

Submission to the Standing Committee on Social Policy and Legal Affairs

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

March 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.

Recognition of Lived Experience

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)

Suicide Call Back Service
1300 659 467
[Suicidecallbackservice.org.au](https://suicidecallbackservice.org.au)

Defence Member and Family Helpline
1800 624 608

MensLine Australia
1300 789 978
Mensline.org.au

ReachOut
au.reachout.com

13YARN
13YARN (13 92 76)

QLife
1800 184 527
[Qlife.org.au](https://qlife.org.au)

Kids Helpline
1800 551 800
Kidshelpline.com.au

Medicare Mental Health
Medicarementalhealth.gov.au

Headspace
1800 650 890
headspace.org.au

Open Arms
1800 011 046
openarms.gov.au

Beyond Blue
1300 224 636
Beyondblue.org.au

1800 Respect
<https://1800respect.org.au/>
1800 737 732



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 Domestic Family and Sexual Violence (DFSV) as a key driver of suicidal distress and highlights the importance of community safety and security in promoting wellbeing and preventing suicide. The Strategy also emphasises the need to address the social and economic conditions that may lead to the occurrence of DFSV and suicidal distress.

In November 2025, the NSPO also released the first component of the National Suicide Prevention Outcomes Framework (the Outcomes Framework). Once complete, the Outcomes Framework will enable a more complete and more meaningful picture of progress against the objectives of the Strategy. In recognition that feeling safe and secure is critical to building wellbeing and protecting against suicide, the Outcomes Framework will include measures related to DFSV.



Submission

The NSPO welcomes this opportunity to contribute to the House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into the relationship between DFSV and suicide in Australia. 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. In particular, we thank members of the NSPO's Lived Experience Partnership Group and the Advisory Board who have provided direct input to this submission.

The NSPO recognises that DFSV and suicide are both insidious societal issues, each requiring a considered, coordinated and sustained response. Both are driven by a complex interplay of factors, and both have touchpoints across various systems. Advances in both these complex social policy areas have benefited enormously from the insights of people with lived experience as well as those who are involved in supporting them. The active inclusion of the perspectives of groups disproportionately represented in DFSV and suicide experiences is considered essential for the design of effective reform. This includes Aboriginal and Torres Strait Islander people; Lesbian, gay, bisexual, transgender, intersex, queer or questioning, and/or other sexuality and gender diverse (LGBTQIA+) people; and Culturally and Linguistically Diverse (CALD) communities. Therefore, fundamental to all recommendations put forward in this submission is that a diverse range of people with lived experience (including family, carers and kin) are centrally involved in all phases and levels of reform. While we recognise the sensitivity required when approaching the issues of DFSV and suicide, well-intentioned caution should also not become a barrier to engaging people with lived experience in reform work.

Involvement of people with lived experience can take many forms and it is vital that engagement mechanisms are designed to provide victim survivors with choice and a sense of agency in how they engage with reform processes. Many people who experience DFSV are silenced by violence and abuse (and by harmful social and system responses) or are choosing silence strategically to uphold their own dignity and safety.¹ Therefore, it is important that public disclosure is not a pre-requisite for participation in reform. All participation opportunities should be designed with the understanding that each person is best placed to determine what they need to contribute safely. Respecting and promoting the rights of people with lived experience to choice and control in how they contribute their expertise provides a powerful counterpoint to their experiences of DFSV.

We also recommend that service providers are provided with opportunities to contribute their first-hand knowledge of the systemic barriers to providing effective support and care to reform discussions. In recognition that the impacts of DFSV and suicide can manifest across various aspects of a person's life, this should include frontline workers from a wide range of health and social services including housing, financial counselling, primary health, and sexual and reproductive health services, as well as those from specialist DFSV, suicide prevention and mental health services.

RECOMMENDATION 1 – Ensure people with lived experience of DFSV and suicide are centrally involved in efforts to reform systems and improve outcomes, alongside relevant service providers.

- **Proactively seek a diverse range of lived experience perspectives.**
- **People with lived experience should be involved throughout all phases and levels of reform.**



- **Organisations and service providers should ensure that people with lived experience are compensated for their time, have clarity over their roles and expected contributions, and are provided with debriefing supports.**
- **Provide choice and a sense of agency in the methods by which a person with lived experience can engage with reform processes.**
- **Service providers from all relevant sectors should be provided with opportunities to contribute to reform processes.**

This submission has been developed by the NSPO and therefore, recommendations are predominantly born out of the evidence regarding suicide prevention. We respect and appreciate the contribution that others with deep expertise in DFSV will bring to this inquiry. It is only through the cross-pollination of experiences and expertise from across policy areas and sectors that the intersection between DFSV and suicide can be addressed.

