

Submission to the Senate Standing Committee on Foreign Affairs and Defence

Defence Amendment (Sexual Assault Prevention,
Intervention and Response Commission) Bill 2025

April 2026



Acknowledgement of Country

The National Suicide Prevention Office (the NSPO) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work and learn.

Lived experience acknowledgement

The NSPO recognises the individual and collective contributions of those with lived and living experience of suicide. People who experience suicidal thoughts, have survived suicide attempts, cared for a person in suicidal crisis or have lost a loved one to suicide demonstrate tremendous generosity through providing their expertise and insights. Every person's journey is unique and a valued contribution to Australia's commitment to suicide prevention reform.

Sources of support

Please be aware this document contains distressing material and may have significant emotional impacts. Please take care of yourself as you read it and ask for help if needed. Support is always available. You may find the below information useful.

Lifeline:

13 11 14

[Lifeline.org.au](https://lifeline.org.au)

1800 RESPECT:

1800 737 732

<https://1800respect.org.au/>

Suicide Call Back Service:

1300 659 467

[Suicidecallbackservice.org.au](https://suicidecallbackservice.org.au)

ReachOut:

au.reachout.com

Beyond Blue:

1300 224 636

[Beyondblue.org.au](https://beyondblue.org.au)

Aboriginal and

Torres Strait Islander Peoples:

13 YARN (13 92 76)

healthinfonet.ecu.edu.au

MensLine Australia:

1300 789 978

[Mensline.org.au](https://mensline.org.au)

LGBTIQ+ community:

1800 184 527

[Qlife.org.au](https://qlife.org.au)

Kids Helpline:

1800 551 800

[Kidshelpline.com.au](https://kidshelpline.com.au)

**Culturally and linguistically
diverse communities:**

embracementalhealth.org.au

Medicare Mental Health:

<https://www.medicarementalhealth.gov.au/>

Open ARMS:

1800 011 046

<https://www.openarms.gov.au/>



About the National Suicide Prevention Office

The National Suicide Prevention Office (the NSPO) is a specialist office located alongside the National Mental Health Commission within the Department of Health, Disability and Ageing. The NSPO provides robust, evidence-based insights and advice to guide and support all levels of government to take coordinated action to reduce suicide and suicidality.

The work of the NSPO is informed by people with lived and living experience of suicide and draws on the rich combined knowledge and expertise of individuals, communities, service providers, advocates, researchers and government agencies.

The NSPO developed the *National Suicide Prevention Strategy 2025-2035* (the Strategy), which was formally endorsed by all relevant Commonwealth portfolios and all states and territories before being launched in February 2025. Relevant to this submission, the Strategy includes specific reference to the increased risk of suicide that veterans face. The Strategy also works in concert with the Government's response to the recommendations of the Final Report of the *Royal Commission into Defence and Veterans Suicide*.



Submission

The NSPO welcomes the opportunity to contribute to the Inquiry into the Defence Amendment (Sexual Assault Prevention, Intervention and Response Commission) Bill 2025. This submission draws on the insights of all those who have contributed to the work of the NSPO, including people with lived experience of suicide, researchers, sector stakeholders, and governments. We recognise that our contribution draws primarily on the evidence regarding suicide prevention. We respect and appreciate the contribution that others with deep expertise on sexual violence, particularly in a defence and veteran context, will bring to this inquiry. Victim-survivors of sexual violence in a defence context face significantly different experiences compared to the general public including rigid hierarchical command structures, the impacts of disclosure on career progression, and barriers to confidential reporting.ⁱ These institutional and cultural contexts can heighten the risk of delayed disclosure, social isolation or exclusion, and reduced help-seeking, which are all known risk factors for suicidal behaviour.ⁱⁱ

There is well established evidence that demonstrates that sexual assault victimisation is associated with an increased risk of self-harm or suicidal behaviour.^{iiiivv} Victim-survivors report impacts on social activities and relationships, increased mental health concerns, a higher likelihood to engage in high-risk alcohol and illicit drug consumption, and employment disruptions; all of which can contribute to the expression of suicidal behaviour.^{vi} Therefore, to prevent suicide attempts and deaths, services designed to monitor and support victim-survivors should incorporate awareness of these wider impacts of sexual violence.

