction:

Organisational Context:

Established in 1986 and operating out of Marrickville, Stepping Out is a specialised service that supports adult women who have experienced CSA (Stepping Out, n.d.). Remaining true to its original vision, the organisation combines clinical knowledge with compassionate practice to provide a space where survivors feel recognised, safe, and supported. Stepping Out actively encourages open, stigma-free conversations about CSA and highlights its connection to broader patterns of gender-based violence. At the heart of its work is a commitment to breaking cycles of abuse and intergenerational trauma by fostering connection, care, and community healing (Stepping Out, n.d.).

Research Objectives:

Although substantial information exists on CSA, inconsistencies in definitions and criteria lead to widely varying statistics. Responsible communication of CSA data is essential, particularly to avoid the sensationalism often seen in media narratives. As national attention and funding increasingly centre on domestic violence, some services have broadened their focus in response. In contrast, Stepping Out has remained firmly aligned with its original mission, providing targeted support for adult women who experienced CSA, guided by clearly defined and consistent service parameters.

This literature review will aim to:

a. *Define CSA* within the operational context of Stepping Out, distinguishing it from broader definitions,
b. *Examine the intersection* between CSA and DFSV,
c. *Critically evaluate current policy* highlighting strengths, gaps, and opportunities for policy improvement or development.

Methodology:

This literature review employed a targeted selection of academic, policy, and survivor-informed sources to examine the long-term impacts of CSA, its intersection with coercive control, and the effectiveness of current Australian policy responses. The process of the literature review undertook 3 main stages, research, analysis/writing, and editing. Key themes were identified through thematic analysis of peer-reviewed journal articles, national strategy

documents, government reports, and qualitative case studies. Priority was given to Australian literature published in the last decade, particularly following the Royal Commission (2017), with supplementary international sources included to contextualise findings. Survivor perspectives, including media interviews and advocacy contributions, were intentionally integrated to reflect lived experience and highlight gaps in service and policy visibility.

Section 1: Definitions

While there is an abundance of information, the lack of a shared definition provides a roadblock towards the ability of stakeholders to respond, treat, prevent and measure CSA (Mathews & Collin-Vézina, 2019). Differing definitions of CSA can lead to inaccurate estimates, either overstating or understating, of associated health outcomes and socioeconomic impacts (Mathews et.al, 2023; Stoltenborgh et.al, 2011). Conversely, when social, health, and legal systems share a consistent conceptual understanding of CSA, they are better positioned to coordinate effective responses (National Office for Child Safety [NOCS], 2021; Mathews & Collin-Vézina, 2019).

Definitions within Australia:

Source	**Definition**
Royal Commission into Institutional Responses to Child Sexual Abuse (2017)	We consider child sexual abuse to be: Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography. It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child's inhibitions in preparation for sexual activity with the child. We considered the production, consumption, dissemination and exchange of child sexual exploitation material to be child sexual abuse.
Australian Child Maltreatment Study (2023)	Sexual abuse includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary consent. Operationally, acts of sexual abuse include forced intercourse; attempted forced intercourse; other acts of contact sexual abuse (e.g., touching, fondling); and non-contact sexual acts (e.g., voyeurism, exhibitionism).

Australian Bureau of Statistics (2023)	Any act by an adult involving a child (under the age of 15 years) in sexual activity beyond their understanding or contrary to currently accepted community standards. Excludes emotional abuse and sexual abuse perpetrated by someone under the age of 18.
Australian Institute of Family Studies (2020)	Uses the WHO's (2006) definition of CSA: The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position responsibility, trust or power over the victim.
National Study to Prevent and Respond to Child Sexual Abuse (2021):	We use the terms: **Child sexual abuse** for any act that exposes a child or young person to, or involves a child or young person in, sexual activities that: - they do not understand - they do not or cannot consent to - are not accepted by the community - are unlawful. Children and young people for people under the age of 18.

