Call for inputs on the impact of mental health challenges on the enjoyment of human rights by young people

An ANROWS submission to the Office of the High Commissioner for Human Rights

February 2026

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

Australia's National Research Organisation for Women's Safety Limited
PO Box Q389, Queen Victoria Building, NSW, 1230
ABN 67 162 349 171
Phone +61 2 8374 4000 | **anrows.org.au**

Contents

Overall comments 3

What are the main mental health challenges faced by young people in your country and what is the impact on their human rights? 3

What steps is the Government taking to address the root causes of the mental health challenges that young people face and ensure that young people's human rights are respected, protected, and fulfilled in this context? 5

What are the main barriers to the right to mental health for young people in your country and what is their impact on young people's human rights? 6

What proportion of total public expenditure is allocated to health, specifically to mental health services for young people? 7

References 8

Overall comments

Australia's National Research Organisation for Women's Safety (ANROWS) welcomes the Office of the High Commissioner for Human Rights' study on the impacts of mental health challenges on the enjoyment of human rights by young people. In any given year in Australia, roughly 14 per cent of children aged between 4 and 17 years and 39 per cent of young people aged between 16 and 24 years experience mental health challenges (Australian Bureau of Statistics [ABS], 2023; Lawrence et al., 2015). Experiencing domestic and family violence[1] (DFV) has major impacts on the mental health of young people and impedes their right to grow up in a safe and healthy environment that supports their growth. Experiencing DFV as a child or young person can have significant, immediate and lifelong impacts on their mental health.

ANROWS welcomes the opportunity to support this work by sharing and translating evidence to inform best practice. This submission responds to the first four Terms of Reference.

What are the main mental health challenges faced by young people in your country and what is the impact on their human rights?

Recommendation: Ensure mental health policy and advocacy recognise and resource the link between mental health challenges and DFV and adopt coordinated, rights-based, DFV-informed responses across systems.

Impacts of DFV on Mental Health and Human Rights of Young People

Mental health outcomes are deeply affected by the experience of and exposure to violence and abuse, adverse childhood experiences, and the presence, or absence, of supportive and safe family relationships (United Nations Human Rights Council, 2017). As such, experiences of DFV significantly affect young people's ability to fully realise their human rights, including rights to health, safety, freedom from violence, education, housing, and life (United Nations, 1989). Despite concerted government efforts to support these rights, DFV remains widespread among young Australians. The latest Child Maltreatment Study (Haslam et al., 2023) indicates that across the Australian population, two in five (39.9%) Australians were exposed[2] to domestic violence as children. This is followed by physical abuse (32.0%), emotional abuse (30.9%), sexual abuse (28.5%), and neglect (8.9%). In Australia, one child is killed as a result of family violence, on average, every fortnight (Brown et al., 2019) and just under four in five (78%) filicide incidents between 2010 and 2018 occurred within the context of ongoing DFV (Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety, 2024).

Mental health challenges are described as a 'hidden impact' of DFV for young people (Domestic, Family and Sexual Violence Commission ('the Commission'), 2025). Young Australians who have experienced DFV are more likely to be diagnosed with a mental health condition and are at an increased likelihood of mental health service contact than those who have not experienced DFV (Abordo et al., 2024; Bastian et al., 2025; Fitz-Gibbon et al., 2022; Haslam et al., 2023; Orr et al., 2022). In one Australian study, children exposed to DFV were found to have a statistically significant 49 per cent increased risk of mental health service contact (Orr et al. 2022). The experience of DFV during childhood and youth is particularly relevant and concerning, given that adolescence is a key period for

[1] Domestic, family and sexual violence (DFSV) is more commonly used in Australia, however most of the evidence drawn on in this submission focuses exclusively on domestic and family violence (DFV) and we therefore adopt this term throughout for accuracy.
[2] Note that in the Australian Child Maltreatment Study, exposure to domestic violence referred to hearing or seeing acts of violence towards other family members in the child's home. It was measured separately and may co-occur with the other four types of child maltreatment: physical abuse, sexual abuse, emotional abuse, and neglect (see Haslam et al., 2023, p. 7 for details). ANROWS acknowledges that children and young people living in homes where DFV is present are not simply "exposed" to DFV – they are experiencing it. There are no circumstances in which children and young people are exposed to DFV and are not also being impacted by this violence.

the development of mental health challenges, with around half of all mental health problems first emerging before the age of 18 years, and 75 per cent before mid-20's (Kessler et al., 2007). These associations underscore the need to address DFV as a core determinant of youth mental health (Fitz--Gibbon et al., 2022; Haslam et al., 2023; Orr et al., 2022).

