National Suicide Prevention Strategy.

Full Stop Australia Submission

Full Stop Australia thanks the National Suicide Prevention Office for inviting submissions on the draft National Suicide Prevention Strategy (**Strategy**).

Full Stop Australia is supportive of the Strategy, which takes a comprehensive approach to suicide prevention aimed at addressing social determinants of suicidality, increasing support in a range of spheres, and improving community understanding and breaking down stigma attached to suicide.

Full Stop Australia's submission is guided by our expertise as a frontline service for victim-survivors of sexual, domestic and family violence. Our submission does not address every aspect of the Strategy. Instead, it recommends improvements to the Strategy to better reflect the established link between sexual, domestic and family violence and suicide, thereby strengthening the Strategy's approach to the national crisis of gender-based violence.

About Full Stop Australia

Full Stop Australia is a nationally focused not-for-profit organisation which has been working in the field of sexual, domestic, and family violence since 1971. We started as Sydney Rape Crisis—the first service in Australia dedicated to providing support to survivors of sexual violence. Today, we perform the following functions:

- Provide expert and confidential telephone, online and face-to-face counselling to people of all genders who have experienced sexual, domestic, or family violence, and specialist help for their supporters and those experiencing vicarious trauma.
- Conduct best practice training and professional services to support frontline workers, government, and the corporate and not-for-profit sectors.
- Advocate for laws and systems better equipped to respond to, and ultimately prevent, sexual, domestic and family violence.

Our advocacy is guided by the lived expertise of over 700 survivor-advocates in our National Survivor Advocate Program (**NSAP**). The NSAP gives victim-survivors of gender-based violence a platform to share their experiences to drive positive change. Through the

NSAP, survivor-advocates can access opportunities to share their stores in the media, weigh in on Full Stop Australia's submissions to Government, and engage directly with Government. We are committed to centring the voices of victim-survivors in our work and advocating for laws and systems that genuinely meet their needs.

Recommendations

1. The Strategy should recommend that data collection on suicide captures the extent to which sexual, domestic and family violence increases the risk of suicidality.

2. The Government should adopt the recommendation of the Rapid Review Panel to initiate an urgent inquiry into the relationship between sexual, domestic and family violence victimisation and suicide, with a view to developing a methodology for accurate counting of the sexual, domestic and family violence death toll.

3. The Strategy should recommend:

    a. Improved training for all mental health professionals on the dynamics and drivers of sexual, domestic and family violence, and the impacts of trauma.
    b. Access to training for identifying and responding to sexual, domestic and family violence in the mental health setting.
    c. Improved collaboration between the mental health system and the specialist sexual, domestic and family violence sector—to ensure victim-survivors are supported to access necessary services in a timely manner.

    This helps ensure that mental healthcare meets the needs of a population group disproportionately at risk of mental ill health and suicide.

4. The Strategy should recommend sustainable funding of specialist sexual, domestic and family violence response and recovery services. This is necessary, given the established link between inadequate service access, and mental ill health and suicide.

5. The Strategy should recognise that long-term recovery from sexual, domestic and family violence is part of suicide prevention.

Further advice

Full Stop Australia would welcomes the opportunity to comment further on the Strategy, if required. If you would like additional advice in relation to this submission, please contact our Head of Advocacy, Emily Dale, at emilyd@fullstop.org.au.

There is an established link between sexual, domestic and family violence, suicide and mental ill health

There is a clear link between domestic, family and sexual violence, mental ill health and suicidality.

As the Strategy recognises, exposure to domestic, family and sexual violence is a key social determinant of suicide—with the suicidal thoughts and behaviours of many individuals able to be 'traced back to early life experiences of abuse, violence, trauma [and] family conflict.'[1]

Data reflects that domestic, family and sexual violence victimisation increases the risk of suicidality:

