



Submission cover sheet

Inquiry into the Family, Personal and Sexual Violence Legislation Amendment Bill 2025

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Suicide Prevention
Australia

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**ACT Inquiry into the Family,
Personal and Sexual Violence
Legislation Amendment Bill 2025**

Submission

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Executive Summary

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. Suicide Prevention Australia's previous work on the socio-economic and environmental determinants of suicide shows that while there are significant gaps in the data, there is strong evidence that establishes a relationship between domestic, family and sexual violence (DFSV) and suicide.

Whilst the ACT's Inquiry into the Family, Personal and Sexual Violence Legislation Amendment Bill 2025's amendments provide increased safety mechanisms for victims and survivors; there is an opportunity for the ACT Government to embed suicide prevention as an integral component of the Bill to ensure legislative reform considers the impact of DFSV on suicide risk.

Opportunities to implement this effectively include ensuring that professionals operating under the Bill, including police, judicial officers, court staff, legal practitioners, and specialist family violence services are trained to recognise and respond to the signs of suicidal distress in victims. In addition, establishing coordination mechanisms across social services such as housing and homelessness services, financial supports, specialist counselling or support programs, and crisis services could aid in both ensuring ongoing safety for victims of DFSV, and contribute to longer-term preventative actions towards DFSV-related suicide risk.

Recommendations:

- Recommendation: The ACT Government to explicitly include suicide prevention as an integral component of the Bill to ensure legislative reform considers the impact of DFSV on suicide risk.
- Recommendation: The ACT Government to provide access to evidence-based "first aid" suicide prevention training for frontline professionals operating under the Bill by providing free access to one of the range of existing evidence-based training programs.
- Recommendation: The ACT Government to require workers under the Bill to implement validated risk screening processes to identify emerging or acute suicide risk for people accessing Family Violence Safety Notices
- Recommendation: The ACT Government should include a mandatory referral requirement to ensure that workers under the Bill take active steps to connect victim-survivors with appropriate specialist services.

Introduction

Suicide Prevention Australia welcomes the opportunity to contribute to the ACT's Inquiry into the Family, Personal and Sexual Violence Legislation Amendment Bill 2025 (the Bill).

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We support and advocate for more than 350 members ranging from national household name agencies to small community-based organisations and local collaboratives in every State and Territory; as well as individual service providers, practitioners, researchers, students and people with lived experience. This represents more than 140,000 staff and volunteers across Australia. We aim to drive continual improvement in suicide prevention policy, programs and services. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

Research

Adverse Childhood Experiences & Suicide

Suicide Prevention Australia recently released a report on [Adverse Childhood Experiences \(ACEs\) and Suicide](#). The report identifies existing research on how trauma, abuse and neglect can influence an individual's risk of suicide; as well as highlighting groups disproportionately impacted. In addition, the report delivers a set of principles and recommendations for guiding government action, developed in collaboration with people working across the suicide prevention and domestic, family and sexual violence (DFSV) sectors, and people with lived experience.

Specifically, the report highlights a clear link between child trauma, abuse and neglect and suicide risk. For example, research indicates that almost two-thirds of Australian adults have experienced child maltreatment in the form of abuse, neglect or exposure to DFSV.¹ In addition, 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.² When looking at DFSV and suicide risk through a gendered lens, nearly 20% of females and 10% of males who die by suicide have been exposed to DFSV in their childhood.³ Furthermore, child abuse and neglect was the leading risk factor for suicide in 2019 in Australia,⁴ and currently research indicates that childhood maltreatment accounts for 41% of suicide attempts among Australians aged 16 to 85.⁵ This statistic is based on child maltreatment being defined as physical, sexual or emotional abuse, or emotional or physical neglect.⁶

Domestic, Family & Sexual Violence & Suicide

In addition to the aforementioned report, Suicide Prevention Australia has previously prepared [a paper on the socio-economic and environmental determinants of suicide](#) (SEDS) that details the intersectional relationship of SEDS, including domestic, family & sexual violence (DFSV) and suicide risk. Research on the Australian context found within a recent

¹ Haslam, D., Mathews, B., Pacella, R., Scott, J.G., Finkelhor, D., Higgins, D.J., Meinck, F., Erskine, H.E., Thomas, H.J., Lawrence, D., & Malacova, E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: 2023 Brief Report. Queensland University of Technology. https://www.acms.au/wp-content/uploads/2023/06/3846.1_ACMS_A4Report_V2.1_Digital_20230627-1.pdf

² Ibid.

³ New South Wales Domestic Violence Death Review Team. (2017). Report 2015-2017.

[https://coroners.nsw.gov.au/documents/reports/2015_2017_DVDRT_Report_October2017\(online\).pdf](https://coroners.nsw.gov.au/documents/reports/2015_2017_DVDRT_Report_October2017(online).pdf)

⁴ Australian Institute of Health and Welfare. (2019). The health impact of suicide and self-inflicted injuries in Australia, 2019. <https://www.aihw.gov.au/reports/burden-of-disease/health-impact-suicide-self-inflicted-injuries-2019/contents/summary>

⁵ Grummitt, L., Baldwin, J.R., Lafoa'I, J., Keyes, K.M., & Barrett, E.L. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry*. <https://doi.org/10.1001/jamapsychiatry.2024.0804>

⁶ Ibid.