Common themes among these definitions include:

- Age: CSA typically applies to individuals under 18.
- Consent: Lack of informed, free, and voluntary consent is central.
- Power imbalance: Abuse often involves authority or manipulation.
- Types of acts: Includes both contact and non-contact behaviours.
- Grooming: Recognised as a preparatory strategy to facilitate abuse.
- Social standards: Many definitions reference violation of community or legal norms.

Statistical Discrepancies and Impacts:

Varying definitions significantly impact prevalence estimates:

- The ABS Personal Safety Survey uses a narrower operational definition (focusing on abuse by adults of children under 15). In 2021, it reported that 11% of women and 3.6% of men experienced sexual abuse before age 15 (ABS, 2023).
- In contrast, the ACMS, which includes abuse up to age 18 and by both adults and other youth, found that 28.5% of Australians had experienced some form of CSA before turning 18, 37.3% of females and 18.8% of males (Mathews et al., 2023 p.17).

This divergence reflects definitional boundaries: the ACMS includes youth-to-youth abuse and a broader age range, while ABS excludes both. The shift in data collection age from 15 to 18 is linked to evolving policy frameworks. For example, the National Strategy to Prevent and Respond to CSA (2021) sets its scope to under-18s, aligning with international standards and legal age of consent.

These discrepancies are not merely academic, they affect policy design, funding allocation, and community understanding. For instance, top perpetrator groups identified in ABS data for women are non-immediate adult male relatives (25%) and men's perpetrators were known through an institutional setting (33%) (ABS, 2023). The ACMS data, however, highlights other known adolescents known in non-romantic relationships (10%) as leading inflictors of CSA, not characterised in ABS data. This is followed by parents or caregivers in the home (7.8%) (Mathews et al., 2023).

Why Distinction Matters:

Maintaining a clear distinction between CSA and sexual assault after the age of consent is vital. While both are harmful and deserving of support, CSA must be addressed as a specific category of abuse because:

- It occurs during key stages of psychological, social, and neurological development, impacting emotional development at a formative and vulnerable age (Mathews & Collin-Vézina, 2019; Tucci & Mitchell, 2019).
- Survivors often face lifelong impacts on trust, identity, interpersonal relationships, and mental health (Coles et al., 2014; Mathews et al., 2023).
- The power dynamics and grooming behaviours involved differ from adult sexual assault contexts (McElvaney, 2018; Tame, 2024; Stark & Hester, 2019).

As Mathews & Collin-Vézina (2019) argue, without definitional clarity, policies risk conflating different forms of abuse, thereby diluting the effectiveness of prevention, early intervention, and survivor support services.

Definition as it pertains to Stepping Out:

Aligning with Stepping Out's mission to support adult women recovering from CSA, an appropriate definition must reflect:

- Alignment with legal consent frameworks, such as the NSW age of consent (16 years), which legally demarcates the boundary for true consent (NSW Government, 2022).
- Recognition of the grooming process, which often precedes abuse and reflects a coercive environment akin to what is now recognised in adult coercive control legislation (Stark & Hester, 2019; Tame, 2024).
- The four indicia of CSA: a relationship of power, the child's position of inequality, the exploitation of vulnerability to the child's detriment, and the absence of true consent (Mathews & Collin-Vézina, 2019).

A consistent and operationally useful definition of CSA is foundational to responding effectively. When stakeholders across health, justice, education, and community sectors use aligned definitions, they are better equipped to identify victims, prevent harm, and coordinate responses (Mathews & Collin-Vézina, 2019). Definitions must be precise enough to guide action but broad enough to capture the lived realities of survivors. Critically, the manipulation and violation of trust inherent in the grooming process creates profound and lasting damage to emotional development and relational capacity, setting CSA distinctly apart from sexual assault experienced later in life (or as a young person), where power imbalances related to age or authority may be absent (McElvaney, 2018; Tame, 2024). This nuanced understanding is essential for organisations such as Stepping Out, whose support frameworks rely on clear criteria and comprehensive recognition of trauma's origins and complexities.

