

Standing Committee on Social Policy and Legal Affairs Inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide

February 2026

Acknowledgement of Traditional Owners

Safe and Equal is based on Wurundjeri Country. We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work, and we pay respects to Elders past and present. We acknowledge that sovereignty has never been ceded and recognise First Nations peoples' rights to self-determination and continuing connections to land, waters and community.

Honouring Victim Survivors

Safe and Equal acknowledges the strength and resilience of adults, children and young people who have experienced family violence and recognises that it is essential that responses to family violence are informed by their expert knowledge and advocacy. We pay respects to those who have not survived and acknowledge the lasting impacts of this preventable violence on families and communities. We also acknowledge and honour the lived experiences shared by the two victim survivor advocates cited in this submission. Their insights and expertise have been invaluable.

About Safe and Equal

Safe and Equal is the peak body for Victorian organisations that specialise in family and gender-based violence across the continuum, including primary prevention, early intervention, response and recovery. Our vision is a world where everyone is safe, respected and thriving, living free from family and gender-based violence.

As a peak, we work with and for our members to prevent and respond to violence, building a better future for adults, children and young people experiencing, at risk of, or recovering from family and gender-based violence. While we know that most family violence is perpetrated by men against women and children, we recognise that family violence impacts people across a diversity of gender identities, social and cultural contexts, and within various intimate, family and other relationships. We apply an intersectional feminist lens in our work to address the gendered drivers of violence, and how these overlap and intersect with additional forms of violence, oppression and inequality.

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Introduction

Safe and Equal welcomes the opportunity to contribute to the Standing Committee on Social Policy and Legal Affairs *Inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide*.

In this submission, Safe and Equal draws upon available data and literature, insights from our member services, consultation with survivor advocates and our knowledge and expertise in family and gender-based violence in the national and Victorian context.

This submission is structured in four parts. First, we highlight how experiences of family violence can contribute to suicide risk. We then discuss how systemic failings caused by under resourced services designed to support victim survivors of family violence can contribute to and exacerbate suicide risk, particularly in the areas of mental health, housing, financial security and systems abuse. We conclude this part by making some recommendations for how these systems can be improved. We then address opportunities to improve responses to victim survivors of family violence at risk of suicide through increased collaboration and coordinated risk assessments between specialist family violence and mental health services. Finally, we discuss data related to the prevalence of family violence related suicide and ways to increase understanding of the issue through improved data collection.

Family violence-related suicides must be a state and national priority. Too many lives have been lost, and the full extent of family violence experienced by people who die by suicide remains largely unseen and unrecorded.

Suicide in the context of family violence

Suicide is a complex public health issue. It is often a response to profound suffering and hopelessness, yet its connection to family violence and gender-based violence has historically been overlooked and not captured in data.¹ However, evidence linking experiences of family violence and suicide is building. Internationally, there is now an abundance of literature which links suicide and domestic, family and sexual violence; and in Australia, there is increasing evidence to suggest that there is a heightened risk of suicide among victim survivors of family violence.²

Family violence has a devastating effect on victim survivors, including mental ill health, diagnoses of post-traumatic stress disorder and impaired social and cognitive functioning.³ Frontline insights reveal that victim survivors of family violence frequently report feelings of shame, worthlessness, isolation, and overwhelm – all of which can contribute to suicidal ideation. While post-separation is noted as a time of particularly heightened risk of suicide among victim survivors – a period often marked by loneliness, trauma and financial insecurity⁴ – suicide risk is not linear. The cumulative effects of violence can manifest over time and contribute to suicide risk long after the relationship with the person using violence (PUV) has ended. For example, one survivor advocate reflected on the stark difference between the immediate effects of family violence and its long-term impacts, particularly on mental health, which were being experienced acutely more than a decade later:

“My perspective on all of this is that the family violence experience itself is less painful than what *comes after*. Because when you're in that situation, you're surviving. You have the coping mechanisms to get through. You're not experiencing any of the impacts until you start healing. Then once you're out of that situation, your entire life falls apart. It really does. Your mental health gets way worse.” (Survivor Advocate #2)

Vasil, Fitz-Gibbon and Segrave (2025) offer the concept of ‘slow violence’ to describe the long-term, enduring effects of family violence.⁵ Survivor advocates consulted emphasised that suicide is often the ‘end product’ of the cumulative effects of violence or ‘slow violence’. One survivor advocate explained:

“... I think suicide is an end product of a lot of things that happen before that. They [victim survivors] don't wake up one day and just do it. They do it because they get to that point where they can't take it anymore.” (Survivor Advocate #1)

Individuals’ experiences of family violence and suicide are highly contextualised, while compounded and underpinned by experiences of coercive control. Coercive control is a pattern of abusive behaviours and tactics used by a perpetrator to gain power and control over a victim survivor,⁶ which

¹ Vasil, S, Fitz-Gibbon, K & Segrave, M (2025) *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequire Consulting and University of Melbourne. doi: 10.24268/acu.914zx.

² Ibid.

³ Macafee, A & Reeves, E (2024) Lived experiences at the intersection: Understanding the overlap of family violence and mental health for victim survivors and consumers in Victoria, Australia, *Journal of Criminology*, 57(2), 221–239. doi: 10.1177/26338076231213090.

⁴ Hing et al (2021) Impacts of Male Intimate Partner Violence on Women: A Life Course Perspective, *International Journal of Environmental Research and Public Health*, 18(16), 8303; doi: 10.3390/ijerph18168303.

⁵ Vasil, S, Fitz-Gibbon, K & Segrave, M (2025) *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequire Consulting and University of Melbourne. doi: 10.24268/acu.914zx.

