SAFE+EQUAL

Standing strong against family violence

SUBMISSION ON THE DRAFT ADVICE ON THE NATIONAL SUICIDE PREVENTION STRATEGY

October 2024

Acknowledgement of Traditional Owners

Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. 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, community and culture.

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.

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.

Our work prioritises the safety of all people experiencing, recovering from or at risk of 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.

We believe in and work towards a world where people are not only safe and free from family and gender-based violence, but are respected for who they are and thriving in their lives.

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1. Introduction

Safe and Equal welcomes the *Advice on the National Suicide Prevention Strategy* (hereafter the Strategy) which is ambitious and comprehensive in aiming to address the problem of what drives suicide and identify the infrastructure and supports that are needed around suicide prevention. We are pleased to see that the Strategy has adopted a broad understanding of suicide and centres social and emotional wellbeing and human rights.

In this submission, Safe and Equal draws on our experience of family and gender-based violence in the Victorian context to highlight the relationship between family violence and suicide and identify opportunities to strengthen the Strategy to more explicitly account for, and address, this relationship. We outline opportunities for the Strategy to align with Australia's approach to preventing violence against women, with a specific focus on engaging men and addressing harmful forms of masculinities that drive family and gender-based violence and poorer mental health outcomes. We discuss the need for interrelated systems to support collaboration between mental health, family violence, and allied services to address the complex needs of victim survivors of family violence who have risks of suicide. We support the focus on research and data in the Strategy and encourage an explicit research focus on the role of family violence in suicide on building the evidence base on what works to prevent suicide. Lastly, we suggest elements to improve governance and coordination of the Strategy's implementation to contribute to its success.

2. The relationship between family violence and suicide

Safe and Equal recognises family violence as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling and causes a person to live in fear for their safety or wellbeing, or that of another person. This definition includes violence within a broader family context, such as extended families, kinship networks and 'family-like' relationships which can include a paid or unpaid carer for people with disabilities; families of choice for LGBTIQA+ people; and cultural kinship networks. In relation to children, family violence is defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour.[1]

The relationship between family violence and broader forms of gender-based violence, trauma, mental illness and suicide is complex. Family violence, as well as sexual and gender-based

[1] For more information see Safe and Equal (2024), 'What is Family Violence?' [Accessed 21 October 2024].

violence, can have short and/or long-term impacts on a victim-survivor's mental health, can contribute to complex trauma, and can have intergenerational impacts. These impacts vary for and between victim survivors and perpetrators and can be compounded by systemic marginalisation and oppression often experienced by Aboriginal and Torres Strait Islander people, LGBTIQA+ people and communities, migrant and refugee people, people living with disabilities, and children and young people.

We know that murder-suicide is a form of family violence that exerts extreme controlling behaviour (e.g., one partner threatening suicide to ensure the other partner remain in the relationship) and that a perpetrator's attempts or threats to self-harm or commit suicide are a risk factor for murder-suicide .[2] We also know that, while poor mental health does not cause family violence by itself, it can contribute to shaping family violence dynamics for both victim survivors and perpetrators. This relationship can be cyclical at times, specifically for victim survivors:

- A victim survivor's mental health diagnoses can result in the victim survivor experiencing family and gender-based violence in new ways. For example, perpetrators may weaponise mental health diagnoses to exert power and control over a victim survivor by discrediting them as 'crazy,' or 'unwell.' [3]
- Experiencing family and gender-based violence can also result in mental health diagnoses. In a study of 658 Australian women who had a self-reported history of intimate partner violence, 52 per cent reported a mental health diagnosis. Of that 52 per cent, only 13 per cent of women reported having a mental health diagnosis prior to the intimate partner violence occurring.[4]

Suicidal ideation, depression, post-traumatic stress disorder, and personality disorders have also been associated with the perpetration of family violence.[5] While the perpetration of violence is always a choice, there is a significant overlap in mental health issues, suicidality and perpetration of violence, which suggests the need for a coordinated approach between prevention of suicide as well as prevention of family and gender-based violence.

Other forms of gender-based violence inside and outside of a family context also contribute to suicide and poor mental health. A life course study found that women who have experienced violence experienced worse mental health, including anxiety, depression and psychological

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[2] Family Safety Victoria. (2021). *MARAM Practice Guide, Foundation Knowledge Guide: Guidance for professionals working with child or adult victim survivors, and adults using family violence.* Melbourne: State of Victoria, Family Safety Victoria,.