- The Australian Institute of Health and Welfare found that experiences of childhood abuse and neglect, alcohol and drug-related harm, and intimate partner violence (against females) were associated with almost half (48%) of suicide deaths and self-inflicted injuries in 2019.[2]
- Australian Institute of Health and Welfare data shows that people hospitalised due to family and domestic violence are twice as likely to die by suicide compared with people hospitalised for other reasons.[3]
- A report by the Ombudsman Western Australia found that more than half of all West Australian women and children who died by suicide in 2017 were known to the state government as victims of domestic violence.[4] And as noted by the Ombudsman in that report, the extent of domestic and family violence among individuals who died by suicide was likely under-represented, because of 'the limitations of available information contained in the record of state government departments and authorities.'[5]
- Childhood maltreatment has been found to account for 41% of suicide attempts,[6] and people who have experienced a form of childhood maltreatment are 4.6 times more likely to have attempted suicide in the past 12 months.[7]

More broadly, trauma caused by domestic, family and sexual violence can have significant, often lifelong impacts on victim-survivors. There is research showing that domestic, family

[1] National Suicide Prevention Strategy (consultation draft).
[2] Australian Institute of Health and Welfare. *The Health Impact of Suicide and Self-Inflicted Injuries in Australia, 2019* [Internet]. AIHW, Australian Government; 2021 [cited 2024 October 24]. Available from: https://www.aihw.gov.au/reports/burden-of-disease/healthimpact-suicide-self-inflicted-injuries-2019/contents/about.
[3] Australian Institute of Health and Welfare. *Examination of Hospital Stays due to Family and Domestic Violence 2010-11 to 2018-19* [Internet]. AIHW; 2021 [cited 2024 October 24]. Available from: https://www.aihw.gov.au/getmedia/ce7f01c2-1979-4be5-b373f65f1c9e4134/aihw-fdv-9.pdf.aspx.
[4] Ombudsman Western Australia. (October 2022). *Investigation into family and domestic violence and suicide—Volume 2: Understanding the impact of family and domestic violence and suicide.* Available at: https://www.ombudsman.wa.gov.au/Publications/Reports/FDV-Suicide-2022-Volume-2-Understanding-the-impact-of-family-and-domestic-violence-and-suicide.pdf.
[5] Ibid.
[6] Grummitt L, Baldwin JR, Lafoa'i J, Keyes KM, Barrett EL. 'Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment.' *JAMA Psychiatry*. 2024. 10.1001/jamapsychiatry.2024.0804.
[7] Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, et al. *Australian Child Maltreatment Study: The Prevalence and Impact of Child Maltreatment in Australia - Findings from the Australian Child Maltreatment Study - 2023 - Brief Report* [Internet]. Queensland University of Technology; 2023 [cited 2023 October 26]. Available from: http://www.acms.au/wpcontent/uploads/2023/04/3846.1_ACMS_A4Report_C1_Digital-Near-final.pdf.

and sexual violence victimisation gives rise to an increased risk of mental ill health. For example:

- A systematic review conducted in 2018 found that one in every three women seeking inpatient or outpatient mental health services has a history of domestic, family and sexual violence.[8]
- Studies indicate that sexual violence can increase vulnerability to and exacerbate mental health issues.[9]
- Sexual violence is linked explicitly to health issues and fatalities, such as substance abuse, psychological disorders, and suicidality.[10]

Simultaneously, mental health issues can be a barrier to trauma survivors accessing help and impact the clinical course and treatment responses.[11]

The above studies clearly demonstrate that improving responses to sexual, domestic and family violence, and seeking to prevent violence in the first place, is a key component of suicide prevention and improving mental health.

The Strategy recommends addressing sexual, domestic and family violence as social determinants of suicidality

The Strategy recognises the link between sexual, domestic and family violence and suicidality. Full Stop Australia is supportive of this.

