

Social Policy and Legal Affairs Inquiry into the relationship between domestic, family and sexual violence and suicide.

Full Stop Australia
Submission to the Standing Committee
January 2026

Disclaimer: This public version of Full Stop Australia's submission to the Social Policy and Legal Affairs Inquiry into the relationship between domestic, family and sexual violence and suicide has been slightly altered to further de-identify the case studies referenced. A full version of this submission was made to the Inquiry in January 2026.

Introduction and Preamble

Every other day Full Stop Australia's specialist sexual violence counsellors respond to callers who are in suicidal distress related to the impacts of sexual, family and domestic violence. All too regularly, victim-survivors share stories with Full Stop Australia about the service systems falling short and the revolving door experiences with crisis mental health supports.

These failings add to the burden of pain and harm for victim-survivors seeking help along with detrimental impacts for the broader community. Sadly, for some victim-survivors of sexual violence the pain of living has been too great, and Full-Stop has been informed of their deaths by suicide. We share some of these stories below.

Integrated holistic care that is person centred, trauma informed and recognises the significant body of research on the impacts of adverse childhood experiences (ACEs), the gendered nature of domestic, family and sexual violence and suicide is essential. This submission is grounded in the lived experiences of Full Stop's service users, its clinical team and supporting evidence through a desk top literature review.

Full Stop Australia's position is that sexual violence victimisation is not adequately considered in the context of care for individuals presenting in suicidal distress nor in reports of deaths by suicide. We recommend several strategies for Inquiry members' consideration. Full Stop Australia would also welcome the opportunity to address the Standing Committee on Social Policy and Legal Affairs at a hearing.

Our gratitude goes to the many victim-survivors willing to share their stories. These stories tell us our response systems don't always get it right for victim-survivors who require specialist care to prevent suicide. These stories both shed light on the unhelpful practices that ignore sexual violence victimisation as a reason for suicidal distress and show how perpetrator accountability gets lost when threats of suicide are used as a tactic to keep victim-survivors with an abusive partner.

The key messages we wish to share from our service users and clinical team include:

The suicide care environment continues to fall short in its response to victim-survivors.

Greater understanding of gendered violence is needed.

Many victim-survivors present with complex and compounding issues.

Full Stop recommends the following areas for change:

1. Strengthen multi-agency approaches and better manage suicidal risk as recommended by the Rapid Review Expert Panelⁱ
2. Develop a consistent approach to death review processes, including ability for services to provide observations and facts. This includes consideration and checking processes for reports of deaths where there is an indication that indicate a death by suicide may have occurred, especially in deaths where sexual, family and domestic violence have been present for the deceased.

Full Stop Australia endorses Suicide Prevention Australia's proposals:

3. Implement a coordinated and strategic approach to ACEs and suicide prevention through an Adverse Childhood Experiences Strategy and given the strong link with suicide should also consider it and actions to prevent suicide.
4. The National Plan to End Violence against Women and Children 2022-2032 should be amended to include consideration of and actions to prevent suicide and Full Stop recommends a separate focus on sexual violence.
5. Listen and learn from the voices of children, families and people with lived and living experience of ACEs and suicide.
6. Resource specialist services.
7. Resource peer support groups for people with a history of ACEs.
8. Develop and implement a national set of guidelines for working with people with ACEs and complex trauma.

About Full Stop Australia

Full Stop Australia is a nationally focused not-for-profit organisation that provides expert and confidential telephone, online and face-to-face specialist trauma counselling to people of all genders who have experienced sexual, domestic or family violence. We also offer specialist training and professional services to frontline workers, government, for profit and not for profit sectors.

Full Stop Australia, established in 1974 as Australia's first sexual assault service, brings over 50 years of expertise in supporting those impacted by sexual, domestic and family violence (SDFV). Delivering a high-quality trauma informed, culturally safe, accessible and inclusive service is at the core of what we do.

We work across three focus areas:

- **Support:** offering confidential, trauma-specialist counselling for people of all genders who are impacted SDFV, as well as their friends, colleagues, and family members and the frontline professionals that support victim-survivors.
- **Education:** offering best-practice training and professional services to support safe and respectful workplaces, educational environments, and communities.
- **Advocacy:** encouraging governments, businesses, and communities to make changes to laws, policies, and practices to better prevent and respond to SDFV.

