13 February 2026

Ms Louise Miller-Frost MP
Chair
House of Representatives Standing Committee on Social Policy and Legal Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

Submitted via Parliament website

Dear Ms Miller-Frost

headspace National welcomes the opportunity to provide this submission to the inquiry into the relationship between domestic, family and sexual violence and suicide.

headspace is the National Youth Mental Health Foundation, providing early intervention mental health services to 12- to 25-year-olds. headspace has a network of 175 services across Australia and offers online and phone support services and resources through eheadspace.

The Australian Child Maltreatment Study has indicated – on a national scale – the prevalence of child maltreatment, including emotional abuse, neglect, physical abuse, sexual abuse and exposure to domestic violence, and the link to suicidal behaviours and self-harm. The findings of this study highlight the urgency of the need to improve services for children and young people who have experienced domestic, family and sexual violence and who are at increased risk of suicidality.

Our submission (attached) explores how headspace services aim to respond to this cohort of young people. Providing timely, accessible and trauma-informed care for young people is critical to reduce and prevent the harmful impact of their experiences, and to address the risks of suicidality and adolescent family violence. Our submission also outlines the data collected across headspace services that is relevant to the Committee's deliberations.

headspace would welcome the opportunity to discuss these issues with the Committee in more detail.

Yours sincerely

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Attachment 1

Submission to the inquiry into the relationship between domestic, family and sexual violence and suicide

1. Introduction

headspace National welcomes the opportunity to provide a submission to Standing Committee on Social Policy and Legal Affairs' inquiry into the relationship between domestic, family and sexual violence and suicide.

headspace National's submission focuses on the following terms of reference:

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, including prevalence, patterns, and any identifiable at-risk groups, in order to improve understanding of the role of DFSV in suicides nationally;
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;
5. Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration.

About headspace

headspace is the National Youth Mental Health Foundation, providing prevention and early intervention mental health services to 12- to 25-year-olds. headspace services provide multidisciplinary care for mental health, physical health (including sexual health), alcohol and other drugs, and work and study needs. headspace offers in person, online or phone support, and has a range of programs for schools and communities across Australia.

Appendix 1 provides more information about the full range of headspace programs and services.

Preparation of this submission

This submission was written on the lands of the Wurundjeri people of the Kulin Nation. headspace acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their culture, identities and continuing connection to country, waters, kin and community. We pay our respect to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

2. The relationship between domestic, family and sexual violence victimisation and suicide

Key points:

- Experiences of domestic, family and sexual violence (DFSV) are common among young people, and are strongly associated with psychological distress, poor mental health, and suicidality. This requires a bidirectional response: mental health clinicians need to be alert to experiences of DFSV, and family safety services need to consider the risk of suicide among young people accessing their supports.
- There is a cohort of young people accessing headspace services who have experienced family violence and are experiencing suicidality. This suggests that services need to be aware of the risks of suicidal ideations and behaviours among young people who have experienced DFSV.
- In particular, services for young people need to be cognisant of the risks for marginalised groups of young people who are at higher risk of DFSV or who face greater barriers to accessing support. This includes First Nations young people, trans and gender diverse young people, or multicultural young people.

Domestic and family violence occur when someone uses power, control or harmful behaviour in a family or intimate relationship to make another person feel unsafe, scared, controlled or hurt. Violence can be physical, emotional, sexual, financial, or social, and can include online behaviours. It often happens as a pattern over time, not just a single incident. At headspace, young people are recognised as directly impacted by family violence, not only as indirect or secondary witnesses.

While national data in Australia is limited, research shows a clear link between domestic and family violence and suicidality.[1] Likewise, studies show an association between experiences of sexual violence and suicidal thoughts and behaviours.[2] While much less of a focus in research, this association is not limited to victims and can also extend to perpetrators of violence.[3]

The Australian Child Maltreatment Study has produced national estimates of the prevalence of child maltreatment (including emotional abuse, neglect, physical abuse, sexual abuse, and exposure to domestic violence), and provides further evidence on the link between

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[1] Ombudsman Western Australia, 2022, *Investigation into family and domestic violence and suicide*; Turnbull, P., Hunt, I.M., Woodhouse, T., et al, 2025, Domestic violence and suicide in women under the care of mental health services in UK, 2015-2021: a national observational study, *Lancet Reg Health Eur*, 18:55.

[2] Dworkin, E.R., DeCou, C.R & Fitzpatrick, S., 2023, Associations between sexual assault and suicidal thoughts and behavior: A meta-analysis, Psychological Trauma, 14(7): 1208-1211.

