



CEVAW

ARC Centre of Excellence for the
Elimination of Violence Against Women



Deaths by suicide in the context of domestic and family violence: Examining context, prevention and responses

Workshop Final Report





The Australian Research Council Centre of Excellence for the Elimination of Violence Against Women

Deaths by suicide in the context of domestic and family violence: Examining context, prevention and responses

Traditional Custodians

The Australian Research Council Centre of Excellence for the Elimination of Violence Against Women acknowledges the Wurundjeri Peoples of the Kulin Nations as the Traditional Owners of the land on which this workshop took place and whose cultures and customs have nurtured and continue to nurture these lands. We pay our respects to Elders past and present. We extend our respects to all Aboriginal, Torres Strait Islander, and other Indigenous peoples around the world.

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Workshop convenors

Professor Heather Douglas, University of Melbourne and the ARC Centre of Excellence for the Elimination of Violence Against Women (CEVAW)

Professor Kyllie Cripps, Monash University and the ARC Centre of Excellence for the Elimination of Violence Against Women (CEVAW)

Professor Kate Fitz-Gibbon, Monash University

Dr Stefani Vasil, Australian Catholic University

Date and Place

10 – 11 July 2025

Melbourne Law School, University of Melbourne, Victoria, Australia.



Workshop attendees and supporters on Day 1.

Standing L to R: Siân Human, Angela Rintoul, Stefani Vasil, Christine Robinson, Claire Ferguson, Marika Guggisberg, Jess Woolley, Lauren Bellamy, Denise Wilson, Tracy Castelino, Anastasia Chung.

Sitting L to R: Humaira Maheen, Heather Douglas, Kate Fitz-Gibbon, Kyllie Cripps, Katrina C.



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About the workshop

Speakers

The workshop brought together 26 scholars, policymakers, practitioners and victim-survivors, including five early career scholars, from three countries who are engaged in research, policy reform and practice on the critical issue of domestic and family violence-related suicides. Workshop speakers included [in alphabetical order]:

- [Lauren Bellamy](#) (Affiliate CEVAW/The University of Melbourne)
- The Honourable Justice Brasch (*Judge of the Federal Circuit and Family Court of Australia*)
- Katrina C (Victim-survivor)
- [Professor Kyllie Cripps](#) (CEVAW/Monash University)
- [Sarah Dangar](#) (City University, London)
- [Professor Heather Douglas AM FASSA](#) (CEVAW/The University of Melbourne)
- [Associate Professor Claire Ferguson](#) (QUT)
- [Professor Kate Fitz-Gibbon](#) (Monash University)
- [Dr Marika Guggisberg](#) (Central Queensland University)
- [Dr Duleeka Knipe](#) (University of Bristol)
- [Dr Marlene Longbottom](#) (James Cook University)
- [Dr Humaira Maheen](#) (University of Melbourne)
- Professor Sally McManus (City St Georges, University of London)
- [Professor Silke Meyer](#) (Griffith University)
- [Leanne Miller AM](#) (Affiliate CEVAW/Executive Director, Koorie Women Mean Business)
- [Associate Professor Angela Rintoul](#) (The University of Melbourne)
- [Christine Robinson](#) (Member NSW Domestic Violence Death Review Team)
- [Meena Singh](#) (*Victorian Commissioner for Aboriginal Children and Young People*)
- [Dr Stefani Vasil](#) (Affiliate CEVAW/ Australian Catholic University)
- [Belinda West](#) (Senior Assistant Ombudsman, Ombudsman, Western Australia)
- [Professor Denise Wilson](#) (CEVAW/Auckland University of Technology, New Zealand)
- [Tim Woodhouse](#) (Kent Medway Suicide Prevention Programme Manager, UK)
- [Dr Jess Woolley](#) (Monash University)
- [Dr Marianne Wyder](#) (Queensland Health/The University of Queensland)

Observers/Commentators:

- Anastasia Chung ([Shantiworks](#))
- Tracy Castelino ([Shantiworks](#))

Support for the workshop:

- [Siân Human](#) (CEVAW/The University of Melbourne)
- [Astari Kusumawardani](#) (CEVAW/The University of Melbourne)
- Jasmin Magallanes (The University of Melbourne)

Overview

This interdisciplinary workshop drew together practitioners, advocates, lived experience experts, policy makers and researchers from a range of disciplines, including law, criminology, social work, Indigenous studies, public health, sociology, epidemiology and psychology to share insights on the nature, dynamics and extent of family violence-related suicides.

Background to the workshop

Over the past decade in Australia, policy and practice efforts to address all forms of gendered violence, including domestic and family violence (DFV), have accelerated regarding the nature, prevalence, impacts and responses. DFV has wide-ranging health, social and economic impacts for victim-survivors, which are exacerbated by structural inequalities related to gender as well as experiences of intergenerational trauma, race and ethnicity, class, sexuality, ability and citizenship status (RCFV, 2016). Research shows that DFV disproportionately affects women and that the killing of women by a current or former intimate partner is the most prevalent type of domestic homicide in Australia (Commonwealth of Australia, 2022). Efforts among researchers, practitioners, advocates and other stakeholders to understand and account for women's deaths are critical to understanding the costs of this violence and how to respond and prevent them (Walklate et al., 2020).

The critical issue of women's deaths by suicide and the contributory role of DFV has to date received little attention in research, policy and practice in Australia. This is despite the fact that DFV is increasingly being recognised as a risk factor for suicide in international research and through the coronial investigation process in Australia.

Many people who die by suicide or as a result of DFV have had prior contact with mental health, legal or other support services. Yet the fragmented nature of these systems often means their needs go unmet. Greater coordination and information-sharing across services – including mechanisms to flag escalating risk – could increase opportunities for earlier intervention. A persistent challenge remains: how to identify and support those who never come to the attention of any system. This workshop sought to illuminate these gaps, connect critical insights across sectors, and explore emerging trends and systemic challenges. It also offered valuable policy and practice perspectives not yet reflected in the published literature.