Full Stop Australia Clinical and Client Services

Full Stop Australia's Counselling and Trauma Recovery Services comprise of a range of 24/7 telephone, online, and face to face services which work along the continuum of care from crisis to recovery. Our operational scope encompasses several well-known and respected 24/7 trauma specialist counselling helplines, including:

- NSW Sexual Violence Helpline, for anyone in NSW impacted by sexual violence.
1800 424 017
- National Sexual Abuse and Redress Support Service (Redress Helpline), which supports institutional abuse victim-survivors accessing compensation. This service includes a 24/7 trauma-specialist counselling service and an application or case management support.
1800 211 028
- 1800 FULL STOP, our national 24/7, free and confidential trauma-specialist counselling service for anyone in Australia impacted by sexual, domestic or family violence.
1800 385 578
- Rainbow line, Sexual, Domestic and Family Violence Helpline, for anyone from LGBTQ+ communities impacted by sexual, domestic or family violence.
1800 497 212

We deliver the following additional services:

- Healing and Recovery for Survivors (HeRS) Counselling Program, which provides specialised face-to-face counselling for adult women victim-survivors of childhood sexual abuse located at six Women's Health Centres (WHC) across NSW.
- Fee for Service (Professional Services) trauma specialist counselling, clinical supervision, vicarious trauma management and consultancy.

Service Approach

Expert and confidential telephone, online, and face-to-face counselling to people of all genders who have experienced SDFV, their supporters, and specialist vicarious trauma support for frontline workers and other professionals.

Our service has its foundations in deep understanding of trauma and its impacts. Our approach is built on the following key features:

- **Strength and empowerment:** We focus on empowering survivors, helping them to regain control and rebuild their lives.
- **Recovery-oriented:** Our services support long-term recovery within a phased approach, addressing immediate and ongoing needs.
- **Culturally responsive and intersectional:** We ensure our services are culturally responsive, recognising and centring our clients' diverse identities and cultures.
- **Trauma specialist:** Our approach is grounded in understanding trauma and its impacts, providing specialist care that addresses complex trauma comprehensively.

Our helplines connect clients directly with trauma specialist counsellors who provide immediate therapeutic support in a compassionate and trauma-informed space. For survivors, this includes trauma-informed counselling across the care continuum while also helping navigate practical needs like accessing SDFV services, medical assistance, engaging with police, or seeking legal assistance.

For family, friends, and community members, our trauma specialist counsellors provide therapeutic support and guidance on responding sensitively to disclosures. Understanding that supporters often need their own space to process trauma impacts, our counsellors help them develop sustainable support strategies while maintaining their own wellbeing.

For professionals, our helplines offer expert advice on how to handle complex situations involving SDFV, ensuring they can make informed referrals, and provide the best possible care. It encourages collaboration with other services to ensure victim-survivors receive the support they need in a way that respects their unique circumstances. We provide workforce vicarious trauma support, debriefing - structured sessions to process complex cases and emotional experiences, and complex client presentation support.

Sexual Violence, Mental Health, Suicide, Self Harm – What We Know

In Australia in 2025, sexual violence is at endemic proportions. The latest national statistics for police reports of sexual assault increased to the highest number recorded since the ABS has collected this data – a total of 40,087 victims, 81% of whom were female (32,372 victim-survivors). This is a 10% (3,735 victims) increase on the previous year. The victimisation rate also increased from 136 to 147 victims per 100,000 persons, also the highest rate recorded in the time series.ⁱⁱ The latest release of the Personal Safety, Australia report indicates that an estimated 8 million Australians (41%) have experienced physical or sexual violence since the age of 15.ⁱⁱⁱ

A significant body of research exists about Adverse Childhood Experiences (ACEs) and suicide.^{iv} The groundbreaking Adverse Childhood Experiences study linked adverse childhood experiences to poorer health outcomes, including mental health and suicide attempts, as an adult^v. This study found that categories of adverse childhood experiences were interrelated and

the more exposure to them as a child or young person, the higher the likelihood of multiple health risk factors later in life, including suicide attempts. Australian research indicates that almost two-thirds of adults have experienced child maltreatment in the form of abuse, neglect or exposure to family, domestic and sexual violence.^{vii}