Compounding Effects of DFV and Social Disadvantage for Young People

The co-occurrence between poor mental health outcomes and childhood experiences of DFV is even more pronounced amongst populations already affected by entrenched social disadvantage and discrimination. Aboriginal and Torres Strait Islander children experience disproportionately high rates of DFV as well as higher rates of mental health challenges, reflecting the intersecting and compounding effects of colonisation, intergenerational trauma, and structural inequity (Cripps, 2023; Morgan et al., 2023b; Orr et al., 2022; Phan et al., 2024). These inequities are further exacerbated by reduced access to culturally safe, trauma-aware services, which contribute to poorer outcomes (Cripps, 2023). Similar experiences can also be evident among gender diverse people and those from culturally and linguistically diverse backgrounds, who face heightened risks of DFV and substantial barriers to help-seeking due to many factors such as stigma, visa dependency, language barriers, and limited access to culturally safe services (see, for example, AIHW, 2024; Higgins et al., 2025).

Additionally, the inquiry should consider the impacts of environmental factors, such as the COVID-19 pandemic and climate change, which are known to exacerbate mental health challenges (Gunasiri et al., 2022; Majeed & Lee, 2017; The Royal Children's Hospital National Child Health Poll, 2023) and DFV (Pfitzner et al., 2023; United Nations Spotlight Initiative, 2025). This is particularly relevant in the Australian context, as we see continuing and growing environmental disasters such as bushfires and floods resulting from climate change as well as the intersection between the two (Forster & Rafa, 2024).

A Rights-Based Approach to Mental Health and DFV

We need to recognise the co-occurrence and cumulative harms of experiencing DFV and mental health challenges, and a rights-based approach is essential (Gillfeather-Spetere & Watson 2024). Key impacts of DFV on the human rights of children and young people include (but are not limited to):

- **The right to secure and safe housing :** DFV is the leading reason women and children leave their homes and seek homelessness assistance, and among clients with a current mental health concern, DFV is the second most common reason for needing homelessness support (Australian Institute of Health and Welfare [AIHW], 2025c; Homelessness Australia, 2024). Homelessness remains a significant issue for young people in Australia, with more than one quarter of clients receiving specialist homelessness services in any given month aged under 18 years (AIHW, 2025d). Housing instability not only exacerbates mental health challenges, but also undermines young people's rights to safety, stability, and development. Ellard et al. (2025) demonstrate that unaccompanied young people fleeing DFV are frequently rendered 'invisible' within service systems designed for adults, resulting in repeated exclusion from safe housing, limited access to trauma-informed support, and prolonged instability.
- **The right to education:** Experiences of DFV, particularly when combined with compromised mental health, are associated with poorer educational participation and outcomes (Stewart, Fitz-Gibbon, & Roberts, 2025). The mental health challenges and experiences of DFV can disrupt schooling by reducing attendance through absenteeism and suspension, heightening disengagement, and diminishing the capacity to participate in learning, at both school and at home (Orr et al., 2023; Stewart, Fitz-Gibbon, & Roberts, 2025). Absenteeism has been shown to have a reciprocal relationship with poor mental health, particularly among adolescents (Wood et al., 2012), suggesting that attendance disruptions associated with DFV may contribute to a reinforcing cycle of deteriorating mental health and ongoing disengagement from schooling.

Together, these impacts challenge young people's right to education and have long-term consequences for social and economic participation (Stewart, Fitz-Gibbon & Roberts, 2025).

