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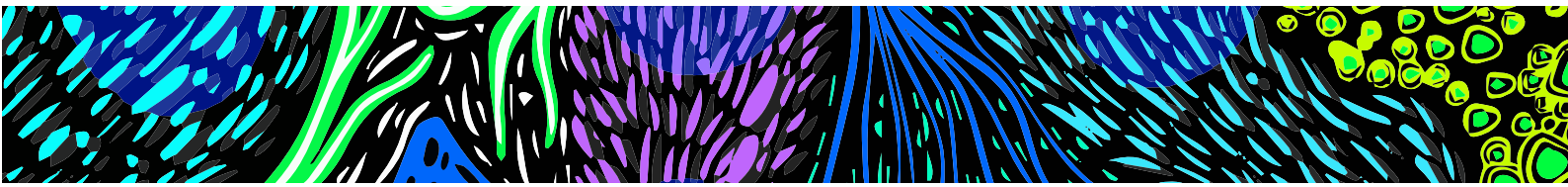

Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs

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

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Submitted by:
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Date:
January 2026

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ACKNOWLEDGEMENTS

We acknowledge the Traditional Custodians of the lands on which we live, learn and work, 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 and Torres Strait Islander peoples.

We also acknowledge victim-survivors of domestic, family and sexual violence, including children and young people, and victims who have died by suicide following experiences of violence or abuse.

This research was partially supported by the Australian Government through the *Australian Research Council's Centre of Excellence for the Elimination of Violence Against Women (Project number CE230100004)*.

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SUBMISSION DATE

January 2026

SUGGESTED CITATION

Douglas, H., Cripps, K., Fitz-Gibbon, K., Vasil, S. & Human, S. (2026) Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs: Inquiry into the relationship between domestic, family and sexual violence and suicide. University of Melbourne, Monash University and Australian Catholic University. https://doi.org/10.26188/31199563

INTRODUCTION

The authors and the ARC Centre of Excellence for the Elimination of Violence Against Women (CEVAW) welcome the opportunity to contribute to this critical inquiry examining the relationship between domestic, family and sexual violence (DFSV) victimisation and suicide in Australia.

This submission reflects findings from an Academy of Social Sciences in Australia (ASSA) and CEVAW hosted interdisciplinary workshop, 'Deaths by Suicide in the Context of Domestic and Family Violence: Examining Context, Prevention and Responses' (10–11 July 2025), which brought together 26 scholars, policymakers, practitioners and victim-survivors from Australia, the United Kingdom and Aotearoa New Zealand.

Over the past decade, policy and practice efforts to address domestic and family violence (DFV) have accelerated in Australia. However, the critical issue of deaths by suicide and the contributory role of DFSV has received insufficient attention in research, policy and practice, despite growing international recognition of DFSV as a significant risk factor for suicide.

International evidence, including from the United Kingdom, demonstrates a strong and consistent association between DFV victimisation and self-harm, suicidal ideation, and suicide attempts. Research from England indicates that approximately half of people who attempted suicide in the past year had experienced intimate partner violence at some point in their lives, with young women aged 16–24 years old facing particularly heightened risk. Importantly, the impact of DFV victimisation on mental health often persists long after any period of separation, reflecting the enduring impacts of trauma and coercive control. Evidence-based understandings of the nature, dynamics and extent of these deaths are vital to inform prevention, early intervention, response, recovery and healing efforts.

This submission draws on emerging Australian and international research, coronial investigations, death review data and the expertise of leading scholars and practitioners working at the intersection of DFSV and suicide prevention.

KEY RECOMMENDATIONS

Our submission makes 25 recommendations across six priority areas:

1. Recognition and Data Collection

Recommendation 1.1: The Australian Government should recognise DFSV as a significant risk factor for suicide and ensure this recognition is embedded in relevant policy frameworks, including the National Suicide Prevention Strategy 2025-2035 and the National Plan to End Violence Against Women and Children 2022-2032.

Recommendation 1.2: Research funding bodies, including Australia's National Research Organisation for Women's Safety (ANROWS), should provide funding to support longitudinal research examining pathways between DFSV victimisation and death by suicide, with specific attention to:

- Aboriginal and Torres Strait Islander peoples
- migrant and refugee communities
- children and young people
- LGBTIQA+ communities
- people with disability
- other marginalised groups.

As part of this funded program of work, research funding should prioritise Indigenous-led research grounded in Indigenous data sovereignty, alongside participatory approaches that embed lived experience across all stages of the research process. Greater investment is also needed in intervention and implementation research to test prevention and early-intervention approaches and to strengthen systems integration. International comparative research could also further inform best practice and support the translation of effective program and intervention models into the Australian context.

2. System Integration and Coordination

Recommendation 2.1: The Australian Government, in partnership with states and territories, should establish nationally consistent coronial investigation and death review processes for all deaths by suicide where DFSV is a known or suspected factor.

Recommendation 2.2: All coronial jurisdictions should implement mandatory screening for DFSV victimisation and perpetration history in suicide investigations, including:

- contact with police, courts (including federal (e.g. family courts), state and territory courts) or DFSV services
- protection order history (as applicant or respondent)
- child protection involvement
- perpetration or victimisation history
- family and community member reports of violence.

