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Our Watch Submission to the Standing Committee on the relationship between DFSV victimisation and suicide



Prepared by Our Watch

Acknowledgement of Country

Our Watch acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay respects to Elders past and present and recognise the continuing connection Aboriginal and Torres Strait Islander people have to land, culture, knowledge and language for over 65,000 years.

As a non-Aboriginal organisation, Our Watch understands that violence against Aboriginal and Torres Strait Islander women and children is not an 'Aboriginal and Torres Strait Islander problem.' As highlighted in Our Watch's national resource [*Changing the picture*](#), there is an intersection between racism, sexism and violence against Aboriginal and Torres Strait Islander women.

Our Watch has an ongoing commitment to the prevention of violence against Aboriginal and Torres Strait Islander women and children, who continue to experience violence at significantly higher rates than non-Aboriginal women. We acknowledge all Aboriginal and Torres Strait Islander people who continue to lead the work of sharing knowledge with non-Aboriginal people and relentlessly advocate for an equitable, violence-free future in Australia.

About Our Watch

[Our Watch](#) is the national leader in the primary prevention of violence against women and their children in Australia. We are an independent, not for profit organisation established in 2013. All Australian governments are members of Our Watch.

Our vision is an Australia where women and their children live free from all forms of violence. We aim to drive nation-wide change in the culture, behaviours, attitudes, social structures and systems that drive violence against women. Guided by our ground-breaking national frameworks, [*Change the story \(2nd ed 2021\)*](#), [*Changing the picture \(2018\)*](#) and [*Changing the landscape \(2022\)*](#), we work at all levels of our society to address the deeply entrenched, underlying drivers of violence against women. We work with governments, practitioners, and the community, at all levels of Australian society, to address these drivers of violence in all settings where people live, learn, work, and socialise.

Executive Summary

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

Change the story, Australia's shared framework for the primary prevention of violence against women, outlines how violence against women, including domestic, family and sexual violence, is driven by gender inequalities. Primary prevention applies an upstream model to stop violence before it starts. It works at a whole of population level to address the social conditions and behaviours that allow violence against women to happen.

While suicide does not drive domestic, family and sexual violence in of itself, it may substantially increase the prevalence and severity of gender-based violence, including domestic, family and sexual violence. As such, the primary prevention of gender-based violence can contribute to the overall prevention of suicide due to this relationship.

In line with Our Watch's expertise in the primary prevention of violence against women, we specifically respond to the following Terms of Reference of the Inquiry:

5. Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration.

In this submission, we:

- Outline the links between domestic, family and sexual violence and suicide, noting the gendered dynamics of both domestic, family and sexual violence and domestic, family and sexual violence-related suicide
- Demonstrate how primary prevention of gender-based violence approaches can complement and mutually reinforce prevention of suicide approaches, and
- Highlight the importance of engaging men and addressing dominant forms of masculinities that emphasise aggression, power and control given the links between rigid masculine stereotypes, perpetration of gender-based violence, and suicide.

Summary of recommendations

Recommendation 1: Our Watch recommends that a gender lens is applied to approaches to prevent and respond to domestic, family and sexual violence-related suicides.

Recommendation 2: Our Watch recommends that primary prevention is embedded throughout the *Second Action Plan of the National Plan to End Violence against Women and Children 2027–2032*, considering its relevance for both the prevention of violence against women, and domestic, family and sexual violence-related suicide.

Recommendation 3: Our Watch recommends establishing a coordinated and collaborative approach to engaging men and boys across the domestic, family and sexual violence and mental health sectors to both prevent perpetration of violence and reduce suicide risk.