[3] Australia's National Research Organisation for Women's Safety (ANROWS). (2020). *Violence against women and mental health* (ANROWS Insights, 04/2020). Sydney: ANROWS.

[4] Moulding, N., Franzway, S., Wendt, S., Zufferey, C. and Chung, D. (2021). Rethinking women's mental health after intimate partner violence. *Violence against women*, *27*(8), pp.1064-1090.

[5] Australian Institute of Health and Welfare (AIHW). (2024). 'Factors associated with family, domestic and sexual violence.' [Accessed 21 October 2024]

distress, than women who had never experienced sexual violence.[6] The disease burden of child abuse and neglect has been causally linked to depressive disorders, anxiety disorders and suicide and self-inflicted injuries.[7]

It is also important to acknowledge that comparatively higher levels of suicidality and family and gender-based violence are experienced by particular communities, including children and young people, people with disabilities, lesbian, gay, bi, trans, intersex, queer and asexual (LGBTIQA+) people and communities, Aboriginal and Torres Strait Islander people, migrant and refugee people, and people living in regional and remote areas. For example, national surveys of LGTBIQA+ people show there are significant rates of suicidal ideation, self-harm and suicide:

- *The Writing Themselves in 4* survey shows that of 6,418 LGBTQA+ young people aged 14 to 21, 58.2 per cent of had experienced suicidal ideation in the past 12 months of the survey and 24.4 per cent had made a suicide plan. Twenty-five per cent had attempted suicide at some point in their lifetime and 10.1 per cent had attempted suicide the past 12 months.[8]
- *The Private Lives 3* survey shows that of 6,835 LGBTQA+ adults, 74.8 per cent reported having ever experienced suicidal ideation in their lives, and 41.9 per cent reported experiencing suicidal ideation in the past 12 months.[9]
- *The Trans Pathways* survey shows that of 859 trans and gender diverse young people, 82.4 per cent had experienced suicidal thoughts ever in their lives 48.1 per cent had attempted suicide ever in their lives and 16.1 per cent had attempted suicide in the last 12 months. [10]

The same surveys show that LGBTIQA+ people experience high rates of family violence:

- Of LGBTIQA+ young people, 57.6 per cent, participants had experienced verbal harassment or assault, 15.4 per cent had experiences physical harassment or assault, and 29.5 per cent had experienced sexual harassment or assault.
- Of LGBTQA+ adults, 73.4 per cent of participants had ever experienced family violence.

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[6] Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., and Forder, P. (2022). *A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health* (Research report 14/2022). ANROWS.

[7] Australian Institute of Health and Welfare. (2024). 'Psychosocial risk factors and deaths by suicide.' [Accessed 24 October 2024].

[8] Hill, A.O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., and Bourne, A. (2021). *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report*, ARCSHS Monograph Series No. 124. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

[9] Hill, A. O., Bourne, A., McNair, R., Carman, M. and Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

[10] Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results*. Perth, Australia: Telethon Kids Institute.

- Of trans and gender diverse young people, 24.8 per cent of the participants had experienced physical abuse and 57.9 per cent had experienced other forms of familial abuse (verbal or emotional abuse or neglect).

While there is no clear causality here, the high rates of both suicide and different types of family and gender-based violence for LGBTIQA+ people and communities demonstrate that some of these interlinkages require further examination. We can infer that the high rates of suicide, suicidal ideation and significant poor mental health of the LGBTIQA+ community is located within an environment of discrimination, abuse and violence based on homophobia, biphobia and transphobia that drives violence against LGBTIQA+ people and communities.[11]

The *Coroners Report of Victoria: Experience of family violence among people who suicided, Victoria 2009-2016* provides data on the role of family violence in suicides in cases where family violence could be identified in court.[12] The report found that across 4,790 suicides in Victoria during 2009-2016, evidence indicates that 1,172 suicides (24.5 per cent or 1 in 4) involved family violence where the deceased were either a perpetrator, victim or both. Of the 1172 suicides involving family violence, 834 of the deceased were male and 338 of the deceased were female. Among the 1,172 suicides:

- 543 (61 per cent) of deceased males and 54 (16 per cent) of deceased females were listed as perpetrators of family violence
- 160 (19.2 per cent) of deceased males and 210 (62.1 per cent) of deceased females were listed as victims of family violence
- 131 (15.7 per cent) of deceased males and 74 (21.9 per cent) of deceased females were listed as both victims and perpetrators of family violence.

While the data is Victoria-specific, it shows a significant correlation between family violence and suicide and is in line with the specific gendered nature of family violence—and broader forms of gender-based violence—and therefore has important considerations for suicide prevention.