Recommendation 2.3: The National Coronial Information System should be enhanced to:

- include specific DFSV-related data fields
- enable linkage with police, protection order, child protection and DFSV service data

- provide disaggregated data including ethnicity, migration status, disability and LGBTIQA+ identity.

Resources should be directed at ensuring regular analysis of this data set to identify patterns and inform prevention efforts.

Recommendation 2.4: All states and territories should establish or enhance DFSV death review teams with:

- mandate to examine suicide deaths where DFSV is a potentially contributing factor
- multidisciplinary membership including Aboriginal and Torres Strait Islander representation
- authority to access records across government and non-government agencies
- responsibility to make public recommendations for systems improvement.

Recommendation 2.5: Police and coronial investigators should receive specialist training in:

- recognising homicides concealed as suicides
- understanding coercive control, including victimisation and perpetration patterns, the impact of coercive control and service system responses to victims of coercive control
- identifying 'red flag' indicators requiring enhanced investigation
- trauma-informed and culturally safe investigation practices.

3. Indigenous Knowledges and Culturally Grounded Responses

Recommendation 3.1: The Australian Government should lead the development of a nationally consistent, integrated risk assessment and management framework that:

- recognises the intersection of DFSV and suicide risk
- applies across mental health, justice, DFSV, child protection and other relevant sectors
- moves beyond 'tick-box' tools to embed professional judgment through relational and contextual understandings of risk
- are informed by lived experience
- include culturally safe approaches for Aboriginal and Torres Strait Islander peoples.

Recommendation 3.2: All states and territories should establish information-sharing protocols that:

- enable appropriate information sharing across sectors to identify escalating risk of DFSV victimisation and risk of suicide
- protect victim-survivor safety and privacy
- include mechanisms to flag high-risk situations
- operate in real-time rather than only after death.

Recommendation 3.3: Mental health services should:

- implement routine screening for experiences of DFSV
- provide training to clinicians on responding to disclosures of abuse
- adopt gendered understandings of mental ill health

- integrate DFSV specialist expertise into clinical teams
- recognise that addressing mental health requires addressing experiences of abuse, and supporting victim-survivors to recover and heal from victimisation.

Recommendation 3.4: The family law system should:

- implement enhanced screening for suicide risk and DFSV victimisation and perpetration
- ensure judicial officers and family law practitioners receive training on the intersection between DFSV and suicide
- review practices that may facilitate harmful contact between children and parents who pose risks
- expand the Critical Incident List model to ensure rapid response to children's needs following parental suicide or homicide
- consider suicide risk in all protection order and parenting order decisions.

Recommendation 3.5: Police services should:

- develop specific protocols for responding to perpetrator suicide threats that prioritise victim-survivor safety and needs
- strengthen liaison with mental health services
- ensure that perpetrator welfare checks do not compromise victim-survivor protection
- implement training on recognising suicide threats as a form of coercive control.

4. Perpetrator Accountability and Visibility

Recommendation 4.1: All Australian federal, state and territory jurisdictions should recognise perpetrator threats of suicide as a form of coercive control in:

- domestic and family violence legislation
- protection order provisions
- risk assessment and management frameworks
- relevant criminal law legislation
- judicial guidance and sentencing considerations.

Recommendation 4.2: Police services should develop protocols that:

- recognise perpetrator suicide threats as a potential form of coercive control
- prioritise victim-survivor safety and needs in all responses
- require separate risk assessments for victim-survivor safety and perpetrator welfare
- ensure victim-survivors are not held responsible for perpetrator wellbeing
- document all threats of suicide for protection order and prosecution purposes.

Recommendation 4.3: Mental health services responding to perpetrators who threaten suicide should:

- screen for domestic and family violence perpetration
- assess whether the threat functions as, or is part of, a wider pattern of coercive control,

- liaise with police and DFSV services
- not require victim-survivor involvement in treatment or safety planning for the person using violence
- recognise perpetrator accountability as part of intervention.

Recommendation 4.4: Any legislative reform that results from this Inquiry at the federal, state and territory level, should ensure that:

- protection orders can be maintained whilst perpetrators receive mental health care
- victim-survivors are not left unprotected during periods of time when the person using violence is hospitalised
- the seriousness of breaches of protection orders should not be excused or minimised by mental health issues. This principle should be built into judicial training and/or bench books alongside any legislative changes
- courts can consider perpetrator suicide threats as constituting a form of coercive control in bail and sentencing decisions. Judicial training on DFSV should include training on how perpetrators use the threat of suicide to further coerce and control the victim-survivor(s).

5. Children and Young People

Recommendation 5.1: The Australian Government should fund a national research program examining effective prevention, early intervention, recovery and healing approaches specific to the intersection of DFSV victimisation and perpetration, and risk of and death by suicide. This research program should include specific streams for:

- Indigenous community-led approaches
- perinatal and maternal mental health interventions
- children and young people
- interventions for people who use violence
- whole-of-community prevention initiatives.