[3] See discussion in Ombudsman Western Australia, 2022, *Investigation into family and domestic violence and suicide*.

these experiences and suicidality and self-harm.[4] The researchers found experiences of emotional abuse and sexual abuse were strongly associated with suicide attempts and self-harm (in the 12 months prior to the survey). This association was strongest among study participants aged 16 to 24 years.

Both preventing DFSV and responding more effectively to experiences of violence are vital to preventing suicide.

Experiences of DFSV and suicidality among headspace service users

Young people accessing headspace services have a wide range of presenting concerns, and these can change over an episode of care. headspace service providers collect a wide range of information about each young person accessing their services, as set out in the headspace minimum data set. This includes information about:

- suicidality – this is indicated by service providers reporting that suicidal thoughts or behaviours were a primary or other issue for the young person, and/or that there was indication that suicidality was a concern for the young person on the day of their service (on at least one occasion of service).
- experiences of violence – service providers can select 'family violence' and 'intimate family violence' as the young person's primary or other issue.

Among young people attending headspace services in 2025:

- 8 per cent of young people (or 6,365 young people) had either 'family violence' or 'intimate family violence' recorded as a primary or other issue on at least one occasion
- 24 per cent of young people (or 18,306 young people) were recorded as having an indication of suicidality on at least one occasion.

In 2025, 2,284 young people accessing headspace were recorded by service providers as having **both** i) a primary/other issue of "Family violence" and/or "Intimate family violence" **and** ii) indication of suicidality. The indications of violence and suicidality may have been recorded on different dates (i.e. during different occasions of service). It is not possible from the data to assume an association or relationship between experiences of violence and suicidality. This is likely to be an under-representation of actual exposure, due to the way the data is captured.[5] More broadly, our analysis of suicidality among headspace service users shows factors such as unstable accommodation and disengagement from work and study

[4] Lawrence, D.M., Hunt, A., Mathews, B., et al, 2023, The association between child maltreatment and health risk behaviours and conditions throughout life in the Australian Child Maltreatment Study, *Medical Journal of Australia*, 218 (6 Suppl): S34-S39.

[5] For comparison data in a similar cohort, see: Reay, R.E., Raphael, B., Aplin, V., McAndrew, V., 2015, Trauma and advertisty in the lives of children and adolescents attending a mental health service, *Children Australia*, 40(3): 167-179.

are risk factors for suicidality.[6] These factors are likely to be an indicator to exposure to DFSV and other adversities.

While it would be useful for headspace services to capture more detailed information that would help us to understand any associations, it is difficult to obtain this level of detail without overburdening the young people accessing support.

Marginalised groups of young people

Research and data on experiences of DFSV indicate that young people's experiences are influenced by intersecting social, cultural and physical factors. In particular, structural, social and historical inequities increase exposure to family violence and reduce access to safety and support for First Nations young people, gender diverse young people, and multicultural young people.[7]

Understanding the experiences and perspectives of these young people, along with the risks of harm and the barriers to accessing support that they face, is essential to providing trauma-informed and safe care.

3. Recognising and responding to suicide in the context of DFSV within mental health services

Key points:

- Young people experiencing suicidality need access to a youth-centred, compassionate and stigma-free response. This approach should be adopted by all services supporting young people, including those who have experienced DFSV.
- headspace also recognises the need for approaches and services to support young people seeking help due to DFSV, even in the absence of a safe adult who can seek help alongside the young person.

Responding to suicide risk among young people requires an age-appropriate approach, due to different risk factors and help-seeking behaviours. For example, young people are at higher risk of impulsivity and show higher vulnerability to suicide contagion behaviour.[8]

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[6] Albrecht, S., Rickwood, D., Telford, N., et al, 2025, Suicidality in primary care, youth mental health services: Prevalence, risk factors and implications for practice, *Early Intervention in Psychiatry,* 19(2).
[7] Australian Institute of Health and Welfare, 2021, *Child Protection Australia 2019–2020 (Child Welfare Series, Number 74)*. Canberra; Fitz-Gibbon, K., Meyer, S., Maher, J., & Roberts, S., 2022, *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts* (Research report, 15/2022). ANROWS; Tarpey-Brown, G., Kirwan, J., Wise, S., et al, 2024. Domestic and family violence affecting children and young people from culturally and racially marginalized migrant backgrounds in Australia: a scoping review of child experiences and service responses. *Trauma, Violence, & Abuse*, 25(5), 3872-3886.
[8] Suicide contagion behaviour refers to the increased risk of engaging in suicidal behaviour after being exposed to, or impacted by, the suicidal behaviours of another person.

compared to adults. Young people need a stigma-free, compassionate and youth-centred approach to suicidal ideation or behaviours.

headspace aims to provide young people experiencing suicidality with support that is focused on safety and connection. Staff will seek to take the young person's concerns seriously and work collaboratively to understand what's happening for them, including the thoughts, feelings and circumstances contributing to their distress. Throughout, the clinician's goal is to keep the young person safe while supporting their autonomy and dignity.

