

# Parliamentary Inquiry into the Relationship between Domestic, Family and Sexual Violence and Suicide

*Submission*  
*January 2026*



## Acknowledgements

### Acknowledgement of Country

The authors acknowledge the traditional custodians of the lands on which we work. We pay our respects to Elders past, present and emerging. We acknowledge the culture, dreams, and aspirations of the Aboriginal and Torres Strait Islander people who are the true custodians of the land upon which we live and work.

We recognise that the over-representation of Aboriginal and Torres Strait Islander young people – many of whom have experienced domestic, family and sexual violence – is in part a devastating consequence of colonisation, intergenerational trauma and ongoing experiences of systemic racism.

We pay our respects to the strength and resilience of Aboriginal and Torres Strait Islander people and cultures and recognise their unceded sovereignty.

### Contributors

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We would like to acknowledge Conor and Tash, and all young people with lived and living experience of domestic, family and sexual violence, whose leadership has helped create the conditions for this conversation and informed key research underpinning this submission. Their experiences, alongside their ongoing advocacy to bring family violence and youth suicide into sharper focus within policy discourse, has been integral to shaping this work.

We would like to recognise the children and young people who have lost their lives to family violence and systemic failure, and those who continue to live with this experience every day.

We would like to acknowledge the lead author of *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*, Riley Ellard, and her co-authors, Samara Young, Eva Lazzaro, Nicola Hard, Katherine Olgivie, Douschka Dobson and Elena Campbell. We would also like to acknowledge the authors of *Missing Figures*: Silke Meyer, Maria Atienzar-Prieto, Kate Fitz-Gibbon and Shorna Moore. Their work forms the foundation from which we have built this submission and has been critical in bringing the links between domestic, family and sexual violence and suicide to light.

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# 1. Definitions

Term	Definition
<b>Domestic, family, sexual violence (DFSV)</b>	Encompasses any form of physical, sexual, emotional, psychological or economic abuse, threats, neglect, coercion or other behaviours that control, dominate and cause fear. For young people, DFSV also includes experiencing DFSV among other adults during childhood, including growing up in a household where DFSV is occurring between other family members, including parents and siblings. <sup>1</sup>
<b>Homelessness</b>	Means being without a secure, safe, stable and private space to live. It can include circumstances such as sleeping rough, couch surfing, and living in temporary or unsafe housing situations such as rooming houses, cars or crisis accommodation.
<b>Lived experience</b>	Means personal knowledge gained through direct, first-hand involvement in everyday events, rather than through representations constructed by other people and the media. In this submission, lived experience quotes are highlighted in orange.
<b>Unaccompanied</b>	Refers to a young person who presents to the service system without a protective parent or other guardian, available, or able to act protectively. This includes young people who have left the family home, those who remain at home or across multiple households (e.g. shared care arrangements) but do not have a parent who is willing or able to act protectively towards them, and young people in the out-of-home care system experiencing placement breakdown or otherwise presenting to the service system alone.
<b>Young person</b>	This submission uses the term 'young people' or 'young person' to refer to people between the ages of 12 and 24 years old. This phase of life, between childhood and adulthood, is a critical time for acquiring the emotional and cognitive abilities for independence and for forming lifelong relationships. It is a time when identity and sense of self are often changing. Most importantly, it is a time when the foundations for health and wellbeing are laid down, thus influencing not only the young person's future but also that of the next generation. <sup>2</sup>

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<sup>1</sup> Meyer, S., Atienzar-Prieto, M., Fitz-Gibbon, K., & Moore, S. (2023). *Missing Figures: The role of domestic and family violence in youth suicide: Current state of knowledge report*. Griffith University. <https://www.mcm.org.au/-/media/mcm/content-repository-files/missing-figures-the-hidden-role-of-domestic-and-family-violence-in-youth-suicide.pdf>.

<sup>2</sup> Moore, S., Campbell, E., Pall, C., Demant, L, Fox, A., & Bryant, S. (2024). *Pave the way: Investing in the safety and futures of the next generation*. Melbourne City Mission, Centre for Innovative Justice, Youth Affairs Council and Y-Change, Berry Street. [https://www.mcm.org.au/-/media/mcm/content-repository-files/pavetheway\\_feb24\\_v3.pdf](https://www.mcm.org.au/-/media/mcm/content-repository-files/pavetheway_feb24_v3.pdf).

## 2. Introduction

We welcome the opportunity to provide this response to the Parliamentary Inquiry into the relationship between Domestic, Family and Sexual Violence (DFSV) and Suicide, and commend the Minister for Social Services and the Standing Committee on Social Policy and Legal Affairs for initiating and conducting the inquiry. Developing an improved understanding of the intersections between DFSV and suicide is vitally important to support the development of appropriate policies, services and data responses to address and more effectively prevent this critical issue.

This submission focuses exclusively on young people (aged 12 to 24 years old) and their experiences as victim survivors of DFSV and suicidality. We draw on the work of Meyer et al (2023) to define DFSV as any form of physical, sexual and/or emotional abuse or neglect directly targeted to a young person, as well as “vicarious victimisation” which results from growing up with DFSV between adults.<sup>3</sup> For the purposes of this submission, the experiences of young people whose parent or caregiver has died by suicide as a result of DFSV is out of scope. The experiences and drivers of young people who use DFSV, including the use of suicide and threats of suicide as a tactic of coercive control, whether in the context of violence against caregivers or in intimate relationships (term of reference 4), is also out of scope for the purposes of this submission. The RMIT’s Centre for Innovative Justice’s program of work in relation to the use of DFSV by young people has included a focus on young people’s use of violence at home in the context of their own victimisation. It also includes pending national research, *The IVY Study*, which will examine the nature of the use of DFSV by young people in intimate relationships, including threats of self-harm and suicide.

Too often, young people who have experienced DFSV die by suicide after repeated system failures and inadequate services and housing to support their safety needs, and their healing and recovery from DFSV victimisation. Public reporting and data collection approaches currently adopted across Australia make it difficult to quantify the number of DFSV-related suicides amongst young people. We know that in 2024, suicide accounted for 28 per cent of deaths among young people aged 15-24 years old, making it the leading cause of death for this age group.<sup>4</sup> Aboriginal and Torres Strait Islander young people and young people with diverse gender and sexual identities are overrepresented in these statistics.<sup>5</sup>

Data from the Australian Institute of Health and Welfare (AIHW) shows that, over the past decade, 520 unaccompanied children aged 12-17 years old died in the period after seeking homelessness assistance, with suicide listed as the most common cause.<sup>6</sup> On average, this is one child death per week. With around 80 per cent of young people who are homeless losing their homes due to family violence,<sup>7</sup> the contribution of DFSV to these suicides is likely to be high. Despite this, young people’s deaths by suicide too often sit largely outside the DFSV narrative. This persists despite the association between experiences of DFV during childhood and adolescence and youth suicide being well established internationally.<sup>8</sup>

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<sup>3</sup> Meyer et al, above n 1.

<sup>4</sup> Australian Bureau of Statistics. (2024). *Intentional self-harm (Suicide) deaths*. <https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/latest-release>.

<sup>5</sup> Meyer et al, above n 1.

<sup>6</sup> Australian Institute of Health and Welfare. (2025). *People receiving specialist homelessness services support the last year of life*. <https://www.aihw.gov.au/reports/homelessness-services/people-receiving-shs-support-last-year-of-life>.

<sup>7</sup> Home Time. (2025). *One child death a week is one too many – media release* [Press release]. <https://www.hometime.org.au/news/tx1ljbnc2xim48pnm3jiemkn12cme0>.

<sup>8</sup> Meyer et al, above n 1.

In Australia, limited efforts have been made to examine this relationship. In death reviews and coronial inquiries, the intersecting role of DFSV preceding suicide is often ignored altogether or minimised in favour of an emphasis on poor mental health or substance misuse.<sup>9</sup>

**This submission makes several recommendations – underpinned by a body of extensive research, lived experience and service provision expertise – for improving policy, practice, research and data collection to ensure that the connection between DFSV and youth suicide is well understood and can be better addressed.**

Children and young people in Australia experience DFSV at high rates. The Australian Child Maltreatment Study (2023) found that two thirds of Australians have been abused, neglected or exposed to DFSV as children<sup>10</sup>. Children and young people with diverse gender and sexual identities experience disproportionate rates of harm and additional barriers to support, as do young people with disabilities and young people from First Nations communities.<sup>11</sup> Given that violence is under reported by young people, and that data collection which identifies the presence of children in DFV incidents can be inconsistent, it is likely that the actual prevalence of young people who experience DFSV is considerably higher.