There has long been recognition of the relevance of DFSV and suicide prevention to each other. Significant national strategies point to each other to emphasise that progress in one area requires progress in the other. The service sectors supporting people with these experiences continue to do extraordinary work in helping people navigate across and within systems. However, the effective cross-portfolio and cross-sector coordination required to remove systemic barriers to providing highly quality, integrated and coordinated services and supports will require a clear mechanism with authority from government.

RECOMMENDATION 2 – Authorise a suitable national agency to convene a steering group responsible for developing a concrete action plan for progressing key recommendations from relevant strategies the government has already endorsed in a coordinated way, with the aim of understanding and responding to the intersection between DFSV and suicide.

- **Steering group membership should include cross-portfolio and cross-sector representation as well as people with lived experience and frontline service staff. In addition, the steering group should consider an approach to broader input, where required.**
- **Relevant strategies include (but are not limited to) the *National Suicide Prevention Strategy 2025-2035*, the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, and the *National Plan to End Violence against Women and Children 2022–2032*.**
- **The steering group should be given the authority to access information required for informing the development of the action plan as well as for regularly reporting on progress against the action plan. These reports should be submitted to relevant ministers and the Standing Committee on Social Policy and Legal Affairs.**

The lack of a shared framework for understanding and examining people's experiences of the intersection between suicide and DFSV victimisation demonstrates the complexity of these issues. Developing shared understandings and frameworks would facilitate the coordination of care across sectors and enable more consistent measuring of the impact of support activities and interventions.

To help address this from a suicide prevention perspective, the NSPO is developing a [National Suicide Prevention Outcomes Framework](#) – an agreed set of outcomes based on the model used in the *National Suicide Prevention Strategy 2025-2035*.ⁱⁱ This will provide a way of



measuring the impact of efforts being made in suicide prevention in Australia. The Outcomes Framework will incorporate both quantitative and qualitative data measures to provide a more complete and more meaningful picture of people's experiences and better inform reform. (The specific data measures to be used are expected to be confirmed mid-2026.)

The NSPO will report on the Outcomes Framework on a regular schedule, with fuller reports across all domains at a cadence that surfaces genuinely meaningful trends (e.g. every 3 years) with the aim of informing service delivery and policy. Reporting will use national data measures that can be disaggregated down to the level of population groups disproportionately impacted. This will enable a more useful understanding of the experiences of communities and how they differ across the country.

Once operational, the Outcomes Framework will represent a significant leap forward in Australia's ability to measure progress in suicide prevention. A similar approach is warranted in relation to DFSV which, if built in a way that complemented the suicide prevention Outcomes Framework, would allow far deeper insights into the relationship between DFSV and suicide. A collaboration between the National Suicide Prevention Office and the Domestic Family and Sexual Violence Commission would be well-placed to lead such work.

RECOMMENDATION 3 – Resource a suitable national agency (or agencies) to define and implement nationally consistent data measures related to the intersection of DFSV and suicide, including DFSV-related suicide deaths and attempts.

- **Nationally consistent data measures should include both quantitative and qualitative measures in order to better represent people's experiences of DFSV and suicide.**
- **Authorise the agency (or agencies) tasked with this recommendation to collaborate with all relevant portfolios and sectors to incorporate all necessary data.**
- **Nationally consistent DFSV-related data measures should complement those being used within the National Suicide Prevention Outcomes Framework (once developed).**
- **Nationally consistent data measures should be implemented and transparently reported at a cadence that provides regular insights into meaningful trends.**
- **Outline clear plan for enabling nationally consistent data measures to be disaggregated for populations disproportionately impacted by DFSV and suicide.**