Some of the actions in the Strategy are explicitly focused on addressing sexual, domestic and family violence as social determinants of suicidality. For example:

- **Key Outcome 1.1b**: 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.'
- **Key Outcome 1.2a**: Reduce the prevalence and impact of child abuse and neglect and family, domestic and sexual violence by implementing the *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.*
- **Key Outcome 1.2a**: Implement the *National Plan to End Violence Against Women and Children 2022–2032.*

[8] Oram, S., Trevillion, K., Feder, G., & Howard, L. (2018). Prevalence of experiences of domestic violence among psychiatric patients: Systematic review. *The British Journal of Psychiatry*, 202(2), 94-99. doi:10.1192/bjp.bp.112.109934.
[9] Khalifeh H, Moran P, Borschmann R, Dean K, Hart C, Hogg J, et al. (2015). Domestic and sexual violence against patients with severe mental illness. *Psychol Med*. 45(4):875–86.
[10] O'Dwyer, C., Tarzia, L., Fernbacher, S. et al. Health professionals' experiences of providing care for women survivors of sexual violence in psychiatric inpatient units. *BMC Health Serv Res* 19, 839 (2019). https://doi.org/10.1186/s12913-019-4683-z.
[11] Australian Institute of Health and Welfare. *The Health Impact of Suicide and Self-Inflicted Injuries in Australia, 2019* [Internet]. AIHW, Australian Government; 2021 [cited 2024 October 29]. Available from: https://www.aihw.gov.au/reports/burden-of-disease/healthimpact-suicide-self-inflicted-injuries-2019/contents/about.

- **Key Outcome 5.2b**: Through the Family and Magistrate Court systems, for people involved in family law and domestic violence matters, continue to provide information on and referrals to suicide prevention and other support programs, including peer support, counselling services, legal advice and parental assistance.

Other actions are not explicitly framed in terms of the link between sexual, domestic and family violence and suicide, but are nonetheless relevant to victim-survivors of violence. For example:

- **Key Outcome 1.2b:** Ensure mental health services and other relevant supports, particularly those provided to children and young people, work in a trauma-informed and culturally safe way.
- **Key Outcome 1.2c**: Design and deliver nationally consistent wraparound services to support children and young people impacted by adversity (for example, experiences of trauma, abuse and neglect, residing in out-of-home care, or significant conflict with primary caregivers).
- **Key Outcome 2.2a:** Continue to expand and enhance services for people experiencing mental ill health, particularly severe and enduring mental illness.

Proposed amendments to the Strategy to strengthen the approach to sexual, domestic and family violence

Given the clear link between sexual, domestic and family violence, suicide and mental ill health—and the fact that sexual, domestic and family violence has been found to be a key risk factor for suicidality—we think there is scope to strengthen the Strategy's approach to these forms of violence.

We have recommended several additions to the Strategy below.

Data collection on the impact of sexual, domestic and family violence on suicidality

Full Stop Australia is supportive of Critical Enabler 3 of the Strategy, which focuses on ensuring that 'suicide prevention in Australia uses fit-for-purpose evidence to guide timely, high-quality, effective suicide prevention activities.'[12] Robust data, which allows progress towards objectives to be tracked, is critical for addressing any widespread social problem.

The Strategy does not currently include any reference to collecting data on the link between suicide and sexual, domestic and family violence—including the extent to which victimisation can increase the risk of suicidality. Full Stop Australia recommends explicitly introducing this as an action under the Strategy.

The fact that this data is not currently being systematically collected was identified in the recent report *Unlocking the Prevention Potential: accelerating action to end domestic, family and sexual violence,* delivered by the expert panel engaged by the Australian

[12] Above n 1.

Government to undertake a rapid review of prevention approaches to domestic, family and sexual violence (**Rapid Review Panel**):

> 'Highlighting the importance of recognising and accounting for suicides related to DFSV-victimisations – numbers not currently accounted for in conventional assessments of the ongoing national crisis – the Review also recommends an urgent inquiry into the relationship between suicide and experiences of DFSV victimisation. These numbers are not currently accounted for and therefore skew our understanding of the impact of DFSV. Capturing this data will enable the true scale of what the Review contends is actually a state of national emergency to finally be understood.'[13]

The Rapid Review Panel recommended the following action to address the link between domestic, family and sexual violence and suicide:

> 'Initiating an urgent inquiry into the relationship between DFSV victimisation and suicide, with a view to developing a methodology for accurate counting of the DFSV death toll (Commonwealth, state and territory governments).'[14]

Full Stop Australia recommends making this an explicit focus of the Strategy. It is critical that we understand the extent of the impact of domestic, family and sexual violence on suicidality, have comprehensive data on this relationship, so that action taken to drive down rates of both suicide and gender-based violence can be effectively monitored and evaluated.