Young people can experience a range of different forms of violence and abuse from parents, siblings and other family members, in addition to intimate partners. Young people who have experienced adult perpetrated harm but are unaccompanied by a protective parent are also more vulnerable to experiencing additional forms of violence.<sup>12</sup> These differing experiences require an intersectional and nuanced discussion of the use of power and control, and the responses required to support effective prevention, and earlier intervention.

Australia’s National Plan to end Violence against Women and Children 2022-32 includes a critical acknowledgement of children and young people as victim survivors of DFSV in their own right.<sup>13</sup> This recognition is long overdue. For too long, system responses and services have been designed and delivered with only the adult victim survivors in mind, rendering responses to children and young people as solely the extension of their primary carer parent. While there are innovative and good pockets of practice emerging around the country, this submission highlights the often-fatal consequences of DFSV for children and young people as a result of a system that is ill-equipped to identify their risk, to respond to their disclosures and to provide appropriate and coordinated crisis support, and recovery and healing services.<sup>14</sup>

**The submission should be considered in conjunction with the following reports, which are referenced throughout:**

- [Unsafe & Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter \(2025\)](#)

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<sup>9</sup> Meyer et al, above n 1.

<sup>10</sup> Haslam, D., Matthews, B., Pacella, R., Scott, J. G., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., & Malacova, E. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*. Queensland University of Technology. <https://www.acms.au/resources/the-prevalence-and-impact-of-child-maltreatment-in-australia-findings-from-the-australian-child-maltreatment-study-2023-brief-report/>.

<sup>11</sup> Campbell, E., McCann, B., Moore, S., Ellis, J., & Butchers, A. (2024). *Nuance in the numbers – challenging assumptions, bringing context into view*. Centre for Innovative Justice, RMIT University. <https://www.mcm.org.au/-/media/mcm/content-repository-files/nuance-in-the-numbers---cij-cfre-mcm--youthlaw.pdf>.

<sup>12</sup> Corrie, T., & Moore, S. (2021). *Amplify: Turning up the volume on young people and family violence (Research Report)*. Melbourne City Mission. [https://www.mcm.org.au/-/media/mcm/content-repository-files/amplify\\_turning-up-the-volume-on-young-people-and-family-violence.pdf](https://www.mcm.org.au/-/media/mcm/content-repository-files/amplify_turning-up-the-volume-on-young-people-and-family-violence.pdf).

<sup>13</sup> Commonwealth of Australia (Department of Social Services). (2022). *National plan to end violence against women and children 2022-2032: Ending gender-based violence in one generation*. Commonwealth of Australia.

<sup>14</sup> Meyer et al, above n 1.

- [Silence and Inaction: Children and young people’s experiences of violence and systemic failure in South Australia \(2025\)](#)
- [Seeking help in their own right: Young victim-survivors’ experiences of family violence crisis responses in Victoria \(2025\)](#)
- [Missing figures: The hidden role of domestic and family violence in youth suicide \(2023\)](#)
- [Evaluation of Melbourne City Mission’s Amplify Program: Final Report \(2025\)](#)
- [Pave the Way: Investing the safety and futures of the next generation \(2024\)](#)
- [Nuance in the numbers: Challenging assumptions, bringing context into view \(2024\)](#)
- [Amplify: Turning up the volume on young people and family violence \(2021\)](#)

*Note: We would be happy to provide the Committee and secretariat with electronic or hard copies of these reports upon request.*

This submission also draws upon lived experience and service provision expertise of the Melbourne City Mission (MCM) Group (which includes MCM and Quantum Support Services) and Berry Street. Lived experience quotes are highlighted in orange throughout and lived experience experts have contributed to the development of this submission. Their contributions highlight both the negative health and wellbeing impact of system failures, as well as the positive changes that can happen when systems work holistically to support young victim survivors of DFSV who have experienced elevated suicide risk.

## Stats at a glance

In 2024, suicide was the leading cause of death for young people aged 15-24, accounting for 28% of all deaths in this age group<sup>15</sup>

Over the last decade, 520 unaccompanied young people aged 12-17 died in the period after seeking homelessness assistance, with suicide as the most common cause<sup>16</sup>

2 in 3 Australians have experienced DFSV as children<sup>17</sup>



<sup>15</sup> Australian Bureau of Statistics, above n 4.

<sup>16</sup> Australian Institute of Health and Welfare, above n 6.

<sup>17</sup> Haslam et al, above n 10.

### 3. Recommendations

1. The federal government should work with the states and territories to establish a data set on children and young peoples' deaths by suicide in the context of domestic and family violence, with a view to better evidencing the intersection between young people's experiences of domestic and family violence preceding youth suicide, suicide attempts and suicide ideation.
2. The federal government should fund the resourcing and upskilling of service systems including child and youth specialist services, child and family welfare services, DFSV specialist services, health services, mental health services and alcohol and other drugs services to support improved delivery of child and youth-centric responses to DFSV victimisation. This will ensure that children and young people are better supported to navigate a service system that will meet their needs when affected by DFSV, and to reduce their risk of suicide among other health, wellbeing, safety and support outcomes.
3. The federal government should fund the roll out of a nation-wide, youth specific family violence case management program that can respond to young people in developmentally appropriate and domestic and family violence risk-informed ways, including those who present unaccompanied.
4. The federal government should develop national principles for assessing and managing risk of suicide in the context of domestic, family and sexual violence victimisation and perpetration. These principles should be embedded by each of the states and territories into current suicide prevention and DFSV risk assessment and management frameworks and strategies. These principles should include consideration of the risks unique to children and young people, as well as adults who have experienced DFSV and are at risk of suicide.
5. The federal government should address the critical gap in formal trauma recovery and mental health and wellbeing support for young victim survivors of DFSV.
6. The federal government should increase the number of Medicare bulk-billed therapy session to 22 per year for young people who are victim survivors of DFSV, with the review to access full sessions to be conducted after 11 sessions, not 6 sessions (as is current practice).
7. The federal government should work with states and territories to develop restorative and therapeutic support options within hospital settings to address the needs of young victim survivors of DFSV who present (sometimes unaccompanied) to emergency departments with complex mental health needs and trauma, and who do not have stable accommodation.
8. The federal government should partner with the states and territories to provide guidance to hospitals Australia-wide regarding what processes should be followed before disclosing information to the parents/guardians of unaccompanied young people presenting for care, including following a suicide attempt.
9. The federal government should work with the states and territories to embed youth-specific family violence case management in service settings where young people are presenting for help, including youth homelessness services, youth mental health services and organisations which deliver a wider suite of non-family violence services to young people.
10. The federal, state and territory governments should invest in medium and longer-term youth-specific housing linked with support to help young people to heal and recover and transition to independence.
11. The federal government should address the youth housing penalty and other financial barriers into social housing.
12. The federal government should work with the states and territories to consider and develop referral pathways to specialist services to support children and young people who are experiencing DFSV.
13. The federal government should improve access to financial assistance measures and entitlements for young victim survivors of DFSV, including by expanding the accessibility of the federal Leaving Violence Package.

## 4. Responses to the Terms of Reference

### 4.1. The relationship between domestic, family and sexual violence (DFSV) victimisation, and suicide, and the extent to which DFSV victimisation contributes to suicide risk and incidence in Australia

#### 4.1.1. Young people's experience of DFSV

The ways in which young people experience DFSV is distinct from adults. Given the endemic nature of intimate partner violence (IPV) – primarily used by men against their current or former partners – much of the policy and service design focus is understandably focused on this form of men's violence. Violence against young people from a parent or carer features highly in the literature, as does violence from siblings or other family members.