In saying this, the report identifies several limitations to the dataset, including:

- the amount of information collected varies
- the occurrence, nature and dynamics of family violence can be difficult to identify through primary and/or secondary sources

[11] Amos, N., Lim, G., Buckingham, P., Lin, A., Liddelow-Hunt, S., Mooney-Somers, J., Bourne, A.. (2023). *Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia.* Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University; Carman M, Fairchild J, Parsons M, Farrugia C, Power J, Bourne A. (2020). *Pride in Prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities*. Melbourne: Rainbow Health Victoria.

[12] Coroners Court of Victoria. (2024). *Experience of family violence among people who suicided, 2009-2016*. Victoria: Coroners Court of Victoria.

- information submitted to the Coroner may be unreliable or misidentify the perpetrator/victim.

Further, the dynamics of family violence and how it is reported is not straightforward. Careful consideration in terms of drawing conclusions based on the relationship between female perpetrators, female victim survivors and suicide will be needed. For example:

- Family violence is underreported, so the relationship between family violence and suicide may be underreported.[13]
- There are many nuances about categorising women as perpetrators where they may have been misidentified as perpetrators.[14]
- Female perpetrators could be young women using adolescent violence in the home, or possibly they could be in a same sex or queer relationship, as a result, females listed as perpetrators cannot be assumed to be perpetrating family violence against a man in the context of a heterosexual intimate partner relationship.[15]
- Perpetrators may have a history of child abuse and neglect, resulting in them being listed as victim survivors as well as perpetrators.[16]
- Individuals who may be recorded as both perpetrators and victims may have used the cross application of intervention orders as a tactic of control and systems abuse.[17]

Suicide prevention efforts will need to take these nuances into account as interventions for male and female perpetrators and victim survivors will differ.

While we acknowledge that family violence has been included in the Strategy as an individual risk factor for suicide and self-harm, there are opportunities to strengthen the Strategy by explicitly referring to the role family and gender-based violence plays in driving suicide. This will not only highlight the intersection between the gendered nature of both perpetration of family violence and suicide, but also provide a basis to more clearly connect family violence specialist services and mental health services (discussed in more detail below).

Recommendation 1

That the Strategy:

- Include a broad definition of family and gender-based violence that includes all violence within a family and/or family-like context and all types of family violence (e.g.,

[13] Fitzgibbon, K., and Vasil, S. 2024. 'New data reveals rates of family violence among those who died by suicide', 17 September, *The Conversation*. [Accessed 21 October 2024].

[14] Family Violence Reform Implementation Monitor. (2021). *Monitoring Victoria's family violence reforms: Accurate identification of the predominant aggressor*. Melbourne: Office of the Family Violence Reform Implementation Monitor.

[15] Family Safety Victoria. (2021). *MARAM Practice Guide, Foundation Knowledge Guide*.

[16] Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., and Roberts, S. (2022). *Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts* (Research report, 15/2022). ANROWS.

[17] Fitz- Gibbons et al., (2022). *Adolescent family violence in Australia;* Family Safety Victoria. (2021). *MARAM Practice Guide, Foundation Knowledge Guide*.

psychological, economic) to ensure all the dynamics of family violence are accounted for in the Strategy. This should align with *the National Plan to End Violence Against Women*.

- Develop a definition of family violence related suicide in consultation with the family violence and mental health sectors to improve common understanding and recording of family violence related suicide.
- Utilise the findings and limitations of the report *Experience of family violence among people who suicided, Victoria 2009-2016* to inform guidance on data, reporting and analysis of family violence related suicide.
- Include a dedicated section on the relationship between family violence and suicide that explores and differentiates between the experiences of victim survivors and suicide and perpetrators of violence and suicide and identifies actions for how to address the drivers of these different experiences.

3. The role of primary prevention of family violence in preventing suicide

There are similarities between the suicide prevention approach outlined in the Strategy and Australia's shared framework for preventing violence against women (including family violence), outlined in *Change the story*.

Change the story outlines a public health, whole-of-population approach that works to change the underlying social conditions that produce and drive violence against women, and that excuse, justify or even promote it. It works to address the attitudes, norms, practices, structures and power imbalances that drive violence against women and across different settings where people live, work, learn, socialise and play.[18]

We welcome specifically the Key action 1.1b of the Strategy which aims to implement Action 1 of the First Action Plan under the *National Plan to End Violence against Women and Children 2022–2032* to 'advance gender equality and address the drivers of all forms of gender-based violence, including through initiatives aimed to improve community attitudes and norms toward family, domestic, and sexual violence'. We urge the Strategy to outline how it aims to contribute to implementing this action in partnership with the sectors engaged with the prevention of family and gender-based violence.

