



Standing Committee on Social Policy and Legal Affairs

Parliament House

Canberra ACT 2600

22 January 2026

RE: Inquiry into the relationship between domestic, family and sexual violence and suicide

Dear Committee Members

The Centre welcomes the opportunity to provide a submission to the Inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide. This submission is made through a child and family services lens, recognising that DFSV and suicide are deeply interconnected through family systems, caregiving roles, and children's lived experiences.

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria and Tasmania. For over 100 years we have advocated for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. We represent around 180 community service organisations, students and individuals working across child and family services.

Our members engage with families experiencing cumulative harm arising from violence, trauma, mental health distress and social disadvantage. However, children's experiences and family contexts are not always visible in suicide-related policy, practice or system responses. As a result, children affected by DFSV-related suicide remain insufficiently recognised in national approaches to prevention and response.

Children at the intersection of DFSV and suicide risk

Exposure to DFSV significantly increases suicide risk for children, young people and non-offending caregivers, both immediately and across the lifespan.¹ Children's exposure to DFSV, including coercive control, is associated with emotional dysregulation, trauma responses, and increased risk of self-harm and suicidal ideation during adolescence and adulthood.²

Violence against children may include physical, emotional or sexual violence. The Australian Child Maltreatment Study found that over 60 per cent of participants had experienced some form of child maltreatment, with associated harms including increased risk of self-harm and suicide attempts across the life course.³ Violence directed at a caregiver, most often the child's mother, further contributes to suicide risk for children through instability, fear, attachment disruption and repeated service involvement.⁴ These dynamics contribute to intergenerational trauma and long-term suicide risk.⁵

¹ Australian Institute of Health and Welfare (AIHW). (2022a). *Family, domestic and sexual violence in Australia*.

² Australian National Research Organisation for Women's Safety (ANROWS). (2022). *Children and young people's mental health and domestic and family violence: What's the link?;* Blake, J. et al (2025). *Childhood experiences of domestic violence and its association with mental disorders and health risk behaviours*. *The British Journal of Psychiatry*.

³ Haslam D., Mathews B., Pacella R., Scott J., Finkelhor D., Higgins D., Meinck F., Erskine H., Thomas H., Lawrence D. & Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology. *The Australian Child Maltreatment Study*.

⁴ ANROWS (2020). *Investigating the mental health of children exposed to DFV using linked police and health data*.

⁵ AIHW (2022a).



Why family context matters for suicide prevention

Suicide rarely occurs in isolation from family context.⁶ From the perspective of the child and family services sector, understanding suicide requires consideration of caregiving roles, children's presence in the household, and histories of domestic and family violence.

For children, this harm is both immediate and enduring. Suicide prevention frameworks that focus primarily on individual pathology or acute mental health crises risk overlooking the structural and relational drivers of risk that sit within families.⁷ When caregiving roles, children's presence in the household, and histories of DFSV are not meaningfully integrated into prevention and response frameworks, opportunities for earlier identification, coordinated intervention and harm reduction are missed.⁸

A stronger policy focus on family context would enable suicide prevention strategies to better align with child wellbeing, family violence and early intervention systems, supporting more preventative, whole-of-family responses rather than reactive, individualised approaches.⁹

System responses and child safety outcomes

Child and family services are often among the first systems to identify compounding risks for families experiencing DFSV, yet they remain under-utilised in suicide prevention strategies.¹⁰ Suicide risk identification is not consistently embedded in family violence risk assessment frameworks or child wellbeing and safety planning.¹¹

Fragmentation across child protection, mental health and family violence services undermines coordinated, child-centred responses. Families might engage with multiple systems over time, yet suicide risk is not always systematically assessed, shared or responded to across services.¹²

When a caregiver dies by suicide in a context of DFSV, children may experience compounded trauma and instability.¹³ However, children are not consistently identified as having been affected by family violence, and there is limited follow-up regarding their wellbeing or longer-term outcomes.

Strengthening integration and information-sharing, supported by appropriate safeguards, would enable earlier identification of risk and stronger child safety responses. Practitioners across systems require clearer guidance and training to identify cumulative harm, respond safely to disclosures, and navigate intersecting DFSV and suicide risk.

Prevention through equity and system reform

For prevention to be effective, suicide needs to be recognised as both an outcome of domestic, family and sexual violence and a risk factor for child harm. Embedding a child- and family-centred lens across suicide prevention, family violence and child wellbeing systems is critical to reducing harm.

Some children and families experience heightened risk and reduced visibility, including Aboriginal and Torres Strait Islander families, culturally and linguistically diverse families, children with disability, and families experiencing housing insecurity or high levels of system involvement.¹⁴ Prevention and reform efforts must be

⁶ Murfree, L., DeMaria, A., & Schwab-Reese, L. (2022). Vol. 129. *Factors contributing to filicide-suicide: Differences between male and female perpetrators*. *Child Abuse & Neglect*; Australian Domestic and Family Violence Death Review Network & ANROWS (2024). *Australian Domestic and Family Violence Death Review Network data report: Filicides in a domestic and family violence context 2010–2018*.

⁷ Royal Commission into Victoria's Mental Health System (2021). *Final Report*. State of Victoria.

⁸ Ibid.

⁹ ANROWS (2020).

¹⁰ AIHW (2022a) & Kaspiew, R. et al (2017). *Domestic and family violence and parenting: Mixed-method insights into impacts and system responses*.

¹¹ Royal Commission into Victoria's Mental Health System (2021).

¹² ANROWS (2020).

¹³ Silvén Hagström, A., Forinder, U., & Hovén, E. (2025). *Losing a parent to suicide: Posttraumatic stress, sense of coherence and family functioning in children, adolescents and remaining parents before attending a grief support program*. *Death Studies*. Vol. 49(7).

¹⁴ AIHW (2022a) & AIHW (2025). *Family, domestic and sexual violence: Population groups*.



trauma-informed, culturally safe and avoid increasing surveillance or harm. Aboriginal-led governance and community-controlled approaches are essential to improving outcomes.

Concluding reflections and reform directions

A child and family services lens demonstrates that suicide linked to domestic, family and sexual violence is rarely an isolated event.¹⁵ It is often the culmination of prolonged exposure to harm within family systems, with profound and enduring impacts on children.¹⁶

Stronger prevention and response will require clearer alignment between suicide prevention, family violence and child wellbeing systems; improved recognition of family context and caregiving roles within policy and practice frameworks; strengthened workforce capability to respond to intersecting risks; and sustained investment in longitudinal research to better understand pathways from childhood exposure to DFSV to suicide risk across the life course.

Thank you for considering this submission. We would welcome the opportunity to provide further information or engage with the Committee as the inquiry progresses.

Sincerely

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¹⁵ Murfree et al (2022).

¹⁶ Haslem et al (2023) & AIHW (2022a).