Recommendation 1: The Strategy should recommend that data collection on suicide captures the extent to which sexual, domestic and family violence increases the risk of suicidality.

Recommendation 2: The Government should adopt the recommendation of the Rapid Review Panel to initiate an urgent inquiry into the relationship between sexual, domestic and family violence victimisation and suicide, with a view to developing a methodology for accurate counting of the sexual, domestic and family violence death toll.

Making trauma-informed and gender-based violence-informed mental healthcare accessible to all victim-survivors of sexual, domestic and family violence

Victim-survivors of sexual, domestic and family violence require access to mental health services that are trauma-informed and gender-based violence-informed.

Full Stop Australia is supportive of the Strategy's focus on taking a trauma-informed and culturally safe approach to care and service delivery for people at risk of suicide. The Strategy recognises that trauma-informed and culturally safe practice involves 'understanding the consequences of a history of trauma, prioritis[ing] trust and safety,

[13] Elena Campbell, Dr Todd Fernando, Dr Leigh Gassner APM, Jess Hill, Dr Zac Seidler & Dr Anne Summers AO. *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. (Report). 2024. Available at: https://www.pmc.gov.au/resources/unlocking-the-prevention-potential.
[14] Ibid, recommendation 21.

facilitate[ing] choice and agency, highlight[ing] the person's strengths, and [being] informed by a person's culture, ethnicity and social identity.'[15] Relatedly, some of the actions in the Strategy recommend trauma-informed practice—for example, Key Outcomes 1.2b and 1.2c referred to above.

We think the Strategy could be strengthened through a greater focus on ensuring gender-based violence-informed mental health support is available to all victim-survivors of sexual, domestic and family violence. This is appropriate considering the established link between sexual, domestic and family violence, and suicide and mental ill health, outlined above.

Victim-survivors of sexual, domestic and family violence have unique needs and experiences that require a specialist approach informed by the dynamics and drivers of violence. As a result, generalist support services may not meet their needs. This has been the experience of many of the victim-survivors who Full Stop Australia supports through our clinical service, and who we work with through our NSAP. These victim-survivors frequently tell us they were unable to access fit-for-purpose mental health support through generalist services, and had a much better experience with specialist sexual, domestic and family violence services.

These experiences are reflected in research:

- A 2010 study found that mental health services often fail to identify and appropriately respond to experiences of interpersonal violence.[16]
- Several studies found that mental health practitioners frequently refrain from inquiring about a history of sexual, domestic and family violence due to their limited knowledge, confidence, and skills in responding effectively to such disclosures.[17]
- Alternatively, disclosures of sexual, domestic and family violence are frequently dismissed or disregarded. It is common for experiences of violence to be seen as secondary to an already diagnosed psychiatric disorder, dismissed as a symptom of psychosis, or downplayed as a historical event considered irrelevant to the consumer's current condition.[18]
- Additionally, while mental health policies increasingly recognise the link between experiences of trauma, violence, and mental health issues, they often lack clear guidance or specific recommendations for action within mental health services and clinical care.[19] These practices are aligned with the prevailing biomedical model of care in psychiatric settings, which prioritises addressing the biological symptoms of mental illness over the psychosocial aspects and healing.

[15] Above n 1.
[16] Howard, L.M., Trevillion, K., Agnew-Davies, R. (2010). Domestic violence and mental health. *Int Rev Psychiatry.* 22(5):525–34.
[17] Hepworth I, McGowan L. Do mental health professionals enquire about childhood sexual abuse during routine mental health assessment in acute mental health settings? A substantive literature review. *J Psychiatr Ment Health Nurs.* 2013;20(6):473–83. See also Nyame S, Howard LM, Feder G, Trevillion K. (2013). A survey of mental health professionals' knowledge, attitudes and preparedness to respond to domestic violence. *J Ment Health.* 22(6):536–43.
[18] O'Dwyer et al, above n 10.
[19] Ibid.