- **The right to life:** Experiences of DFV during childhood and adolescence elevate the risk of suicidal ideation, attempts and death by suicide, both directly and through their interaction with mental health challenges (Meyer et al., 2023)[3]. Child abuse and neglect contribute to years of healthy life lost from suicide and self-inflicted injuries in both women and men (AIHW, 2022), and suicide remains the leading cause of death among young Australians (AIHW, 2025a). Childhood maltreatment has contributed to suicide attempts in 41 per cent of cases (Grummitt et al., 2024). Child sexual abuse is also linked to higher rates of suicide (Haslam et al., 2023), with Australians who experience sexual abuse being 2.7 times more likely to self-harm and 2.3 times more likely to attempt suicide in the prior 12 months (Haslam et al., 2023). Recent Australian research shows that children who experience DFV face a 59 per cent higher risk of intentional self-harm compared with children who have not experienced DFV (Orr et al., 2022). This risk is even higher for Aboriginal and Torres Strait Islander children, with DFV exposure associated with a 67 per cent higher risk of intentional self--harm compared with Aboriginal and Torres Strait Islander children who are not exposed (Orr et compared with Aboriginal and Torres Strait Islander children who are not exposed (Orr et al., 2022). Despite this, DFV is frequently obscured or misclassified as solely a mental health issue at the point of death, risking the invisibility of violence as a contributing factor and limiting effective prevention (see Meyer et al., 2023).

Exposure to DFV in childhood and youth is associated with intergenerational and future harms. Many adolescents who use family violence report prior experiences of DFV in their own homes and face increased risks of both victimisation and use of violence in their futures (Abordo et al., 2024; ABS, 2021–2022; Fitz-Gibbon et al., 2022). Breaking this cycle requires integrated, trauma-informed and DFV aware strategies that address underlying social and structural determinants to achieve sustained change.

What steps is the Government taking to address the root causes of the mental health challenges that young people face and ensure that young people's human rights are respected, protected, and fulfilled in this context?

Recommendation: Adopt a strategic, systematic, evidence-based approach to address the mental health challenges faced by children and young people by working collaboratively across health, education, social welfare, child protection, law, public health law, justice, and beyond., with alignment across all levels of government and broader society.

Australian jurisdictions are progressing a range of initiatives under the National Plan to End Violence against Women and Children 2022-2032 (DSS, 2022), and associated action plans (First Action Plan 2023-2027 and Aboriginal and Torres Strait Islander Action Plan 2023–2025). Work is underway across prevention, early intervention, response and healing domains. These include programs to expand culturally safe and age-appropriate supports for children and young people, investment in emergency and safe-housing options, strengthened access to legal services, and targeted initiatives for Aboriginal and Torres Strait Islander communities. In addition, recent funding packages have supported the growth of child-centred and specialist DFV services and expanded therapeutic, legal, and community-based support for children and young people affected by violence, including expanding funding for Aboriginal Controlled Community Organisations to provide culturally safe child-centred supports for First Nations children and young people and their families.

[3] We note that the Parliament of Australia is currently undertaking an Inquiry into the relationship between DFSV and suicide that may be of interest to the UN study.

Progress towards these actions:

Recommendation: Provide guidance on monitoring and assessment of complex, cross-sector, multi-initiative efforts aimed at supporting children and young people's mental health.

Implementation towards Action 8 (First Action Plan 2023-2027) is underway, with 55 activities listed under the Activities Addendum for this action, of which 6 are in planning, 29 are current, 16 ongoing and 4 are finished.[4] Action is also underway towards achieving actions in the Aboriginal and Torres Strait Islander Action Plan 2023–2025 with 83 activities aimed at supporting Aboriginal and Torres Strait Islander children and young people impacted by family, domestic and sexual violence were implemented[5]. These included a range of healing, early intervention, justice, and safe spaces programs. Beyond the foundational Aboriginal and Torres Strait Islander Action Plan 2023–2025, further structural change will be implemented through Our Ways - Strong Ways - Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036.