Men and children are also dying by suicide and some of these deaths occur in the shadow of DFV. Suicide is a leading cause of death for Aboriginal and Torres Strait Islander people, but work is just beginning to be done to trace the connections between their suicide and family violence. Suicides may be interwoven with DFV, the effects of intergenerational violence, mental illness, alcohol and drug use and other factors; and some men threaten suicide, self-harm or suicide as a deliberate and calculated tactic of coercive control and DFV (Fitzpatrick et al., 2022).

There is inconsistency in how Australian states and territories investigate deaths by suicide in the context of DFV. While all premature and unexplained deaths are the subject of a coronial investigation, in some states and territories such deaths are also the focus of a DFV-specific death review process.

Evidence-based understandings of the nature, dynamics and extent of these deaths are vital to inform prevention, early intervention and response efforts. By bringing together national and international scholars, practitioners and policy makers working on this topic, this workshop will propel forward efforts to better understand and prevent deaths by suicide in the context of DFV.

Aims

Specifically, the workshop aimed to:

1. critically examine what is known about risk and incidents of deaths by suicide in the context of DFV in Australia and internationally
2. identify and explore the merits and limits of current investigative responses where a death by suicide has occurred in the context of DFV in Australia and internationally
3. advance social science scholarship by bringing together social scientists, relevant practitioners and policy stakeholders to meet and discuss the interdisciplinary knowledge required to inform prevention of, investigation into and response to deaths by suicide in the context of DFV.

Key themes

Over the course of the two days, the workshop covered a range of intersecting issues relevant to research, policy and practice. These included:

- the need to centre First Nations communities' experiences in developing responses to suicide in the context of DFV
- the need for community support, justice and health responses to work together
- how the investigative role and reporting approach of death reviews and coronial inquiries could be improved
- keeping children and young people in view when we research and respond to suicide
- improving risk identification and assessment to consider suicide threat, system interventions and responses
- accounting for diversity in our communities – for example migrant and refugee women and communities
- (mis)categorisation of DFV-related homicides as suicides, or failing to see suicides through the lens of DFV
- how first responders and systems respond to perpetrators of DFV and suicide.

The workshop was organised into eight sessions, each structured around three interconnected themes – *context, prevention* and *responses* – to explore the factors that shape risk, recognition and possibilities for change. It was also designed to capture a range of interdisciplinary perspectives and points of focus, including experts in prevention, investigation, health and psychology, justice responses, Indigenous studies and First Nations Communities, as well as children and young people.

The workshop program is set out in Appendix A.

This report uses the term 'domestic and family violence' (DFV) to encompass intimate partner violence, family violence and related forms of gendered violence, where applicable, recognising that terminology varies across jurisdictions.

Unpacking the workshop

Day One

Welcome to Country

Wurundjeri Elder Uncle Tony provided a moving Welcome to Country and expressed his appreciation for the workshop's focus on this important topic.

Session 1 | Breaking the Silence: Understanding Family Violence-Related Suicide in Indigenous Communities

The program commenced with a seminar facilitated by co-convener and Palawa woman Professor Kyllie Cripps. The discussion centred on the intersection of DFV and suicide in Indigenous communities, which provided important context for the sessions that followed. Presenters Yuin woman Dr Marlene Longbottom, Bundjalung woman Christine Robinson, and Māori woman Professor Denise Wilson raised critical questions about the ways in which suicide is perceived in their communities, highlighting the lack of scrutiny regarding the role that DFV can play in suicide deaths.



L to R: Denise Wilson, Christine Robinson and Katrina C.

The presenters brought a diverse range of insights, drawing from their distinct roles as scholars, practitioners, activists and/or lived experience experts. This multiplicity of perspectives helped to ground the discussion of the pattern of deaths labelled as suicide that are, in fact, the result of DFV. Centred on Indigenous-led knowledges, lived experience and community-based responses, the discussion highlighted ways in which DFV, suicide and systemic neglect are interconnected, particularly in the lives of Indigenous women in both Australia and Aotearoa. Concerns were raised about how

suicide can obscure the presence and impact of violence in the lives of victim-survivors, and presenters raised questions about the often-overlooked gendered dynamics of coercive control, social entrapment and institutional failure. Suicide was also described as a potential tool of coercive control, with some speakers highlighting how acts of femicide can be misclassified as suicide deaths, masking the dynamics of the violence involved.

A central theme was the ways that Indigenous women are often excluded from public sympathy, safety and justice, including where they do not conform to idealised notions of victimhood. Presenters emphasised the enduring impacts of colonisation, child removal and systemic racism in Indigenous women's lives, highlighting the ways that harmful police responses, media narratives and the weaponisation of child protection and information sharing systems can have profoundly harmful and – at times – fatal consequences. The discussion ultimately called for prevention efforts that centre dignity, systemic reforms that reduce harm, and community-led responses that are culturally grounded, trauma informed and promote healing and accountability.

The workshop participants were honoured to hear a poem by Kyllie Cripps, written as a response to the workshop themes. We include the poem here.

Not Just Missing

by Kyllie Cripps

(for our sisters, gone too soon)

They say she's missing—
but we know
she was taken.
Not just from the earth,
but from the records,
from the headlines,
from the hearts of systems
that never saw her as whole.

They write: accident.
They whisper: suicide.
They close the file: non-suspicious.
But we read between every line—
because we've seen
how silence can be sanctioned,
how violence wears a uniform,
how the truth is redacted
until it suits a script.

Our women don't just vanish.
They are vanished.
Seen in statistics,
Yet lost in the gaps where data - numbers
refuse to care.
These aren't just clerical errors—
they are crimes of omission,
a bureaucracy of forgetting
wrapped in cold indifference.

We bury our sisters
without answers,
while reports often speak in riddles,
and coroners tiptoe around truth.
But we remember—
because memory is resistance,
and grief is a form of protest.

We stand to honour them—
their story, their family,
each thread of love that wove them
into this world.

We gather in grief,
knowing too well
how often we mourn alone,
how sorrow sits heavy
on the shoulders of those
already carrying too much.

Still, we show up.
With care in our hands,
with humility where it's always belonged—
at the centre,
with them,
with us.