⁶ Hay, K & Fox, R (2026) *Coercive control in the Victorian context: Continuing the conversation*, Melbourne: Safe and Equal. <https://safeandequal.org.au/2026/02/20/coercive-control-in-the-victorian-context-continuing-the-conversation/>

includes isolation, intimidation and micro-regulating the lives of victim survivors.⁷ Coercive control is inherently psychologically harmful,⁸ and victim survivors may see suicide as the only pathway out of violence, driven by feelings of entrapment, fear of the PUV and having limited support options.⁹ One survivor advocate stated they considered suicide as a way for them and their child to be free from the pain and violence they had experienced, as well as ongoing fear of their perpetrator:

“I considered taking my own life and my son's life so that he didn't have that lifetime of [****] that I knew that he was going to go through.” (Survivor Advocate #1)

Considered through this lens, suicide may be seen as a way to escape as well as a way to regain a sense of control in an otherwise uncontrollable situation.¹⁰

In addition, PUVs may deliberately exploit a victim's suicidality as part of their broader patterns of coercive control.¹¹ Women may be coerced to suicide, being encouraged to see their lives as worthless, leading to self-harm, attempts on their own life or suicide.¹² While there has been limited research in Australia and elsewhere on coercion to suicide as a form of violence, this hidden aspect of coercive control needs to be more reliably identified.¹³ Research is also emerging on the use of threats of self-harm and suicide by perpetrators as a means to instil fear and prevent victim survivors from leaving violent relationships.¹⁴ Research suggests that when a PUV's threats and other tactics to exert psychological control over intimate partners fail, their suicide may become a final act of inflicting guilt and retribution.¹⁵

Finally, research and feedback from members and victim survivor advocates suggests that other experiences including mental illness, alcohol and other drugs (AOD) use, and financial and legal stressors resulting from experiences of family violence further contribute to suicide risk. For example, drawing on Victorian Suicide Register (VSR) and Australian Bureau of Statistics (ABS) data, research found that suicide risk increased among women who had also experienced a combination of the removal of children, divorce or relationship separation, mental illness and problems with alcohol and/or other drugs.¹⁶ Insights from the frontline suggest that women who have had a child removed,

⁷ Stark, E (2007) *Coercive Control: How Men Entrap Women in Personal Life*, New York, NY: Oxford University Press.

⁸ Turnbull et al. (2025) Domestic violence and suicide in women under the care of mental health services in the UK, 2015–2021: a national observational study, *The Lancet Regional Health – Europe*, 55. doi: 10.1016/j.lanep.2025.101376.

⁹ Macafee, A & Reeves, E (2024) Lived experiences at the intersection: Understanding the overlap of family violence and mental health for victim survivors and consumers in Victoria, Australia, *Journal of Criminology*, 57(2), 221–239. doi: 10.1177/26338076231213090; Vasil, S., Fitz-Gibbon, K., & Segrave, M. (2025). *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequire Consulting and University of Melbourne. doi: 10.24268/acu.914zx.

¹⁰ Vasil, S., Fitz-Gibbon, K., & Segrave, M (2025). *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequire Consulting and University of Melbourne. doi: 10.24268/acu.914zx.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Fitzpatrick, S (2022) *Perpetrators of family violence sometimes use threats of suicide to control their partner*, The Conversation. Accessed 29 November 2025. <https://theconversation.com/perpetrators-of-family-violence-sometimes-use-threats-of-suicide-to-control-their-partner-182416>

¹⁵ Fitzpatrick, SJ, Brew, BK., Handley, T, & Perkins, D (2022) Men, suicide, and family and interpersonal violence: A mixed methods exploratory study, *Sociology of Health & Illness*, 44(6), 991-1008. doi: 10.1111/1467-9566.13476

¹⁶ Clapperton, A, Newstead, S, Bugeja, L & Pirkis, J (2019) Relative risk of suicide following exposure to recent stressors, Victoria, Australia, *Australian and New Zealand Journal of Public Health*, 43(3), 254-260. doi: 10.1111/1753-6405.12886

pose a particularly high risk for suicide, which is known to be associated with feelings of self-blame, guilt and loss of power and control.¹⁷

Children and young people

Suicidal thoughts and behaviours often trace back to early life experiences of abuse, violence, trauma and family conflict.¹⁸ In Australia, adverse or traumatic childhood experiences have been found to be alarmingly common, with one in two young people reporting growing up experiencing some form of domestic and family violence.¹⁹ While contributing factors to suicide risk are often categorised under the umbrella of adverse childhood experiences or childhood abuse, young people who have experienced parental domestic and family violence and child physical or sexual abuse are at a higher risk of attempting suicide during childhood and adolescence.²⁰

One young victim survivor reflected on the ongoing struggle they and their siblings face, as they continue to navigate the lasting impacts of family violence:

“From [time period] ... I was just constantly making calls to emergency services, almost every single week for a [suicide] attempt because of the end results of family violence... there's the ongoing harm from that and then also the long-term impacts... There's also an assumption that once you're out of that crisis period with the incident of family violence, things will go back to normal and they just don't... they never return. Especially when your childhood is only like that. That's the only frame of reference you've ever had, is violence.” (Survivor Advocate #2)

Ensuring safety, support, and opportunities for recovery when harm does occur to children and young people is vitally important for lowering suicide risk. A survivor advocate spoke about the importance of services laying the foundations of recovery first, before expecting them to engage in education, employment, goal setting or any other aspects of life:

“The system makes it way worse because the system just can't and it won't provide what's needed for us to recover ... It's [services] all about you becoming the most functional person in society rather than you having a place to heal and recover and get to some relative safety. For once in your life.” (Survivor Advocate #2)

¹⁷ Cramp, KJ & Zufferey, C (2021) The Removal of Children in Domestic Violence: Widening Service Provider Perspectives, *Affilia: Feminist Inquiry in Social Work*, 6(3), 406-425. doi: 10.1177/0886109920954422

¹⁸ National Suicide Prevention Office (2025) *The National Suicide Prevention Strategy 2025 – 2035*, Australian Government. <https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy>

¹⁹ Fitz-Gibbon, K., Meyer, S, Boxall, H, Maher, J, & Roberts, S (2022) *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts*, Sydney: ANROWS. <https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/>