We commend the draft Bill for including provisions in Section 110ZMR clause 6c(i) to ensure that alleged perpetrators are monitored for suicide and self-harm and are offered supports as needed. However, the lack of a similar provision for victim-survivors needs to be addressed to enhance early intervention efforts. Without an explicit clause that provides independent suicide and self-harm support to victim-survivors particularly at points of higher-risk including during disclosure or investigation, there is no guarantee that consistent, proactive, or accountable support will be provided.

Recommendation 1: Include explicit measures in the draft Bill to monitor and support victim-survivors of sexual violence for suicidal behaviour.

- **Embed a clear function within Section 110ZMR requiring the Commission to identify, monitor and respond to suicide and self-harm risk among victim-survivors from the point of disclosure or allegation, and across all stages of engagement.**
- **Ensure that victim-survivors receive support from specialised sexual violence support practitioners that are independent of Defence command structures and recognise the complex impacts of sexual violence.**
- **Establish clear accountability and continuity of care, including during transitions out of service, recognising the ongoing and cumulative impacts of sexual violence and associated trauma for victim-survivors.**

In 2021-22, over 90% of sexual violence victim-survivors did not report their experience to the police and more than half did not seek support from friends or family.^{vii} A range of factors contribute to low levels of police reporting – feelings of shame, the belief that victim-survivors can handle it themselves, and the fear of not being believed.^{viii} Section 110ZMP clause 1(b) refers to the individuals responsibility to avoid risky situations and mitigate any potential risk. This language may inadvertently suggest that it is the responsibility of victim-survivors to prevent sexual assaults. By framing safety as the responsibility of victim-survivors, attention is



shifted from perpetrators' actions and undermines efforts to hold them accountable. Ensuring that the language we use affirms experiences of sexual violence and challenges stereotypes of personal responsibility can improve the likelihood of sexual assaults being reported. Therefore, we encourage the draft Bill to utilise language that is sensitive, culturally informed, and trauma-aware.

Recommendation 2: Ensure that language that is sensitive, culturally informed, and trauma-aware is utilised in recognition of the impacts that negative narratives have on reporting and community attitudes.

- **Revise Division 3—Sexual assault prevention, intervention and response functions clause 1(b) to avoid risk of implying that victim-survivors are responsible for the actions of perpetrator.**
 - **Revise the wording of Division 3 — Sexual assault prevention, intervention and response functions clause 1(b) to “supports the development of a culture that promotes respectful behaviour, early intervention and effective risk mitigation strategies by ensuring prevention efforts focus on changing perpetrator behaviour and strengthening protective systems.”**

Strengthening the Defence Amendment (Sexual Assault Prevention, Intervention and Response Commission) Bill 2025 presents an opportunity to ensure that victim-survivors of sexual violence receive adequate trauma-aware and independent support. By embedding explicit suicide and self-harm monitoring functions for victim-survivors, alongside the use of sensitive and accountable language, the Bill can better address the complex risks of sexual violence within Defence settings and promote a greater focus on early intervention efforts.



- ⁱ Royal Commission into Defence and Veteran Suicide: Final Report, (2024). Commonwealth of Australia
- ⁱⁱ Prevett, A, Short, M, Morrissey, M, & Wadham, B, (2024). Examining Sex-Based Delays in Utilizing Advocacy Support Services Among Australian Military Veterans: Implications for Health Care Access and Suicide Prevention. *International Journal of Environmental Research and Public Health*,
- ⁱⁱⁱ Dworkin, E, DeCou, C, & Fitzpatrick, S, (2020). Associations Between Sexual Assault and Suicidal Thoughts and Behavior: A Meta Analysis.
- ^{iv} Ng, Q, Yong, B, Ho, C, Lim, D, & Yeo, W, (2018). Early life sexual abuse is associated with increased suicide attempts: An update meta-analysis.
- ^v Nicholas, A, Krysinska, K, & King, K, (2022). A rapid review to determine the suicide risk and risk factors of men who are survivors of sexual assault.
- ^{vi} Family, Domestic, and Sexual Violence (2025). Australian Institute of Health and Welfare
- ^{vii} Family, Domestic, and Sexual Violence (2024). Australian Institute of Health and Welfare
- ^{viii} Family, Domestic, and Sexual Violence (2026). Australian Institute of Health and Welfare