DFSV experienced by young people can be in the form of physical abuse, emotional abuse, sexual abuse and neglect directly targeted towards young people. It may further take different forms of coercive control, commonly recognised as a pattern of abuse used in the context of an adult intimate partner relationship. Coercive control directed at the young person has received comparatively less attention.<sup>18</sup> It may, for example, occur in the form of withholding consent for the young person to access programs and essential educational materials such as computers and refusing to forego social security benefits such as Family Tax Benefit to enable a young person to claim Centrelink independently.<sup>19</sup> International research has found that a coercive control victimisation among children can have significant impacts, including by eroding their mental health, wellbeing and sense of safety.<sup>20</sup>

DFSV experienced by young people can also be in the form of "vicarious victimisation" whereby young people are not necessarily the target of DFSV, but live with adults who use violence, either within an intimate relationship or as part of broader familial relationships.<sup>21</sup> Experiencing DFSV between parents, carers or other family members constitutes a lived experience of victimisation that often has negative short- and long-term effects on children and young people's social, emotional and physical wellbeing, development and sense of safety.<sup>22</sup>

Young people often don't conceptualise their experience as one of a DFSV victim-survivor, particularly if it is outside the context of intimate partner violence or a 'home environment'.<sup>23</sup> This can contribute to young people not seeking support or recovery services for their experiences.<sup>24</sup>

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<sup>18</sup> See further Fitz-Gibbon, K. (2025). 'I was very fearful of my parents': new research shows how parents can use coercive control on their children. *The Conversation*. <https://theconversation.com/i-was-very-fearful-of-my-parents-new-research-shows-how-parents-can-use-coercive-control-on-their-children-261169#:~:text=I%20was%20very%20fearful%20of%20my%20parents.,independence%20was%20met%20with%20punishment>.

<sup>19</sup> Corrie & Moore, above n 12.

<sup>20</sup> Katz, E. (2022). *Coercive control in Children's and Mother's Lives*. Oxford University Press.

<sup>21</sup> Meyer et al, above n 1.

<sup>22</sup> Meyer et al, above n 1.

<sup>23</sup> Ellard, R., Young, S., Lazzaro, E., Hard, N., Ogilvie, K., Dobson, D., & Campbell, E. (2025) *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*. RMIT University. <https://cij.org.au/cms/wp-content/uploads/2025/10/uu-1.pdf>

<sup>24</sup> Ellard et al, above n 23.

“We’re all kind of mainly told that to be a victim of family and domestic violence, you have to be the one in the relationship. So, I did end up going into denial ... And then, obviously, when I actually clicked...it was...kind of too late in a sense, because, you know, I had to flee. I was forced out. I didn’t have time to think.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>25</sup>

Children and young people with disability, First Nations children and young people, and young people with diverse gender and sexual identities are all at higher risk of experiencing DFSV during childhood.<sup>26</sup> For example, young people with diverse gender and sexual identities experience disproportionately higher levels of mental illness, not because of their sexuality or gender identity, but exacerbated by the additional forms of discrimination they often face including homophobia, transphobia and heterosexism that drive the violence they experience, and which create additional barriers to support. There are also different ways in which domestic and family violence can be experienced by young people with diverse gender and sexual identities, including threats to ‘out’ or reveal their gender identity and the use of conversion practices.<sup>27</sup>

Importantly, the ways in which young people aged 12-18 years old experience DFSV can be distinct from the experiences of young people aged 18-24 years old. These two groups are at different developmental stages and often have different living arrangements, with the older group more likely to be living independently of their family and facing housing insecurity.

The multidimensional nature of DFSV experienced by young people necessitates an intersectional and nuanced discussion of the use of power and control that extends beyond the dominant gendered lens, and considers factors such as sexuality, religion, ethnicity, disability, intergenerational trauma and age as key drivers of violence that young people experience. While recognising the importance of this lens, it does not always explain the experience of young people, where there are power imbalances and whereby limits to legal recourse and safety supports for young people can be an additional tactic used to perpetrate harm.

The impacts of DFSV on young people are immense, and can result in death, which is outlined in further detail in section 4.1.2 below. In addition to an increased risk of suicide and suicide attempts, young people who experience DFSV have an increased risk of mental illness, eating disorders, teenage pregnancy, early school leaving, use of violence, among a range of other negative life outcomes.<sup>28</sup> They may experience a range of disruptive and negatively impactful childhood experiences including disrupted schooling, which consequently affects their ability to secure and/ or maintain employment, difficulty making and keeping friends due to the stress and shame of trying to keep the violence secret, and the disruption of moving houses and schools to escape.<sup>29</sup>

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<sup>25</sup> Ellard et al, above n 23.

<sup>26</sup> Moore et al, above n 2.

<sup>27</sup> Corrie & Moore, above n 12. See also Fitz-Gibbon, K., Stewart, R. & McGowan, J. (2023). *Young people’s experiences of identity abuse in the context of family violence: A Victorian study*. Monash University, doi: 10.26180/22191319

<sup>28</sup> Moore et al, above n 2.

<sup>29</sup> See, among others, Fitz-Gibbon, K. (2025). *Silence and inaction: Children and young people’s experiences of violence and systemic failure in South Australia*. Report prepared for the South Australian Royal Commission into Domestic, Family and Sexual Violence. Sequire Consulting, Victoria, Australia.

<https://www.royalcommissiondfsv.sa.gov.au/publications/silence-and-inaction-paper>; Stewart, R., Fitz-Gibbon, K. & Roberts, S. (2025). Examining the Impact of Domestic and Family Violence on Young Australians’ School-Level Education. *Australian Journal of Social Issues*. <https://doi.org/10.1002/ajs4.70028>.

Young people who experience DFSV are also over-represented in the criminal legal system, mental health system and homelessness services.<sup>30</sup> In MCM's 2025 Youth Homelessness Snapshot, 83 per cent of young people accessing MCM's homelessness programs who were surveyed reported that they had grown up experiencing family violence.<sup>31</sup> According to data from the Victorian Youth Parole Board, over 60 per cent of children in custody in 2023–2024 had experienced abuse, trauma or neglect.<sup>32</sup>

The extent to which service systems meet the needs of young victim-survivors of DFSV will be outlined further in section 5.3 below, however it is worth highlighting here that young people, particularly those presenting to service systems unaccompanied by an adult, encounter services that struggle to recognise and believe them in their own right and that services often 'handball' young people between one another.<sup>33</sup> This results in young people feeling like their experiences have been minimised and having their trust in the service system eroded.<sup>34</sup>

"When I reached out for help at 16, I was only ever seen as an extension of my mum's experience as a victim-survivor...Young people need support in their own right to recover from their experiences of family violence, to be the cycle breakers in their families."

-Conor Pall, Victim-Survivor Advocate

#### 4.1.2. Link between youth suicide and DFV

This submission acknowledges and draws upon the groundbreaking work conducted by Meyer et al (2023) to review the literature on the link between DFSV experienced by young people and deaths of suicide. We encourage Committee members to review this report, entitled *Missing Figures: The hidden role of domestic and family violence in youth suicide*, alongside this submission. That report made eight recommendations that are directly relevant to this Inquiry's Terms of Reference.

Young people's deaths by suicide too often sit largely outside the DFSV narrative, despite the association between experiences of DFV during childhood and adolescence and youth suicide being well established internationally.<sup>35</sup> In Australia, limited efforts have been made to date to examine this relationship, while in death reviews and coronial inquiries, the intersecting role of DFSV preceding suicide is often ignored altogether or minimised in favour of an emphasis on mental health concerns.<sup>36</sup>

This does not mean that DFSV is not a factor in youth suicide; in fact, the research that exists suggests quite the opposite. A large body of international research, and a smaller body of Australian research, has explicitly identified child maltreatment and experiences of DFSV as significant contributing factors to potentially avoidable deaths in adulthood.<sup>37</sup>

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<sup>30</sup> Moore et al, above n 2.

<sup>31</sup> Melbourne City Mission. (2025). *MCM's Victorian Youth Homelessness Snapshot 2025*. <https://mcm.org.au/news/2025-victorian-youth-homelessness-snapshot>.