²⁰ Meyer, S, Atienzar-Prieto, M, Fitz-Gibbon, K, & Moore, S (2023) *Missing Figures: The Role of Domestic and Family Violence in Youth Suicide-Current State of Knowledge Report*, Brisbane: Griffith University. <https://www.berrystreet.org.au/news/youth-suicide-report-reveals-family-violence-risks-for-young-people-being-overlooked-in-australia#:~:text=About%20the%20report-Missing%20Figures%3A%20The%20Role%20of%20Domestic%20and%20Family%20Violence%20in%20suicide%2C%20the%20role%20of%20the>

Addressing systemic issues including under resourced sectors which contribute to suicide risk

Feedback from survivor advocates and member services is that fragmented and under resourced service responses – such as access to crisis/emergency accommodation, limited capacity for immediate health/mental health intervention and lack of financial support – means that victim survivors are likely to cycle through a ‘revolving door of crisis’ and that this contributes to feelings of hopelessness and suicide risk. Survivor advocates spoke about the challenges of accessing multiple, related systems – none of which are well connected – and the onus placed on them to navigate this complexity on their own:

“You need to be accessing services every single day ... during last year when my sibling and I were homeless, I spent all of my time basically trying to access services. I spent all of my time trying to find housing, trying to get us back into a place where we weren’t having to go back to a violent home. Services were just saying “well too bad or you need to do more about this. You need to ring here. You need to ring every single day. The same service, harass them.” I don’t have the energy for this, I’m already mentally unwell.” (Survivor Advocate #2)

Survivor advocates consulted reported that their experiences of service systems has left them feeling ‘let down’, ‘worthless’ or ‘you’re the problem’ because ‘the system just keeps beating you down and beating you down and beating you down’. One survivor advocate described total disengagement and disillusionment with services after consistently not getting the help they needed:

“I will not engage with services because they can’t help me. I can’t get housing, and I can’t go back to a family violence situation. These things can’t be resolved by these services. So, at this point I have no way out. My only option is either to wait it out, hope something changes, or die.” (Survivor Advocate #2)

Improving mental health responses to family violence

A lack of access to the mental health system and access to services was raised repeatedly with us as an issue. Feedback from our member services indicates that mental health services are rarely as accessible or responsive as they need to be for victim survivors of family violence. A survivor advocate stated:

“They [mental health services] don’t have enough people. They don’t have enough funding, and they certainly don’t have enough people that are trained.” (Survivor Advocate #1)

Following the family violence related suicide of one of their siblings, one survivor advocate described the challenges they faced in trying to access mental health support from a hospital for themselves and their other siblings:

“I kept saying, you need to get us intervention. You need to give us some kind of mental health intervention now. We need to have long term mental health services now, because I know what’s going to happen. And then nothing. Radio silence. We had to go and do all of the work ourselves anyway. The risk was like that for over a year afterwards. Almost once a day for my sibling, and for the other siblings in general, because they were all attempting after my brother had died.” (Survivor Advocate #2)

Increased access to mental health support is needed for victim survivors of family violence, as family violence is a key driver for suicidal distress, self-harm and suicide attempts.

The *National Suicide Prevention Strategy 2025-2035* has identified family, domestic and sexual violence as a significant risk to personal safety that can lead to suicidal distress. It recommends increased investment in initiatives aimed at reducing the prevalence and impact of child abuse, neglect and family, domestic and sexual violence.²¹ The *National Suicide Prevention Strategy 2025-35* and the *National Plan to End Violence Against Women and Children 2022-2032* are intended to operate together and are strongly aligned in their recognition of early experiences of trauma and violence as key drivers of distress and the support needed for long-term recovery, health and wellbeing.²² However, these strategies are not formally integrated. Greater alignment is needed, with the priorities of the *National Suicide Prevention Strategy* to be more explicitly linked to the *National Plan to End Violence against Women and Children 2022-2032*. The drafting of the *Second Action Plan* under the *National Plan to End Violence Against Women and Children 2022-2032* presents an opportunity to ensure actions in the *Second Action Plan* strengthen cross linkages between these two strategies.

In addition, the mental health system requires urgent stabilisation to ensure every Victorian has reasonable access to mental health treatment, care and support. In the Victorian context, many parts of the mental health system and allied sectors remain under strain.²³ To relieve system pressures, targeted investment from the Commonwealth is needed across the whole continuum of care, from prevention and community-based supports through to acute services and post-discharge recovery, to ensure that victim survivors of family violence can access a range of mental health supports when they need them.²⁴

Recommendation: Strengthen alignment between the *National Suicide Prevention Strategy*, the *National Suicide Prevention Outcomes Framework* and the *National Plan to End Violence Against Women and Children 2022-2032* to improve shared responses and outcomes for victim survivors of family violence who are at risk of suicide.

Recommendation: Increase funding for mental health support services in Victoria and nationally, with recognition that family violence is a risk factor and driver for suicide.

²¹ National Suicide Prevention Office (2025) *The National Suicide Prevention Strategy 2025-2035*, Canberra: Australian Government. <https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy>

²² Department of Social Services (2022) *National Plan to End Violence against Women and Children 2022–2032*, Australian Government, Canberra: Commonwealth of Australia. <https://www.dss.gov.au/national-plan-end-violence-against-women-and-children>; National Suicide Prevention Office (2025) *The National Suicide Prevention Strategy 2025-2035*, Canberra: Australian Government. <https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy>;

²³ Mental Health Victoria (MHV) (2025) *Submission to the 2026-27 Victorian State Budget*, Melbourne: MHV. <https://www.mhvic.org.au/25-26-state-budget>

²⁴ Ibid.