We return what the system forgot,
what it stripped away
with silence,
with paperwork,
with cold indifference.

And we push the shame
back to where it belongs—
onto a society that chose
to look away,
to turn its cheek
instead of turning it toward us.

We will not carry shame
that was never ours.
We carry truth.
We carry memory.
We carry the names
That are so often erased.

And we say:
You are not forgotten.
You are not just missing.
You are missed.
You are loved.
You are ours.

We will fight for justice—
in all its dimensions,
in every courtroom,
on every street,
within every policy
that dares to overlook you.

We will raise our voices
when they try to silence yours,
We will demand truth
where they offer excuses,
We will build change
where they left only wreckage.

This is our promise:
to speak your name
not only in mourning,
but in movement—
to turn your story
into a force that cannot be ignored.

You walked this world
with strength, with fire—
and now,
we carry that fire forward.

In your name,
we will not rest.
We will not fold.
We will not forget.

Justice is not a single act—
it is a journey we take together,
and we take every step
with you.

Session 2 | Understanding the Incidence of Family Violence and Suicide

The workshop then moved to explore the incidence of DFV and suicide. A recurring theme in this session was the way structural and systemic processes shape suicide risk, influencing both interpersonal relationships and experiences at the individual level in different social and cultural contexts. Presenters highlighted that these dynamics have implications for the ways in which DFV – and its impacts – are experienced, understood and responded to.



L-R: Angela Rintoul, Humaira Maheen and Stefani Vasil.

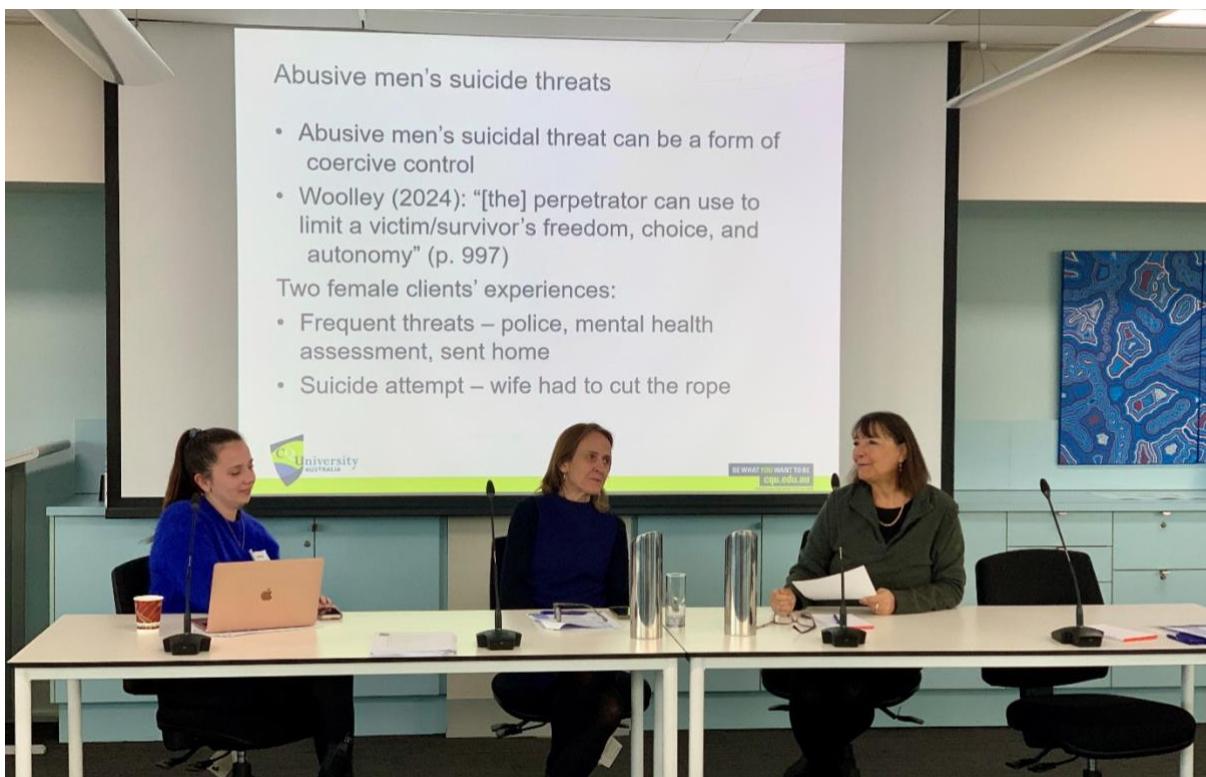
To begin this session, Dr Humaira Maheen explored the intersections of DFV, suicide and migration through an analysis of 19 suicide deaths involving migrant and refugee women in Australia, drawn from the National Coronial Information System (2005-2021). Emphasis was placed on how coroners interpret DFV in these deaths, with the presentation revealing some limitations in the visibility of DFV-related factors within coronial reporting systems; a theme that also emerged in subsequent presentations. A recurring pattern, also raised in other sessions, was that many women had recent contact with support systems and frequently experienced mental ill health. However, service-level responses often individualised these issues, failing to account for the broader context of DFV and its impacts on women's lives. Reflecting broader research findings on DFV in Australia, the presentation emphasised the heightened vulnerability of temporary visa holders, who face specific structural challenges to safety and protection. Findings underscored the need for integrated support systems to reduce risk, improved recording practices within coronial systems and a gendered lens on mental health to better recognise harm and its dynamics.

Following the exploration of migration-related risk, the session turned to the issue of gambling-related suicides and the role of DFV in these deaths. Dr Angela Rintoul presented new research examining the relationship between gambling, suicide and DFV,

also drawing from coronial data. Although gambling-related suicide remains significantly under-recognised in coronial data, this work found that at least 4.2% of cases were gambling related and in more than 20% of these cases, DFV was also a stressor. Critically, the presentation explored how gambling venues are often positioned as safe spaces, including for women seeking refuge from violence at home. These same venues can also become sites of harm, compounding the risk of both DFV and suicide. In response, the presentation introduced a novel conceptual framework of the commercial determinants of gambling-related suicide, which outlines how gambling-related harm and its links to violence and addiction is shaped by systems, which work to encourage sustained gambling and responsibilise individuals for their actions and the resultant impacts.