At headspace we strive to support and enable a positive risk culture in our services for young people and families. This means responding in ways that are trauma informed, collaborative and culturally safe—rather than risk averse or punitive. This supports early identification of both family violence and suicide risk, respectful conversations about safety, and responses that strengthen connection, trust and access to support. These approaches enable us to meet our safeguarding and duty of care responsibilities while ensuring young people feel heard, valued and supported.

This approach needs to be adopted by all services for young people, including DFSV services that may be providing support to young people experiencing suicidality.

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

Key points:

- Providing timely, accessible and appropriate care for young people is critical to reduce and prevent the harmful impact of their experiences. Providing these young people with trauma-informed care is also essential to address adolescent family violence.
- Currently, there are gaps in the availability of dedicated, age-appropriate support for young people who have experienced or are experiencing domestic, family and sexual violence. Additional investment in these services is required to build availability and capacity nationally.
- Building the knowledge, skill and confidence of headspace clinicians also provides an opportunity to better meet the needs of this cohort of young people, particularly those who may be experiencing suicidality and DFSV. Partnerships between headspace and specialist services are also important.

The harmful impacts of exposure to and experiences of domestic, family and sexual violence on children and young people are well known, and can be far-reaching.[9] Even so, the link between experiences of DFSV during childhood and attempting or dying by suicide remains under-researched.[10] While the evidence base is building, it is clear that providing timely, accessible and appropriate care for young people (and children) is critical to reduce and prevent the harmful impact of their experiences.

All headspace services adopt a 'no wrong door' approach, providing young people with a welcoming and youth-friendly service and access to holistic, multidisciplinary support, regardless of their presenting concerns. Where a centre cannot meet their needs, the staff will help the young person to access more specialist support.

Despite this aim, it can be difficult to support a young person where their primary concern is domestic, family or sexual violence. When a young person experiencing domestic, family or sexual violence accesses a headspace service, they often present with general symptoms such as anxiety or depression. Disclosing their experiences of violence can take time, as the young person builds trust in the relationship with the staff, and often relies on staff asking directly about their relationships and circumstances. This, in turn, can depend on the worker or clinician having the confidence, knowledge and skill to invite disclosure.

Limited options for specialist support (either via headspace or external services) can also be a significant barrier to clinicians raising the issue. Most headspace services do not have dedicated staff skilled in responding to domestic, family and sexual violence.

Similarly, many centres are located in areas where there are limited dedicated family services that provide accessible, age-appropriate services for young people aged 12 to 25 years.

Clinicians may be reluctant to ask young people about their experiences if they cannot connect the young person with safe and appropriate support. This is significant: young people indicate the most helpful supports are from services that understand, listen and support them to exercise agency in their lives.[11] But research with young people who had received counselling as children found few recalled counsellors who were knowledgeable about domestic or family violence (DFV) or understood the impacts of living with DFV on children.[12] Services and workers must be able to ensure young people can navigate a service

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[9] Fitz-Gibbon, K., Meyer, S., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (Research report, 15/2022). ANROWS.
[10] 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: Brisbane.
[11] Katz, E. (2016) Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control. Child Abuse Rev., 25: 46–59.
[12] Buchanan, F., Borgkvist, A. & Moulding, N. What Helps Young People in Australia Create Healthy Relationships After Growing up in Domestic Violence?. J Fam Viol 40, 847–861 (2025).

system that will meet their needs when affected by DFV[13]. This demonstrates the importance of partnerships between headspace services and DFSV specialist services.

As part of the 2025 federal election commitments, the Australian Government is upgrading 30 headspace centres to a headspace+ model, to provide support for young people with more complex mental health needs. These centres will offer more specialised services; will have additional capacity for engaging with and providing young people with outreach services in the community; and will employ a more diverse workforce. While the model of care for these services is currently being developed, this is likely to include greater capacity to respond to young people who have experienced domestic, family and sexual violence in the existing young-person centred approach of the headspace model.

In addition to the 30 headspace+ services, Government is also establishing 20 national youth specialist care centres. Similarly to the headspace+ services, these centres are likely to have staff skilled in responding to DFSV. Even with this additional capacity in the youth system, however, many locations nationally will still have limited access to services with dedicated, youth-friendly support for young people dealing with the harms of DFSV. Addressing this needs to be a key priority.