Increasing access to housing

Lack of housing is a commonly identified issue contributing to suicide risk,²⁵ a concern mirrored by services and survivor advocates. Member services repeatedly raised the system issue of victim survivors being placed in motels for emergency accommodation, and the risk this poses to victim survivors' safety, including poor mental health. Motels are not therapeutic spaces.²⁶ Motels do not have in-house support staff and there is an increased risk of PUVs locating women, young people and children.²⁷ In motels, victim survivors are also likely to be kept in a holding pattern of a trauma and are disconnected from suitable support services and social networks.²⁸ Motels are especially unsafe for transgender and gender diverse victim survivors, as well as victim survivors with mental illness and disability.²⁹ A survivor advocate raised the dangers that motels pose:

“They put them [sibling] up in a motel that was a trafficking motel. Someone was trying to get into the door. Then, they [sibling] ended up attempting.” (Survivor Advocate #2)

Motels are often the only immediate accommodation option alternative available, due to limited capacity and long waitlists in the family violence refuge system.³⁰

While specialist family violence refuges provide for-purpose, safe, supported accommodation for victim survivors, they are consistently at capacity, which means that many victim survivors often wait for refuge placement. Anecdotally, services report these wait times for refuge are difficult to quantify, as they vary from client to client and are based on dynamic assessments of risk and safety. These wait times – for refuge and longer-term accommodation options, makes it impossible to move people through the system and delays the recovery and healing of victim survivors.³¹

²⁵ Vasil, S, Fitz-Gibbon, K, & Segrave, M (2025) *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequire Consulting and University of Melbourne. doi: 10.24268/acu.914zx.

²⁶ Safe Steps (2024) *Safe Steps submission to the Strong Foundations: Building on Victoria's work to end family violence* online consultation, Melbourne: Safe Steps. <https://www.safesteps.org.au/wp-content/uploads/2024/03/Safe-Steps-response-to-Strong-Foundations-Consultation-Feb-24.pdf>

²⁷ Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>; Council to Homeless Persons (2025) *Bridging the gap between homelessness and family violence services*, Melbourne: Council to Homeless Persons. <https://chp.org.au/publication/bridging-the-gap-between-homelessness-and-family-violence-services/>

²⁸ Vasil, S, Fitz-Gibbon, K, & Segrave, M (2025) *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequire Consulting and University of Melbourne. doi: 10.24268/acu.914zx; Safe Steps (2024) *Safe Steps submission to the Strong Foundations: Building on Victoria's work to end family violence* online consultation, Safe Steps. <https://www.safesteps.org.au/wp-content/uploads/2024/03/Safe-Steps-response-to-Strong-Foundations-Consultation-Feb-24.pdf>

²⁹ Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>; Council to Homeless Persons (2025) *Bridging the gap between homelessness and family violence services*, Melbourne: Council to Homeless Persons. <https://chp.org.au/publication/bridging-the-gap-between-homelessness-and-family-violence-services/>

³⁰ Council to Homeless Persons (2025) *Bridging the gap between homelessness and family violence services*, Melbourne: Council to Homeless Persons. <https://chp.org.au/publication/bridging-the-gap-between-homelessness-and-family-violence-services/>

³¹ Council to Homeless Persons (2025) *Bridging the gap between homelessness and family violence services*, Melbourne: Council to Homeless Persons. <https://chp.org.au/publication/bridging-the-gap-between-homelessness-and-family-violence-services/>; Mental Health Victoria (MHV), *Submission to the 2026-27 Victorian State Budget*, Melbourne: MHV. <https://www.mhvic.org.au/25-26-state-budget>

Victim survivors' ability to move out of emergency and crisis accommodation directly depends on the availability of long-term, safe and affordable housing.³² The availability of safe and secure housing is crucial, not only for safety, but for good mental health, wellbeing and forging a path for recovery.³³ One survivor advocate shared that, although they had managed to secure somewhere to live after a period of housing insecurity, they still remain on the Victorian public housing waitlist – 12 years later:

“There is no housing. I'm still waiting for my public housing application to even be looked at and that was 12 years ago.” (Survivor Advocate #1)

The lack of long-term housing options to support recovery is contributing to suicide risk among victim survivors of family violence. Victoria needs 377,000 more social homes by 2051 to meet projected demand for social housing, with 83,000 social homes needed for victim survivors alone.³⁴ Investment in social housing cannot be achieved only at the state level. A joint commitment from the Commonwealth and state and territory governments is needed to ensure more housing is built and long-term, affordable housing is delivered.

Recommendation: Ensure that future national funding arrangements under the *National Plan to End Violence Against Women and Children 2022-2032* invest in specialist family violence refuges, including operational funding, as crisis safety responses for victim survivors.

Recommendation: Increase investment in social housing nationally, to address the lack of safe and accessible long-term, housing options for people experiencing family violence.

Financial security as a protective factor against suicide risk

Throughout consultations, financial insecurity also emerged as a key issue. Survivor advocates spoke about being pushed into significant financial disadvantage following family violence, and the ongoing battle of trying to keep themselves and their children or family members afloat:

“One of the biggest impacts personally for me has been the financial aspect of all of this. I don't have the financial capacity to be able to care for anyone, but I'm expected to care for everyone who is attempting in my family, basically ... I'll never be able to work full time. It just wouldn't really be feasible.” (Survivor Advocate #2)

“And the poverty ... I've got to tell you, that's another big factor for suicide ... I'm caught in this system where I can't put food on the table, I can't even pay my bills. I was in debt to my basics. I had bills, I had payment plans with electricity and gas and water. I had no capacity to pay, and I would go days without eating just to make sure that my son ate.” (Survivor Advocate #1)

When system responses fail victim survivors, or even worse contribute to and compound their experiences of family violence, hope, empowerment and a sense of autonomy is lost, and it can feel as though ‘there's nothing else’:

³² Council to Homeless Persons (2025) *Bridging the gap between homelessness and family violence services*, Melbourne: Council to Homeless Persons. <https://chp.org.au/publication/bridging-the-gap-between-homelessness-and-family-violence-services/>

³³ Ibid.