<sup>32</sup> As cited in Fitz-Gibbon, K. & Tyler, M. (2025). "You can get failed by systems": We say we care about victim-survivors of violence and yet we jail them as kids. ABC Online: [https://www.parliament.vic.gov.au/496284/globalassets/tables/paper-documents/tables/paper-8747/youth-parole-board-annual-report-2023-24.pdf?utm\\_source=miragenews&utm\\_medium=miragenews&utm\\_campaign=news](https://www.parliament.vic.gov.au/496284/globalassets/tables/paper-documents/tables/paper-8747/youth-parole-board-annual-report-2023-24.pdf?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news)

<sup>33</sup> Ellard et al, above n 23; Fitz-Gibbon, above n 29; Fitz-Gibbon, K. (2025). *Seeking help in their own right: Young victim-survivors' experiences of family violence crisis responses in Victoria*. Sequare Consulting and Safe Steps Family Violence Response Centre, Victoria, Australia, 10.6084/m9.figshare.29242661.

<sup>34</sup> Ellard et al, above n 23; Fitz-Gibbon, above n 29.

<sup>35</sup> Meyer et al, above n 1.

<sup>36</sup> Meyer et al, above n 1.

<sup>37</sup> Meyer et al, above n 1.

Angelakis et al<sup>38</sup> have found that young people aged 5 to 24 years old with a history of sexual abuse were three times more likely to attempt suicide than the same age cohort without any experiences of DFSV. Additionally, physical abuse and emotional abuse double the risk of a young person attempting suicide.<sup>39</sup> Experiencing DFSV between adults in the home has also been shown to have a negative impact on health and wellbeing outcomes in adulthood, although youth suicides following an experience of violence perpetrated by a parent, carer or family member in the home are more commonly interpreted as an outcome of poor mental health.<sup>40</sup> **More research is urgently needed in this area to build evidence-based understandings of the links between experiencing caregiver or family DFSV in childhood and suicide.**

The connection between young people experiencing DFSV between other family members or adults in their lives and attempting suicide is complex and unique in each individual situation. However, the literature suggests that there are a few common pathways that young people follow, all of which begin with DFSV victimisation in the home. For some young people, this leads to fleeing home unaccompanied by an adult or guardian. This in turn leads to housing precarity and/or homelessness. Critical gaps in crisis, medium- and longer-term housing options for young people mean that many young people are placed in inappropriate situations such as adult refuges or unsupported accommodation like hotels and motels. Additionally, young people are often required to move constantly between short-term housing options, leaving them in an ongoing state of crisis and unable to stay connected to protective factors in their lives such as employment, education or peer groups. In this context, some young people seek unsafe housing arrangements such as rough sleeping, couch surfing, living with people using violence, being subjected to exploitative rental arrangements, and engaging in survival sex.<sup>41</sup> All of these experiences, combined with young peoples' encounters with an ill-equipped and fragmented service system designed around the needs of adults rather than young people (as outlined in section 4.3 below), lead to negative health outcomes at a physical, psychological and behavioural level that increase the risk of suicide, as well as suicidal ideation and planning.<sup>42</sup>

“... back when I was 14, I tried to commit suicide. I just wish I had the help back then if that makes sense.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>43</sup>

## Stats at a glance

Young people aged 5 to 24 with a history of sexual abuse are three times more likely to attempt suicide than the same age cohort without any experiences of DFSV

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<sup>38</sup> Angelakis, I., Austin, J. L., & Gooding, P. (2020). Association of childhood maltreatment with suicide behaviors among young people: A systematic review and meta-analysis. *JAMA Network Open*, 3(8). <https://doi.org/10.1001/jamanetworkopen.2020.12563>.

<sup>39</sup> Angelakis et al, above n 38.

<sup>40</sup> Meyer et al, above n 1.

<sup>41</sup> Ellard et al, above n 23; Fitz-Gibbon, above n 29.

<sup>42</sup> Meyer et al, above n 1.

<sup>43</sup> Ellard et al, above n 23.

<sup>44</sup> Angelakis, above n 38.

## 4.2. Opportunities for improved reporting and investigation methodologies to accurately capture and report on deaths as a result of DFSV

There are significant gaps in the data on youth suicides following experiences of DFSV. For example, the Australian Bureau of Statistics (ABS) has linked different risk factors to youth suicides in the past years, however the specific role of DFSV has been overlooked. This renders the inherent risks and impacts of DFSV on children and young people on life outcomes invisible.<sup>45</sup> One young person, Tash, recalls that family violence was a “barely a factor” in the coronial report that was prepared following her brother’s death by suicide, despite Tash and their siblings being placed in child protection and enduring life-long mental health conditions as a result of family violence and the system’s response.<sup>46</sup>

Future research and evaluation work should address the current data gap by examining the intersection between histories of domestic and family violence victimisation and perpetration, and youth suicide. This can occur through the application of consistent coding schemes of police, coroners, child protection, child and youth mental health and other service system data that may not explicitly state family violence, but where a family violence-informed coding scheme will allow researchers, evaluators and policy makers to identify the presence of family violence victimisation based on other key words and descriptions used throughout service and justice system records.

### Recommendation 1

The federal government should work with the states and territories to establish a data set on children and young people’s deaths by suicide in the context of domestic and family violence, with a view to better evidencing the intersection between young people’s experiences of domestic and family violence preceding youth suicide, suicide attempts and suicide ideation.

## 4.3. How legal and justice systems, DFSV specialist services, health, mental health and other services recognise and respond to suicide in the context of DFSV

### 4.3.1. Overall system response

There is currently a lack of dedicated service responses which consider the safety and wellbeing of young people who have experienced and who are currently experiencing DFSV and suicide risk, and provide a crisis case management response to this group. The lack of appropriate services, combined with a lack of affordable and suitable housing, is a large contributing factor to young peoples’ inability to escape and recover from DFSV victimisation and, young people’s deaths by suicide may occur as a result of these experiences. It is important to note that not all children and young people seeking help unaccompanied require a housing response, but many who are presenting unaccompanied do and at present Australian states and territories lack a sufficient response for this cohort of victim-survivors.

It should be noted that young people themselves do not always identify they are victims of DFSV as educational materials and social messaging are often focused around IPV, which is just one dimension of young peoples’ experience of DFSV.<sup>47</sup>

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<sup>45</sup> Moore et al, above n 3.

<sup>46</sup> Berry Street. (2023). *Youth suicide report reveals family violence risks for young people being overlooked in Australia*. <https://www.berrystreet.org.au/news/youth-suicide-report-reveals-family-violence-risks-for-young-people-being-overlooked-in-australia>

<sup>47</sup> Ellard et al, above n 2.

For example, young victim-survivors of domestic and family violence may have been told that the coercive and controlling abusive behaviour they have experienced is a form of parental discipline.<sup>48</sup>

Where young people do recognise their experiences as DFSV and set out to seek help – information on age-appropriate and accessible services is often hard to find.<sup>49</sup> Young victim-survivors often present to a broad array of services, often driven by needs that are separate from, but related to, their experiences of DFSV. For example, many young people present to youth homelessness services, or are directed there by other services, with the need for safe, secure and stable housing as their primary presenting need, particularly for unaccompanied young people. Health services, Community Legal Centres and schools are also important entry points and pathways to wider service engagement. Young people also interact with justice and statutory agencies, as well as specialist DFSV services.<sup>50</sup>

However, research has found that the service system often fails to account for the age and developmental stage of the child or young person seeking help, the risks they face (including suicide risk) and the resources that they have available to them.<sup>51</sup> Practical realities such as not having access to a safe email or working phone, identification documents or modes of transport often present as barriers to young people’s ability to engage safely with services.