To ensure victim-survivors of sexual, domestic and family violence receive appropriate mental healthcare that is informed by an understand of gender-based violence—which is a critical for addressing the risk of suicidality—the Strategy should recommend:

- Improved training for all mental health professionals on the dynamics and drivers of sexual, domestic and family violence, and the impacts of trauma.
- Access to training for identifying and responding to sexual, domestic and family violence in the mental health setting.
- Improved collaboration between the mental health system and the specialist sexual, domestic and family violence sector—to ensure victim-survivors are supported to access necessary services in a timely manner.

Ensuring victim-survivors of violence have access to recovery support also requires investment in specialist frontline services in the sexual, domestic and family violence sector. We have dealt with this below.

Recommendation 3: The Strategy should recommend:

- Improved training for all mental health professionals on the dynamics and drivers of sexual, domestic and family violence, and the impacts of trauma.
- Access to training for identifying and responding to sexual, domestic and family violence in the mental health setting.
- Improved collaboration between the mental health system and the specialist sexual, domestic and family violence sector—to ensure victim-survivors are supported to access necessary services in a timely manner.

This helps ensure that mental healthcare meets the needs of a population group disproportionately at risk of mental ill health and suicide.

Investment in sexual, domestic and family violence frontline services, with a focus on long-term recovery

Investment in specialist frontline sexual, domestic and family violence services, commensurate with the scale of these crises, is part of suicide prevention.

Currently, frontline sexual, domestic and family violence services across the country do not have sufficient capacity to meet overwhelming demand. Shortages are especially acute in rural, regional and remote areas. As a result, victim-survivors are:

- Unable to access timely mental health support from specialist sexual violence services. Wait times for specialist services can be as long as 12 months.[20]

[20] Levy, Arianna and Van Vonderen, Jessica. 'Domestic and sexual violence frontline workers "need funding" amid "unprecedented demand."' ABC. 2 May 2024. Available at: https://www.abc.net.au/news/2024-05-03/domestic-violence-services-increase-funding-meet-demand/103797208.

- Turned away from refuge accommodation due to insufficient beds, or otherwise forced to stay in motel accommodation for long periods while awaiting space in a refuge. During this time, victim-survivors are unable to access the support needed to begin rebuilding their lives.

When victim-survivors of sexual, domestic and family violence are unable to access the support they need, this can exacerbate mental health challenges and the impacts of trauma. This, in turn, can lead to increased risk of suicide. The direct correlation between suicide, and the inability of frontline sexual, domestic and family violence services to meet demand, was recognised by the Rapid Review Panel. Citing data from Safe Steps Family Violence Response Centre—Victoria's 24/7 family violence crisis service—the report recognised that, 'evidence from Safe Steps shows that, when governments underfund crisis response, the results can be fatal. Reports from Safe Steps indicate that, three women suicided in Victorian motels in 2023, while they were awaiting a space in refuge.'[21]

To address the risks created by insufficient service access, the Strategy should explicitly acknowledge that sustainably funding frontline sexual, domestic and family violence services is part of suicide prevention. These services meet the distinct recovery and mental health needs of victim-survivors of violence—both in the immediate aftermath of violence, when survivors may need support accessing new housing, finding new employment or engaging with the legal system, and years later, as they process the ongoing impacts of trauma.

Sustainable funding for specialist sexual violence services includes funding services that meet the needs of diverse communities—so priority populations disproportionately at risk of sexual violence have access to culturally safe support that responds to their unique experiences and needs.

Recommendation 4: The Strategy should recommend sustainable funding of specialist sexual, domestic and family violence response and recovery services. This is necessary, given the established link between inadequate service access, and mental ill health and suicide.

It's important for suicide prevention that frontline services are resourced to meet victim-survivors' long-term recovery needs. This reflects the reality that victim-survivors of violence may experience mental ill health or suicidal distress at various points in their life, as they grapple with the enduring impacts of trauma. As a result, victim-survivors may need to dip in and out of clinical services throughout their lives to access help with emotional safety and stabilisation, trauma processing, and coping mechanisms.

Recommendation 5: The Strategy should recognise that long-term recovery from sexual, domestic and family violence is part of suicide prevention.

[21] Campbell et al, above n 13.