³⁴ SGS Economics and Planning (2025) *Growing Social Housing: Data, insights and targets*, Victorian Housing Peaks Alliance. https://vcoss.org.au/wp-content/uploads/2025/05/Growing-Social-Housing_Final.pdf

“I’ll say, it’s easy to jump to the conclusion that ending your life is just it, because there just is nothing else. There’s nothing else.” (Survivor Advocate #1)

One survivor advocate spoke about the lack of systemic recovery support via services available to enable women to get back on their feet financially, including assistance with re-entering the workforce and accessing education:

“There’s got to be another part of the system ... a part where you can empower people. Do you feel like you are able to work? Do you like to study? What is it you would like to do? OK, let’s see if we can get a course for free for you. And how do we support you as a single mum to be able to get back in the work? Most mums will tell you they just want to be able to get in back in the workforce, earn financially for themselves and not depend on the system. There is nothing there. There’s nothing from that point of desperation to go to. There’s just emptiness.” (Survivor Advocate #1)

The difficulty in re-entering the workforce or achieving a level of financial stability after family violence has a significant impact on the recovery journey of victim survivors. These experiences are further compounded by current cost of living pressures. There is also underinvestment in recovery for victim survivors, focused on educational opportunities, workforce and financial stability through longer term supports and programs. Alongside this, financial insecurity and poverty for victim survivors of family violence cannot be solved without a fundamental reform to the income support system in Australia.

Recommendation: Lift income support payments to above the poverty line across all income support payments so that victim survivors of family violence can afford the costs of living, support their safety and build the foundations of recovery (including financial independence). This aligns with the *National Plan to End Violence Against Women and Children 2022-2032*, which emphasises strengthening women’s economic security as path to recovery.

Recommendation: Investment in longer term recovery supports and programs for victim survivors of family violence through future national funding arrangements under the *National Plan to End Violence Against Women and Children 2022-2032* must be prioritised.

The impact of systems abuse

When systems fail, either due to poor functioning or under-resourcing, systems may inadvertently mirror the power dynamics present in coercive and abusive relationships,³⁵ and create opportunities for PUVs to weaponise these systems against victim survivors.

PUVs often manipulate victim survivors’ experiences of the system and system failings as a tool to perpetuate further abuse.³⁶ Emboldened by the knowledge that systemic failures and service gaps will collude with their violence,³⁷ PUVs are able to maintain control over victim survivors and enact further violence and abuse. Systems that are designed to support women and children, such as family

³⁵ Macafee, A & Reeves, E (2024) Lived experiences at the intersection: Understanding the overlap of family violence and mental health for victim survivors and consumers in Victoria, Australia, *Journal of Criminology*, 57(2), 221–239. doi: 10.1177/26338076231213090

³⁶ Reeves, E (2018) *Research Brief: Systems Abuse*, The Monash Gender and Family Violence Prevention Hub. Accessed 9 January 2026. https://arts.monash.edu/data/assets/pdf_file/0005/1529852/rb-systems-abuse.pdf

³⁷ Cramp, KJ & Zufferey, C (2021) The Removal of Children in Domestic Violence: Widening Service Provider Perspectives, *Affilia: Feminist Inquiry in Social Work*, 6(3), 406-425. doi: 10.1177/0886109920954422.

law, child support, child protection, immigration and corporate (e.g., banking and financial services) systems are routinely exploited.³⁸

While PUV weaponise many different systems against victim survivors, consultations with survivor advocates and member services highlighted this in the context of justice systems, most noticeably in the family court. One survivor advocate explained how their perpetrator had been actively enabled and empowered by the family court system:

“The system failed me, and it actually empowered my perpetrator because then he had the law in his favour.” (Survivor Advocate #1)

It is well known that perpetrators use protracted legal proceedings in family court to drain the financial, emotional and psychological resources of victim survivors,³⁹ as well as positioning themselves as the predominant victim in the relationship.⁴⁰ Women who are socially disadvantaged and women from marginalised communities such as First Nations women, migrant and refugee women and women with disability are also at increased risk of being misidentified as the person using violence.⁴¹ One survivor advocate explained how their experience of family violence was used against them in family court, not only by the legal system, but by their perpetrator:

“It’s a cycle, and the family court did not help me. In fact, they went against me. You know, they used my history against me and he [the perpetrator] used my history against me ... he wanted to make sure that he crucified me as much as he could.” (Survivor Advocate #1)

There have been critical family law reforms in recent years to mitigate the potential for systems abuse including legislative reform to remove presumptions of equal shared parental responsibility and to minimise opportunities for perpetrators to make vexatious claims against victim survivors, as well as increasing funding for community legal centres through the National Justice Partnership Agreement in 2025. However, further work and investment is needed to mitigate the impact of systems abuse on victim survivors.

A lack of access to legal representation continues to be a problem for victim survivors and family violence risk can peak during family court proceedings. Alongside this, the time limited nature of specialist family violence case management support compared with the typical timeframes of family court proceedings means that support from specialist family violence services is often ceased by the time that victim survivors progress to critical points in the family court process. Victim survivors need to be able to access both legal and specialist family violence support easily at critical points of

³⁸ Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*, Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

³⁹ Australia’s National Research Organisation for Women’s Safety (ANROWS) (2021), *Defining and responding to coercive control: Policy brief*, Sydney: ANROWS. <https://www.anrows.org.au/publication/defining-and-responding-to-coercive-control/>; Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>; Reeves, E, Fitz-Gibbon, K, Meyer, S & Walklate, S (2023) Incredible Women: Legal Systems Abuse, Coercive Control, and the Credibility of Victim-Survivors, *Violence Against Women*, 31(3-4), 767-788. doi: 10.1177/10778012231220370

⁴⁰ Reeves, E, Fitz-Gibbon, K, Meyer, S, & Walklate, S (2023) Incredible Women: Legal Systems Abuse, Coercive Control, and the Credibility of Victim-Survivors, *Violence Against Women*, 31(3-4), 767-788. doi: 10.1177/10778012231220370

⁴¹ Family Violence Reform Implementation Monitor (2021) *Monitoring Victoria’s family violence reforms: Accurate identification of the predominant aggressors*, Victorian Government. <https://archive.fvrim.vic.gov.au/monitoring-victorias-family-violence-reforms-accurate-identification-predominant-aggressor>

engagement with the family court to mitigate against system abuse and any escalating family violence risk.