Session 3 | Preludes to Suicide

This session examined the gendered dynamics and systemic gaps in responding to suicide threats and ideation in the context of DFV. Two key themes emerged across this session: first, the ways in which perpetrators can use suicide threats as part of the enactment of control and second, how suicidal ideation among victim-survivors can be understood as a consequence of this violence. Both presentations emphasised the need for early intervention, a move away from individualised responses and stronger integration across sectors, including mental health, policing and the DFV system.



L-R: Jess Woolley, Heather Douglas and Marika Guggisberg.

In her presentation, Jess Woolley drew on [recently published research](#) to explore how police respond to perpetrator suicide threats in the context of DFV. Built on a growing recognition that such threats can form part of a broader pattern of coercive control, the presentation explored how these threats can influence victim-survivor decision making around help-seeking and the protection of victim-survivors through Family Violence

Intervention Orders. In particular, the presentation noted that current practices may leave victim-survivors unprotected if a perpetrator is placed under medical care in line with section 232 of the Mental Health and Wellbeing Act 2022 (Vic). These gaps have implications for victim-survivor safety and raise questions about accountability at the intersection of DFV and mental health responses, highlighting the need for specific policy guidance and stronger interagency collaboration.

Similarly, Dr Marika Guggisberg drew on her [published research](#) to examine suicidal ideation among victim-survivors, emphasising that prevention must begin well before a crisis point, whether related to mental health, DFV or where the two experiences intersect. The presentation called for a deeper understanding of the impacts of trauma, including trauma that stems from experiences of childhood sexual abuse, and how these can shape vulnerability to intimate partner violence and suicidality later in life. Reflecting similar concerns raised across the workshop, Guggisberg highlighted the risks of pathologising women and overlooking the structural drivers of suicide, which include coercive control and sexual violence. She also emphasised the importance of recognising protective factors, including the need to see women as experts in their own lives. The presentation called for compassionate, survivor-centred clinical responses that avoid judgement and support women's empowerment as central to reducing risk.

Session 4 | Suicide and the Miscategorisation of Women's Deaths

The workshop then moved to examine how the legal system recognises and responds to histories of violence following women's deaths in the context of DFV.

In the first presentation of this session, Associate Professor Claire Ferguson drew attention to the ways in which perpetrators of DFV can draw on established patterns of manipulation and control in their attempts to conceal homicides as suicides. Drawing on [established research](#), she highlighted that up to 25% of homicides are misclassified in this way, noting that perpetrators are becoming increasingly skilled at manipulating those around them. Misclassified deaths were framed as a further example of coercive control, with perpetrators engaging in long-standing and, in some instances, highly convincing strategies of image management, deception and manipulation, sometimes over several years. The presentation raised critical questions around perpetrator efforts to influence investigative processes surrounding a death, noting that how a death is reported can shape subsequent narratives for police and witnesses. Perpetrators may also capitalise on a victim's social isolation or experience of mental ill health – often consequences of coercive control – to frame them as 'unstable' or 'suicidal', which can shape how a death is perceived or reported. The presentation emphasised that while these dynamics are complex and compounded by systemic issues such as resourcing limitations, training for police officers can make a difference in identifying and responding to concealed homicides.



L-R: Lauren Bellamy, Kyllie Cripps, Claire Ferguson, Kate Fitz-Gibbon and Stefani Vasil.

Building on from this, Professor Kate Fitz-Gibbon and Dr Stefani Vasil explored the challenge of identifying and examining histories of DFV victimisation in coronial suicide investigations in Victoria. This included consideration of issues such as the underreporting of DFV, the question of proximity of circumstances and evidence gathering practices, including the role of family members and the next of kin in the coronial process. They then turned to the question of accountability and perpetrator visibility, highlighting tensions around whose perspectives and experiences are prioritised in coronial investigations into suicide deaths. The presentation emphasised the potential for the coronial process to contribute to wider systems change to support improved perpetrator accountability in Victoria and pointed to international efforts to hold perpetrators to account, including through the pursuit of criminal charges. [See their recent report with Marie Segrave.](#)

In the final presentation of the session, Professor Kyllie Cripps furthered the discussion on the theme of what is missed by highlighting the deep and painful connections between missing Aboriginal women and the role and impact of suicide and DFV. This presentation powerfully detailed the ways in which systemic failures contribute to the disappearance of Aboriginal women and the failure to recognise or investigate their deaths, which are too often marked as accidents, misread as isolated suicides or declared non-suspicious without meaningful investigation. This presentation argued that these are not just failures of data but are failures of care, truth and justice. Aboriginal women live and die in contexts shaped by violence, racism and historical trauma, yet systems too often erase these realities, refusing to see patterns and dismissing Aboriginal voices. This contributes to institutional miscategorisation which hides the extent of violence against Aboriginal women and distorts the policy and service responses that follow. The presentation reflected on the importance of Indigenous-led research, truth telling and culturally grounded data practices that name what has been denied: that Aboriginal women are not just 'missing' – they are

missed. It also reflected on the critical need to hold systems accountable not only for women's deaths but for the ways they are recorded, remembered and responded to.

Session 5 | The Global Context

Day one of the program concluded with a *global context* session, where international scholars brought insights from the UK and beyond, deepening understanding of the systemic drivers of DFV-related suicides. Several themes emerged across these presentations. First, presenters illuminated the ways in which suicide – including women's death by suicide – in the context of DFV victimisation is under-recognised in research, policy and practice. Second, many of the most at-risk individuals, including victim-survivors or high-risk perpetrators, are under-served in current prevention approaches. Third, systemic failures across a variety of sectors (e.g. health, justice, social services etc.) can compound harm by failing to identify suicide risk and defaulting to individualised rather than structural understandings of both DFV and suicide and where the two intersect.