The Domestic, Family and Sexual Violence Commission plays a key role in holding governments accountable to ending DFV. The Commission releases a yearly report assessing progress and outcomes under the National Plan. The latest report recommends strengthening the Commission's ability to gather timely information, data and evidence towards assessing progress. While efforts towards implementation are evident, assessing progress beyond siloed evaluations of individual initiatives remains a challenge.

Interconnected initiatives:

The work being done under the National Plan is undertaken in conjunction with other initiatives that have, as their starting point, a mental health framework and children and young person framework. These include:

- Safe and Supported: National Framework for Protecting Australia's Children 2021–2031
- National Aboriginal and Torres Strait Islander Early Childhood Strategy
- National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030
- National Children's Mental Health and Wellbeing Strategy: Good mental health and wellbeing
- National Mental Health and Suicide Prevention Agreement
- National Action Plan for the Health of Children and Young People 2020–2030

While there is significant commitment by the Australian government to address DFV, substantial gaps remain. These are explored in the remainder of the submission.

What are the main barriers to the right to mental health for young people in your country and what is their impact on young people's human rights?

Recommendation: Recognise the systemic barriers—particularly fragmented services, unmet demand, and the absence of developmentally appropriate responses—as human rights concerns, and adopt coordinated, trauma-informed pathways that centre children and young people as rights-holders.

Many young people face barriers to accessing timely, effective, trauma-informed, healing-centred and child-centred supports, creating an unmet demand. This unmet demand is systemic and reflects service pathways that do not consistently recognise children and young people as victim-survivors in their own right, resulting in delayed, inappropriate, or missed care and compounding harm (Gillfeather-Spetere & Watson, 2024). Unmet demand is a significant problem across DFV and mental

[4] For more information on activities towards achieving this action, see Department of Social Services First Action Plan Activities Addendum.
[5] For more information see Implementation Update: Aboriginal and Torres Strait Islander Action Plan 2023-25.

health services (The Commission, 2025; Royal Commission into Victoria's Mental Health System, 2021), and arises from multiple, intersecting reasons, including:

- **Fragmented support and care:** Children and young people experiencing DFV related mental health challenges must navigate fragmented and siloed service systems relating to mental health, homelessness, child protection, and justice services; each with differing eligibility rules, age thresholds, and levels of trauma-informed practice. The absence of an end-to-end, child-centred pathway increases the risk that young people will be overlooked or delayed in accessing care (Morgan et al., 2023a, 2023b; Safe Steps, 2025; Gillfeather-Spetere & Watson, 2024). This fragmentation has measurable consequences: while children experiencing DFV typically come to the attention of police and health services around age six, they do not begin receiving mental health care until approximately age twelve, allowing trauma and mental health difficulties to compound (Orr et al., 2022).
- **Demand outstrips capacity:** Across Australia, the need for DFV-informed mental health care exceeds system capacity, resulting in long wait times and restrictive eligibility thresholds (The Commission, 2025). Consequently, mental health systems have been described as operating in "crisis mode," with demand overtaking available services and pushing young people into inappropriate entry points such as emergency departments (Royal Commission into Victoria's Mental Health System, 2021). These capacity constraints disproportionately affect young people experiencing DFV, particularly those facing intersecting vulnerabilities, further delaying access to timely and effective care.
- **Adult-centric system design:** DFV and mental health service systems are adult-centric, with most models designed around adult women with dependent children. As a result, child-specific and developmentally appropriate mental health responses are limited, particularly for unaccompanied young people (Gillfeather-Spetere & Watson, 2024; Safe Steps, 2025). There is an absence of genuine co-development with children and young people, and a critical need to centre children and young people's voices in decisions about children and young people (Gillfeather-Spetere & Watson, 2024). These structural design limitations undermine the availability and accessibility of mental health care for young people affected by DFV and contribute directly to unmet demand (The Commission, 2025).

What proportion of total public expenditure is allocated to health, specifically to mental health services for young people?

Recommendation: Encourage integrated funding approaches that recognise young people's mental health needs as inseparable from intersecting domains, including DFV.