Recommendation 5.2: The Second Action Plan under the National Plan to End Violence Against Women and Children 2022-2032 should explicitly address suicide prevention, including by including activities that:

- align with and advance the objectives of National Suicide Prevention Strategy
- advance specific strategies for groups at heightened risk
- invest in Aboriginal and Torres Strait Islander community-led prevention
- address structural drivers including housing, economic security and migration policy.

Recommendation 5.3: Mental health services across Australian states and territories should implement:

- routine screening for both DFSV victimisation and perpetration, including for children and young people
- integrated care pathways that address both mental health and experiences of violence
- assertive outreach for people who disengage from services

- peer support programs for victim-survivors of DFSV who have experienced suicide ideation or the death of a person using violence
- family-inclusive practice that recognises family recovery and healing journeys.

Recommendation 5.4: Perinatal services should:

- implement universal screening for DFSV victimisation
- recognise suicide as a leading cause of maternal death, and the risk factors specific to individuals who have experienced DFSV victimisation
- provide trauma-informed, and culturally safe care
- ensure child protection responses do not increase suicide risk
- support mothers' connection to their babies and their parenting capacity.

Recommendation 5.5: Schools and youth services have a vital role to play as part of fulfilling the National Plan commitment to recognise children and young people as victim-survivors in their own right. Specific to the intersection between DFSV and risk of suicide, schools and youth services should:

- provide trauma-informed supports for children and young people who have experienced violence or abuse, including with a focus on supporting recovery and healing from violence or abuse
- screen for and respond to risk of dating violence among young people including with consideration given to emerging forms of coercive control, including digital surveillance and technology facilitated abuse
- build protective factors among children and young people including connection to culture, community and identity.

6. Prevention and Early Intervention

Recommendation 6.1: The Australian Government should establish a National Commissioner for Aboriginal and Torres Strait Islander Deaths to:

- oversee data collection and reporting on deaths including deaths by suicide following DFSV victimisation or perpetration
- ensure cultural safety in investigative processes
- promote Indigenous-led research and community-controlled responses
- hold systems accountable for failures
- report publicly on relevant recommendations, including the implementation of relevant Inquest, Inquiry and Parliamentary review recommendations.

Recommendation 6.2: Child protection systems should reform practices to:

- more consistently embed policy recognition of children as victim-survivors of DFSV in their own right into current practices
- focus on perpetrator accountability rather than removing children from protective parents,
- understand child removal itself as a suicide risk factor for mothers
- implement trauma-informed, culturally safe practice

- ensure Aboriginal and Torres Strait Islander children remain connected to family, community, culture and Country.

Recommendation 6.3: To address high risk of suicide among migrant women who experience DFSV, the Australian Government should:

- review migration policies that create vulnerability to DFSV and may exacerbate suicide risk
- extend access to support services for all people experiencing DFSV regardless of visa status
- remove barriers to permanent residency for victim-survivors of DFSV
- ensure no one is deported due to DFSV victimisation.

Recommendation 6.4: To address the interconnection between gambling related harms, DFSV victimisation and risk of suicide, the Australian Government should regulate gambling to:

- reduce harm and suicide risk
- recognise gambling venues as potential sites of harm for victims of DFSV
- implement the commercial determinants framework in policy development
- screen for DFSV in gambling harm services
- consistently screen for and manage risk of gambling harm in DFSV services.

RESPONSE TO TERMS OF REFERENCE

1: The Relationship Between DFSV Victimisation and Suicide

The workshop identified a critical gap: to date, deaths by suicide in the context of DFSV is significantly under-recognised in research, policy and practice. Too often, deaths by suicide following experiences of violence are pathologised and individualised – represented as matters of mental ill health or substance abuse – obscuring 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 systemic failures. Workshop participants emphasised that mental health and trauma must be understood in context: not as isolated vulnerabilities but as experiences shaped by and connected to experiences of violence and structural inequality.

Evidence from Coronial Data

Recent research examining coronial data reveals important patterns:

- Analysis of suicide deaths involving migrant and refugee women (2005–2021) found significant limitations in the visibility of DFSV-related factors within coronial reporting systems.
- Many women had recent contact with support systems and frequently experienced mental ill health, yet service responses often individualised these issues rather than recognising DFSV context.
- Gambling-related suicide research found that in more than 20% of cases, DFSV was also a stressor[1].
- Strong links between childhood experiences of violence and suicide were identified among young women aged 16–17 years old with complex histories of intimate partner violence.

Gendered Dynamics and Patterns

Research from England's main mental health survey[2], the Adult Psychiatric Morbidity Survey, was presented at the workshop. The findings from an analysis of survey data demonstrates:

- About half of people who attempted suicide in the past year had experienced violence from a partner at some point in their life.
- One in four people who attempted suicide experienced violence from a partner in the preceding year.
- Young women aged 16–24 years old are particularly at risk.
- The likelihood of a suicide attempt rises with the number of abuse types experienced.
- The findings for this body of UK-based research emphasise the strong and consistent association between domestic abuse and self-harm, suicidal thoughts and attempts.

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[1] Rintoul, A., Dwyer, J., Millar, C., Bugeja, L., & Nguyen, H. (2023). Gambling-related suicide in Victoria, Australia: a population-based cross-sectional study. *The Lancet Regional Health–Western Pacific*, *41*.