Childhood maltreatment accounted for a substantial proportion of mental health conditions, ranging from 21% for depression to 41% of suicide attempts. More than 1.8 million cases of depressive, anxiety, and substance use disorders could be prevented if childhood maltreatment was eradicated. Maltreatment accounted for 66 143 years of life lost, primarily through suicide, and 184 636 disability-adjusted life-years.^{viii}

The relationship between mental ill-health and suicide is well established. Those with poor physical health and poor mental health are at increased suicide risk with many health conditions increasing suicide risk.^{ix}

Some sobering facts are presented below^x:

- The Australian Childhood Maltreatment study found that 28.5% of Australians have experienced sexual abuse before the age of 18, which is thought to be conservative as it does not include online forms of child sexual abuse.^{xi}
- Childhood maltreatment accounts for 41% of suicide attempts among Australians aged 16 to 85.^{xii}
- Children who have experienced emotional abuse, sexual abuse and multitype maltreatment are the most likely to experience more life challenges and attempt suicide.^{xiii}
- The younger children are when they are sexually abused the more likely they are to experience suicidal ideation.^{xiv}
- People who have been sexually abused as children are significantly more likely to die by suicide compared to the general community – three times more likely to attempt suicide.
- People who have experienced ACEs are significantly more likely to die by suicide compared to people who have not experienced ACEs.^{xv}
- Among young Australians aged 16-24 who have experienced child maltreatment 5.2% have attempted suicide in the prior year, compared with 0.6% who had not experienced child maltreatment.^{xvi} The same study found that ACEs are closely linked to suicide attempts among Australians aged 45 years and over.^{xvii}
- Australians aged between 16 and 65 years old, who have experienced maltreatment in childhood are 4.6 times more likely to have attempted suicide compared to those who have not experienced maltreatment.^{xviii}
- The prevalence of ACEs in the Australian population differs by gender, with girls twice as likely as boys to experience sexual abuse.^{xix}
- One of the most predictive factors of future victimisation is prior victimisation.^{xx} Children who have experienced ACEs are more likely to experience revictimization from further traumatic events such as domestic, family and sexual violence later in life.^{xxi}
- The suicide rate for First Nations people in 2023 was over 2.5 times that of non-Indigenous Australians.^{xxii}

- In Australia, of those people who died by suicide in 2023, 64% had a Mental and behavioural disorder recorded as an associated cause of death (ABS 2024)^{xxiii}
- Hospitalisation data on self-harm include intentional self-harm injuries with and without suicide intent.
- In 2023–24 two thirds of people hospitalised for intentional self-harm injuries were female (64%, or 15,409 hospitalisations)
- The rate of intentional self-harm hospitalisations was higher for females than males (115 compared with 65 per 100,000 population)^{xxiv}

The next part of our submission draws on the lived experience of victim-survivors of sexual, domestic and family violence who have used Full Stop Australia’s 24/7 trauma-specialist services and our clinical team. These case studies have utilised an alias, been de-identified, and where the narrative is identifying, consent has been obtained to share this information for the purpose of the Inquiry.

Knowledge from the lived experience of victim-survivors of sexual, family and domestic violence can richly communicate the complexities of suicidal distress and ways to better support people.^{xxv} While the National Mental Health and Suicide Prevention Agreement and its Bilateral Agreements call out people experiencing or at risk of abuse and violence, including sexual abuse, neglect and family and domestic violence as a priority population and commits to working across systems to pursue whole-of-government approaches, our experience is that these principles have not yet fully translated to the care environment.^{xxvi} This experience is reflected in the recent findings from the Productivity Commission’s Final Review of the Mental Health and Suicide Prevention Agreement.^{xxvii}

Furthermore, we argue there is a need to name sexual violence as a unique factor and not as an add on to domestic and family violence. This is because of the explicit harms of sexual violence, its gendered nature and the specialist support required from crisis to recovery and healing.

Our key messages are:

The suicide care environment continues to fall short in its response to victim-survivors.

Callers to Full Stop describe experiences of a “revolving door of mental health” and many times feeling misjudged about their distress and the reasons for it. We support many chronically suicidal people who have had adverse childhood experiences who feel that their presenting issues are misunderstood. The case study below (redacted to protect identity) describes an interface with mental health services and the impact for a client with ongoing suicidal distress and complex issues.

Case study - Zach^{xxviii}

For over ten years, Full Stop Australia’s specialist trauma counsellors have supported Zach, a thirty-year-old Aboriginal trans man with an extensive decades long history of suicidal ideation and end-of-life attempts. He is a victim-survivor of repeated sexual abuse throughout his childhood.