Further, these services often offer a fragmented service response for young victim-survivors. The layered risk profile of unaccompanied young people often means that, despite their high levels of need, no one service feels confident in supporting the young person to manage their risk. This results in young people being connected with a proliferation of services and yet failing to receive a meaningful response that addresses their DFSV and suicide risk. In this context, young people are required to manage multiple practitioner relationships, service requirements and referral pathways in a time of enormous personal upheaval and trauma. This system fragmentation can mean that system ‘activity’ rarely contributes to outcomes for young people’s safety, fails to address underlying needs and often leads to young people giving up on accessing help until their risk and needs escalate further. For example, in a recent Victorian study it was found that young people often described only really receiving a service system response after significant escalation of the risk and harm they faced – such as experiencing repeated or prolonged homelessness, parental incarceration or serious physical injury.<sup>52</sup>

“a lot of the time it's not really the workers ... that can, you know, get you anywhere faster ... it's just, like, trying to be the most understanding ... I never felt like anyone wanted to actually hear what I needed ... they just... wanted to palm me off to someone else...”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>53</sup>

The capacity of services to assess domestic and family violence risk using a child-centred perspective is also limited, with young people reporting that their disclosures of violence and harm often did not carry the same weight as adult victim-survivors.<sup>54</sup> In some cases, systems such as Child Protection, Centrelink and police inadvertently collude with the adult using violence in questioning and delegitimizing young people’s experiences of domestic and family violence.<sup>55</sup> Sometimes this is due to requirements to contact parents to obtain consent, thus enabling adult perpetrators to

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<sup>48</sup> Fitz-Gibbon, above n 19, 30.

<sup>49</sup> Fitz-Gibbon, above n 34.

<sup>50</sup> Moore et al, above n 3.

<sup>51</sup> Moore et al, above n 3, Fitz-Gibbon, above n 30, 34.

<sup>52</sup> Fitz-Gibbon, above n 33.

<sup>53</sup> Ellard et al, above n 23.

<sup>54</sup> Moore et al, above n 3.

<sup>55</sup> Moore et al, above n 3.

gatekeep young people's receipt of support and financial entitlements. Recent Victorian research found that family violence practitioners identified the requirement for parental consent as a key barrier to safety for young people escaping domestic and family violence.<sup>56</sup> Practitioners noted that the legal and procedural rigidity within which parental consent requirements are operationalised means that often young people who have experienced and are escaping domestic and family violence struggle to access pathways to independence, including accessing Centrelink payments and other essential supports.<sup>57</sup>

This results in a service system that causes, contributes to or compounds young people's experiences of harm, and where young people's risk is not adequately identified and responded to in an effective and timely way. This can lead to missed opportunities for earlier intervention, including potentially in preventing suicide.

"... no one listens to the kid. Everyone listens to the adult ... I picked that up at like seven. If you're a kid trying to talk to an adult, no one's going to listen to you, no one will try and even look at you, no one will do anything to try and talk to you."

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>58</sup>

DFSV services' ability to assess suicide risk is also limited,<sup>59</sup> despite the frequency with which unaccompanied young people in particular present to services with significant self-harm and suicide risk.<sup>60</sup> Mainstream services have reported that they do not have capacity or capability to manage DFSV risk and suicide risk in a holistic way for young people.<sup>61</sup> This results in a situation in which young people may be left to manage their own suicide risk, which is compounded by the failure of the system to meet their support, safety and wellbeing needs.

Another key feature of young people's interaction with the service system is the system's inability to meet the level and nature of need, often due to under-resourcing and lack of funding specific to supporting young victim-survivors. This is particularly the case in overstretched youth homelessness, family violence and mental health systems, and results in young people being handballed from one part of the system to another or in practitioners being left to hold risk outside the scope and resourcing of their service.<sup>62</sup>

"... all the workers I've seen and everyone that's written about me and the amount of times I've told my story... I got juggled around and palmed off a lot."

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>63</sup>

The crisis-driven nature of these services also results in young people missing out on the long-term trauma-informed recovery and healing support they need to recover from their experiences of DFSV and reduce their risk of suicide. The

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<sup>56</sup> Fitz-Gibbon, above n 34.

<sup>57</sup> Fitz-Gibbon, above n 34.

<sup>58</sup> Ellard et al, above n 23.

<sup>59</sup> Vasil, S., Fitz-Gibbon, K., & Segrave, M. (2025). *Family violence and women's deaths by suicide: A Victorian study*. Australian Catholic University, Sequire Consulting and University of Melbourne. DOI: 10.24268/acu.914zx.

<sup>60</sup> Ellard et al, above n 23.

<sup>61</sup> Ellard et al, above n 23.

<sup>62</sup> Moore et al, above n 2.

<sup>63</sup> Ellard et al, above n 23.

crisis-oriented nature of homelessness, domestic and family violence, and mental health systems results can result in a system response that perpetuates, rather than disrupts, cycles of harm for children and young people.

Crucially, a lack of affordable and safe housing for young people is often at the root of young people's inability to move from crisis to recovery following their DFSV experiences.<sup>64</sup>

Despite this, we acknowledge that there are pockets of good and emerging practice across Australian states and territories. This includes successful programs that support young victim-survivors of DFSV through trauma-informed case management responses with their recovery, and investment in housing for youth housing. We welcome the Federal Government's investment in the youth housing through the National Housing Infrastructure Facility – Crisis and Transitional Housing (NHIF CT) program, which will ease some of the demand pressure for young people experiencing DFSV and homelessness. However, we note that this program only provides funding for the capital component of projects, leaving out crucial case management support funding to help young victim-survivors of DFSV recover, minimise the risk of adverse mental health outcomes and move into independence.

## Case study: Amplify Program

The Amplify Program delivered by MCM and jointly funded by Family Safety Victoria and the Commonwealth National Partnership Agreement, is an example of a successful program supporting young DFSV victim survivors with their recovery. The aim of the program is to support young people aged 15 to 19 who present to the service system unaccompanied because of their interrelated experiences of family violence and homelessness. The program provides family violence case management to young people who are experiencing high levels of family violence risk, including those who are at risk of suicide, as well as capacity building support to other services working with this cohort.

A 2025 evaluation of the Amplify program conducted by the Centre for Innovative Justice at RMIT found that the program is addressing a critical system gap and is achieving success in identifying, validating, making sense of and responding to unaccompanied young people's experiences of family violence.<sup>65</sup> Crucially, by creating opportunities for reflection and safe disclosure, the evaluation found that the Amplify program was actively reducing suicide and self-harm risk for young people. Practitioners are trained in managing DFSV and suicide risk alongside one another, with the impact being that a holistic and skilled service response can be provided to young people without the need to access multiple services.

The program was also found to have the capacity to hold and work with significant levels of changing risk, which often drove other specialist services to refer clients on. This was found to be key to its success, with practitioners also having an understanding of the specific forms of DFSV that young people experience, which other services often lack. As a result, the program was able to slow down risk assessment processes in line with young people's needs, leading to improved outcomes from risk assessment and safety planning processes and, crucially, providing young people with opportunities for safe disclosures of suicide and self-harm.

Programs such as these are critical for supporting young victim survivors of DFSV to increasing safety for young people, disrupting trajectories of harm and lowering the risk of suicide.

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<sup>64</sup> Ellard et al , above n 23.

<sup>65</sup> Centre for Innovative Justice. (2025). *We kept changing; they kept changing with us: Evaluation of Melbourne City Mission's Amplify program*. Centre for Innovative Justice, RMIT University. <https://www.mcm.org.au/news/amplify-evaluation-confirms-family-violence-program-is-changing-lives>.

“I don't think we really delved into paperwork until like maybe a month in, because it was very much just the slowness of, ‘We're here. This is why we're here. We understand what you've been through. We know how much it does damage someone, even if you're not in the relationship.’ And it was very much building that trust, which is fundamental to young people.”

-Amplify client<sup>66</sup>

## Recommendation 2

The federal government should fund the resourcing and upskilling of service systems including child and youth specialist services, child and family welfare services, DFSV specialist services, health services, mental health services and alcohol and other drugs services to support improved delivery of child and youth-centric responses to DFSV victimisation. This will ensure that children and young people are better supported to navigate a service system that will meet their needs when affected by DFSV, and to reduce their risk of suicide among other health, wellbeing, safety and support outcomes.

### 4.3.2. Specialist family violence services

In recent years there has been a significant increase in policy and practice acknowledgement of the need to respond to children and young people as victim-survivors in their own right. This acknowledgement is much needed, given the long-term proliferation of dominant societal narratives about domestic and family violence as well as the resulting policies, processes and practices that view young people as extensions of their non-violent parents.