Recommendation: Further expand legal support access for victim survivors through increased investment in community legal services.

Recommendation: Increase funding for specialist family violence services so that long-term support can be offered and victim survivors have the option to easily re-engage with services at times when family violence risk may escalate.

Improving practice responses to victim survivors of family violence at risk of suicide

Alongside investment in system responses to improving responses to victim survivors of family violence at risk of suicide, there are opportunities to improve practice responses through increased coordination of mental health and family violence service delivery via shared and complimentary risk assessment processes.

Cross-sector risk assessment opportunities

Due to the intersect between family violence and mental health, significant effort has been made within the mental health sector in Victoria to ensure family violence risk assessment and response is built into responses.⁴² However, even with this progress, the behaviours of the PUV often remain invisible in mental health responses to victim survivors when conducting suicide safety planning and supporting victim survivors with self-harm behaviours.

Family violence risk assessment is a critical tool for identifying and responding to the immediate and long-term safety of victim survivors and understanding PUV behaviour. Across Australian states and territories, family violence risk assessment frameworks vary in scope and application. The current work by Australia's National Research Organisation for Women's Safety (ANROWS) on behalf of the Department of Social Services (DSS) to update the *National Risk Assessment Principles and Risk Factors for family and domestic violence* (national principles) presents an opportunity to incorporate issues about suicide – including risks related to suicidality and where a PUV coerces a victim survivor toward suicide – into the revised national principles.

Increasing links between the National Principles and suicide risk assessments is in line with several recommendations made in the Victorian context including:

- Recommendation 16.6 in the *Victorian Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework 5-Year Evidence Review (2023)* which recommended that the MARAM should be reviewed and revised to ensure it is appropriate and inclusive for people experiencing mental ill health.⁴³

⁴² In Victoria, The *Chief Psychiatrist's Guidelines for Implementing the family violence MARAM Framework in mental health and wellbeing services* outlines organisational leaders and specialist advisors' responsibilities for implementing and applying the MARAM Framework and tools.

⁴³ Allen and Clarke Consulting (2023) *Victorian Family Violence Multi-Agency Risk Assessment and Management Framework 5-year Evidence Review*, Family Safety Victoria (FSV). <https://www.vic.gov.au/maram-framework-5-year-evidence-review>

- A recent inquest conducted by Coroner Sanger which recommended that the Victorian Department of Health should ensure that a MARAM family violence risk assessment should be completed alongside a suicide risk assessment in Victorian public hospitals when an individual is assessed for suicidality, following separation or at the end of a relationship.⁴⁴
- *The Chief Psychiatrist's Guidelines for Implementing the family violence MARAM Framework in mental health and wellbeing services* which outlines that mental health clinicians need to understand both the links and the potential for controlling behaviours.⁴⁵

These recommendations mirror insights from our member services, that bringing together knowledge from the family violence and mental health sectors through strengthened shared practice and training can help identify and respond to the critical link between PUV-driven harm and the consequent mental ill health of victim survivors of family violence. In recognition of the important intersection between family violence and mental health practice, we recommend that more resourcing is provided for the family violence and mental health sectors to share expertise and coordinate service delivery including through complementary use of sector specific risk assessments and practice frameworks.

Recommendation: Strengthen consideration of suicide risk and mental ill health in the *National Risk Assessment Principles and Risk Factors for family and domestic violence* to better identify and respond to family violence related suicide risk.

Recommendation: Consider opportunities that support cross-sector training and complementary risk assessment practices for the family violence and mental health sectors in the development of the *Second Action Plan* under the *National Plan to End Violence against Women and Children 2022-2032*.

Opportunities for improved data collection

Capturing the prevalence of family violence experiences among individuals who have died by suicide in Australia remains challenging.

In 2024, the Australian Institute of Health and Welfare (AIHW) found that for women aged 15 years and over, intimate partner violence was deemed the second largest contributor to years of healthy life lost due to suicide and self-inflicted injuries.⁴⁶ Comparatively, the Coroners Court's Victorian Suicide Register (VSR) in 2024 indicates that one in four (24.5 per cent) people who had died by suicide between the years 2009 and 2016 had experienced family violence.⁴⁷ This data also indicates that

⁴⁴ Sanger, L (2026, January 7), *Finding into death without inquest: De-identified individual (COR 2021 005393)*, Coroners Court of Victoria, Melbourne. Accessed 8 January 2026. <https://www.coronerscourt.vic.gov.au/inquests-findings/findings> https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202021%20005393%20Form%2038%20-%20Finding%20into%20Death%20without%20Inquest_Signed.pdf

⁴⁵ Department of Health (2025) *The Chief Psychiatrist's Guideline for Implementing the family violence MARAM Framework in mental health and wellbeing services*, Department of Health. <https://www.health.vic.gov.au/chief-psychiatrist/maram-framework-mental-health-wellbeing-services>

⁴⁶ Australian Institute of Health and Welfare (AIHW) (2024) *Suicide and self-harm monitoring: Behavioural risk factor burden for suicide and self-inflicted injuries*, AIHW. <https://www.aihw.gov.au/suicide-self-harm-monitoring/risk-factors/illness-injury-burden-disease>

⁴⁷ Coroners Court of Victoria (Victorian Suicide Register) (2024) *Experience of family violence among people who suicided, Victoria 2009-2016*, Coroners Court of Victoria. Accessed 20 November 2025. https://www.coronerscourt.vic.gov.au/forms-resources/publications?combine=suicide&field_audience_target_id=All&field_publication_type_target_id=All&year=&page=7target_id=All&field_publication_type_target_id=All&year=&page=7

the rate of suicide was higher among women who had experienced family violence than men.⁴⁸ Finally, evidence suggests that suicides related to DFSV victimisation are potentially three times greater than female homicide deaths.⁴⁹ It is important to remember that not all circumstances which might form part of a narrative surrounding a person's death are included within a coronial investigation.⁵⁰ Given that family violence is often underreported, this data is unlikely to reflect the true rates and full picture of family violence experienced by people who die by suicide.⁵¹

Data on children and young people and other specific cohorts who have experienced family violence and suicide is even more scarce. For example, most evidence regarding children and young people is derived from anecdotal data from Coronial Inquests, Child Death Registers and other state-based inquiries.⁵² A study found that based on police and coroner reports, 7.4 per cent of young Australians who died by suicide between 2006 and 2015 had a history of abuse.⁵³ However, this data was limited to cases where domestic and family violence was identified during service system contact,⁵⁴ so is likely to underestimate the actual incidence.