Grounded in lived experience accounts, Tim Woodhouse offered a powerful exploration of how some women who died by suicide felt they were taking control in the face of inevitable death, while others were impacted by long-term trauma, isolation and the erosion of support. He emphasised that the impact of domestic abuse often persists long after separation and presented 66 strategies to reduce domestic abuse-related suicides.

His recommendations included improving suicide risk assessments for victim-survivors, adopting a systemic approach to identification and coercive control (including recognising perpetrators' use of suicide as a tactic of abuse) and strengthening support for survivors beyond the immediate point(s) of crisis.



For more about Tim's work see his report: [The person most likely to kill a victim of domestic abuse...is themselves](#)

Tim's presentation was followed by Professor Sally McManus who drew on findings from the analysis of England's main mental health survey to explore suicidality and self-harm among people who experience or perpetrate domestic and sexual violence. These findings highlight the strong and consistent association between domestic abuse and self-harm, suicidal thoughts and attempts. Notably, recent data indicates that young women (aged between 16–24) are particularly at risk, and that the likelihood of a suicide attempt rises with the number of abuse 'types' experienced.

Sally is engaged in the multi-disciplinary VISION consortium which has produced a [Policy Briefing: Domestic violence and abuse and mental and physical health](#) and this found:

- Domestic violence and abuse (DVA) affects the physical and mental health of victim-survivors.
- About half of people who attempted suicide in the past year had experienced violence from a partner at some point in their life, and one in four experienced violence from a partner in the preceding year.
- The type of intimate partner relationship and the type of violence and abuse affects the nature and level of physical and mental health consequences.
- People who use violence against their partners also tend to have worse mental health, and mental health services present an opportunity for intervention with this group.

The link between domestic abuse and suicide was further explored by Sarah Dangar who focused on the statutory review process in England and Wales and its potential to reshape understandings of femicide. She illustrated how reviews often document a lack of investigation or professional curiosity from services, resulting in inadequate risk assessments. She claimed that these reviews are important sources of knowledge and have helped illuminate patterns of and pathways to suicide, showing how victim-survivors are often worn down not only by the abuse itself but also by their experiences of navigating unsupportive and sometimes harmful systems. The removal of children was identified as a factor contributing to a victim's sense of hopelessness, often preceding suicide. Dangar also emphasised how statutory reviews tend to centre the victim while erasing perpetrators from the narrative, and she called for stronger data collection and reporting practices, especially in relation to ethnicity, arguing that these reviews have the potential to meaningfully contribute to learning and to the prevention of future deaths in a domestic abuse context.

Dr Duleeka Knappe centred international epidemiological evidence on the association between domestic abuse and suicide, with a particular focus on high-risk perpetrators: a group often overlooked in both research and prevention frameworks. While suicide is sometimes framed as an expression of coercive control, Knappe emphasised that for many women, suicide is preceded by patterns of self-harm and suicidal thoughts. She drew on findings from new research which explores how clinicians frequently avoid asking about domestic abuse, referring to it as a 'can of worms' that they feel unprepared to address. She stressed the importance of embedding domestic abuse screening within mental health settings to address biases and improve responses. Finally, Knappe underscored the problem of data inequality, noting the significant gaps in evidence in Global South contexts.

Session 6 | Children and Young People

The second day of the program began by centring the lived experiences of children and young people. The presentations in this session collectively explored the profound impact of DFV on children and young people in Australia. One key theme was the systemic failure to recognise and respond effectively to cumulative trauma, with presenters emphasising how fragmented service systems, institutional blind spots and inadequate engagement strategies can compound the risks facing young people, particularly in relation to self-harm, suicidal ideation and suicide. Each presentation called for more integrated, trauma- and culturally informed approaches that prioritise prevention, meaningful data collection and use and long-term healing and recovery for the prevention of further harm.

In the opening presentation, Professor Silke Meyer presented findings from a collaborative project with Professor Kate Fitz-Gibbon that examined the presence of DFV in the lives of young people who died by suicide in Queensland. The presentation revealed the lack of Australian research on childhood experiences of DFV in contrast to a more substantive international evidence base, which has shown that violence increases the incidence of suicide and suicidal ideation in young people up to the age of 17 years old.

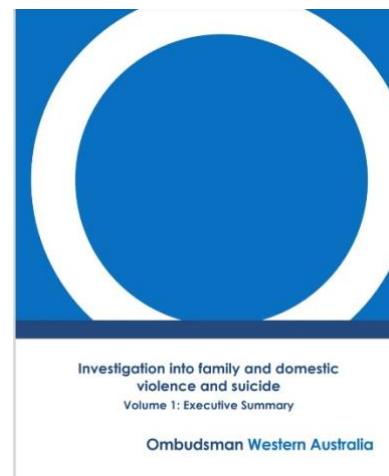
In the second presentation, Meena Singh, Commissioner for Aboriginal Children and Young People in Victoria, offered a powerful account of how trauma resulting from DFV can be fatal, particularly for Aboriginal children and young people, and explored systemic failures contributing to premature death. These included the mischaracterisation of teenagers as 'difficult', the *responsibilisation* of children for behaviours that are in fact trauma responses and the lack of culturally safe, trauma-informed and timely support across services. Singh also emphasised how the long-term impacts of violence are often obscured or reframed as issues such as alcohol and other drug use or complex mental health conditions, which can mask the underlying experience and impacts of violence and result in superficial or inadequate responses.

Drawing on findings and recommendations from the *Lost, Not Forgotten* report, she demonstrated how the service system itself contributes to cumulative harm experienced by children in the child protection system. This includes repeated experiences of hopelessness and suicidal ideation, self-harm, mental health diagnoses and suicide attempts. Many children were the subject of multiple reports to child protection (with an average of seven reports per child) yet they often only received intervention after years of escalation and several reports. Responses tended to be ad hoc and ineffective, with protective factors like cultural planning and connection deprioritised.