Adolescent violence in the home

The prevalence of adolescent family violence (or adolescent violence in the home) highlights the importance of timely, trauma informed specialist support services for young people who have experienced DFSV. It must also be acknowledged that domestic and family violence rarely occurs in isolation and that poly-victimisation is common[14],[15].

ANROWS recent research on adolescent family violence in Australia found one in five young people (aged 16 to 20) had engaged in a form of violence, most commonly verbal abuse.[16] Within this group, 89 per cent reported previous experiences of child abuse. This indicates the importance of supporting a young person's recovery from domestic and family violence, to reduce the impact on their lives and to reduce the risk of intergenerational violence. It also draws attention to the importance of applying prevention and early intervention approaches to address the impacts of DFSV.[17]

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[13] 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: Brisbane.

[14] Chan, K. L., Brownridge, D. A., Yan, E., Fong, D. Y. T., & Tiwari, A. (2011). Child maltreatment polyvictimization: Rates and short-term effects on adjustment in a representative Hong Kong sample. Psychology of Violence, 1(1), 4–15.

[15] Lacey, R. E., Howe, L. D., Kelly-Irving, M., Bartley, M., & Kelly, Y. (2020). The Clustering of Adverse Childhood Experiences in the Avon Longitudinal Study of Parents and Children: Are Gender and Poverty Important? Journal of Interpersonal Violence, 37(5-6), 2218-2241.

[16] Fitz-Gibbon, K., Meyer, S., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (Research report, 15/2022). ANROWS.

[17] Buchanan, F., Borgkvist, A. & Moulding, N. What Helps Young People in Australia Create Healthy Relationships After Growing up in Domestic Violence?. J Fam Viol 40, 847–861 (2025).

Appendix 1: headspace programs and services

headspace provides early intervention mental health services to 12- to 25-year-olds. headspace offers young people support across mental health, physical and sexual health, alcohol and other drugs, and work and study – providing an integrated service horizontally across these domains of care.

headspace was established in 2006 to address challenges faced by young people aged 12-25, including:

- a lack of age appropriate and developmentally appropriate services for young people
- a lack of early intervention services
- young people's need for holistic care rather than a medical model of care
- barriers that young people in particular experience in accessing support, including stigma, cost, a lack of services in regional areas, and limited availability of online supports.

headspace now has more than 175 services embedded in local communities across metropolitan, regional and remote areas. Each centre is run by a local agency, and a consortium of local service providers, influencers and community members come together to guide the centre in responding to the particular needs within their locality. These responses often include alcohol and other drug treatment services and ensures the headspace service is deeply embedded within the local system and community.

headspace also works with schools and communities across Australia, to build the mental health literacy and capacity of young people, their families, the school community and the education workforce. headspace delivers a range of school programs that aim to encourage help-seeking, address stigma about mental ill health, and increase awareness and access to mental health support services.

Our integrated services provide the holistic, multi-faceted support that is a necessary component of a responsive service system model. This includes:

- **headspace centres:** the headspace network of services comprises of youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across the four core streams.
- **community awareness:** guided by local youth reference groups and centre staff, Community Awareness Officers at each headspace centre work locally to build mental health literacy, reduce stigma, encourage help seeking, identify local needs and ensure young people know they can access help at headspace.
- **digital mental health programs and resources:** headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.

- **eheadspace:** our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.
- **headspace regional telephone counselling service:** headspace offers integrated holistic teleweb support for students in eligible schools in regional Victoria (locations more than 50km from a headspace centre).
- **headspace campaigns:** campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know headspace is a safe and trusted place they can turn to in order to support their mental health.
- **headspace in schools and universities:** through evidence-based mental health promotion, prevention, early intervention and postvention services, headspace delivers key initiatives designed to support the mental health and wellbeing of school communities. This includes:
    - **Be You** – a mental health and wellbeing initiative for learning communities. In particular, headspace can support secondary schools to prepare for, respond to and recover together where there has been a death by suicide.
    - **Mental Health Education Program** – this program provides free mental health education workshops for schools.
    - **University support program** – this provides training and education opportunities to Australian universities to build their capacity and confidence to engage in conversations about mental health and wellbeing.
- **vocational supports:** headspace centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in headspace centres. In addition, headspace provides vocational support via:
    - **headspace Work and Study Online** (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.
    - **headspace Career Mentoring** connects young people aged 18 to 25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person's employment and career opportunities.