Section 2: Examining the Intersection Between Child Sexual Abuse and Domestic, Family and Sexual Violence

In recent years, the public conversation around DFSV in Australia has shifted significantly. Once relegated to the private sphere, DFSV is now recognised as a pervasive social issue, with increasing policy attention, funding, and public discourse aimed at prevention and response. However, this progress has not been equally reflected in discussions of CSA, which remains comparatively marginalised and stigmatised in both public and policy settings. Despite CSA's prevalence and long-term impacts, it has yet to command the same systemic recognition or funding as other forms of gendered violence.

As momentum grows around domestic abuse reform, it is critical to consider how CSA fits within this broader landscape. This analysis draws on Stepping Out's longstanding focus on supporting adult female survivors of CSA and aims to situate their experiences within the evolving national conversation on DFSV and coercive control. The intent is not to conflate CSA with DFSV, nor to apply DFSV statistics to CSA survivors. Rather, it seeks to clarify two key points: first, that there is a significant but under-researched level of co-occurrence between CSA and DFSV; and second, that the psychosocial impacts of CSA, particularly when unresolved, can increase a survivor's vulnerability to further victimisation in adult relationships.

Statistics regarding DFSV and CSA

DFSV and CSA are interwoven forms of gendered harm that often co-occur in households. Despite being treated as distinct in many policy frameworks, a growing body of evidence shows that they frequently overlap, reinforcing cycles of trauma, particularly for women and girls (Campo, 2015; Olejnikova et al., 2024; AIHW, 2022).

Recent Australian and international statistics highlight this intersection:

- Co-occurrence rates between CSA and DFSV vary between 12% and 70%, depending on population and methodology. Studies starting with CSA as a focus are more likely to identify overlapping DFV (Olejnikova et al., 2024).
- In one study, 81% of mothers whose children were sexually abused by a father or stepfather were themselves victims of intimate partner violence by the same perpetrator, indicating concurrent abuse within the household (Olejnikova et al., 2024).

- Children who grow up in homes with DFSV are at increased risk of experiencing other forms of maltreatment, including CSA (Campo, 2015).
- Witnessing abuse can normalise control, secrecy, and fear, which shapes future vulnerability to victimisation (AIHW, 2022).
- Women who experienced childhood abuse (not specifically CSA) were significantly more likely to experience domestic, family, and sexual violence in adulthood, with higher rates of physical (31.0% vs 11.2%), sexual (16.9% vs 3.8%), emotional (43.4% vs 18.2%), and economic abuse (33.4% vs 12.3%) by a partner (ABS, 2023).

This underscores how family-based coercive environments facilitate both sexual and physical abuse. Perpetrators often use similar tactics, such as secrecy, isolation, and manipulation, towards both adult partners and children, creating what Stark (2007, p.89) calls a "condition of unfreedom." The shared presence of these dynamics in both CSA and DFSV suggests they should be treated not as isolated phenomena but as co-constituting forms of power and control within patriarchal family structures. Girls are at the nexus of this intersection, more likely to be targeted as children and more likely to witness or experience DFSV against their mothers, reinforcing cycles of silence and disempowerment (Olejnikova et al., 2024; Campo, 2015).

In families with multiple and complex needs (e.g., DFSV, mental illness, substance misuse), CSA often forms part of poly-victimisation, though exact figures remain underreported (Bromfield et al., 2010).

Impacts of CSA make survivors more susceptible to coercive control

A critical but often underestimated impact of CSA lies in the grooming processes used by perpetrators and the long-term relational vulnerabilities they create. Grooming is not merely a pre-abuse tactic but a sustained pattern of psychological conditioning that reshapes how children understand trust, power, and autonomy (Tame, 2024). As these behaviours closely resemble the dynamics of coercive control in adult relationships, survivors of CSA are often more susceptible to re-victimisation through similar patterns of emotional manipulation, dependency, and subjugation (McElvaney, 2018; Tame, 2024)

McElvaney's (2019) in-depth case study illustrates grooming as a process of traumatic bonding, in which the abuser cultivates a false sense of attachment and emotional safety through gradual escalation of boundary violations. In the case of Tom, the survivor describes his perpetrator as a "substitute parent," demonstrating how grooming can imitate care while

systematically undermining autonomy (McElvaney, 2018, p. 613). This attachment is not incidental, it actively reinforces compliance and suppresses resistance, a dynamic later mirrored in adult relationships marked by coercive control. Survivors may carry forward these distorted relational scripts, equating submission with safety and finding it difficult to identify manipulation in intimate contexts.