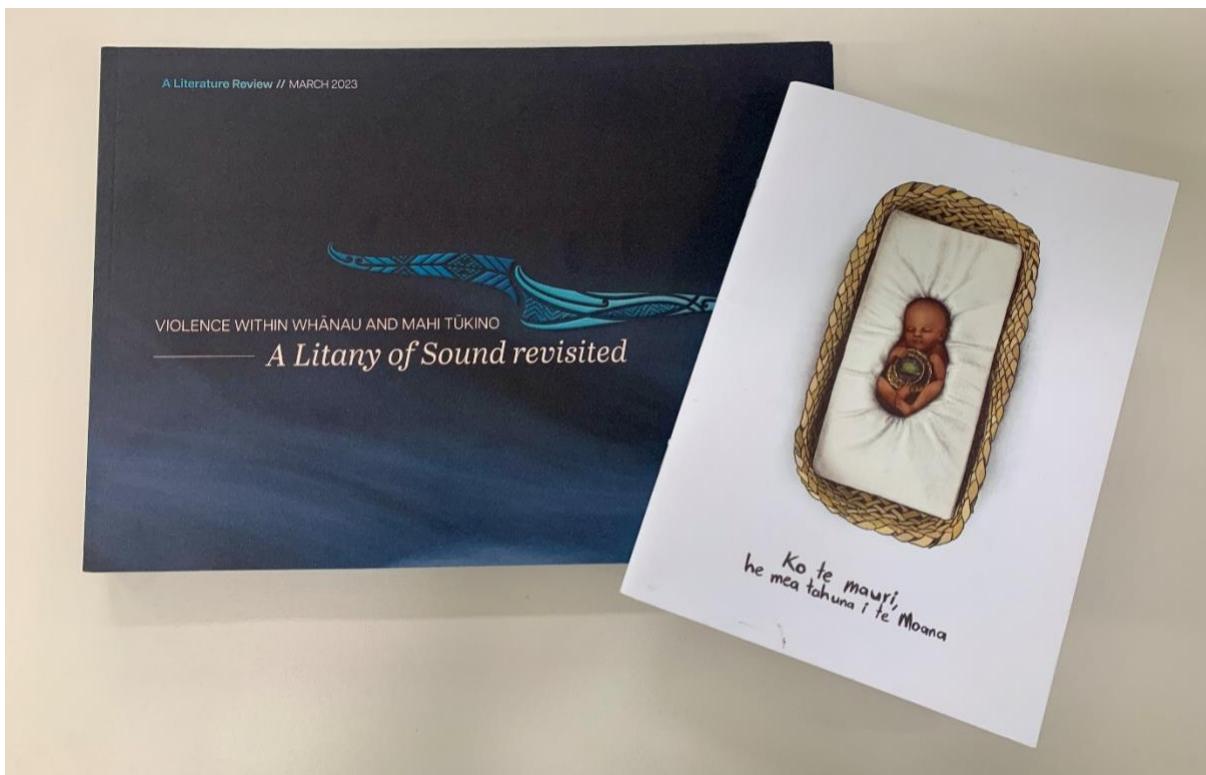
In the final presentation from this session, Belinda West, Principal Assistant Ombudsman, WA, shared findings from the WA Ombudsman's investigation into family and domestic violence-related suicides with a specific focus on the experiences of children and young people. West demonstrated how the investigation used health and other data to build comprehensive life profiles and identify patterns of self-harm and service contact leading up to the suicide. The investigation found that there were strong links between exposure to violence and suicide, including among young women aged 16–17 who had complex histories of intimate partner violence.

A number of key insights were discussed, including issues with reporting practices, with West noting that violence was frequently under-recorded in official systems (e.g. coded as 'conflict' rather than violence). West stressed the need to interrogate what a genuine trauma-informed approach means in practice, with many agencies claiming to employ such approaches but unable to explain what that involved. Another insight was the importance of analysing proximate events: not just with respect to incidents of violence in the lead up to a death but to interactions with systems (e.g. police, corrections, mental health and other services) as a way of understanding opportunities for earlier intervention and suicide prevention.



Session 7 | Responses to Suicide and Suicide Threats

The presentations in this session brought together critical insights on the intersections between suicide, DFV and systemic failure. Each speaker illuminated how structural and relational contexts (stemming from, for example, experiences of colonisation, cultural disconnection as well as service system fragmentation and mainstreaming) shape suicide risk. A shared theme across the presentations was the critical need for community-led, culturally grounded responses as well as research agendas that move beyond individualised understandings of distress and instead address legacies of trauma, exclusion and systemic harm.



Resources from Denise Wilson's presentation; [full resource available here](#).

In the opening presentation, Marianne Wyder and suicide survivor Katrina C explored the lived experiences of families and carers navigating suicidal distress and violence, emphasising how they are often excluded from mental health decision-making yet expected to carry the burden when formal support ends. Drawing from a series of discussions with carer peer support workers, mental health staff and carers, the presentation emphasised the emotional toll experienced by carers themselves, particularly in the absence of adequate support. The speakers discussed the notion of journey in recovery – that families also undergo a recovery journey, their experiences are intertwined and interlinked with those of the person they cared for, that families' recovery times are not static but change over time and that carers have a duality of roles – needing both recovery-oriented support but also have their own recovery journey.

Leanne Miller AO followed by foregrounding community-led responses to suicide prevention and recovery that centre cultural strength, connection to Country and collective healing. She challenged dominant medicalised framings of suicide and instead highlighted Aboriginal community understandings that view suicide as very rarely only about mental illness, but as deeply connected to collective trauma, cultural disconnection and marginalisation. Leanne pointed to how the classification of 'suicide' and 'self-harm' can obscure this broader context and legacies of harm. Drawing on examples of existing community-led models, she called for responses that draw on existing knowledge on how to keep communities strong and safe. She emphasised that responses need to move beyond crisis intervention to prioritise strengths-based approaches to recovery that keep kinship, culture and Country in view.