Zach uses Full Stop's Helpline to talk through his feelings of distress and powerlessness following contact with mental health services. As well as calling Full Stop Australia, Zach actively engages in health promoting activities to manage his distress such as weekly GP and psychology appointments.

He reports feeling misunderstood, dismissed and a lack of acknowledgement and understanding of his complex support needs. He has also been provided termination notices and banned from various community mental health and support services and is unable to access support from his local hospital emergency department (ED). If Zach presents with suicidal distress to his local hospital emergency department, he is encouraged to return home and does not receive an assessment.

Zach says this leaves him feeling as though there are no options of support. It also puts additional pressure on other services that are attempting to help him because there is a lack of coordination and no escalation pathway.

At the time of writing this case study, Zach reported feeling extreme suicidal ideation. To manage this, he attended their local police station to seek assistance knowing that the ED was not an option. Zach also often calls an ambulance, and paramedics offer regulation support at home with the knowledge that transportation to the hospital will perhaps increase his suicidal distress.

Greater understanding of gendered violence is needed

Service users of Full Stop Australia continue to share instances where they have attempted to ask for help, presented at emergency or other health supports and their experience of sexual violence has not been acknowledged in a way where they feel believed, safe and able to engage with help. This is illustrated in the case study below.

Case study - Di^{xxix}

Di was a regular caller to Full Stop for seven years. She was an adult survivor of child sexual abuse, a victim-survivor of adult sexual assault and she experienced family violence and neglect. While supporting this client, we made 98 notifications to emergency services regarding self-harm, suicidal ideation and suicide attempts.

Di made numerous suicide attempts, speaking to counsellors about means including overdosing and hanging herself. She was hospitalised for her own safety on multiple occasions.

When she was released from hospital she was sent home, where she lived alone. She was isolated and very lonely. This client struggled with managing her emotional experience and regulation, feelings of abandonment, engaging with mental health and other supports without becoming hyper or hypo aroused.

With Di's permission, Full Stop engaged with other clinical providers to form a network of support to better support her needs.

In the lead up to her final attempt and death by suicide Di had started to research the dark web for substances known to be fatal that she could ingest. She experienced extreme hopelessness and

low mood. She heard voices telling her to kill herself, had disordered eating and other physical health issues that greatly impacted her.

In the weeks leading up to her death by suicide she was being treated with ketamine which she reported worsened her symptoms. She regularly talked about her unhappiness with mental health service responses to her experience.

Di was a regular caller over the seven years she accessed support from our service. She was a talented creative artist and connected well with our counsellors who were there for her at times of distress. Full Stop Australia was extremely saddened to hear of her death by suicide.

Many victim-survivors present with complex and compounding issues

Often victim-survivors experience long term impacts on maintaining relationships, physical and mental health, educational outcomes, housing, employment and financial security. These compounding issues and the impacts of sexual violence interface with suicidal ideation and suicide attempts as the case study below shows.

Case study - Laura^{xxx}

Laura has been calling Full Stop Australia over many years. She experienced childhood sexual abuse and lives with chronic suicidality.

She experiences ongoing difficulty engaging with services and professionals and reports she is reluctant to share her internal thought processes and true experiences with the multitude of agencies that she engages with to manage her care.

However Laura is more comfortable to share her suicidal distress with Full Stop given the continual support provided over many years and the trust that has been built. She reports this differs to the way she presents to other support services.

Laura has openly spoken about suicidal distress over many years including a recent end-of-life attempt which she only felt safe sharing with our service.

Full Stop Australia strongly concurs with Suicide Prevention Australia's lived experience working group who listed ten long-term impacts of ACEs which can heighten suicide risk. These impacts are poor physical and mental health, family and other relationship dysfunction, education disruption, employment distress, financial distress, housing insecurity and homelessness, revictimization, child protection system, criminal justice system and intergenerational impacts.^{xxxi}

Suicidal distress can also be present for victim-survivors who are involved in legal proceedings.