Empirical research supports these insights. In a study of 277 CSA survivors, Wolf and Pruitt (2019) found that specific types of grooming, particularly threatening or violent grooming, were the most significant predictors of long-term trauma symptoms such as dissociation, anxiety, depression, and sexual dysfunction. Their analysis showed that these grooming experiences, rather than the abuse event itself, were more strongly correlated with adult psychological distress. This highlights the insidious nature of grooming as a strategic form of coercion that distorts a victim's capacity for consent, boundary recognition, and relational safety.

A key mechanism underpinning grooming is secrecy. Mathews et al. (2023) report that 45.2% of CSA survivors never disclose their abuse, often due to feelings of shame, fear, or confusion, emotions cultivated during the grooming phase (p.7). This internalised secrecy, when carried into adulthood, can inhibit help-seeking and reinforce the normalisation of controlling behaviour in intimate relationships (Queensland Government, 2022). Grooming functions to desensitise the child and the environment to abuse, eroding not just boundaries but the child's belief in their own reality and right to resist (Queensland Government, 2022).

Grace Tame's (2024) survivor-led articulation of the six phases of grooming (targeting vulnerabilities, building trust, filling needs, isolating the victim, sexualising the relationship, and maintaining control) maps closely onto the patterns of adult coercive control described by Stark (2007). For instance, the use of gaslighting, isolation, and emotional dependency in Phase 6 ("maintaining control") directly parallels tactics used by adult perpetrators to entrench dominance (Tame, 2024; Stark & Hester, 2019). This demonstrates how coercive control in adult relationships can often be a continuation of earlier patterns of psychological conditioning initiated during CSA.

Recognising grooming as a foundational form of coercion highlights the continuum between CSA and later experiences of coercive control (Stark & Hester, 2019; McElvaney, 2018). It reinforces the importance of trauma-informed approaches that acknowledge how CSA

impacts not only mental health but also shapes survivors' capacity for safe, autonomous adult relationships.

Coercive Control Legislation and links to CSA.

Coercive control is now recognised in Australian criminal law as a distinct and punishable form of abuse, characterised by ongoing behaviours designed to dominate and restrict a person's freedom, rather than isolated acts of physical violence (NSW Government, 2022). In New South Wales, the Crimes Legislation Amendment (Coercive Control) Act 2022 introduces a new offence under section 54D of the Crimes Act 1900 (NSW), targeting adults who engage in a "course of conduct" against a current or former intimate partner that a reasonable person would consider likely to cause fear of violence or substantial disruption to daily life. This conduct may include emotional abuse, surveillance, financial restriction, intimidation, and social isolation, whether through overt or subtle means (Crimes Act 1900 (NSW), s.54D–54F).

The introduction of this legislation reflects broader legal and policy shifts aimed at addressing the limitations of traditional domestic violence responses, which historically focused on discrete physical incidents (Stark & Hester, 2019). As Stark and Hester (2019) argue, coercive control constitutes a pattern of entrapment and subjugation that often escapes detection because of its cumulative and insidious nature. This recognition aligns with feminist critiques of legal systems that have failed to capture the full lived experience of victims, particularly in cases where psychological manipulation is central to the abuse (Stark & Hester, 2019).

Although the legislation is focused on intimate partner violence, it has conceptual relevance for understanding CSA. Many of the behaviours now codified as coercive control, such as surveillance, isolation, and degradation, are also evident in grooming processes. The Queensland Child Safety Practice Manual explicitly refers to grooming as a form of coercive and manipulative behaviour that prepares a child, and often their carers, for abuse while suppressing disclosure (Queensland Government, 2022). Recognising this behavioural overlap highlights the need for integrated legal and child protection responses that address coercive patterns across the lifespan.