In the final presentation of this session, Professor Denise Wilson drew on research with whānau (extended family networks) to explore the impact of the socio-political context to

understand experiences of violence, inadequate system responses and suicide in the lives of Māori. She interrogated how colonisation, intergenerational trauma, systemic inequality and state sanctioned violence converge with perpetrator tactics of control to heighten suicide risk, particularly for Māori women and mothers in Aotearoa. She noted that maternal suicide is the leading cause of death for new mothers, disproportionately affecting Māori women. Despite their efforts to access care, some mothers are labelled 'high-risk' and are subsequently denied support. Professor Wilson also emphasised the profound subjective impact of the 'wrongful uplifting of children' – described by some women as a form of trafficking – underscoring the deep toll of wrongful separation and its link to suicide risk.

The presentation also introduced the concept of *systemic entrapment* to describe how women navigating fragmented, judgemental and culturally unsafe services are left unprotected and vulnerable to further harm. Drawing on concepts such as *whakamomori* (a state of intense darkness) she stressed the need for collective and individual healing, supported by the disaggregation of data to uncover hidden realities and the development of responses to disrupt stigma and guide just responses.

Session 8 | Legal System Interventions and Responses

In this final session speakers explored how legal systems in Australia encounter, categorise and respond to deaths in the context of DFV. The speakers in this session highlighted the need for systems to keep the possibility of DFV in view when exploring the cause or context of a death. A failure to keep DFV in view may lead to a miscategorisation of a death as suicide and failures in investigation and response. The session underscores the need for better and more connected data. It also drew attention to the need for systems to be able to respond quickly to children who survive parents who have suicided/killed.



L-R: Lauren Bellamy and Stefani Vasil.

In the opening presentation for this session, Lauren Bellamy explored the intersections between family law, DFV and suicide, drawing on findings from an analysis of coronial investigations in Australia. She demonstrated how the family court is a critical contact point for people who are experiencing DFV and may also be at risk of suicide. Drawing upon 15 published Australian coronial findings (2012-2024), she identified how the family law system is present in the lead up to DFV suicides and how this contact is interpreted through the coronial process. In doing so she examined two specific types of DFV-related suicides; suicides that are preceded by the homicide of an intimate partner or family member, and youth suicides of children who are the subject of family law orders. Her findings suggest that the family law system can be central to facilitating or preventing harmful contact that may increase DFV-related suicide risks. Her research also points to significant gaps in how suicide is captured and linked to DFV in death review and coronial inquests, with mental health often treated as the sole or dominant lens. She called for nationally consistent data collection and review processes, and noted the family law system as a key site for early intervention.

Building on the discussion of the ways the family law system intersects with DFV and suicide, the Honourable Justice Jacoba Brasch shared insights from her role managing the national [Critical Incident List](#) at the Federal Circuit and Family Court of Australia. The Critical Incident List addresses urgent cases involving children who have lost one or both parents, often due to suicide or DFV-related homicides and who do not have an appropriate or available parent to assume responsibility. Justice Brasch noted that around 60% of these matters involve a deceased parent while the other parent is either also deceased or facing criminal proceedings, with the overwhelming majority of alleged perpetrators being fathers who may have also suicided. Justice Brasch emphasised the urgent nature of these cases and the importance of ensuring children's voices are heard, particularly following relationship breakdown, violence and death. The Critical Incident List enables other potential carers such as grandparents and other relatives to seek parental responsibility to ensure children are adequately supported and are able to access education, healthcare and counselling etc.

This session concluded with Professor Heather Douglas examining the relationship between DFV murder prosecutions where suicide is claimed by the accused as a 'defence'. She pointed to international evidence suggesting that women are taking their lives in greater numbers, that rates of hanging deaths are rising as is growing awareness of practices, such as staged suicides, suicide pacts and coercion to suicide. She also drew attention to the ways that women can be murdered slowly over time, through prolonged exposure to violence and failed system interactions. Her presentation examined current debates around the visibility of these deaths within legal processes including discussing debates surrounding the expansion of euthanasia laws in Canada and its implications for victims of violence; international legal developments including California's new Senate Bill, which introduces 10 'red flag' indicators to trigger investigation of suspicious deaths; India's laws concerning dowry deaths which reverse the onus of proof regarding homicide in cases involving deaths of wives by fire in the first seven years of marriage and efforts to prosecute DFV involved suicides as manslaughter by dangerous act. The presentation then moved to specifically examine cases that have involved murder and claimed suicides in Australia.

Workshop Conclusion

Across the two days, the workshop underscored the complexity of addressing suicide in the context of DFV victimisation and perpetration. Throughout the sessions, participants identified the urgent need to reframe suicide not as an individualised or isolated act, but as an issue that is deeply entwined with gender inequality, coercive control, systemic failure, and structural violence.

Suicide as a Veil for Family Violence

A central theme that emerged was the way suicide can serve as a ‘veil’ for DFV. Too often, deaths connected to violence are pathologised and individualised – reduced to matters of mental ill health or substance abuse – which obscures the broader relational and structural contexts in which they occur. This is reinforced by institutional processes such as coronial investigations or death reviews, which frequently prioritise psychiatric explanations over patterns of coercive control or failures of system responses. Workshop participants emphasised the importance of disrupting these limiting discourses. Mental health and trauma must be understood and responded to in context: not as isolated vulnerabilities but as experiences shaped by, and connected to, violence and structural inequality. Only by disentangling these narratives can the systemic drivers of suicide in the context of DFV be properly addressed.

The Importance of Indigenous Knowledges and Culturally Grounded Approaches

Another strong message to emerge from the workshop was the need to centre Indigenous knowledges and culturally grounded practices in both suicide prevention and DFV response. Such approaches were positioned as essential to addressing structural violence and gendered injustices. Healing, prevention and accountability must be trauma-informed, culturally safe, and guided by communities themselves. This requires not only recognition of Indigenous expertise, but also a willingness to reshape mainstream responses to embed these ways of knowing and caring.

Risk Assessment, Siloed Systems and Fragmented Practice

Workshop discussions highlighted persistent problems with risk assessment in Victoria as well as other state and territory jurisdictions. Assessment frameworks often remain siloed across health, mental health, justice, DFV and social services. Such siloing is compounded by differing terminologies, competing priorities and limited integration between systems.