The *National Suicide Prevention Strategy 2025-2035* recognises that suicide disproportionately impacts Aboriginal and Torres Strait Islander Peoples, LGBTQIA+ and CALD communities, people with a disability, and families, carers, and kin. Many of these groups are also disproportionately impacted by DFSV. The Strategy emphasises that these groups do not experience higher suicide rates due to any inherent vulnerability in those populations, but due to disparities and inequities in social and economic factors. Therefore, based on evidence provided by representatives from population groups disproportionately impacted by suicide, the Strategy focused on addressing the underlying factors that drive suicidal distress that are common across all groups. These underlying factors include entrenched socio-economic disadvantage, discrimination, financial stress, housing insecurity and substance misuse.ⁱⁱⁱ Similar factors contribute to DFSV victimisation.^{iv}

By focusing on the common underlying factors (rather than focusing on identifying which population groups are disproportionately impacted), the Strategy was better able to account for people who belong to more than one group. This intersectional approach recognises that the social and economic effects of belonging to multiple groups can compound disadvantage. To address these underlying factors, the Strategy emphasises preventative efforts as a separate and significant domain. Although every group has unique



circumstances and experiences that should be considered when designing and implementing programs, the most effective way to reduce the overall prevalence of these experiences requires system reform that is focused on addressing the underlying factors that give rise to DFSV victimisation and suicide.

It is important to acknowledge the gendered nature of DFSV victimisation, which overwhelmingly impacts women.^v There are inversed gender differences in the rates of suicide deaths, with 3 in 4 people taking their lives being men.^{vi} However, we caution against interpreting this data as evidence that suicide is exclusively a male issue. When including the full scope of suicide-related experiences (i.e. suicidal ideation, suicidal distress, suicide attempts, suicide deaths, caring for someone who is suicidal, and being bereaved by suicide), there is clearly a more pervasive issue that exists across genders.^{vii} While it is critically important that we address the factors that lead to males being so disproportionately represented in suicide deaths, we must not do so at the expense of understanding and addressing the full range of suicide-related experiences across the whole population.

RECOMMENDATION 4 – National policy and system reform should focus on addressing the underlying drivers of DFSV and suicide that are common across population groups.

- **Underlying drivers of DFSV and suicide that should be addressed include (but are not limited to) socio-economic disadvantage, discrimination, financial stress, alcohol and other drug harm, housing insecurity, childhood adversity, and relationship breakdown.**
- **Understanding the unique circumstances and experiences of populations disproportionately impacted by DFSV and suicide should focus on identification of common underlying drivers to be prioritised, as well as where tailoring of implementation is needed to meet specific community needs.**
- **The gendered nature of DFSV and suicide should inform strategies for reform, but not at the expense of initiatives that require engagement across the whole population.**

Taking a preventative approach offers new areas of intervention before violence begins. Integrating positive social support, father-son relationships, and challenging societal gender stereotypes can have an impact on reducing the prevalence of coercive control in the context of DFSV perpetration. No one solution can prevent DFSV entirely because of the complex web of underlying factors.

Coercive control by perpetrators of DFSV is poorly understood, yet widely prevalent. It spans various methods, including through emotional, physical, sexual, economic, and technological means. Disclosures of suicidal thoughts or behaviours in the context of DFSV can be used to control or manipulate victim-survivors. A national study by the Australian Institute of Criminology found that 39% of women who had experienced coercive control also reported their partner threatening to harm themselves.^{viii} We recognise the impact that coercive control can have in extending or exacerbating experiences of DFSV victimisation and prompt a system response that may inadvertently prioritise perpetrators over the safety of victim-survivors.^{ix} However, given that DFSV perpetrators (including victim-perpetrators) do die by suicide, all disclosures of suicidal thoughts or behaviours should be taken seriously.^x

This creates a tension that understandably makes service providers question how best to respond to disclosures of suicidal thoughts or behaviours by DFSV perpetrations. It is important to provide compassionate support that prevents suicidal behaviours. But it is important to hold perpetrators of DFSV accountable for violence and ensure the safety of victim-survivors. Navigating these circumstances is made more challenging by the lack of a consistent national approach or a sufficient evidence base to inform such an approach. For example, it



is not known whether traditional suicide prevention approaches are effective for people whose suicidality is motivated by coercive control.

RECOMMENDATION 5 – Establish cross-sector working group to develop best practice guidelines for responding to disclosure of suicidal thoughts or behaviours by DFSV perpetrators.

