
ORYGEN NATIONAL PLAN TO END VIOLENCE AGAINST WOMEN AND CHILDREN 2022-2032: CONSULTATION ON THE SECOND ACTION PLAN



ORYGEN SUBMISSION

Orygen welcomes the opportunity to provide a submission into the Second Action Plan for the National Plan to End Violence against Women and Children 2022-2032. This submission is focused on young people aged 12–25 and highlights the critical role of developmentally appropriate, youth-centred, violence- and trauma-informed approaches in improving the identification, safety, recovery and long-term wellbeing of children and young people experiencing domestic, family and sexual violence.

SUMMARY OF RECOMMENDATIONS

1. Strengthen the capacity of the youth mental health workforce to recognise and respond to DFSV.
2. Support all states and territories to develop and implement youth-specific DFSV risk assessment frameworks, guidance and tools
3. Embed DFSV considerations into suicide risk assessment and safety planning approaches across health and mental health systems
4. Strengthen the national evidence base on technology-facilitated abuse, including prevalence, impacts, risk factors and effective interventions for young people.
5. Integrate evidence-informed education on technology-facilitated abuse, co-designed with young people into the Respectful Relationships curriculum.

ABOUT ORYGEN

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen conducts clinical research, runs clinical services (five headspace centres), supports the professional development of the youth mental health workforce and provides policy advice relating to young people's mental health. Our current research strengths include: early psychosis, mood disorders, personality disorders, functional recovery, suicide prevention, online interventions, neurobiology and health economics.

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REVOLUTION IN MIND

PRIORITY AREA 3: CHILDREN AND YOUNG PEOPLE IN THEIR OWN RIGHT

WHAT WOULD MAKE THE BIGGEST DIFFERENCE TO IMPROVING SAFETY, RECOVERY AND WELLBEING OUTCOMES FOR CHILDREN AND YOUNG PEOPLE AFFECTED BY THIS VIOLENCE?

Improving safety, recovery and wellbeing outcomes for children and young people requires service systems that are developmentally appropriate, trauma-informed, culturally safe and coordinated across sectors. While national policy recognises children and young people as victim-survivors in their own right, this recognition has not yet translated into youth-focused service design or delivery. Responses remain fragmented and largely centred on adult victim-survivors, limiting the capacity of systems to identify, engage and support children and young people affected by violence.(1-3)

Young people affected by violence have distinct recovery and support needs that require tailored responses. Among those aged 16–24, more than two in five (43.8%) have experienced domestic, family and sexual violence (DFSV) and one in four have experienced more than three types of abuse.(4) Despite this high prevalence, many young people do not access specialist DFSV services. Existing systems often lack dedicated pathways, workforce capability and service models that respond to young people's developmental stage, circumstances and preferences for seeking support.(1-3, 5)

The Second Action Plan should include **targeted actions to embed developmentally appropriate, youth-centred approaches across prevention, early intervention, response and recovery systems**. This should include culturally safe engagement and dedicated pathways for children and young people to access specialist support in their own right, regardless of whether a protective parent is engaged. The Second Action Plan should also include actions to strengthen workforce capability, training and practice standards to ensure professionals are equipped to recognise, assess and respond effectively to the needs of children and young people affected by violence.

Embedding these approaches across service systems would support earlier intervention and improve safety, recovery and long-term wellbeing outcomes for children and young people. It would also strengthen recognition of children and young people as victim-survivors in their own right, ensuring they can access supports that are responsive to their unique DFSV experiences and needs.

HOW CAN GOVERNMENTS, SERVICES, EDUCATION SETTINGS, FAMILIES, COMMUNITIES AND OTHERS BETTER RECOGNISE AND RESPOND TO CHILDREN AND YOUNG PEOPLE EXPERIENCING VIOLENCE OR HARM?

STRENGTHENING MENTAL HEALTH SERVICE RESPONSES

The Second Action Plan should strengthen the capacity of youth mental health services to identify, assess and respond to DFSV, recognising their role in early identification, intervention and recovery support for young people experiencing violence, including those who may not otherwise come into contact with specialist DFSV services. Young victim-survivors should be meaningfully involved in the design, implementation and evaluation of workforce development initiatives to ensure responses reflect their experiences and needs.