18 Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.)*. Melbourne, Australia: Our Watch; .See also frameworks related to the disproportionate rates of violence against Aboriginal and Torres Strait Islander women, Changing the Picture, violence against women with disabilities Changing the Landscape, violence against LGBT people and communities, Pride in Prevention and Intersectionality Matters.

Engaging with men and masculinity

Engaging with men and masculinity is a key focus of work to prevent violence against women. This is because men are overwhelmingly the perpetrators of violence against women, and many men and boys generally hold attitudes that are violence supportive and/or promote gender inequality.[19] For example, men aged 18-30 who identify with rigid stereotypes of masculinity are 17 times more likely to say they have hit a partner.[20] Prevention efforts aim to challenge and shift harmful masculine stereotypes, such as aggression, dominance and control, and male peer relations and cultures that promote these stereotypes.

Dominant patterns of masculinity have also been found to produce and contribute to negative health and wellbeing outcomes for men.[21] The 2024 "Man Box" study looks at how a set of beliefs within and across society place pressure on men to act in a certain way. The Man Box consists of 19 "rules" that represent a rigid, outdated and often harmful template for how a "real man" should think, feel, and behave. These rules consist of statements such as "A man who talks a lot about his worries, fears, and problems shouldn't really get respect" and "Guys should act strong even if they feel scared or nervous inside". These rules echo stereotypes that men should be tough, aggressive and in control. Of the men surveyed, 37 per cent of men aged 18-34 felt pressure to conform to the Man Box rules.[22] Men who strongly endorsed these rules were also:

- 8 times more likely to frequently experience thoughts of suicide
- 6 times more likely to frequently experience thoughts of self-harm
- 3 times more likely to frequently experience little interest or pleasure in doing things.
- 1.5 times more likely to frequently experience feeling down, depressed, or hopeless.[23]

It is important that the Strategy link with the prevention work being undertaken to engage with men and masculinity in the prevention of family and gender-based violence.

Our Watch's *Men in focus practice guide* sets out a set of principles and a way to engage men and masculinity in gender-based violence prevention work. Principles, among others, include maintaining accountability to women and ensuring a gender-transformative approach. They are important because we do not want to inadvertently condone violence against women, but must always ensure accountability for perpetration.

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[19] The Men's Project and Flood, M. (2024). *The Man Box 2024: Re-examining what it means to be a man in Australia*. Melbourne: Jesuit Social Services; Coumarelos, C., Weeks, N., Bernstein, S., Roberts, N., Honey, N., Minter, K., and Carlisle, E. (2023). *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for Australia*. (Research report 02/2023). ANROWS.

[20] NCAS and The Men's Project and Flood, M. (2024). *The Man Box 2024.*

[21] See specifically pages 85-87 of Our Watch (2019) *Men in focus: unpacking masculinities and engaging men in the prevention of violence against women*. Melbourne, Australia: Our Watch.

[22] NCAS and The Men's Project and Flood, M. (2024). *The Man Box 2024.*

[23] NCAS and The Men's Project and Flood, M. (2024). *The Man Box 2024.*

There are opportunities to foster greater engagements between suicide prevention and violence prevention work. This includes opportunities to map the co-benefits of mental health promotion efforts for addressing the gendered drivers of violence against women, including addressing rigid attachments to gender stereotypes, and to support men and boys to build positive gender identities and relationships and why these are so relevant for both violence perpetration and suicide prevention.[24]

Recommendation 2

The Strategy has a distinct focus on engaging men and challenging harmful forms of masculinity, contributing to and drawing from primary prevention of violence against women initiatives and approaches.

4. The need for collaboration between family violence and mental health services

Specialist family violence services play an important role in responding to the mental health needs of victim survivors. This includes responding to suicidality and risk.

Suicide is an issue that the family violence sector regularly encounters. A member service shared with Safe and Equal that 40 per cent of family violence clients in the previous six months from January 2024 had active suicidality (a rise of 7 per cent in the previous six months). Of the 40 per cent of clients with suicidality, 80 per cent presented 10 or more additional risk factors, including indicators of high risk of death or serious injury from family violence (e.g. jealous and stalking behaviour from the perpetrator), previous engagement with police to try to mitigate family violence risk, substance abuse, and being at risk of financial insecurity. Most of these clients end up in motels, have unsafe exits and 50 per cent rate of returning to a service for support.