[2] McManus, S., Walby, S., Barbosa, E. C., Appleby, L., Brugha, T., Bebbington, P. E., Cook, E. A., & Knipe, D. (2022). Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England. The lancet. Psychiatry, 9(7), 574–583. https://doi.org/10.1016/S2215-0366(22)00151-1.

Indigenous Communities

Workshop participants highlighted that suicide is a leading cause of death for Aboriginal and Torres Strait Islander people, yet work is only beginning to trace connections between suicide and family violence. Key themes from this discussion included:

- Aboriginal women are often excluded from public sympathy, safety and justice, particularly where they do not conform to idealised notions of victimhood.
- The enduring impacts of colonisation, child removal and systemic racism profoundly affect Indigenous women's lives.
- Harmful police responses, media narratives and the weaponisation of child protection systems can have fatal consequences.
- Community-led approaches view suicide as deeply connected to collective trauma, cultural disconnection and marginalisation, rather than solely mental illness.

Structural and Systemic Drivers

Workshop presentations consistently emphasised how structural and systemic processes shape suicide risk at individual, interpersonal, community and societal levels. These include:

- migration status and temporary visa arrangements creating vulnerability
- commercial determinants (such as gambling venues positioned as 'safe spaces' that can become sites of harm)
- fragmented service systems that fail to recognise cumulative trauma
- child protection involvement, particularly the threat or experience of child removal
- systemic racism and colonial violence
- inadequate housing and economic security.

Recommendation 1.1: The Australian Government should recognise DFSV as a significant risk factor for suicide and ensure this recognition is embedded in relevant policy frameworks, including the National Suicide Prevention Strategy 2025-2035 and the National Plan to End Violence Against Women and Children 2022-2032.

Recommendation 1.2: Research funding bodies, including Australia's National Research Organisation for Women's Safety (ANROWS), should provide funding to support longitudinal research examining pathways between DFSV victimisation and death by suicide, with specific attention to:

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- children and young people
- LGBTIQA+ communities
- people with disability
- other marginalised groups.

As part of this funded program of work, research funding should prioritise Indigenous-led research grounded in Indigenous data sovereignty, alongside participatory approaches that embed lived experience across all stages of the research process. Greater investment is also needed in intervention and implementation research to test prevention and early-intervention approaches and

to strengthen systems integration. International comparative research could also further inform best practice and support the translation of effective program and intervention models into the Australian context.

2: Improved Reporting and Investigation Methodologies

Current Limitations in Data Collection

Workshop participants identified significant gaps and inconsistencies in how Australian states and territories investigate deaths by suicide in the context of DFSV victimisation:

- All premature and unexplained deaths are subject to coronial investigation, but only some states and territories include these deaths in DFSV-specific death review processes.
- DFSV factors are frequently under-recorded in official systems (for example, coded as 'conflict' rather than violence).
- Gambling-related suicide remains significantly under-recognised in coronial data.
- There are limitations in the visibility of DFSV-related factors within coronial reporting systems.
- Violence is often obscured by focus on proximate mental health issues.

The Need for Professional Curiosity

International research presented at the workshop demonstrated how statutory reviews in England and Wales often document a lack of investigation or professional curiosity from services, resulting in inadequate risk assessments. Reviews undertaken have revealed:

- Victim-survivors are often worn down not only by abuse itself but by experiences of navigating unsupportive and harmful systems.
- The removal of children was identified as a factor contributing to hopelessness, often preceding suicide.
- Reviews tend to centre victims whilst erasing perpetrators of DFSV from the narrative.

The Issue of Miscategorisation

A critical finding from the workshop concerned the ways perpetrators of DFSV can manipulate investigative processes to conceal homicides as suicides.[3] Research indicates:

- Up to 25% of homicides may be misclassified as suicides.
- Perpetrators are becoming increasingly skilled at manipulation.
- Perpetrators may capitalise on victims' social isolation or mental health experiences (often consequences of coercive control) to frame them as 'unstable' or 'suicidal'.
- Perpetrators engage in long-standing strategies of image management, deception and manipulation.

For Aboriginal and Torres Strait Islander women, workshop participants emphasised how systemic failures contribute to disappearance and death, with investigations too often marking deaths as

[3] Ferguson, C., & Petherick, W. (2016). Getting away with murder: An examination of detected homicides staged as suicides. Homicide studies, 20(1), 3-24; Ferguson, C. (2021). Detection avoidance in homicide: Debates, explanations and responses. Routledge.

accidents, isolated suicides or non-suspicious without meaningful investigation. These are failures not just of data but of care, truth and justice.

Data Disaggregation and Quality

Over the course of the workshop discussion, questions surrounding data accessibility, and quality of data were ever present. Workshop participants stressed:

- the need for disaggregated data to reveal patterns and disparities
- the importance of recording ethnicity, migration status, disability and other factors affecting risk
- the need for comprehensive life profiles using linked health and administrative data, and an analysis of the contributory role proximate events including both incidents of violence and system interactions.