Section 3: Policy Evaluation: strengths, gaps and opportunities in the current CSA policy landscape

Despite increased national attention on gender-based violence and coercive control, the policy landscape for adult survivors of CSA in Australia remains fragmented. CSA is often siloed within child protection frameworks and underrepresented in broader trauma policy. Adult survivors face a service system that too often focuses on crisis, risk containment, or institutional redress, rather than long-term healing and relational recovery.

The reality is that survivors of CSA are left with profound and potentially catastrophic impacts as a result of their abuse. ACMS (2023) data, as cited in AIHW (2022) report health outcomes for those who had experienced CSA (adjusting for other forms of maltreatment), when compared to people who had no experience of maltreatment were:

- twice as likely to have severe alcohol use disorder
- almost twice as likely to have post-traumatic stress disorder
- around 1.6 times as likely to have generalised anxiety disorder, major depressive disorder or moderate alcohol use disorder.
- almost 3 times as likely to report self-harming behaviour
- more than twice as likely to report suicide attempts in the past 12 months
- around 1.3 times as likely to have mild alcohol use disorder (Mathews et.al, 2024).

Grace Tame's advocacy as Australian of the Year in 2021 was a watershed moment in opening national conversations about CSA. Her courage inspired a surge of survivor-led storytelling, with social media becoming a powerful platform for awareness and solidarity (Jago, 2023). Influencers and public figures have since helped fuel campaigns demanding reform and justice. However, while this visibility is vital, it often centres younger, digitally engaged survivors. The adult women that Stepping Out support, those living with the long-term impacts of CSA, remain underrepresented in policy and decision-making. Their needs, voices, and experiences are largely absent from mainstream reform agendas.

A review of current national and state-level policies highlights several positive developments, such as trauma-informed initiatives and relational frameworks, but also reveals enduring gaps in implementation, coordination and a through trend towards survivor-led support away from clinical expertise for trauma recovery.

National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)

This strategy represents the most comprehensive and coordinated national response to CSA, encompassing prevention, survivor support, and justice responses across familial, institutional, and online settings (NOCS, 2021). Unlike other frameworks, it includes adult survivors in its scope and embraces a public health and trauma-informed lens. Despite its breadth, the strategy lacks clarity on implementation mechanisms, funding commitments, or how trauma-informed care is to be delivered in practice. It does not address peer-led therapy models, nor does it provide a framework for clinical governance or quality control in service delivery, key concerns raised in recovery literature (Tucci & Mitchell, 2019). Compared to other frameworks, this strategy is best positioned to fund and evaluate integrated models of care that combine clinical and peer-led support. As Gillard (2019) notes, peer support is most effective when it maintains its relational ethos and is supported by, rather than replaced by, clinical expertise. Aligning with Mutschler et al. (2021), policies should formalise peer roles within a structured and supervised system to support recovery and resilience.

Crimes Legislation Amendment (Coercive Control) Act 2022, NSW

This legislation marks a critical shift in how non-physical abuse is recognised in law. It introduces a legal framework for identifying and prosecuting patterns of psychological abuse, which often mirror the grooming tactics used in CSA (Stark & Hester, 2019; Tame, 2024). For adult CSA survivors, many of whom report re-victimisation through coercive partnerships, the law offers an overdue acknowledgment of long-term trauma trajectories (McElvaney, 2018). Compared to the CSA strategy, this legislation is narrow in scope, applying only to current or former intimate partners. It does not account for how early-life coercive dynamics shape susceptibility to adult abuse, nor does it offer survivors any formal support pathways post-disclosure. A coordinated policy approach is needed. For example, aligning the CSA Strategy's recovery pathways with this legislation could provide wraparound care. There is also scope to integrate coercive control awareness training for practitioners working with CSA survivors, ensuring trauma histories are not misread or ignored in legal proceedings.