In practice, the failure to recognise children and young people as victim-survivors in their own right has resulted in the needs of the young person being assumed to be the same as the young persons' parent or carer, resulting in failure to identify distinct risk, lack of understanding of child-specific needs, and as a result, often inappropriate supports being provided, including the provision of unsafe motel accommodation.<sup>67</sup> This is particularly evident in the inability of mainstream DFSV services to individually assess and manage the suicide risk of young people alongside their DFSV risk in an effective and responsive way.<sup>68</sup> Most Australian jurisdictions do not have child-specific domestic and family violence risk assessment practices. We note that the Victorian Government has committed to a multi-year process to develop and embed a child-specific practice guidance as part of the Multi-Agency Risk Assessment and Management Framework (MARAM). It is anticipated that this will be implemented from mid-2026, and will represent the most comprehensive approach nationally to assessing and managing risk of family violence for children and young people.

In absence of child-specific risk assessment practice, recent research with young victim-survivors has found that many young people are either left to manage their DFSV and, any related suicide risk on their own, or are referred onto Child Protection, which also has gaps in capacity and skills to manage complex co-occurring DFSV and suicide risk. This results in young people turning away from the service system as their safety and wellbeing deteriorates further, potentially to the point of suicidal ideation and suicide.

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<sup>66</sup> Centre for Innovative Justice, above n 65.

<sup>67</sup> Ellard et al, above n 2.

<sup>68</sup> Ellard et al, above n 2.

Program such as Amplify, outlined in the case study above offer young people safe, integrated case management support that is able to hold and address both their DFSV and suicide risk. The following practice example was included in the Amplify evaluation<sup>69</sup> and demonstrates the program’s capacity to create space for young people to make disclosures about suicide risk, support young people to access appropriate mental health care and to ensure that the care provided is delivered with an appropriate lens on family violence risk. Unfortunately, programs such as this are not available at scale across Australian states and territories, meaning that young people experiencing DFSV victimisation and housing insecurity outside the current service delivery area in metropolitan Melbourne miss out on this specialist support option.

### Practice example (Pierce)<sup>70</sup>

The Amplify program were working with Pierce around his experiences of family violence. During the period of service engagement, Pierce began to experience significant mental ill-health and went to hospital in relation to suicidal ideation. Upon presenting to hospital, Pierce texted his Amplify practitioner asking for help. In this instance, the Amplify practitioner shared that information with other workers; conducted a secondary consult with a mental health peer worker; and provided ongoing emotional support to Pierce until he had left hospital and was re-engaged with other supports.

“Children and young people should have a dedicated, stand-alone DFSV service response that isn’t dependent on their post code.”

-Conor Pall, Victim-Survivor Advocate

### Recommendation 3

The federal government should fund the roll out of a nation-wide, youth specific family violence case management program that can respond to young people in developmentally appropriate and domestic and family violence risk-informed ways, including those who present unaccompanied

### Recommendation 4

The federal government should develop national principles for assessing and managing risk of suicide in the context of domestic, family and sexual violence victimisation and perpetration. These principles should be embedded by each of the states and territories into current suicide prevention and DFSV risk assessment and management frameworks and strategies. These principles should include consideration of the risks unique to children and young people, as well as adults who have experienced DFSV and are at risk of suicide.

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<sup>69</sup> Centre for Innovative Justice, above n 65.

<sup>70</sup> Centre for Innovative Justice, above n 65.

### 4.3.3. Child Protection

Where young people do present to specialist family violence services on their own, an assumption is often made by services that they fall within the remit of Child Protection. In practice, chronic demand, a lack of appropriate accommodation pathways for young people, and variable practitioner capability to engage with and properly assess young people's risk has meant that Child Protection rarely intervene when unaccompanied young people are at risk.<sup>71</sup> Ellard et al<sup>72</sup> have pointed to a "constantly receding" cut-off for Child Protection to provide support to a young person, with practitioners describing young people as young as 14 and 15 years old being denied a Child Protection response as they are deemed "too old." The result of this is that the majority of unaccompanied young people under the age of 18 fall through an invisible gap in the current system response, leaving them to manage DFSV risks on their own, and any co-occurring risk of suicide.

The Commission for Children and Young People in Victoria has called this concept the "refer and close roundabout" and has linked this phenomenon to the deaths by suicide of 35 children and young people between 2017 and 2019, almost all of whom had experienced DFSV.<sup>73</sup> While we recognise that Child Protection falls within the jurisdiction of the states and territories, we encourage the federal government to consider the leadership role they can play here, particularly in terms of integrating child protection practice with other service systems as part of a broader commitment to better support children and young people who have experienced DFSV and face heightened risk of suicide.

"I had to wait till I was 18 to really get any proper help ... they don't want to send me into foster care because no one, you know, really wants a 17-year-old . they're just going to kind of bounce you around till you're 18."

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>74</sup>

### 4.3.4. Legal and justice systems

Research indicates that young people experience significant barriers to accessing the criminal legal system where they are in need of protection.<sup>75</sup> This includes young people often having their disclosures of violence discounted or minimised by police, otherwise feeling unsafe to make disclosures to the police because of prior negative experiences or a fear that their disclosures will be shared with an adult perpetrator.<sup>76</sup>

Access to independent legal advice and assistance is crucial for young people who experience DFSV. Research indicates that young people may need legal advice and assistance for broader legal needs which arise as a result of their experiences of DFSV - such as fines, debts, visa issues or criminal charges resulting from homelessness - or to clarify their legal entitlement to leave home and seek the limited support that may be available to them in these circumstances.<sup>77</sup> They may also need advice to identify, disclose and seek protection following experiences of DFSV victimisation, with

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<sup>71</sup> Moore et al, above n 2.

<sup>72</sup> Ellard et al, above n 23.

<sup>73</sup> Commission for Children and Young People. (2019). *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*. Commission for Children and Young People. <https://ccyp.vic.gov.au/inquiries/systemic-inquiries/lost-not-forgotten/>.

<sup>74</sup> Ellard et al, above n 23.

<sup>75</sup> Campbell et al, above n 12.

<sup>76</sup> Ellard et al, above n 2. See also Fitz-Gibbon, K., McGowan, J. and Stewart, R. (2023) *I believe you: Children and young people's experiences of seeking help, securing help and navigating the family violence system*. Monash University, doi: 10.26180/21709562.

<sup>77</sup> Ellard et al, above n 23.

research highlighting that legal professional privilege enables young people to disclose these experiences to legal practitioners in a way that they have not felt safe to do so in other settings.<sup>78</sup>

Legal assistance is particularly crucial to support young people when they are seeking safety following DFSV victimisation, including through civil protection orders. While in some Australian jurisdictions children and young people are increasingly being included as protected persons on an order protecting an adult parent, it is not widely understood or recognised that young people face a number of significant barriers to obtaining a protection order in their own right when they are under 18 years of age. This includes as a result of a default or statutory presumption that excludes young people from a court setting, or as a result of legislative definitions of DFV which render their experiences of violence from a parent or sibling invisible. Young people may also need advice concerning the implications of family law orders.<sup>79</sup>

Noting the ongoing and well documented limitations of the legal system to provide meaningful and trauma-informed protection to adult victim survivors of DFSV, restrictions on formal access to this system can compound young people's feelings of isolation and hopelessness as well as their experiences of insecurity. This lack of access and negative service system interaction can also entrench young people's perceptions that their safety is not important and that there is no accessible justice system path away from the violence they are experiencing.

"... there were heaps of times police got involved, but they didn't do anything . So, I just left it. I was like, 'they're obviously not doing anything.' I called them out to my house, and the most they told me was 'stay in different rooms of the house', even though I've told them everything, ... I said that's not really doing much to help."

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>80</sup>

#### 4.3.5. Mental health and health services

The trauma many young victim-survivors experience can leave them at increased risk of a range of serious mental health concerns, including anxiety, depression and suicidal behaviours.<sup>81</sup> The cumulative effects of adverse childhood experiences on children and young people's short- and long-term wellbeing is profound, and can persist into adulthood if not addressed at critical developmental junctures.<sup>82</sup> Recent data published by the Australian Child Maltreatment Study (ACMS) shows that young people experiencing DFSV are 2.9 times more likely to have a major depressive disorder, 3.3 times more likely to have a general anxiety disorder, 4.1 times more likely to have a severe alcohol use disorder and 5.8 times more likely to suffer from post-traumatic stress disorder (PTSD).<sup>83</sup> The ACMS also found that childhood experiences of DFSV increase the risk of self-harm 3.9-fold and the risk of attempted suicide 4.6-fold.<sup>84</sup> Despite this national evidence base, there is a lack of therapeutic case management for young victim-survivors of DFSV to access the support needed to heal from the harm caused by DFSV victimisation, and access to private mental health care services are financially out of reach for many young victim-survivors.