Opportunities for Reform

Building on coronial and death review processes, the workshop identified opportunities to:

- improve recording practices within coronial systems
- apply a gendered lens to mental health to better recognise harm and its dynamics
- implement mandatory screening questions about DFSV history in all suicide investigations
- analyse the role of legal, health and other system contact in the lead-up to death
- develop 'red flag' indicators to trigger investigation of suspicious deaths (similar to California's recent Senate Bill[4] approach).

Recommendation 2.1: The Australian Government, in partnership with states and territories, should establish nationally consistent coronial investigation and death review processes for all deaths by suicide where DFSV is a known or suspected factor.

Recommendation 2.2: All coronial jurisdictions should implement mandatory screening for DFSV victimisation and perpetration history in suicide investigations, including:

- contact with police, courts or DFSV services
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- include specific DFSV-related data fields
- enable linkage with police, protection order, child protection and DFSV service data
- provide disaggregated data including ethnicity, migration status, disability and LGBTIQA+ identity.

[4] Senate Bill No. 989 (2024) *Domestic Violence Deaths*. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB989

Resources should be directed at ensuring regular analysis of this data set to identify patterns and inform prevention efforts.

Recommendation 2.4: All states and territories should establish or enhance DFSV death review teams with:

- mandate to examine suicide deaths where DFSV is a potentially contributing factor
- multidisciplinary membership including Aboriginal and Torres Strait Islander representation
- authority to access records across government and non-government agencies
- responsibility to make public recommendations for systems improvement.

Recommendation 2.5: Police and coronial investigators should receive specialist training in:

- recognising homicides concealed as suicides
- understanding coercive control, including victimisation and perpetration patterns, the impact of coercive control and service system responses to victims of coercive control
- identifying 'red flag' indicators requiring enhanced investigation
- trauma-informed and culturally safe investigation practices.

3: How Systems Recognise and Respond to Suicide in the Context of DFSV

Fragmented and Siloed Systems

A persistent theme throughout the workshop was the fragmented nature of system responses. Many people who die by suicide or as a result of DFSV have had prior contact with mental health, legal or other support services. Yet fragmented systems often mean their needs are not identified and go unmet.

Workshop participants identified:

- siloed assessment frameworks across health, mental health, justice, DFSV and social services
- differing terminologies and competing priorities
- limited integration between systems
- inadequate information-sharing mechanisms
- risk assessment approaches that reduce experiences to disconnected issues rather than capturing the 'full story'.

The Challenge for Legal Systems

Workshop presentations examining the adequacy of current legal system responses highlighted:

- The family court as a critical contact point for people experiencing DFSV who may be at risk of suicide, noting that around 60% of matters on the Federal Circuit and Family Court's Critical Incident List involve a deceased parent (often due to suicide or DFSV-related homicide).
- The family law system can facilitate or prevent harmful contact that may increase DFSV-related suicide risks.
- There are significant gaps in how suicide is captured and linked to DFSV in death review and coronial inquests.

- Mental ill health is often treated as the sole or dominant lens, obscuring violence context.

Health and Mental Health Responses

Research evidence presented during the workshop demonstrated:

- clinicians frequently avoid asking about DFSV, referring to it as a 'can of worms' they feel unprepared to address
- the need for embedding DFSV screening within mental health settings
- the importance of recognising perpetrator mental health issues as potential intervention points
- service responses that often individualise issues, failing to account for DFSV context and impacts
- many agencies claim 'trauma-informed' approaches but cannot explain what this means in practice.

Responses to Perpetrator Suicide Threats

Workshop findings on police responses to perpetrator suicide threats[5] revealed:

- current practices may leave victim-survivors unprotected if a perpetrator is placed under medical care
- gaps in interagency collaboration at the intersection of DFSV and mental health responses
- need for specific policy guidance on managing perpetrator suicide threats whilst prioritising victim-survivor safety
- recognition that suicide threats can form part of coercive control patterns.

The Role of Support Services

Workshop presentations highlighted:

- families and carers are often excluded from mental health decision-making yet expected to carry the burden when formal support ends
- victim-survivors of DFSV are often worn down by navigating unsupportive and harmful systems
- the impact of DFSV often persists long after separation
- there is a need for support services, with a specific focus on recovery and healing, beyond the immediate crisis points
- importance of reducing barriers to access to the support service system, particularly for temporary visa holders and others with precarious status.

Recommendation 3.1: The Australian Government should lead the development of a nationally consistent, integrated risk assessment and management frameworks that:

- recognises the intersection of DFSV and suicide risk
- applies across mental health, justice, DFSV, child protection and other relevant sectors

[5] See further Woolley, J. (2024). Policing perpetrator suicide threats in family violence cases: competing priorities and contemporary challenges. Policing and Society, 34(10), 997–1010. https://doi.org/10.1080/10439463.2024.2357647

- moves beyond 'tick-box' tools to embed professional judgment through relational, contextual understandings of risk
- are informed by lived experience
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- strengthen liaison with mental health services
- ensure that perpetrator welfare checks do not compromise victim-survivor protection
- implement training on recognising suicide threats as a form of coercive control.