Data is also lacking regarding marginalised communities affected by family violence,⁵⁵ and it remains largely unclear how many family violence-related suicides may be occurring in these communities, including First Nations women and children, migrant and refugee women, people with disability and LGBTIQ+ communities (particularly transgender persons).⁵⁶

Available data suggests that victim survivors who experience systemic discrimination and exclusion are likely at higher risk of suicide. First Nations women are estimated to be 2 – 2.6 times more likely to die by suicide than non-First Nations women and that the rate of suicide for Aboriginal and Torres Strait Islander peoples continues to trend upwards over time.⁵⁷ Yet, tracing the connections between

⁴⁸ Fitz-Gibbon, K & Vasil, S (2024) *New data reveals rates of family violence among those who died by suicide*, The Conversation. Accessed 27 November 2025. <https://theconversation.com/new-data-reveals-rates-of-family-violence-among-those-who-died-by-suicide-239090>

⁴⁹ Cain, J (2024, December 10) *Finding into death without inquest: De-identified individual (Court Reference: COR 2021 000 964)*, Coroners Court of Victoria, Melbourne. Accessed 20 November 2025.

https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202021%20000964%20Form%2038%20-%20Finding%20into%20Death%20without%20Inquest_for%20publishing.pdf

⁵⁰ Vasil, S., Fitz-Gibbon, K., & Segrave, M. (2025). *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Sequre Consulting and University of Melbourne. doi: 10.24268/acu.914zx.

⁵¹ Fitz-Gibbon, K & Vasil, F (2024) *New data reveals rates of family violence among those who died by suicide*, The Conversation. Accessed 15 November 2025. <https://theconversation.com/new-data-reveals-rates-of-family-violence-among-those-who-died-by-suicide-239090>

⁵² Meyer, S, Atienzar-Prieto, M, Fitz-Gibbon, K, & Moore, S (2023) *Missing Figures: The Role of Domestic and Family Violence in Youth Suicide-Current State of Knowledge Report*, Brisbane: Griffith University.

<https://www.berrystreet.org.au/news/youth-suicide-report-reveals-family-violence-risks-for-young-people-being-overlooked-in-australia#:~:text=About%20the%20report-Missing%20Figures%3A%20The%20Role%20of%20Domestic%20and%20Family%20Violence%20in,suicide%2C%20the%20role%20of%20the>

⁵³ Hill, NT, Witt, K, Rajaram, G, McGorry, PD, & Robinson, J (2021) Suicide by young Australians, 2006–2015: A cross-sectional analysis of national coronial data, *Medical Journal of Australia*, 214(3), 133-139. doi 10.5694/ mja2.50876

⁵⁴ Ibid.

⁵⁵ Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*, Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

⁵⁶ ShantiWorks (2025) *Submission to the Mental Health and Suicide Prevention Agreement Review interim report*, Melbourne: ShantiWorks. Accessed 30 November 2025. <https://www.shantiworks.com.au/s/Submission.pdf>

⁵⁷ Australia Institute of Health and Welfare (AIHW) (2025) *Suicide and intentional self-harm hospitalisations among First Nations people*, AIHW. <https://www.aihw.gov.au/suicide-self-harm-monitoring/population-groups/first-nations-people>

suicide and family violence for Aboriginal and Torres Strait Islander peoples is only just beginning.⁵⁸ The failure to meaningfully investigate the deaths of Aboriginal women – often attributed as accidents, misread as isolated suicides or deemed non-suspicious – contributes to poor quality data.⁵⁹

Family violence death reviews and coronial data

The lack of prevalence data regarding family violence related suicide is largely due to a complex web of inconsistent data definitions and different methods of data collection and reporting across states and at a national level,⁶⁰ which is creating an ongoing disconnect between how family violence and suicide is understood.

Domestic and family violence specific death reviews operate, or are in development, across all state and territories in Australia, with the exception of Tasmania,⁶¹ and to date are one of the main sources of data regarding family violence deaths.

The Australian Domestic and Family Violence Death Review Network (the Network) was established in 2011 as a way of formalising and coordinating domestic and family violence-related deaths across Australia.⁶² The Network, in collaboration with ANROWS, has since developed a National Minimum Dataset (NMDS) on intimate partner homicides in the context of family violence.⁶³ Given the success of the NMDS in capturing detailed jurisdictional data regarding the histories of domestic and family violence preceding homicide, establishing a mandated national minimum dataset on suicide in the context of family violence could enable family violence related suicides to be better understood at a national level. Part of a minimum dataset could include information on if people identified as part of a marginalised group. However, approaches among death review teams are applied inconsistently across jurisdictions, varying by their investigative powers, composition, procedures and resourcing.⁶⁴ Moreover, not all death review teams investigate suicides. Without a consistent approach to death review processes across jurisdictions, a comprehensive national understanding of family violence related suicides is not possible.

In the Victorian context, The Victorian Systemic Review of Family Violence Deaths (VSRFVD) has a number of functions, including examining deaths suspected to have resulted from family violence and

⁵⁸ Douglas, H, Vasil, S, Cripps, K & Fitz-Gibbon, K (2025) *Deaths by suicide in the context of domestic and family violence: Examining context, prevention and responses. Workshop Final Report*, Academy of Social Sciences Australia and CEVAW. doi:10.26188/30156139;

⁵⁹ Douglas, H, Vasil, S, Cripps, K & Fitz-Gibbon, K (2025) *Deaths by suicide in the context of domestic and family violence: Examining context, prevention and responses. Workshop Final Report*. Academy of Social Sciences Australia and CEVAW. doi:10.26188/30156139; Legal and Constitutional Affairs References Committee (2024) *Missing and murdered First Nations women and children*, Parliament of Australia.