Workshop participants emphasised the need for more contextual and relational understandings of risk – approaches that capture the ‘full story’ of victim-survivors’ lives, rather than reducing experiences to disconnected issues. Such practices must be responsive and reflective, grounded in lived experience, and inclusive of community languages, storytelling and trust-building. Importantly, risk cannot be captured through tick-box tools alone; it must be approached as an ongoing, relational process.

Children and the Risk of Suicide

The workshop also reinforced the need to recognise children and young people as victim-survivors in their own right. In particular, the threat or experience of child removal was identified as a critical contributor to hopelessness and despair among mothers experiencing DFV. For some, this despair significantly heightens suicide risk. Policies and practices must grapple with the intergenerational effects of violence and the way institutional responses can compound trauma for both mothers and children.

Systems Thinking and Policy Integration

A recurring theme was the need for genuine systems thinking. Suicide prevention, DFV response, mental health and child protection efforts are too often siloed, with each system speaking its own language and failing to integrate meaningfully with the others. This fragmentation not only undermines practice but also weakens opportunities for prevention and accountability. Workshop participants emphasised the importance of a shared narrative across sectors – one that makes suicide visible in the context of DFV and fosters coordinated, compassionate, and holistic responses. Advocacy and survivor voices are critical in shaping this narrative and influencing policy reform.

Design thinking and systems approaches were seen as promising methods for creating the space required for interdisciplinary collaboration, innovation and intersectoral action. Communities of practice were likewise identified as valuable vehicles for bridging research, policy and practice, and for ensuring that survivor experiences directly inform service delivery and systemic change.

Moving Forward

The workshop revealed both the urgency and the potential for system transformation and improvements in policy and practice. Key to any transformative reform agenda in this space will be:

- Integrating mental health discourse – including understandings of masculinity – into DFV and suicide prevention agendas.
- Embedding Indigenous knowledges and culturally grounded practice as central, not peripheral.
- Building communities of practice that bridge research, policy and practice.
- Developing integrative, contextual risk frameworks that move beyond fragmented and siloed responses.
- Ensuring children and young people are recognised as victim-survivors in their own right.

The workshop concluded with a strong sense of shared purpose: that suicide connected to DFV victimisation and perpetration must be made visible, understood in context, and addressed through integrated, trauma-informed, culturally grounded and relational approaches. The path forward requires collaboration within and across sectors, and sustained commitment.



Participants engaged thoughtfully throughout the two days.

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Appendix A: Workshop Program

The workshop was organised into eight sessions, each structured around three interconnected themes – *context, prevention* and *responses* – to explore the factors that shape risk, recognition and possibilities for change. It was also designed to capture a range of interdisciplinary perspectives and points of focus, including experts in prevention, investigation, health and psychology, justice responses, Indigenous studies and First Nations Communities, as well as children and young people.

The workshop sessions are outlined below:

- **Breaking the Silence: Understanding Family Violence-Related Suicide in Indigenous Communities.** *Facilitated by Kyllie Cripps*
A conversation with Marlene Longbottom, Christine Robinson and Denise Wilson.
- **Understanding the Incidence of Family Violence and Suicide.** *Facilitated by Stefani Vasil*
 - Humaira Maheen, Suicide and violence for migrant and refugee women in Australia.
 - Angela Rintoul, Family violence, suicide and gambling: How commercial drivers undermine efforts to tackle major social harms.
- **Preludes to Suicide.** *Facilitated by Heather Douglas*
 - Jess Woolley, Policing perpetrator suicide threats in family violence cases.
 - Marika Guggisberg, Examining Intimate Partner Violence Victim/Survivors' Suicide Ideation.
- **Suicide and the Miscategorisation of Women's Deaths.** *Facilitated by Lauren Bellamy*
 - Claire Ferguson, DFV homicides concealed to appear as suicides, including links with coercive control, misclassified deaths, and training for investigators.
 - Kate Fitz-Gibbon and Stefani Vasil, Accounting for the unseen: Exploring family violence, Victorian women's deaths by suicide and opportunities for change within and beyond the coronial process.
 - Kyllie Cripps, Not Just Missing: Aboriginal Women, Violence, Suicide, and the Failure to Count.
- **The Global Context.** *Facilitated by Kate Fitz-Gibbon*
 - Tim Woodhouse, The person most likely to kill a victim of domestic abuse... is themselves. 66 ways to reduce domestic abuse related suicides.

- Sally McManus, Suicidality and self-harm among people who experience domestic and sexual violence or who use violence against a partner.
- Sarah Dangar, Re-imagining Femicide: Exploring the Link Between Domestic Abuse and Suicide Through Statutory Reviews.
- Duleeka Knipe, Domestic abuse and suicide – What do we know?
- **Children and Young People. *Facilitated by Heather Douglas***
 - Silke Meyer and Kate Fitz-Gibbon, The role of domestic and family violence in youth suicide – emerging findings from youth suicide case reviews.
 - Meena Singh, Children and suicide – lost and not forgotten in counting in Victoria.
 - Belinda West, Investigation into family and domestic violence and suicide – Ombudsman Western Australia.
- **Responses to Suicide and Suicide Threats. *Facilitated by Kyllie Cripps***
 - Marianne Wyder and Katrina C, Caring Through Crisis: Exploring the Complex Realities of Supporting Loved Ones in Suicidal Distress and Violence.
 - Leanne Miller, Aboriginal Community Responses to Suicide: Strength, Healing, and Cultural Renewal.
 - Denise Wilson, Suicide among Indigenous people: The darkest corner of sexual and family violence.
- **Legal System Interventions and Responses. *Facilitated by Stefani Vasil***
 - Lauren Bellamy, Exploring Family Law, Family Violence and Suicide: A Preliminary Examination of the Trends in Australian Death Review Data.
 - The Honourable Justice Brasch, The Critical Incident List: Sudden parental death and the surviving children in Family Law.
 - Heather Douglas, Murder and claimed suicides in the context of family violence.

Where to next? *Discussion facilitated by Convenors*

Appendix B: Visual Summary

DEATHS by SUICIDE in the CONTEXT of DOMESTIC and FAMILY VIOLENCE





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