4: The Use of Suicide and Threats of Suicide as Coercive Control

Recognition in Research and Policy

The workshop provided substantial evidence that perpetrators use suicide threats as a deliberate and calculated tactic of coercive control. Recent research demonstrates:

- perpetrator suicide threats can form part of broader patterns of coercive control
- such threats influence victim-survivor decision-making around help-seeking
- threats can be used to limit victim-survivors' freedom, choice and autonomy
- current Family Violence Intervention Order protections across state and territory jurisdictions may be inadequate where a perpetrator is placed under medical care.

International Evidence

Workshop presentations from leading experts in the United Kingdom highlighted:

- recognition in statutory reviews of perpetrators' use of suicide as a tactic of abuse
- need for systemic approaches to identification and response
- importance of recognising this dynamic in risk assessment and management practice
- the multiple forms this coercive tactic can take.

Manipulation and Control

Research in Australia and internationally on homicides concealed as suicides revealed:

- perpetrators draw on established patterns of manipulation and control to conceal homicides and to misrepresent those deaths as a death by suicide
- long-standing strategies of image management, deception and manipulation, sometimes over several years
- perpetrators – particularly those who remain the deceased victim's next of kin, may influence investigative processes surrounding a death
- how a death is reported in the media can shape subsequent narratives for police and witnesses.

Impact on Victim-Survivors

Workshop participants identified multiple impacts of perpetrator suicide threats on victims including creation of fear and entrapment, deterrence from help-seeking or leaving, feeling responsible for perpetrator's wellbeing, continued control after separation, ongoing trauma and psychological harm, and in some cases, victim-survivor suicide as an outcome of this form of abuse. There is a need for a significant expansion of DFSV recovery and healing services to better support individuals experiences all forms of DFSV, including those navigating the short- and long-term impacts of perpetrator suicide threats.

The Need for System Responses

While differences across the states and territories were noted, throughout the workshop there were a series of current gaps in system responses to deaths by suicide in the context of DFV victimisation which were identified. These include:

- limited policy guidance on identification of, and risk management for perpetrator suicide threats
- inadequate interagency collaboration between mental health and DFSV sectors
- police uncertainty about prioritising victim-survivor safety versus perpetrator welfare
- insufficient training for first responders across specialist and universal services
- lack of perpetrator accountability mechanisms.

Recommendation 4.1: All Australian federal, state and territory jurisdictions should recognise perpetrator threats of suicide as a form of coercive control in:

- domestic and family violence legislation
- protection order provisions
- risk assessment and management frameworks
- relevant criminal law legislation
- judicial guidance and sentencing considerations.

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- document all threats of suicide for protection order and prosecution purposes.

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- assess whether the threat functions as, or is part of, a wider pattern of coercive control
- liaise with police and DFSV services
- not require victim-survivor involvement in treatment or safety planning for the person using violence
- recognise perpetrator accountability as part of intervention.

Recommendation 4.4: Any legislative reform that results from this Inquiry at the federal, state and territory level, should ensure that:

- protection orders can be maintained whilst perpetrators receive mental health care
- victim-survivors are not left unprotected during periods of time when the person using violence is hospitalised
- the seriousness of breaches of protection orders should not be excused or minimised by mental health issues. This principle should be built into judicial training and/or bench books alongside any legislative changes

- courts can consider perpetrator suicide threats as constituting a form of coercive control in bail and sentencing decisions. Judicial training on DFSV should include training on how perpetrators use the threat of suicide to further coerce and control the victim-survivor(s).

5: Prevention and Early Intervention Opportunities

Moving Beyond Crisis Response

Workshop participants consistently emphasised that prevention efforts must begin well before risk of domestic and family violence victimisation, or risk of suicide reaches a crisis point. This requires:

- understanding of the impacts of trauma, including childhood sexual abuse
- recognition of how experiences of trauma can shape vulnerability to intimate partner violence and suicidality later in life
- avoiding pathologising women and overlooking structural drivers
- recognising the importance of protective factors, including seeing women as experts in their own lives
- compassionate, survivor-centred responses that support empowerment, recovery and healing.

Adopting these principles for prevention work in this space, there is a need to increase public awareness about the links between DFSV victimisation and death by suicide, partly with the intention of enhancing the role of family and friends to act as up-standers. Relatedly there is a need for upstander/bystander training to support better recognise of risk in these cases, and to improve responses to warning signs.

Structural and Systemic Prevention

Prevention and early intervention efforts must address underlying drivers including:

- gender inequality and patriarchal attitudes
- systemic racism and colonial violence
- intergenerational trauma and experiences of childhood violence,
- economic insecurity and housing instability
- migration policies that create vulnerability and exacerbate risk
- commercial determinants such as gambling harm
- fragmented service systems
- institutional barriers to safety and justice.

Indigenous Community-Led Approaches

Workshop participants emphasised the need for prevention responses that:

- draw on existing community knowledge about keeping communities strong and safe
- centre cultural strength, connection to Country and collective healing
- challenge dominant medicalised framings of suicide
- recognise suicide as connected to collective trauma, cultural disconnection and marginalisation

- move beyond crisis intervention to prioritise strengths-based recovery and healing
- keep kinship, culture and Country in view
- are adequately resourced and controlled by Aboriginal and Torres Strait Islander communities.