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The relationship between domestic, family and sexual violence and suicide

Evidence demonstrates a clear relationship between domestic, family and sexual violence and suicide. Domestic, family and sexual violence victimisation and perpetration shape, and are shaped by, experiences of mental illness and suicide, contributing to long-term and complex mental health outcomes with varied impacts on both victim survivors and perpetrators.¹

In 2024, more than 3,000 people died by suicide in Australia, making it the 16th leading cause of death nationally.² DFSV may have been a contributing factor in an estimated 25–56% of these deaths.³ From 2010 to 2023 in Australia, there were 41,814 deaths by suicide, with 31,513 among males, and 10,301 among females. An estimated 19.4% of all female deaths by suicide and 12.3% of male deaths by suicide were related to family, domestic, family and sexual violence.⁴ Importantly, suicide constitutes a significant proportion of the health burden associated with domestic, family and sexual violence. Suicide and self-inflicted injuries accounts for 18.4% of the total health burden that is attributed to intimate partner violence for women aged 15 and over.⁵

Suicide-related threats or self-harm can be used as a tactic within domestic, family and sexual violence. Murder-suicide is one manifestation of domestic, family and sexual violence and reflects extreme coercive control (for example, when one partner threatens suicide to pressure the other to stay in the relationship). A perpetrator's threats or attempts to self-harm or die by suicide are also recognised risk factors for murder-suicide.⁶ While poor mental health does not, on its own, cause domestic, family and sexual violence, it can contribute to the dynamics and impacts of family violence for both victim-survivors and people who use violence.

Similarly, suicide and mental ill health do not occur within a vacuum of broader domestic, family and sexual violence dynamics. Perpetration and victimisation of domestic, family and sexual violence can shape, as well as be shaped by, experiences of poor mental health including suicide and suicidal ideation. Exposure to domestic, family and sexual violence is also considered a risk factor for suicide and mental ill health.

Women who experience domestic, family and sexual violence experience disproportionately higher levels of psychological distress, trauma-related mental health conditions, social isolation, and entrapment. All of these conditions contribute to a higher risk of suicide. For example, in one 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.⁷

These impacts can be further amplified by intersecting forms of discrimination and oppression based on racism, colonisation, homo-, bi-, and transphobia, ableism, geographic location, and age. Prevalence data demonstrates that comparatively higher levels of suicidality and DFSV violence are experienced by particular groups of people, including children and young people, those with disabilities, lesbian, gay, bi, trans, intersex, queer and asexual (LGBTIQ+) people, Aboriginal and Torres Strait Islander people, migrants and refugees.⁸

The gendered nature of domestic, family and sexual violence

Family, domestic and sexual violence-related suicide needs to be understood in the broader context of the gendered dynamics of domestic, family and sexual violence.

The majority of perpetrators of domestic, family and sexual violence are men, and the majority of victim-survivors are women. According to 2024-45 ABS data, four in five (78%) of Family Domestic Violence offenders were men, and men offended at four times the rate of women. Offending was most concentrated among men aged 25-39, who accounted for 45% of all FDV offenders.⁹ Research suggests around one-in-four men (23%) aged 45 years and under have used physical or sexual violence against a partner.¹⁰

In comparison, in 2024-25, on average one woman was killed every 11 days by a current or former partner. Over a 10-year period that was one women every 10 days.¹¹ Two in five women (39%) have experienced violence since the age of 15 years, with one in four women (23%) experiencing emotional abuse by a cohabiting partner (current or former) since the age of 15.¹² Women who experience violence often experience multiple incidents of violence. Of the 1.5 million women who have experienced violence by a previous partner, 67% experienced more than one incident of violence.¹³ Women are more likely to be injured so severely by a male partner that they require hospitalisation.¹⁴

Aboriginal and Torres Strait Islander women are more likely to experience family violence than non-Indigenous women.¹⁵ Aboriginal and Torres Strait Islander women and girls are 27 times more likely to be hospitalised due to non-fatal family violence-related assaults.¹⁶ Murdered Aboriginal and Torres Strait Islander women represent around 25% of all murdered women.¹⁷ In 2024-25, the homicide victimisation rate for Aboriginal and Torres Strait Islander women was nine times higher than the rate for non-Indigenous women. Aboriginal and Torres Strait Islander women are at a greater risk of being misidentified as the perpetrators of violence and subjected to inappropriate responses by police and legal systems than non-Indigenous women.¹⁸

Lesbian, bisexual and trans women can experience additional, unique forms of violence as a result of their gender identity and/or sexual orientation, including threats of 'outing' or shaming or withholding of hormones or medication.¹⁹ In the largest study of Australian LGBTIQ+ people's health and wellbeing, almost 4 in 10 non-binary participants, 3 in 10 trans men and 1 in 5 trans women reported experiencing physical violence from a family member.²⁰

The gendered nature of suicide and specifically, domestic, family and sexual violence-related suicide, has implications for how it is addressed. It is critical to bring a gendered lens to the prevention of and response to domestic, family and sexual violence-related suicide.