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/FirstNationswomennchildren/Report

⁶⁰ Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*, Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

⁶¹ Ibid.

⁶² Australia's National Research Organisation for Women's Safety (ANROWS) (2022) *Australian Domestic and Family Violence Death Review Network data report: Intimate partner violence homicides 2010-2018* (2nd ed) Sydney: ANROWS. <https://www.anrows.org.au/publication/australian-domestic-and-family-violence-death-review-network-data-report-intimate-partner-violence-homicides-2010-2018/>

⁶³ Ibid.

⁶⁴ Department of Prime Minister and Cabinet (2024) *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. Australian Government. <https://www.pmc.gov.au/resources/unlocking-the-prevention-potential>

identifying risks and contributory factors associated with deaths resulting from family violence.⁶⁵ The VSRFVD – which sits in the Coroners Court of Victoria (CCoV) – is significantly under resourced, operating under strain and in a sector marked by constant reform.⁶⁶ Additional resourcing would assist with addressing the current backlog of cases requiring review and analysis, as well as facilitate a more timely review and thorough analysis of individual family violence related deaths.⁶⁷ Quality data insights are contingent on what has been collected during the coronial investigation which varies widely in detail due to the availability and depth of records. Current capacity constraints in the CCoV means the enhanced or detailed coding across all categories of family violence cannot always be undertaken. This level of coding is highly intensive and requires extensive resources, presenting challenges for timely completion and insights.⁶⁸

Strengthening data capability and investment in the coronial system in Victoria and nationally is essential to building a more accurate picture of suicides connected to experiences of family violence.

Recommendation: Establish a mandated national minimum dataset on suicide in the context of family violence in partnership with The Australian Domestic and Family Violence Death Review Network, including data on marginalised groups.

Recommendation: Implement a nationally consistent approach to domestic and family violence death reviews across jurisdictions, including minimum standards for scope, procedures and definitions. This should include providing adequate resourcing for family violence death review teams across jurisdictions to improve capacity for evidence gathering, coding, analysis and timely reporting.

Conclusion

The cumulative impacts of family violence, including experiences of coercive control and systemic failings caused by under resourced services can heighten suicide risk for victim survivors of family violence.

Investment is needed in mental health services in Victoria and nationally, with recognition that family violence is a risk factor and driver for suicide. There is also a need for more integrated responses between the mental health and family violence sectors, as a key avenue for collaboratively identifying and responding to the critical links between perpetrator-driven harm and the consequent mental ill health of victim survivors of family violence.

⁶⁵ Vasil, S., Fitz-Gibbon, K., & Segrave, M. (2025). *Family violence and women's deaths by suicide: A Victorian study*, Australian Catholic University, Seque Consulting and University of Melbourne. doi: 10.24268/acu.914zx

⁶⁶ Coroner's Court of Australia (2024) *Inquiry into capturing data on family violence perpetrators in Victoria* (Submission no. 59), Legislative Assembly Legal and Social Issues Committee's Parliamentary Inquiry. <https://www.parliament.vic.gov.au/get-involved/inquiries/fvpdata/submissions>

⁶⁷ Ibid.

⁶⁸ Coroners Court of Victoria (2024) *Experience of family violence among people who suicided, Victoria 2009-2016*, Melbourne: Coroners Court of Victoria. <https://coronerscourt.vic.gov.au/experience-family-violence-among-people-who-suicided-victoria-2009-2016>

Opportunities also exist to strengthen data collection on family violence related suicides, including nationally consistent and comparable data, and national enhancement and investment in death review infrastructure.

Summary of recommendations

1. Strengthen alignment between the *National Suicide Prevention Strategy*, the *National Suicide Prevention Outcomes Framework* and the *National Plan to End Violence Against Women and Children 2022-2032* to improve shared responses and outcomes for victim survivors of family violence who are at risk of suicide.
2. Increase funding for mental health support services in Victoria and nationally, with recognition that family violence is a risk factor and driver for suicide.
3. Ensure that future national funding arrangements under the *National Plan to End Violence Against Women and Children 2022-2032* invest in specialist family violence refuges, including operational funding, as crisis safety responses for victim survivors.
4. Increase investment in social housing nationally, to address the lack of safe and accessible long-term, housing options for people experiencing family violence.
5. Lift income support payments to above the poverty line across all income support payments so that victim survivors of family violence can afford the costs of living, support their safety and build the foundations of recovery (including financial independence). This aligns with the *National Plan to End Violence Against Women and Children 2022-2032*, which emphasises strengthening women's economic security as path to recovery.
6. Investment in longer term recovery supports and programs for victim survivors of family violence through future national funding arrangements under the *National Plan to End Violence Against Women and Children 2022-2032* must be prioritised.
7. Further expand legal support access for victim survivors through increased investment in community legal services.
8. Increase funding for specialist family violence services so that long-term support can be offered and victim survivors have the option to easily re-engage with services at times when family violence risk may escalate.
9. Strengthen consideration of suicide risk and mental ill health in the *National Risk Assessment Principles and Risk Factors for family and domestic violence* to better identify and respond to family violence related suicide risk.
10. Consider opportunities that support cross-sector training and complementary risk assessment practices for the family violence and mental health sectors in the development of the *Second Action Plan* under the *National Plan to End Violence against Women and Children 2022-2032*.
11. Establish a mandated national minimum dataset on suicide in the context of family violence in partnership with The Australian Domestic and Family Violence Death Review Network, including data on marginalised groups.
12. Implement a nationally consistent approach to domestic and family violence death reviews across jurisdictions, including minimum standards for scope, procedures and definitions. This should include providing adequate resourcing for family violence death review teams across jurisdictions to improve capacity for evidence gathering, coding, analysis and timely reporting.