In 2022-23, only 7 per cent of government health expenditure went towards mental health (Australian Institute of Health and Welfare, 2025b).

Concerns about inadequate and fragmented funding for the DFV sector in Australia persist. For example, despite constant calls for improved funding, specialist DFV services in NSW report a significant shortage of frontline services, with no core increase in funding in over a decade (Domestic Violence NSW, 2025; New South Wales Parliament, Legislative Council, 2026). In Victoria, 46 per cent of specialist DFV services operate waitlists, turning away high-risk cases amid capacity constraints (Longhurst, 2023). In their yearly report, the Commission (2025) recommended that the Australian Government develop a national funding mapping framework to provide a clear picture of the funding landscape. If implemented, this would provide valuable insights into the allocation of DFV funding, including funding at the intersection of DFV and mental health services for young people.

References

Abordo, P., Anastasov, A., Bridgeman, C., Harvey, L., Khalili, C., Olorunnisola, T. S., ... & Yuill, J. (2024). Living through family violence in Australia: An integrative literature review of children's mental health outcomes. *Couple and Family Psychology: Research and Practice*, *13*(4), 296. https://doi.org/10.1037/cfp0000243

Australian Bureau of Statistics (2021-22), *Childhood abuse*, ABS https://www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release#cite-window1

Australian Bureau of Statistics. (2023). *National Study of Mental Health and Wellbeing (2020-2021)*. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.

Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety. (2024). *Australian Domestic and Family Violence Death Review Network data report: Filicides in a domestic and family violence context 2010–2018* (1st ed.; Research report, 06/2024). ANROWS.

Australian Institute of Health and Welfare (AIHW). (2022). Suicide and self-harm monitoring: Behavioural risk factor burden for suicide and self-inflicted injuries. Illness and injury (Burden of disease) - Suicide & self-harm monitoring - AIHW

Australian Institute of Health and Welfare. (2024, February 15). *People from culturally and linguistically diverse backgrounds*. https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/cal

Australian Institute of Health and Welfare. (2025a). *Deaths in Australia*. Retrieved from https://www.aihw.gov.au/reports/life-expectancy-deaths/deaths-in-australia

Australian Institute of Health and Welfare (2025b). *Mental health: Expenditure on mental health services*. Retrieved from https://www.aihw.gov.au/mental-health/topic-areas/facilities-resources/expenditure

Australian Institute of Health and Welfare. (2025c). *Specialist homelessness services annual report 2024–25*. Retrieved from https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessn

Australian Institute of Health and Welfare. (2025d). *Specialist Homelessness Services: monthly data*. Retrieved from https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data

Bastian, C., Wendt, S., Cunningham, T., & Bromley, A. (2025). Understanding services provided to children in DFV shelters: Exposing the 'invisible' work. *The British Journal of Social Work, 55(2),* 621-643.

Brown T, Bricknell S, Bryant W, Lyneham S, Tyson D and Fernandez Arias P (2019) 'Filicide offenders', Trends & issues in crime and criminal justice no.658, Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/tandi/tandi568

Cripps K, 2023. Indigenous domestic and family violence, mental health and suicide. Catalogue number IMH 19, Australian Institute of Health and Welfare, Australian Government.

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. https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/the-national-plan-to-end-violence-against-women-and-children-2022-2032

Domestic, Family and Sexual Violence Commission (2025) Yearly Report to Parliament, Domestic, Family and Sexual Violence Commission, Australian Government.

Domestic Violence NSW. (2025). 2026-27 NSW pre-budget submission. https://www.dvnsw.org.au/wp-content/uploads/2025/11/2026-27-NSW-Pre-Budget-Submission_DVNSW.pdf

Ellard, R., Young, S., Lazzaro, E., Hard, N., Ogilvie, K., Dobson, D. and Campbell, E. (2025) Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter, RMIT University, Melbourne

Fitz-Gibbon, K., Meyer, S., Boxall, H., 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.

Forster, C. M. (Ed.), & Rafa, R. J. (2024). In the Deluge of Violence: Domestic Abuse, Security and the Climate Crisis. Bristol Institute for Learning and Teaching (BILT) Student Research Journal, (5).