Recommendation 1: Our Watch recommends that a gender lens is applied to approaches to prevent and respond to domestic, family and sexual violence-related suicides.

A coordinated approach to preventing domestic, family and sexual violence-related suicide

There are significant opportunities for primary prevention of violence against women efforts to mutually reinforce and complement suicide prevention efforts. This is due to the gendered nature of and relationship between domestic, family and sexual violence and suicide.

Primary prevention of gendered violence applies an upstream model that works at a whole of population level to challenge the gendered drivers of violence against women. It is one essential component of the broader continuum of responses required to address domestic, family and sexual violence, operating alongside early intervention, crisis response and recovery.

Change the story is Australia's national framework for the primary prevention of violence against women. Drawing from a whole-of-population, public health approach, *Change the story* demonstrates how violence against women, including family, domestic and sexual violence is driven by four 'gendered drivers'. These are:

1. Condoning of violence against women.
2. Men's control over decision-making and women's independence.
3. Rigid gender stereotyping and dominant forms of masculinity.
4. Male peer relations and cultures of masculinity that emphasise aggression, dominance and control.²¹

Addressing the gendered drivers of violence against women, are crucial to respond to and prevent domestic, family and sexual violence-related suicide.

This relationship is already recognised in Australia's *National Suicide Prevention Strategy 2025 - 2035*, which identifies exposure to violence as a key risk factor for suicide, and emphasises that improving personal safety and security is important to effective suicide prevention.²² The National Suicide Prevention Strategy Recommendation 1.1b recommends alignment with the *National Plan to End Violence against Women and Children 2022-2032* by:

Implementing Action 1 of the First Action Plan 2023-2027 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."²³

The *Second Action Plan of the National Plan to End Violence against Women and Children 2027–2032* is currently under development. This presents an opportunity to continue to align actions under both policy frameworks, to support a coordinated and mutually reinforcing approach across domestic, family and sexual violence and suicide-related policy.

Recommendation 2: Our Watch recommends that primary prevention is embedded throughout the *Second Action Plan of the National Plan to End Violence against Women and Children 2027–2032*, considering its relevance for both the prevention of violence against women, and domestic, family and sexual violence-related suicide.

The relationship between perpetration of domestic, family and sexual violence and suicide

While the perpetration of violence is always a choice, there is a significant overlap in mental health issues, suicidality and perpetration of violence. Suicidal ideation, depression, post-traumatic stress disorder, and personality disorders have been associated with the perpetration of family violence. We also know that the majority of domestic, family and sexual violence is perpetrated by men.²⁴

While dominant forms of masculinities, as outlined under in the third gendered driver, contribute to driving violence against women, rigid gender stereotyping has also been shown to produce and contribute to negative health and wellbeing outcomes for men, including suicidal ideation and suicide.

For example, [the 2024 Man Box study](#) examines how beliefs or 'rules' within and across society pressure men to behave in certain ways. These include beliefs based on rigid, outdated and often harmful stereotypes, such as men should be tough, aggressive and in control. Of the men surveyed, 37 per cent of men aged 18- 34 reported feeling pressure to conform to the Man Box rules.²⁵ 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
- 1.5 times more likely to frequently experience feeling down, depressed, or hopeless.²⁶

These findings indicate a correlation between endorsement of the Man Box rules and reporting thoughts of suicide. They demonstrate why prevention of domestic, family and sexual violence-related suicide should incorporate explicit considerations of engaging men and addressing harmful masculine stereotypes, and which is a core focus of prevention efforts.

Our Watch's [Men in Focus practice guide](#) set out promising and effective approaches and guiding principles to work with men and boys and address masculinities to prevent gender-based violence. This work aims to reduce harm by supporting positive, respectful and emotionally healthy identities and relationships, while also maintaining accountability to victim-survivors.