Family violence services intersect with dedicated mental health services (alongside a range of other services services). However, funding constraints mean services are not able to adequately respond collaboratively to the range of victim survivors' needs.

Victim survivors' ability to quickly access multidisciplinary support and practitioners' ability to engage in timely secondary consults and service collaboration and coordination are critical to being able to provide holistic, client centred support, and help prevent suicide.

We recognise that the need for care pathways, care coordination and collaboration across services has been identified under 'Key objective 8: System-level coordination', however, due

[24] Respect Victoria. (2024). *Willing, capable and confident: men, masculinities and the prevention of violence against women.* Melbourne: Respect Victoria.

to the current gaps and challenges across different service systems, we recommend that family violence, sexual assault, youth, disability and homelessness services be explicitly identified.

Recommendation 3

Family violence, sexual assault, youth, disability and homelessness services are explicitly identified as key intersecting services within care pathways, care coordination and collaboration across services under 'Key objective 8: system-level coordination' of the Strategy.

Building the workforce we need

Workforce development policy needs to consider how the mental health, family violence and allied workforces are going to work together to collaborate better and translate workforce policy into practice with the relevant sectors.

Victoria's Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework has been a critical policy lever in defining roles and responsibilities across a number of workforces to lift family violence capacity at a statewide level in Victoria. A similar approach at a national level could strengthen cross-sector collaborative work and provide an authorising environment for different sector workforces to build foundational knowledge of adjacent sectors.

In Victoria, the introduction of the MARAM Framework has led to improved coordination between the mental health sector and family violence sector, via mechanisms such as the Family Violence Information Sharing Scheme (FVISS) and the Risk Assessment Management Panel (RAMP). The Victorian experience has highlighted opportunities that can be considered to support collaboration between mental health services and family violence services to prevent suicide including:

1. Continuing to build the knowledge and capabilities of mental health workers to identify family violence risk (e.g., asking how things are at home and try to ascertain if a client experiencing family violence could be a reason that someone is feeling suicidal). This response could bring perpetrator accountability and safety planning into the mental health treatment response, rather than a focus on individualised treatment such as medication or counselling.
2. Increase support for capability building for specialist family violence services to understand complex mental health needs, understand mental health care pathways, and be better equipped to develop suicide safety plans.

Recommendation 4

The Strategy explicitly recognise the links between mental health services and specialist violence services in addressing the links between family and gender-based violence and suicide and call on the Commonwealth Government to provide resources and policy frameworks to support these specialist workforces to upskill as necessary. This should be embedded in 'Critical enabler 4: Capable and integrated workforce', specifically under Action 4.1a or the Strategy.

Workforce strategies need to consider adjacent workforces, and any policy development needs to engage across relevant government portfolios and sectors.

Any suicide prevention workforce strategy must:

- clearly specify the links between the family violence and allied workforces and the mental health workforces.
- provide guidance on the required capabilities for these services to understand the nature and dynamics of family violence related suicide.
- detail how those services are best enabled to collaborate to ensure the safety and support of victim-survivors and clients.

5. Data and evidence building

We welcome the focus on building the suicide prevention evidence base and enhancing data for suicide prevention. We encourage the Strategy to include specific indicators related to family violence and suicide, informed by a consistent definition of family violence related suicide as recommended above. This could be included under Critical Enabler Action 3.1c to encourage the National Suicide and Self-Harm Monitoring System to encompass experiences of family violence and gender-based violence.

Data should include information on victimisation, perpetration, the types of violence and the time between a violent incident and suicide. Data collections on family and gender-based violence and suicide must be consistent across jurisdictions to build a national picture of family violence related suicide and guide suicide prevention and violence prevention efforts.

Evidence building under the Strategy and related guidance needs to consider multiple, intersecting factors that can both drive higher rates of family and gender-based violence and suicide. For example, a focus on children and young people, people with disabilities, LGBTIQA+ people and migrant and refugee people is critical to ensure services are tailored, safe and accessible to prevent suicide.

The Strategy also highlights the need for research into protective factors, prevention initiatives and the translation of evidence into practice. Any translation of family, sexual and gender-

based violence related suicide prevention evidence into practice must be undertaken in consultation with relevant stakeholders, including peak bodies that represent different parts of the service systems such as Safe and Equal, Sexual Assault Services Victoria, and No to Violence.