Direct Personal Response (DPR) Action Plan – National Redress Scheme (2021)

DPR Action Plan is a component of the National Redress Scheme, established following the recommendations of the Royal Commission into Institutional Responses to CSA, specifically offering apologies to survivors who experienced abuse in institutional settings such as schools, churches, group homes, refuges, and juvenile detention centres (Department of

Social Services, 2021). It is grounded in trauma-informed values and seeks to enable survivors to reclaim voice and agency, where the apologies are framed as part of "healing as part of a restorative process" (Department of Social Services, 2021 para.3). Compared to the National CSA Strategy, the DPR framework is narrow in scope, applying only to institutional abuse and failing to address survivors of intra-familial or community-based CSA. This approach is gendered, often overlooking the specific experiences and support needs of female survivors, who disproportionately suffer long-term psychological and relational consequences (Mathews & Collin-Vézina, 2019). Critically, the DPR process remains underutilised and perceived as retraumatising by many survivors, particularly Aboriginal and Torres Strait Islander people and those who experienced betrayal trauma (Spicer & Burton, 2019). Other frameworks, such as the James Martin Institute's (2023) relational model, could offer better guidance here. Embedding peer-led facilitation into DPR could significantly improve uptake and emotional safety. However, Tucci and Mitchell (2019) caution that such models must also include clinical oversight, especially when engaging survivors with complex trauma histories.

James Martin Institute for Public Policy Report – Supporting Children and Families to Flourish (2023)

This report sets out a blueprint for systemic reform, advocating for relational, human-centred, and culturally grounded models of child and family support. It centres the importance of consistency, trust, and healing relationships, especially in First Nations communities. Of the documents analysed, it provides the clearest articulation of how to humanise service systems that are often alienating or retraumatising for CSA survivors. Unlike the National CSA Strategy, it does not specifically focus on CSA but rather on broader family and child service systems. There is significant opportunity to embed this relational framework within national and state CSA strategies. The report also supports the integration of peer-led support where cultural and relational safety can be maintained. Compared to the DPR (2021) and CSA strategy (2021), it provides the most practical guidance for embedding co-designed recovery services that honour both lived and clinical experience.

Conclusion

Australia's policy ecosystem shows growing awareness of the complexities of CSA, particularly through frameworks like the National Strategy and coercive control reform. However, each framework operates with a different focus and limited coordination. The integration of lived experience, peer-led therapy, and clinical governance remains patchy at

best. Models like those proposed by the James Martin Institute offer promising direction but require legislative backing and investment.

To move forward, CSA policy should:

- Embed peer and clinician co-designed models of care
- Translate trauma-informed principles into statutory obligations
- Mandate intersectional data collection to ensure inclusion of all survivors

Only through sustained, cross-sectoral coordination can survivors of CSA receive the recognition, protection, and recovery support they need.

Concluding Remarks:

Recommendations:

1. Expand data collection: Implement national, disaggregated data strategies that better capture the prevalence, context, and long-term impacts of CSA, particularly among adult survivors and marginalised groups.
2. Standardise definitions of CSA: Adopt consistent, operational definitions across jurisdictions to improve the accuracy of prevalence data and service delivery.
3. Embed survivor support across policy: Ensure CSA policies move beyond prevention to include long-term recovery, survivor recognition, and trauma-informed reconciliation mechanisms.
4. Strengthen Peer-Led and Clinically Informed Models: With the rise in peer-led support, funding and evaluation of these support services needs to be prioritised, with a focus on implementing clinical support in combination to address complex trauma in survivors.

Limitations

This report intentionally focuses on the Australian policy and service landscape to ensure relevance to Stepping Out's work with adult female survivors of CSA. However, this domestic scope may have excluded valuable international frameworks that offer transferable policy recommendations and implementation strategies with demonstrated success. The exclusion of child-on-child sexual abuse (COCSA) is another limitation. While it falls outside the remit of Stepping Out's service model, COCSA is increasingly significant in discussions around digital abuse and early grooming behaviours, topics that warrant future attention. Additionally, much of the recent national data draws from the ACMS, which, while groundbreaking, does not fully align with Stepping Out's definition of CSA. This discrepancy reinforces the urgent need for broader and more nuanced data collection that captures the full spectrum of CSA experiences and definitions.

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