- **This working group should draw on the expertise of people with lived experience of DFSV and suicide.**
- **Where the evidence is lacking, this working group should provide recommendations for research required to inform best practice guidelines for responding to disclosure of suicidal thoughts or behaviours by DFSV perpetrators.**

To be effective, support services need to be compassionate, accessible, coordinated, and holistic. People who experience DFSV and suicidal distress interact with various systems, including housing and homelessness services, healthcare and justice systems. These services can enhance their support by operating in ways that recognise that many people who experience DFSV have suffered significant trauma, which understandably affects their emotions, sense of self, and relationships. It is critical that workers across all relevant support services develop the skillsets needed to identify and connect people to the most appropriate care pathway that encourages healing and recovery. Victim-survivors experience the impacts of DFSV and suicidality in non-linear ways and sometimes long after the violence itself. Supporting people to heal as part of their recovery journey necessitates longer-term responsive care. Given the importance of addressing social determinants that lead to DFSV and suicide, both crisis and long-term support services should also be able to connect people to supports that address socio-economic factors.

Support services and systems that interact with victim-survivors also need to be equipped to identify and respond to the diverse needs of people impacted by DFSV. In particular, children and young people should be recognised as victim-survivors in their own right given child maltreatment (including growing up in a household where DFSV is occurring) increases the likelihood of suicidal thoughts and behaviours.^{xi} Alongside providing high-quality support services to all people, age-appropriate services that recognise the unique presentation of distress in children and young people is important.^{xii} Similarly, CALD and Aboriginal and Torres Strait Islander communities also benefit from support services that are tailored to provide culturally appropriate care that recognises culture as a protective factor.

The principles of effective DFSV and suicide prevention support services are fundamentally aligned – both have an immediate emphasis on ensuring safety; both can involve addressing loneliness, isolation and a sense of entrapment; and both promote reconnection with support networks as part of recovery. Additionally, promoting a person’s sense of agency as they navigate supports is important, and peer workers play an important role in instilling hope along the recovery journey by providing lived experience-based support. These features of fundamental alignment reinforce the potential for a more integrated support system that is less rigidly defined by diagnostic categories and ineligibility criteria. People should receive appropriate support regardless of which part of the system they first connect, without having to jump between and navigate completely different support systems. This would require careful systems design as well as a capable workforce.

RECOMMENDATION 6 – Ensure supports for those impacted by DFSV and suicide are high quality and effective.



- **Support service funding models should be designed to maximise accessibility whenever a person is in need of support, including longer-term supports (rather than be based on the traditional notion of episodic care).**
- **Supports for DFSV and suicide should be age-appropriate, culturally safe, and holistic.**
- **Workforces that are in a position to engage with people who have been impacted by DFSV and suicide (not limited to healthcare professionals and including lived experience peer workers) should be trained and supported to provide effective and responsive care.**
- **Practical steps for improving system integration should be developed in partnership with service providers and people with lived experience. Reliable measures of progress against this pursuit should be regularly and publicly reported.**

ⁱ Talk, (2023). Insight Exchange

ⁱⁱ National Suicide Prevention Strategy, (2025). National Suicide Prevention Office

ⁱⁱⁱ Factors associated with FDSV, (2026). Australian Institute of Health and Welfare

^{iv} Factors Associated with FDSV, (2026). Australian Institute of Health and Welfare

^v Submission to the Inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide, (2026). Australian Institute of Health and Welfare

^{vi} Suicide and Self-harm Monitoring, (2025). Australian Institute of Health and Welfare

^{vii} Suicide and Self-harm Monitoring, (2025). Australian Institute of Health and Welfare

^{viii} Boxall, H & Morgan, A, (2021). Experiences of coercive control among Australian women. Australian Institute of Criminology

^{ix} Woolley, J, (2024). Policing perpetrator suicide threats in family violence cases: competing priorities and contemporary challenges. *An International Journal of Research and Policy*.

^xData Report 2018, (2018). Australian Domestic and Family Violence Death Review Network

^{xi} Mathews, B., Hegarty, K.L., MacMillan, H.L., Madzoska, M., Erskine, H.E., Pacella, R., Scott, J.G., Thomas, H., Meinck, F., Higgins, D., Lawrence, D.M., Haslam, D., Roetman, S., Malacova, E. and Cubitt, T, (2025). The prevalence of intimate partner violence in Australia: A national survey, *Medical Journal of Australia*

^{xii} Buchanan, F., Borgkvist, A., & Moulding, N, (2025). What helps young people in Australia create healthy relationships after growing up in domestic violence? *Journal of Family Violence*