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<sup>78</sup> Ellard et al, above n 23.

<sup>79</sup> Ellard et al, above n 23.

<sup>80</sup> Ellard et al, above n 23.

<sup>81</sup> Corrie & Moore, above n 12.

<sup>82</sup> Moore et al, above n 2.

<sup>83</sup> Haslam et al, above n 10.

<sup>84</sup> Haslam et al, above n 10.

Young people should be able to access age-appropriate, flexible, adaptive and integrated mental health and recovery responses. However, across Australia these currently do not exist at scale. Previous research has identified the need for multi-modal options for support, including web-based, one-on-one, peer-to-peer and group work.<sup>85</sup>

“The long-term repercussions of family violence never go away ... but now we’re looking at physical and mental disorders that are lifelong because the right support wasn’t there sooner.”

-Tash, Berry Street Y-Change Lived Experience Consultant and Youth Advocate

## Recommendation 5

The federal government should address the critical gap in formal trauma recovery and mental health and wellbeing support for young victim survivors of DFSV.

“... it's like that financial kind of obligation was very difficult for a while. So, I didn't access any mental health services, or I didn't really see a GP until something got really bad.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>86</sup>

## Recommendation 6

The federal government should increase the number of Medicare bulk-billed therapy session to 22 per year for young people who are victim survivors of DFSV, with the review to access full sessions to be conducted after 11 sessions, not 6 sessions (as is current practice).

In the absence of accessible, suitable and flexible therapeutic responses for young people who have experienced DFSV victimisation, young people can present to emergency departments with acute mental health needs that have been left unaddressed as a result of a lack of appropriate early intervention and recovery supports. While not all young people have a negative experience of emergency departments and the healthcare they receive within them, in recent research studies young victim-survivors have reported harmful interactions that had a lasting impact on their inclination to seek mental health and health care support in the future.<sup>87</sup> These include discriminatory and harmful responses that dismiss psychological distress and suicidality as “behavioural” or “bed seeking,” and inadequate admission and discharge processes that result in lengthy wait times for treatment and a lack of appropriate referrals to community mental health

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<sup>85</sup> Corrie & Moore, above n 12.

<sup>86</sup> Ellard et al, above n 23.

<sup>87</sup> Fitz-Gibbon, above n 29.

services on discharge.<sup>88</sup> Further, some hospitals and short-term residential mental health facilities are reluctant to admit young people who do not live in secure housing, knowing that they would have to hold them in care until a suitable housing option was found.<sup>89</sup>

## Recommendation 7

The federal government should work with the states and territories to develop restorative and therapeutic support options within hospital settings to address the needs of young victim survivors of DFSV who present (sometimes unaccompanied) to emergency departments with complex mental health needs and trauma, and who do not have stable accommodation.

Young people have also reported the views of parents/guardians being prioritised over their own, whether they are accompanied by their parent at the hospital or not. For young people whose parent/guardian is their DFSV perpetrator, this can have serious consequences for their safety and mental health and can result in them leaving hospital before receiving appropriate treatment.<sup>90</sup>

## Recommendation 8

The federal government should partner with the states and territories to provide guidance to hospitals Australia-wide regarding what processes should be followed before disclosing information to the parents/guardians of unaccompanied young people presenting for care, including following a suicide attempt.

### 4.3.6. Homelessness and housing services

Research suggests that young victim-survivors of DFSV, especially those who are unaccompanied by a parent, prefer to be supported by youth homelessness services over any other service.<sup>91</sup> This is due to the deep specialisation held within youth homelessness services on how to work with young people who are unaccompanied by a parent, guardian or supportive adult. However, these services are not equipped to provide specialist DFSV recovery and healing responses in the same way that specialist family violence services are, resulting in young people missing out on this key recovery support that plays a big role in preventing suicide.

Data from the Australian Institute of Health and Welfare shows that 689 young people between the ages of 15 and 24 years old died in the year after receiving support from a Specialist Homeless Service (SHS) between 2012-13 and 2022-23.<sup>92</sup> While age-breakdowns of cause of death have not been released, accidental poisoning and suicide were the two most common causes of deaths amongst the entire SHS cohort. This is not to suggest that SHSs service provision is causing suicide amongst young people. SHSs offer a vital and trusted service to young people, particularly those who are unaccompanied. However, the data highlights the complex interplay of traumas impacting on young SHS clients' lives,

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<sup>88</sup> Morgan, R., Dobson, D., Moore S., Browne, V., Simondson, K. (2025). *Home in Mind: Improving mental health support for young people experiencing homelessness*. Orygen and Melbourne City Mission, Melbourne.

<https://www.orygen.org.au/Orygen-Institute/Policy-Areas/Population-groups/Home-in-mind-Improving-mental-health-support-for-y>.

<sup>89</sup> Morgan et al, above n 86.

<sup>90</sup> Ellard et al, above n 23.

<sup>91</sup> Ellard et al, above n 23.

<sup>92</sup> Australian Institute of Health and Welfare, above n 6.

including homelessness and DFSV, and the lack of resourcing SHSs have to manage these risks in such a way that can more effectively prevent a death by suicide from occurring.

Lived experience advice suggests that suicide risk is highest when young people move from the SHS system into short term refuges or medium to longer term housing. This transition often results in young people feeling more secure as they have housing, allowing for DFSV-related trauma to emerge and suicide risk to be elevated. For this reason, we recommend that the provision of housing to young victim-survivors of DFSV always be accompanied by support, and that the built form of youth housing mitigates suicide risk through safe design principles.

Many young people experiencing DFSV are referred to youth refuges, which are part of the specialist homelessness system rather than the specialist domestic and family violence system. While this response is intended to provide young people with age-appropriate support, it often fails to adequately manage risk of victimisation and suicide and can inadvertently put the young people in further danger. Youth refuges across Australia are almost all low security which poses a serious safety risk to young people who are experiencing and escaping ongoing high risk domestic and family violence.

## Recommendation 9

The federal government should work with the states and territories to embed youth-specific family violence case management in service settings where young people are presenting for help, including youth homelessness services, youth mental health services and organisations which deliver a wider suite of non-family violence services to young people.

Access to safe and secure housing, is a critical foundation of a comprehensive domestic and family violence system and is vital for young victim survivors of DFSV to recover from their experience and reduce their suicide risk. However, due to structural and systemic inequities in both the private rental market and social housing systems and the lower earning capacity of young people, young people are effectively excluded from secure housing options. Further, young people experiencing violence in the home are less likely to have the option of remaining in the home while the perpetrator is removed, and are also unlikely to be able to take on the financial responsibility of the home they live in. The lack of appropriate, stable accommodation for young victim survivors of DFSV has a significant impact on their mental health and needs to be addressed in order to address youth suicides as a result of DFSV.

“I was sleeping on park benches, ...at stations ... at bus stops. There were times I was sleeping inside ... the McDonald's playgrounds because it was just warmer in there ... anywhere that you could think of to sleep, I was there or already had been.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>93</sup>

Young people experiencing DFSV who are unable to continue living at home are often placed in inappropriate situations such as adult refuges or unsupported accommodation like hotels and motels. This is not a criticism of the practitioners and frontline responders that make these placements, but rather a reflection of the inadequacy of the suite of safe accommodation options funded and available for young victim-survivors. While practitioners are sometimes able to find creative, informal solutions by leveraging young people's social networks, these are not always safe or sustainable and not an option for many young people. Such informal creativity should not be a fallback within a system that does not adequately fund safe accommodation options for young people escaping DFSV.

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<sup>93</sup> Ellard et al, above n 23.