Early Intervention Points

Recognising that there has, to date, been a significant focus on the crisis response system, workshop participants identified multiple points to enhance early intervention efforts, including:

- during pregnancy and the perinatal period (maternal suicide is a leading cause of death for new mothers)
- for children or young people who experience violence or abuse
- at first contact with mental health services
- following relationship separation (when risk of both abuse and suicide can often escalate)
- during family law proceedings
- when gambling or substance use issues emerge
- following child protection involvement.

As part of early intervention efforts, there is also a need to build capacity among men and boys – recognising that they are overrepresented in statistics on deaths by suicide nationally – to seek help including for their own problematic behaviours, use of violence, childhood experiences of violence or abuse, and/or thoughts of suicide.

Interventions with people who use violence

Workshop participants identified people who use violence as an under-served group in relevant policies, practices and frameworks. Opportunities to address this gap include:

- using mental health services as intervention points with people who use violence
- embedding screening for violence perpetration into mental health settings
- ensuring that men's behaviour change programs are integrated with mental health supports
- recognising that some people who use violence are also at risk of death by suicide
- developing accountability frameworks that do not excuse violence but do address complexities in the pathways into violence or abuse.

Recommendation 5.1: The Australian Government should fund a national research program examining effective prevention, early intervention, recovery and healing approaches specific to the intersection of DFSV victimisation and perpetration, and risk of and death by suicide. This research program should include specific streams for:

- Indigenous community-led approaches
- perinatal and maternal mental health interventions
- children and young people
- interventions for people who use violence
- whole-of-community prevention initiatives.

Recommendation 5.2: The Second Action Plan under the National Plan to End Violence Against Women and Children 2022-2032 should explicitly address suicide prevention, including by including activities that:

- align with and advance the objectives of National Suicide Prevention Strategy
- advance specific strategies for groups at heightened risk
- invest in Aboriginal and Torres Strait Islander community-led prevention
- address structural drivers including housing, economic security and migration policy.

Recommendation 5.3: Mental health services across Australian states and territories should implement:

- routine screening for both DFSV victimisation and perpetration, including for children and young people
- integrated care pathways that address both mental health and experiences of violence
- assertive outreach for people who disengage from services
- peer support programs for victim-survivors of DFSV who have experienced suicide ideation or the death of a person using violence
- family-inclusive practice that recognises family recovery and healing journeys.

Recommendation 5.4: Perinatal services should:

- implement universal screening for DFSV victimisation
- recognise suicide as a leading cause of maternal death, and the risk factors specific to individuals who have experienced DFSV victimisation
- provide trauma-informed, and culturally safe care
- ensure child protection responses do not increase suicide risk
- support mothers' connection to their babies and their parenting capacity.

Recommendation 5.5: Schools and youth services have a vital role to play as part of fulfilling the National Plan commitment to recognise children and young people as victim-survivors in their own right. Specific to the intersection between DFSV and risk of suicide, schools and youth services should:

- provide trauma-informed supports for children and young people who have experienced violence or abuse, including with a focus on supporting recovery and healing from violence or abuse
- screen for and respond to risk of dating violence among young people including with consideration given to emerging forms of coercive control, including digital surveillance and technology facilitated abuse
- build protective factors among children and young people including connection to culture, community and identity.

6: Other Related Matters

Children and Young People as Victim-Survivors

The workshop heard presentations providing compelling evidence of the impact of DFSV on children and young people, including:

- international research showing violence increases suicide incidence in young people up to age 17 years old
- systemic failures including mischaracterisation of teenagers as 'difficult', responsibilisation of children for trauma responses, and lack of culturally safe, trauma-informed support
- long-term impacts of violence victimisation obscured or reframed as alcohol/drug use or mental health conditions
- average of seven child protection reports per child in Victorian research, yet intervention often only after years of escalation of harm and abuse
- inadequate service systems responses which contribute to a young person's experiences of cumulative harm.

The Impact of Child Removal

Workshop participants emphasised how the threat or experience of child removal was identified as a critical contributor to hopelessness and risk of suicide, particularly for:

- Aboriginal and Torres Strait Islander mothers affected by continuing colonial practices and intergenerational harm
- Māori women in Aotearoa, where maternal suicide is the leading cause of death for new mothers
- women experiencing DFSV victimisation who fear or experience children being removed due to their victimisation.

The concept of 'wrongful uplifting of children' was described by some women as a form of trafficking, underscoring the deep toll of wrongful separation and child removal.

The Importance of Lived Experience

Throughout the workshop, lived experience perspectives were central to understanding risk of, and experiences of suicide in the context of DFSV victimisation and perpetration. Workshop participants included victim-survivors who shared insights on:

- the journey through suicidal distress and recovery
- the dual role of families as both needing support and having their own recovery and healing journey
- the inadequacy of services that exclude families from decision-making
- the importance of compassion, empowerment and recognition of lived expertise.

Advocacy and survivor voices were identified as critical in shaping narrative and influencing policy reform. Reflecting this, it is imperative that the work of this Committee and the recommendations stemming from this Inquiry are informed by, and hears directly from individuals with lived experiences of the issues under focus.