Gillfeather-Spetere, S., & Watson, A. (2024). In their own right: Actions to improve children and young people's safety from domestic, family and sexual violence (ANROWS Insights, 01/2024). ANROWS.

Grummitt L, Baldwin JR, Lafoa'i J, Keyes KM, Barrett EL. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. JAMA Psychiatry.

Gunasiri, H., Patrick, R., Snell, T., Garad, R., Enticott, J., Meadows, G., & Henderson-Wilson, C. (2022). Young people's mental health in a changing climate. The Lancet Planetary Health, 6, S1.

Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, 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.

Higgins, D. J., Lawrence, D., Haslam, D. M., Mathews, B., Malacova, E., Erskine, H. E., ... & Scott, J. G. (2025). Prevalence of diverse genders and sexualities in Australia and associations with five forms of child maltreatment and multi-type maltreatment. *Child maltreatment*, *30*(1), 21-41.

Homelessness Australia. (2024). *Homelessness and domestic and family violence: State of response report 2024* [Report]. https://homelessnessaustralia.org.au/wp-content/uploads/2024/03/IWD-2024-3.pd

Kessler RC, Amminger GP, Aguilar-Gaxiola S, et al. Age of onset of mental disorders: a review of recent literature. Current Opinion in Psychiatry. 2007 Jul;20(4):359-364. DOI: 10.1097/yco.0b013e32816ebc8c. PMID: 17551351; PMCID: PMC1925038.

Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

Longhurst, E. (2023). Measuring family violence service demand and capacity (Safe and Equal). https://safeandequal.org.au/wp-content/uploads/REP_2023-Safe-and-Equal-Measuring-FV-Service-Demand-and-Capacity-Report-FINAL.pdf

Majeed, H., & Lee, J. (2017). The impact of climate change on youth depression and mental health. The Lancet Planetary Health, 1(3), e94-e95.

Meyer, S., Atienzar-Prieto, M., Fitz-Gibbon, K., & Moore, S. (2023). Missing figures: The hidden role of domestic and family violence in youth suicide – Current state of knowledge report. Griffith University, Monash Gender and Family Violence Prevention Centre, Melbourne City Mission and Berry Street.

Morgan, G., Butler, C., French, R., Creamer, T., Hillan, L., Ruggiero, E., Parsons, J., Prior, G., Idagi, L., Bruce, R., Twist, A., Gray, T., Hostalek, M., Gibson, J., Mitchell, B., Lea, T., Miller, C., Lemson, F., Bogdanek, S., … Cahill, A. (2023a). Healing our children and young people: A framework to address the impacts of domestic and family violence (ANROWS Insights, 01/2023). ANROWS.

Morgan, G., Butler, C., French, R., Creamer, T., Hillan, L., Ruggiero, E., Parsons, J., Prior, G., Idagi, L., Bruce, R., Twist, A., Gray, T., Hostalek, M., Gibson, J., Mitchell, B., Lea, T., Miller, C., Lemson, F., Bogdanek, S., … Cahill, A. (2023b). You can't pour from an empty cup: Strengthening our service and systems responses for Aboriginal and Torres Strait Islander children and young people who experience domestic and family violence (Research report, 01/2023). ANROWS.

New South Wales Parliament, Legislative Council. (2026, February 4). *Legislative Council Hansard (proof)*. https://www.parliament.nsw.gov.au/hansard/Pages/home.aspx

Orr, C., Fisher, C., Bell, M., O'Donnell, M., Martin, K., Glauert, R., & Preen, D. (2023). Exposure to family and domestic violence is associated with lower attendance and higher suspension in school children. *Child Abuse & Neglect*, *142*, 105594.

Orr, C., Preen., D., Fisher, C., Sims, S., & O'Donnell, M. (2019). Trends in hospital admissions for intimate partner violence in Australian mothers with children born from 1990 to 2009. Journal of Interpersonal Violence, 36(15–16), 6988–7017. https://doi.org/10.1177/088626051983290

Orr, C., Sims, S., Fisher, C., O'Donnell, M., Preen, D., Glauert, R., Milroy, H., & Garwood, S. (2022). Investigating the mental health of children exposed to domestic and family violence through the use of linked police and health records (Research report, 10/2022). ANROWS.