We encourage the coordination of research priorities across research funding bodies and that research and grant guidelines should involve how research is going to address gender and other intersecting inequalities. This would ensure that the gendered and intersectional dynamics of suicide are accounted for (even if it is not the focus of the research project) and ensure that women as well as other groups are not left out of the research process. Further, we encourage the inclusion of a dedicated and explicit research priority on suicide and its relationship with family and gender-based violence. Indeed, a dedicated research stream and focus area on the interconnections between family and gender-based violence and suicide can provide an avenue to involve practitioners to ensure the design of research has translatable goals and practical applications.

Recently, there has been an emphasis on perpetrators of family and gender-based violence data and analysis across jurisdictions, such as the recent Victorian Government's *Inquiry into Capturing Data on Family Violence Perpetrators in Victoria*. As this focus on perpetrators evolves, there are opportunities to build the evidence base on what drives perpetrators of family violence to have higher rates of suicide and assist services to address these risks.

Recommendation 5

That the Strategy include:

- Specific indicators on family violence related suicide to build a national picture of family violence related suicide and guide suicide prevention and violence prevention efforts.
- Coordination of dedicated research streams around family violence and suicide to contribute to building the evidence base around this relationship.
- Explicit gender and intersectionality requirements into research and funding guidelines to ensure that the gendered and intersectional dynamics of suicide and its relationship to family violence is rigorously captured.
- Consultation with key stakeholders such as peak family violence services to ensure appropriate translation of research into practice.
- Considerations of what drives perpetrators of family violence to have higher rates of suicide to assist services to address these risks.

6. Governance and coordination

We appreciate the Strategy has a focus on governance and coordination and aims to identify clear roles and responsibilities of different stakeholders. We recommend the inclusion of family

violence services and stakeholders engaged in the prevention of family and gender-based violence are included to ensure that the implementation of the actions and design and delivery of policy, programs and initiatives are relevant and appropriate to meet the needs of victim survivors.

We welcome a whole-of-government approach to suicide prevention to ensure all levels of government are working towards the same aims and goals outlined in the strategy. There are clear responsibilities across governments, especially at the Commonwealth level, to address and minimise suicide and the socioeconomic conditions that lead to suicide (outlined under Key objectives 1-5). This includes identifying the policy levers across social, economic and health systems that contribute to creating environments in which suicide occurs, such as poverty, welfare, social and affordable housing, disability, and affordable healthcare portfolios.

There are opportunities in the Strategy to explicitly map and identify a national approach to investing in interrelated systems and support the collaboration of critical services to address the complex needs of victim survivors. The Strategy and implementation of its actions need to complement and reinforce existing policy frameworks that exist at a national level, particularly:

- The *National Plan to End Violence Against Women*, the *First Action Plan* and the *Aboriginal and Torres Strait Islander Action Plan 2023-2025*.
- The *Closing the Gap Agreement*.
- *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* and *Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031*
- The recommendations from the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*
- The forthcoming National Housing and Homelessness Plan

Based on the experience in Victoria in supporting and developing a workforce focused on prevention of family and gender-based violence, we also encourage that the Strategy aims to include governments and department staff across all relevant departments in any workforce strategy. This would ensure that public servants have the knowledge around the dynamics of suicide and understand how to apply this knowledge to their area of work to ensure evidence-based policymaking and investment. Ensuring those responsible for the implementation of the Strategy have an adequate understanding around suicide and suicide prevention, will contribute to a joined-up policy response that meets the needs of the community in the long-term.

Tailoring actions and activities towards existing mechanisms and structures in jurisdictions, rather than a one-size-fits-all approach, would contribute to the success of achieving the Strategy's objectives. We encourage stakeholders responsible for implementing the strategy to leverage existing and relevant activities in each jurisdiction to build suicide prevention activities, as well as implement new ones. This would avoid duplication and ensure alignment with cross-cutting issues such as family violence.

Recommendation 6

Governance and coordination mechanisms in the Strategy should include:

- Collaborating with the family violence sector to ensure that the implementation of the Strategy's actions and design and delivery of policy, programs and initiatives are relevant and appropriate to meet the needs of victim survivors.
- Mapping available policy levers that can enhance suicide prevention efforts across social, economic and health systems that contribute to shaping environments in which suicide occurs.
- Ensuring workforce development activities extend to government departments to enable a whole-of-government approach to suicide prevention.
- Tailoring actions and activities towards existing initiatives in jurisdictions to avoid duplication and ensure alignment with cross-cutting issues such as family violence.