"I know of a victim-survivor for whom long and repeated delays to their trial hearing was so destabilising to their psychological state that it directly led to a near-fatal suicide attempt. This demonstrates how failure to provide timely and efficient court processes perpetuates secondary harm to victims" National Survivor Advocate Program (NSAP) Advisory Group Member^{xxxii}

"I did not receive a trauma informed response from my legal team or from the legal system process that I went through, despite the best efforts of my own legal team to provide me with a highly skilled professional service, which they certainly did deliver. I also found the legal system process that I went through to be highly adversarial, which was extremely difficult to experience while I was in an already suicidal state due to the trauma I had experienced. This compounded my distress and I'm grateful to have survived this." Victim-Survivor experience^{xxiii}

Conclusion

Full Stop Australia thanks the Committee for the opportunity to provide a submission for this complex social issue. We would welcome the opportunity to speak with the Committee further and hope this information helps build strengthened understanding of gendered violence and the need for improved integration and coordination to support better outcomes for victim-survivors.

Karen Bevan
CEO
ceo@fullstop.org.au

ⁱ Campbell, E, Fernando, Dr T, Gassner, Dr L, Hill, J, Seidler, Dr Z and Summers Dr A (2024) Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence

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- ⁱⁱ Australian Bureau of Statistics (2025) Recorded Crime–Victims, reference period 2024, <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release>
- ⁱⁱⁱ ABS Personal Safety Australia 2021-22FY (2023) [Personal Safety, Australia, 2021-22 financial year | Australian Bureau of Statistics](#)
- ^{iv} Suicide Prevention Australia, (November 2025), Adverse Childhood Experiences and Suicide Background Paper
- ^v This study categorised adverse childhood experiences as: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned.
- ^{vi} Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH, (1998) American Journal of Preventive Medicine 14(4) p.245
- ^{vii} Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology
- ^{viii} Grummit L, Baldwin J, Lafoa’l J., (2024) Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment in JAMA Psychiatry, published online [Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#) accessed 21 January 2025
- ^{ix} Suicide Prevention Australia (2025), p15
- ^x Full Stop Australia is grateful to Suicide Prevention Australia for the instructive report on adverse childhood experiences and suicide.
- ^{xi} Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology
- ^{xii} Suicide Prevention Australia, (November 2025), Adverse Childhood Experiences and Suicide – Background Paper, p.5
- ^{xiii} Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology
- ^{xiv} Suicide Prevention Australia, p8
- ^{xv} Suicide Prevention Australia (November 2025), Adverse Childhood Experiences and Suicide Background Paper
- ^{xvi} Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology
- ^{xvii} Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology
- ^{xviii} Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology
- ^{xix} Suicide Prevention Australia (November 2025), Adverse Childhood Experiences and Suicide Background Paper
- ^{xx} E Campbell, Dr T Fernando, Dr L Gassner, J Hill, Dr Z Seidler and Dr A Summers (2024) [Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence](#)

^{xxi} Widom C, Czaja S. and Dutton, M (2008) Childhood victimisation and lifetime revictimization in Child Abuse and Neglect v32, issue 8 pp785-796 [Childhood victimization and lifetime revictimization - ScienceDirect](#)

^{xxii} AIHW, Suicide and self-harm monitoring <https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/summary>, accessed 21 January 2026.

^{xxiii} Mousazadeh K. (11 December 2025) The Conversation: More focus is needed on childhood sexual abuse to combat Australia's suicide problem

^{xxiv} AIHW, Intentional self-harm hospitalisations, <https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/self-harm-hospitalisations>, accessed 21 January 2026

^{xxv} National Suicide Prevention Advisor, (2020), Compassion First: Designing our national approach from the lived experience of suicidal behaviour <https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/compassion-first.pdf>

^{xxvi} Australian Government, National Mental Health and Suicide Prevention Agreement (2022) <https://www.suicidepreventionaust.org/wp-content/uploads/2022/03/National-Agreement-Briefing-March-2022.pdf>

^{xxvii} Australian Government Productivity Commission (2025), Mental Health and Suicide Prevention Agreement Final Review <https://www.pc.gov.au/inquiries-and-research/mental-health-review/report/>

^{xxviii} Not his real name

^{xxix} This case study uses a pseudonym

^{xxx} Case study has been deidentified and her real name is not used.

^{xxxi} Suicide Prevention Australia, p.14

^{xxxii} Full Stop Australia submission (2024) [Australian Law Reform Commission Inquiry into Justice Responses to Sexual Violence](#).

^{xxxiii} Full Stop Australia submission (2024) [Australian Law Reform Commission Inquiry into Justice Responses to Sexual Violence](#)