Data Sovereignty and Indigenous Research

Workshop participants emphasised:

- the critical need for Indigenous-led research and truth-telling
- culturally grounded data practices
- data sovereignty principles

- disaggregation to reveal patterns affecting Aboriginal and Torres Strait Islander peoples
- research that names what has been denied: Aboriginal women are not just 'missing' – they are missed
- holding systems accountable for how Aboriginal and Torres Strait Islander deaths by suicide in the context of DFSV are recorded, remembered and responded to.

Gambling as a Risk Factor

New research presented at the workshop examined the relationship between gambling, death by suicide and experiences of DFSV, finding:

- at least 4.2% of suicide cases were gambling-related
- in more than 20% of gambling-related suicides, DFSV was also a stressor
- gambling venues positioned as safe spaces for women seeking refuge from violence can also become sites of harm.

A conceptual framework of 'commercial determinants' helps to better understand how gambling-related harm and its links to violence and addiction are shaped by systems that encourage sustained gambling whilst responsibilising individuals.

Migration and Temporary Visa Status

Research on suicide deaths involving migrant and refugee women has revealed:

- heightened vulnerability of temporary visa holders who face specific structural challenges to safety and protection
- limited visibility of DFSV-related factors in coronial reporting
- women had recent contact with support systems, yet service responses often failed to account for DFSV context
- need for integrated support systems and improved recording practices.

Recommendation 6.1: The Australian Government should establish a National Commissioner for Aboriginal and Torres Strait Islander Deaths to:

- oversee data collection and reporting on deaths including deaths by suicide following DFSV victimisation or perpetration
- ensure cultural safety in investigative processes
- promote Indigenous-led research and community-controlled responses
- hold systems accountable for failures
- report publicly on relevant recommendations, including the implementation of relevant Inquest, Inquiry and Parliamentary review recommendations.

Recommendation 6.2: Child protection systems should reform practices to:

- more consistently embed the policy recognition of children as victim-survivors of DFSV in their own right into current practices
- focus on perpetrator accountability rather than removing children from protective parents
- understand child removal itself as a suicide risk factor for mothers
- implement trauma-informed, culturally safe practice

- ensure Aboriginal and Torres Strait Islander children remain connected to family, community, culture and Country.

Recommendation 6.3: To address high risk of suicide among migrant women who experience DFSV, the Australian Government should:

- review migration policies that create vulnerability to DFSV and may exacerbate suicide risk
- extend access to support services for all people experiencing DFSV regardless of visa status
- remove barriers to permanent residency for victim-survivors of DFSV
- ensure no one is deported due to DFSV victimisation.

Recommendation 6.4: To address the interconnection between gambling related harms, DFSV victimisation and risk of suicide, the Australian Government should regulate gambling to:

- reduce harm and suicide risk
- recognise gambling venues as potential sites of harm for victims of DFSV
- implement the commercial determinants framework in policy development
- screen for DFSV in gambling harm services
- consistently screen for and manage risk of gambling harm in DFSV services.

CONCLUSION

This inquiry presents a vital opportunity to address a critical yet under-recognised issue: the relationship between domestic, family and sexual violence victimisation and suicide. As this submission has detailed, there is compelling evidence that DFSV is a significant contributor to suicide risk and deaths in Australia, yet this connection remains largely invisible in research, policy and practice.

The workshop findings emphasise several key points:

1. Suicide in the context of DFSV must be understood structurally and systemically, not merely as individual pathology.
2. Current data collection and investigation processes are inadequate and inconsistent.
3. Systems are fragmented and siloed, missing opportunities for prevention and intervention.
4. Indigenous knowledges and community-led approaches must be central, not peripheral.
5. The need to better support the healing and recovery needs of children and young people who experience DFSV, and to provide accessible and age-appropriate support services.
6. Perpetrator use of suicide threats as coercive control requires policy and practice responses.
7. Prevention must address structural drivers including gender inequality, systemic racism, economic insecurity and other forms of marginalisation.

The path forward requires:

- integration of mental health, DFSV and suicide prevention sectors
- nationally consistent data collection and expanded death review processes
- culturally safe, trauma-informed approaches embedded across all systems
- adequate resourcing for Aboriginal and Torres Strait Islander community-controlled organisations
- legal and policy reforms to enhance prevention, protection and accountability
- sustained commitment to centring lived experience in research, policy and practice.

The authors of this submission and CEVAW are keen to support the Committee's work and the implementation of any resulting recommendations.

We thank you for the opportunity to contribute to this critical inquiry.

The full workshop report can be found here:
https://www.cevaw-evidence.org/analysis/reports/suicide-and-domestic-violence/

ABOUT CEVAW

The Australian Research Council Centre of Excellence for the Elimination of Violence Against Women (CEVAW) is a seven-year initiative (2024–2030) that brings together leading researchers, policy makers, practitioners and lived experience experts to build the evidence base needed to prevent and eliminate violence against women.

CEVAW's research program spans prevention, systems reform, justice responses and the evaluation of interventions. The Centre is committed to working in partnership with Aboriginal and Torres Strait Islander communities, incorporating lived experience expertise, and translating research into policy and practice impact.

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