Experiences of DFSV are a significant risk factor for mental ill-health among young people and a predictor of increased risk across the life course, affecting cognitive, psychological and physical development, as well as overall health, wellbeing and life satisfaction.(6-9) Immediate impacts of DFSV may include anxiety, depression, self-harm and suicidal behaviours. Longer-term outcomes can include complex trauma, alcohol and other substance use disorders, housing insecurity, disability and functional impairment, as well as increased risk of suicide, suicidal ideation and the intergenerational transmission of violence.(8, 10-12)

Youth mental health services already play a role in identifying and supporting young people experiencing DFSV;(8, 13) however there is the potential to provide greater support. Young victim-

survivors are almost five times more likely to access mental health services before the age of 18 than their peers (79% and 16%).(7, 14) However, gaps in training, practitioner confidence and access to specialist DFSV expertise contribute to missed opportunities for early identification, risk assessment and trauma-informed support.(1, 3, 8, 15, 16) Currently, DFSV education and training is not a consistent requirement across youth mental health services, increasing the likelihood that young victim-survivors are not recognised or that their level of risk may be misunderstood or minimised.(17, 18)

While evaluated youth-specific workforce initiatives remain limited, existing programs provide practical models for adaption under the Second Action Plan. For example, evaluation of the Supporting Primary Care Response to Family, Domestic and Sexual Violence Pilot found that the program strengthened workforce capacity to recognise and respond to DFSV, including for children and young people experiencing sexual abuse.(19)

Young people's unique developmental stage, disclosure patterns, and the specific impacts of violence require specialised clinical competencies. Mental health practitioners must be equipped with an understanding of DFSV and its mental health implications, as well as the skills required to respond safely and appropriately to young victim-survivors.(2, 17) Training should also address emerging and under-recognised forms of abuse, including technology-facilitated abuse and forms of violence shaped by cultural contexts.(20-22) Strengthening workforce capability also has the potential to improve outcomes for both victim-survivors and young people who use violence, given the overlap between experiences of, and the use of violence.(23-25)

Young victim-survivors should be meaningfully involved in the design, implementation and evaluation of workforce development initiatives to ensure responses reflect their experiences and needs.

Recommendation 1

The Second Action Plan should strengthen the capacity of the youth mental health workforce to recognise and respond to DFSV experiences among young people. A nationally agreed workforce training would provide consistent, best-practice standards.

This should include actions for:

- Funding the development and delivery of developmentally appropriate, youth-specific DFSV training for all mental health professionals working with young people, including practitioners in helpline and digital mental health services.
- Embedding violence- and trauma-informed practice as a core workforce capability across youth mental health services nationally.
- Investing in ongoing workforce development and clinical guidance to ensure training remains responsive to emerging evidence and forms of violence.

YOUTH-SPECIFIC RISK ASSESSMENT

DFSV risks for adults and young people are “linked but separate”, requiring tailored risk assessment approaches that recognise young people’s distinct safety and wellbeing needs.(26) While every state and territory has implemented DFSV risk assessment approaches, these vary considerably and youth-specific risk assessment frameworks remain limited. As a result, young victim-survivors are often assessed using models designed for adults, or through child protection-focused frameworks that do not adequately recognise or respond to their experiences as victim-survivors in their own right.

The absence of youth-specific risk assessment approaches contributes to gaps in identification, referral and service responses. Research with young victim-survivors indicates that many young people experiencing DFSV are left to navigate DFSV experiences without appropriate support, while others are referred into child protection systems that may not adequately respond to their needs as victim-survivors. These gaps can contribute to disengagement from services, ongoing exposure to harm, and increased risk of adverse outcomes, including mental ill-health and suicide.(1, 26)

Reforms currently underway in Victoria and Western Australia to strengthen child- and youth-specific family violence practice guidance provide direction for the development of the Second Action Plan. These initiatives represent an important step in improving responses for young people experiencing DFSV and will provide valuable evidence to inform broader national initiatives. In particular, we draw attention to the Victorian Government's development of child- and young person-focused Multi-Agency Risk Assessment and Management Practice Guides and tools to support the direct assessment and management of DFSV risk and wellbeing for children and young people.

Youth-specific risk assessment approaches are essential to ensuring that the distinct experiences, risk profiles and support needs of young people are identified and addressed. A nationally consistent approach would strengthen the early identification of risk, enhance safety planning and support more developmentally appropriate and effective responses for young people across Australia.

Recommendation 2

The Second Action Plan should support all states and territories to develop and implement youth-specific DFSV risk assessment frameworks, guidance and tools. These approaches should build on existing evidence and reforms and be tailored to the developmental needs of children, adolescents and young adults.