The absence of suitable transitional and long-term accommodation for unaccompanied young people also means that some young people move constantly between short-term housing options, often across suburbs and regions, to secure a safe place to sleep. This includes movements while in acute crisis, often in the period immediately following victimisation and escaping DFSV. This not only leaves young people in a state of crisis but also leaves them unable to access catchment-based services or stay connected to protective factors in their lives such as employment, education or peer groups. Such disconnection can prolong cycles of crisis further compounding the harm experienced by the young person, materially limiting their capacity to engage supports and work towards recovery, as well as leaving them in a constant state of hypervigilance and uncertainty. This in turn causes or compounds experiences of significant mental ill-health for many young people, including risk of suicide.

“I want employment, but I don't have a guarantee of employment whilst I'm at the refuge because I don't know where I'll end up.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotighting the needs and experiences of unaccompanied young people seeking shelter*<sup>94</sup>

## Recommendation 10

The federal, state and territory governments should invest in medium and longer-term youth-specific housing linked with support to help young people to heal and recover and transition to independence.

The system of emergency and transitional accommodation is not sustainable without the next stage of stable accommodation to assist in supporting recovery and healing, and, for young people, community connection and economic participation. More medium and long term housing needs to be built and supplied to young people who have experienced and escaped DFSV. These options need to be integrated with wraparound supports to ensure that housing and tenancies are maintained.

“I get there's a housing crisis which is why everything takes so long, but like, no interim anything, like refuges aren't long term, I've been here three months.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotighting the needs and experiences of unaccompanied young people seeking shelter*<sup>95</sup>

A long-term lack of social housing and private rental is well documented across Australia, especially for independent young people. This is the result of young people's lower earning capacity – resulting from lower wages and income support payments - as well as structural and systemic inequities in the private rental market and community housing systems. For example, the disparity between the various income support payments (including Commonwealth Rent Assistance) made available to independent adults and the amount allocated to Youth Allowance recipients, makes it unviable for community housing providers to accommodate young people at the scale required. Youth housing projects struggle to compete for capital investments because their higher reliance on government subsidies increases overall costs, making them less attractive to investors.

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<sup>94</sup> Ellard et al, above n 23.

<sup>95</sup> Ellard et al, above, n 23.

All new housing built for young people, whether it be short, long or medium term, should be underpinned by safety as a core design principle, in line with Home Time's Specialist Youth Housing Design Guide.<sup>96</sup> Integrating safety considerations into built form design is critical to minimizing suicide risk for young people who have experienced DFSV and homelessness. Safety should be considered alongside other key design principles such as independence, connection and support, trauma-informed and youth-friendly, privacy and dignity, flexibility and adaptability, cultural design, amenity and operational and fit for purpose. In the context of the Commonwealth Government's investment in the NHIF-CT, we strongly encourage consideration of these design principles to reduce suicide risk for young people.

## Recommendation 11

The federal government should address the youth housing penalty and other financial barriers into social housing.

### 4.3.7. Education

There is a significant body of research suggesting that experiencing DFSV disconnects young people from education for a range of reasons, including a distrust of adults, embarrassment about physical markers of abuse and the need to attend appointments during school hours to manage the effects of DFSV.<sup>97</sup> Despite this, some young people report that school is a sanctuary from which to escape their experiences of DFSV.<sup>98</sup> In both of these cases, schools have a role to play in supporting young people to respond to experiences of DFSV and reduce suicide risk.

Schools are often uniquely positioned in identifying and responding to young people's experiences of DFSV as they can know more of the family context than others in the young person's life. These daily interactions offer opportunities to identify childhood experiences of DFSV early on and support disclosures. The ways disclosures and compulsory reports are managed can shape a young person's trust or distrust of services; and the language and approaches used can reduce or add to their understanding of their experiences as DFSV.

Drawing on national data from the ANROWS-funded Adolescent Family Violence in Australia study,<sup>99</sup> Stewart, Fitz-Gibbon and Roberts found that young peoples' disclosures of DFSV to teachers and school counsellor is low (below 18 per cent of surveyed young people who had experienced DFSV).<sup>100</sup> When young people do disclose their experience, they report a range of responses. Some of these are positive, including having someone explain to them what they were experiencing was family violence and what options they had, while others receive a response that ignores, minimises or excuses the violence disclosed and lacks any response that supports improved safety or recovery. This contributes to system mistrust, and a sense of shame that their disclosure sets off a chain reaction of events of which they had no say over and which impacts so deeply on them and their families.<sup>101</sup>

This inconsistency in school-based responses to young people's disclosures of DFSV victimisation highlights the importance of increasing the capacity of school-based workers to effectively respond to a disclosure of DFSV victimisation, and the need for accessible resources for young people in schools, including on what services and support they can access.

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<sup>96</sup> Home Time. (2024). *Specialist Youth Housing Design Guide*. Home Time Coalition.

<sup>97</sup> Stewart et al, above n 29; Ellard et al above n 2; Fitz-Gibbon above n 29.

<sup>98</sup> Stewart et al, above n 29.

<sup>99</sup> Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). *Adolescent family violence in Australia: A national study of service and support needs for young people who use family violence*. (Research report, 18/2022). ANROWS.

<sup>100</sup> Stewart et al, above n 29.

<sup>101</sup> Ellard et al, above n 23.

“... I was falling asleep in school. There [were] times where my principal, like I was asleep on the desk and [the principal would say] ‘come into the spare office’ and then he would just let me sleep on the floor of the spare office, give me a blanket or give me a sleeping bag or something. I'm like, as if you aren't picking up on this sort of stuff yet.’ But nothing...nothing at all.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>102</sup>

## Recommendation 12

The federal government should work with the states and territories to consider and develop referral pathways to specialist services to support children and young people who are experiencing DFSV.

### 4.3.8. Social security and family violence payments system

While young victim-survivors aged 22 years and younger may be eligible for Youth Allowance, this payment rate is less than the Jobseeker rate and is often not enough to secure a private rental property in a competitive market or a social housing property (see section 4.3.6 above). Further, Centrelink processes often provide perpetrators with the opportunity to inflict systems abuse, placing young people at further risk of DFSV. For example, as part of assessing a young person's eligibility for the 'unreasonable to live at home' payment rate, Centrelink staff often seek to verify through an adult perpetrator that a young person is unsafe at home.<sup>103</sup>

“When I first got on Centrelink, they needed ID in order for me to get Centrelink. But in order to get photo ID, I needed photo ID ... You need a phone, you need a number, email address, like, you need passport, bank statements ... even just to get on Centrelink, you need bank statements and just like everything. They just, they take so much from you.”

-Young victim-survivor interviewed for *Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter*<sup>104</sup>

Further, while we commend the roll-out of the Leaving Violence Program and associated payments, we note that many young victim survivors of DFSV are excluded from the eligibility criteria that requires people to be a victim of IPV and over the age of 18. As noted in section 4.1.1 above, the vast majority of DFSV experienced by young people is not in the form of IPV, but from family members such as parents, carers and siblings.

## Recommendation 13

The federal government should improve access to financial assistance measures and entitlements for young victim survivors of DFSV, including by expanding the accessibility of the federal Leaving Violence Package.

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<sup>102</sup> Ellard et al, above n 23.

<sup>103</sup> Campbell et al, above n 11.

<sup>104</sup> Ellard et al, above n 23.

#### **4.4. Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration**

This report highlights several opportunities to enhance prevention and early intervention efforts to reduce youth suicides as a result or in the context of DFSV. Consistent themes across all recommendations made are that:

- young people are often not recognised as victim-survivors in their own right;
- services are adult-centric and not equipped to work with young people in developmentally appropriate ways; and
- services are not equipped to manage the unique and layered risk profile that young victim-survivors present with.

In the absence of clear recognition and subsequent fully funded actions of young people's lived experience of DFSV and appropriate service responses, young people are left to navigate complex services which not only fail to meet their needs but often compound and escalate their trauma.

Designing a system that recognises and is skilled to address the needs of young victim-survivors of DFSV should be an urgent priority to stop young people dying by suicide as a result of DFSV. This must include age-appropriate support and recovery services across different developmental stages for young people directly targeted by different forms of DFSV as well as those experiencing DFSV between parents/ carers and other family members. Recognising children and young people's experiences of DFSV across different points of service system contact creates opportunities for early, child-centred, holistic responses that promote safety and recovery.



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