Pfitzner, N., Fitz-Gibbon, K., Walklate, S., Meyer, S., & Segrave, M. (2023). Violence Against Women During Coronavirus: When Stay at Home Isn't Safe. (1st ed.) Palgrave Macmillan.

Phan, H. T., He, V. Y., Clifford, S., Jackson, W., & Guthridge, S. (2024). Prevalence of exposure to domestic and family violence among Aboriginal and non-Aboriginal children in the Northern Territory of Australia. *Children and Youth Services Review*, *164*, 107828.

Royal Commission into Victoria's Mental Health System (2021). https://www.vic.gov.au/royal-commission-victorias-mental-health-system-final-report

Safe Steps (2025) A national response for young people: support for young people worried about family, domestic and intimate partner violence, Safe Steps, accessed 1 October 2025. https://safesteps.org.au/our-research-advocacy/

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*.

The Royal Children's Hospital National Child Health Poll (2023). Report 3: Mental health of children in Australian aged 8–13 years, June 2023. The Royal Children's Hospital Melbourne, Parkville, Australia. https://rchpoll.org.au/wp-content/uploads/2023/06/Report-3-Mental-health-of-children-8%E2%80%9313-years-in-Australia.pdf

United Nations. (1989). *Convention on the Rights of the Child*. United Nations. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

United Nations Human Rights Council. (2017). *Mental health and human rights: Report of the United Nations High Commissioner for Human Rights* (A/HRC/34/32). United Nations. https://undocs.org/A/HRC/34/32

United Nations Spotlight Initiative (2025). Colliding crises: How the climate crisis fuels gender-based violence (Issue brief). https://spotlightinitiative.org/sites/default/files/publication/2025-05/Colliding%20Crises%20How%20the%20climate%20crisis%20fuels%20gender-based%20violence_0.pdf

Wood, J. J., Lynne-Landsman, S. D., Langer, D. A., Wood, P. A., Clark, S. L., Mark Eddy, J., & Ialongo, N. (2012). School attendance problems and youth psychopathology: structural cross-lagged regression models in three longitudinal data sets. *Child development*, *83*(1), 351-366.

Australia's National Research Organisation for Women's Safety Limited (ANROWS) is the country's independent, trusted voice for reliable and informed evidence on domestic, family and sexual violence.

ANROWS was established by the Commonwealth, state and territory governments under Australia's first National Plan to Reduce Violence against Women and their Children (2010–2022). As an ongoing partner to the National Plan, ANROWS continues to build, strengthen and translate the evidence base that informs the current National Plan to End Violence against Women and Children 2022–2032.

Our work is underpinned by a commitment to producing high-quality, policy-relevant evidence to inform and influence practice, service delivery, and systems reform. Since our establishment, ANROWS has led, contributed to, or commissioned more than 150 research projects. We undertake targeted research both internally and in collaboration with academic institutions and sector partners.

Every aspect of our work is motivated by the right of women and children to live free from violence and in safe, equitable communities. We engage closely with victim-survivors, communities, service providers, governments and policymakers to ensure our work reflects the diversity of lived experiences and supports collective responses.

We are committed to reconciliation with Aboriginal and Torres Strait Islander peoples, and work to recognise and amplify the strength and knowledge that exists in First Nations communities.

ANROWS is a not-for-profit organisation jointly funded by the Commonwealth and all state and territory governments. We are also commissioned from time to time by individual jurisdictions, and competitively tender for research and evaluation work.

We are registered as a harm prevention charity and deductible gift recipient, governed by the Australian Charities and Not-for-profits Commission (ACNC).

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

Australia's National Research Organisation for Women's Safety Limited
PO Box Q389, Queen Victoria Building, NSW, 1230
ABN 67 162 349 171
Phone +61 2 8374 4000 | **anrows.org.au**