SUICIDE RISK ASSESSMENT AND PLANNING

Experiences of DFSV should be routinely recognised and addressed as a key risk factor for suicidality within health and mental health systems. The Second Action Plan should support the integration of DFSV-informed suicide risk assessment and safety planning into clinical practice, with these competencies incorporated into training and ongoing professional development. This is consistent with the National Suicide Prevention Strategy, which recognises the impact of DFSV on suicide risk and identifies a capable, supported workforce as a key enabler of effective suicide prevention.(27)

A 2019 Inquiry found that 94 per cent of young people who died by suicide had experienced DFSV, and 74 per cent had been in contact with mental health services in the 12 months prior to their death.(28) These findings suggest missed opportunities within existing service systems to identify and respond to DFSV-related suicide risk, highlighting the need to strengthen workforce capability in suicide risk assessment and planning.(29) The consistency and alignment between specialist family violence services and mental health practitioners in identifying and responding to suicide risk where DFSV is present needs to be strengthened.(30)

Recommendation 3

The Second Action Plan should require DFSV considerations to be incorporated into suicide risk assessment and safety planning approaches across health and mental health systems. This should include integrating DFSV-informed suicide prevention practice into workforce training and ongoing professional development.

HOW SHOULD THE SECOND ACTION PLAN RESPOND TO CURRENT OR EMERGING FORMS OF HARM AFFECTING CHILDREN AND YOUNG PEOPLE, INCLUDING TECHNOLOGY-FACILITATED ABUSE, HARMFUL ONLINE CONTENT, AND VIOLENCE WITHIN PEER AND DATING RELATIONSHIPS?

RESEARCH AND KNOWLEDGE

Technology-facilitated abuse is increasingly shaping young people's experiences of DFSV. This includes behaviours such as technology-facilitated stalking, the non-consensual sharing of images, AI-generated abusive or sexualised content, and online harassment.(23, 31) Evidence indicates that technology-facilitated abuse is impacting young people's wellbeing, with 67 per cent of young people reporting negative effects on their mental health.(32)

Technology-facilitated abuse experiences are common among young people. Data indicates that seven in ten (72%) young people aged 18–24 have experienced technology-facilitated abuse, representing the highest prevalence of any age cohort.(6) At the same time, younger people are more likely than older age groups to view technology-based monitoring and surveillance within intimate relationships as acceptable; for example young people aged 16–24 found that 50 per cent considered it acceptable to track a woman without consent.(9, 33)

Despite the growing prevalence and impact of technology-facilitated abuse, significant evidence gaps remain.(23, 34) Existing research highlights the need for further Australian evidence to better understand the experiences, risk factors and impacts of technology-facilitated abuse, particularly among LGBTQIA+ young people and those from multicultural communities.(35, 36) Addressing these evidence gaps should be a priority under the Second Action Plan to support the development of evidence-informed prevention, early intervention and response measures that reflect the experiences of young people.

Recommendation 4

The Second Action Plan should include dedicated actions to improve the national evidence base on technology-facilitated abuse, including prevalence, impacts, risk factors and effective interventions for young people.

EDUCATION AND RESOURCES

The Second Action Plan should support targeted prevention initiatives for young people, including the integration of technology-facilitated abuse education into the Respectful Relationships curriculum. Education and resources should provide evidence-informed guidance to support young people to recognise healthy and harmful relationship behaviours, including respectful and abusive forms of digital communication and behaviours across family and intimate partner relationships.

Improving young people's understanding of technology-facilitated abuse can support early identification of risk factors and warning signs, enabling them to recognise when they, their peers, or family members may be experiencing, or at risk of, DFSV. Such initiatives have the potential to strengthen prevention efforts, promote help-seeking behaviour, reduce mental health impacts and build young people's capacity to respond safely to technology-facilitated abuse.(37)

Recommendation 5

Integrate evidence-informed education about technology-facilitated abuse, co-designed with young people into the Respectful Relationships curriculum to build young people's capacity to recognise and respond safely.

HOW CAN CHILDREN AND YOUNG PEOPLE BE MEANINGFULLY INVOLVED IN SHAPING THE POLICIES, PROGRAMS AND SERVICES THAT AFFECT THEM?

Evidence points to a range of structural, socio-environmental and cultural factors that can increase the risk of experiencing DFSV, limit help-seeking, and exacerbate the mental health impacts of DFSV for certain populations of young people. Particular attention should be given to engaging these young people in policy development, service design and evaluation processes.

This includes First Nations young people (7, 9, 25, 38, 39), multicultural young people (22, 25, 33, 34, 38-40), LGBTQIA+ young people (38, 39, 41, 42) and young people in out-of-home care.(28, 43) Engagement strategies should be tailored to the needs, preferences and cultural contexts of these young people and wherever possible co-designed and delivered in partnership with local organisations, community-controlled services and community leaders.

This submission was written on the lands of the Wurundjeri people of the Kulin Nation. Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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