Given the explicit focus on domestic, family and sexual violence-related suicides, there are opportunities through this inquiry to outline a coordinated and collaborative approach across the domestic, family and sexual violence and mental health sectors. While distinct areas of practice, there are opportunities to explore how primary prevention of violence engaging with men and boys and mental health promotion targeting men may build upon and mutually reinforce one another. For example, through addressing rigid gender stereotyping and supporting men and boys to develop positive, respectful gender identities and relationships in order to both prevent perpetration of violence and reduce suicide risk.²⁷

Recommendation 3: Our Watch recommends establishing a coordinated and collaborative approach to engaging men and boys across the domestic, family and sexual violence and mental health sectors to both prevent perpetration of violence and reduce suicide risk.

End Notes

- 1 Australian Institute for Health and Welfare. 'Health Outcomes', Updated Jan 2026 <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-outcomes>
- 2 Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS
- 3 Accurately capturing the true number of deaths as a result of DFSV is limited by existing data collection challenges, including availability, quality, and consistency of data across jurisdictions.
- 4 Australian Institute for Health and Welfare. 'Health Outcomes', Updated Jan 2026 <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/health-outcomes>
- 5 Australian Institute for Health and Welfare. 'Health Outcomes',
- 6 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.
- 7 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.
- 8 Australian Institute of Health and Welfare, 2024–2026.
- 9 ABS (2024). *Recorded Crime – Offenders 2024-25*. ABS
- 10 Our Watch calculation based on the results of the Man Box survey (The Men's Project & Flood, M. 2024. *The Man Box 2024: Re-examining what it means to be a man in Australia*. Melbourne: Jesuit Social Services.)
- 11 Calculated by Our Watch from Miles H & Bricknell S (2026). *Homicide in Australia 2024–25* (Statistical Report no. 58). Canberra: Australian Institute of Criminology; See also AIHW website on Family, domestic and sexual violence.
- 12 Australian Bureau of Statistics (2023). *Personal Safety, Australia: 2021-2022*. ABS.
- 13 Australian Bureau of Statistics (2023). *Personal Safety, Australia: 2021-2022, Partner violence*. ABS.
- 14 Australian Institute of Health and Welfare. (2025). *Family, domestic and sexual violence: Health services*. Figure 1: FDV hospitalisations by relationship to perpetrator, sex and age, 2023-24. AIHW
- 15 Cripps, K. (2023). Indigenous women and intimate partner homicide in Australia: confronting the impunity of policing failures. *Current Issues in Criminal Justice*, 35(3), 293–311.
- 16 AIHW (2026). *Family, domestic and sexual violence, Aboriginal and Torres Strait Islander people, Hospitalisation*.
- 17 Bricknell S & Miles H(2026). *Homicide in Australia 2024–25*. Statistical Report no. 58. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/sr78236>
- 18 Nancarrow, H., Thomas, K., Ringland, V., & Modini, T. (2020). Accurately identifying the "person most in need of protection" in domestic and family violence law (Research report, 23/2020). Sydney: ANROWS.
- 19 Hill, A. O., Bourne, A., McNair, R., Carman, M. & 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.
- 20 Hill, et al., (2020). *Private Lives 3*.
- 21 Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia* (2nd ed).
- 22 National Suicide Prevention Office. *The National Suicide Prevention Strategy 2025-2035*. Canberra: 2025.
- 23 Recommendation, 1.1b Implement Action 1 of the First Action Plan 2023-2027 under *the National Plan to End Violence against Women and Children 2022–2032*.
- 24 Australian Institute for Health and Welfare. 'Factors associated with FDSV', Updated Feb 2026: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>.
- 25 The Men's Project & Flood, M. (2024). *The Man Box 2024: Re-examining what it means to be a man in Australia*. Jesuit Social Services. Available at <https://jss.org.au/programs/research/the-man-box/>
- 26 The Men's Project & Flood, M. (2024). *The Man Box 2024*.
- 27 Respect Victoria. (2024). *Willing, capable and confident: men, masculinities and the prevention of violence against women*. Melbourne: Respect Victoria.