study, which examined suicides which occurred in Victoria between 2009 and 2012, that 42% of women who died by suicide had experienced intimate partner violence and that 16% had experienced sexual abuse.⁷ In addition, across 2019, intimate partner violence was the second highest contributor to years of healthy life lost due to suicide and self-inflicted injuries among women.⁸ Further data from the AIHW in 2019 identified that 'Child abuse and neglect' during childhood years was consistently the leading behavioural risk factor contributing to the years of healthy life lost due to suicide and self-inflicted injuries in both men and women since 2003 and has increased at each time point.⁹ More recently, Suicide Prevention Australia's 2025 State of the Nation report identified that services have observed an increase in demand/conversations from men who are experiencing domestic violence (of all ages, but particularly older men).¹⁰ Further research on DFSV and men in Australia identified that men who experienced maltreatment in childhood were three times more likely to experience a major depressive disorder than men who didn't.¹¹ In addition, the Australian Institute of Family Studies research highlighted that in 2022, 25% of men reported using *and* experiencing intimate partner violence.¹²

Opportunities for Impact

Inclusion of Suicide Prevention

Whilst the proposed reforms outlined in the Bill focus on improving legal protections, clarifying evidence rules, and improving the timeliness of police protection notices for people experiencing DFSV; it misses a critical opportunity to recognise the increased risk of suicide in people experiencing DFSV victimisation.

As highlighted earlier within this submission; research indicates a strong association between DFSV and suicide risk. Reform that neglects to include suicide prevention misses the opportunity to integrate suicide risk assessment and suicide prevention frameworks, which may ultimately limit the effectiveness of risk mitigation and long-term recovery outcomes for victims and survivors. Including suicide prevention as a consideration under the Bill and its subsequent legislative actions could ultimately support its aims to improve physical safety for victims and survivors. As such, there is an opportunity for the ACT Government to explicitly include suicide prevention as an integral component of the Bill to ensure legislative reform considers the impact of DFSV on suicide risk.

In addition, the inclusion of suicide prevention as a component of the Bill would contribute to effective alignment with the National Suicide Prevention Strategy, which recognises that improving safety and security for individuals, including reducing the prevalence of DFSV, is essential to enabling suicide prevention efforts (Action 1.1b & Action 1.2a).¹³

⁷ MacIsaac MB, Bugeja L, Weiland T, Dwyer J, Selvakumar K, Jelinek GA. Prevalence and Characteristics of Interpersonal Violence in People Dying from Suicide in Victoria, Australia. *Asia Pacific Journal of Public Health*. 2018;30(1):36-44.

⁸ AIHW (Australian Institute of Health and Welfare) (n.d.) Behavioural risk factor burden for suicide and self-inflicted injuries, AIHW, Australian Government, accessed 3 December 2025. <https://www.aihw.gov.au/suicide-self-harm-monitoring/risk-factors/illness-injury-burden-disease>

⁹ Australian Institute of Health and Welfare 2022. Australian Burden of Disease Study 2022. Cat. no. BOD 37. Canberra: AIHW.

¹⁰ Suicide Prevention Australia. 2025. STATE OF THE NATION IN SUICIDE PREVENTION: A survey of the suicide prevention sector. [SPA-State-of-the-Nation-Report-2025.pdf](https://www.spa.gov.au/state-of-the-nation-report-2025)

¹¹ Scott, J. G., Malacova, E., Mathews, B., Haslam, D. M., Pacella, R., Higgins, D. J., Meinck, F., Dunne, M. P., Finkelhor, D., Erskine, H. E., Lawrence, D. M., & Thomas, H. J. (2023). The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *The Medical Journal of Australia*, 218 Suppl 6(Suppl 6), S26–S33. <https://doi.org/10.5694/mja2.51870>

¹² O'Donnell, K., Woldegiorgis, M., Gasser, C., Scurrah, K., Andersson, C., McKay, H., Hegarty, K., Seidler, Z., & Martin, S. (2022). The Australian Longitudinal Study on Male Health: Ten to Men Insights Report #3, Chapter 1: The use of intimate partner violence among Australian men. The Australian Institute of Family Studies. Ten to Men Insights #3 Report: Chapter 1: The use of intimate partner violence among Australian men

¹³ National Suicide Prevention Office. (2025). The National Suicide Prevention Strategy. <https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy>

Recommendation: The ACT Government to explicitly include suicide prevention as an integral component of the Bill to ensure legislative reform considers the impact of DFSV on suicide risk.

Suicide-Prevention “First Aid” Training

The Bill’s introduction of a new Family Violence Safety Notice scheme for the ACT is an important inclusion for ensuring victims are protected against perpetrators in the event of family violence. This intervention point however is also a critical opportunity for police and first responders to identify and respond to suicide risk in individuals experiencing DFSV. Funded suicide prevention training for frontline professionals operating under the Bill could ensure that reforms intended to improve safety do not inadvertently overlook suicide risk, and support first responders in being able to recognise, respond and refer people to appropriate crisis supports.

There currently exist a number of evidence-based training in suicide prevention delivered by different providers. It is important to provide both free access, and choice so that professionals can get the right training for their circumstances. One mechanism for achieving this is Suicide Prevention Australia’s Learnlinc platform. This learning platform connects participants with multiple different training providers in addition to free online resources, allowing users to choose the training that best suits their needs from a range of evidence-based options. This includes short modules on how factors such as financial strain, relationship breakdown and DFSV impact someone’s risk of suicide. Further support such as subsidising training programs could significantly improve the ability of police, first responders and legal practitioners to connect and address the risk of suicide.

Any training provided should be trauma-informed, person-centred, and specific to the intersection between DFSV and suicide risk. This should be embedded as a formal component of the Bill’s implementation framework for all frontline professionals operating under the Bill, including police, judicial officers, court staff, legal practitioners, and specialist family violence services.

Recommendation: The ACT Government to provide access to evidence-based “first aid” suicide prevention training for frontline professionals operating under the Bill by providing free access to one of the range of existing evidence-based training programs.

Universal Risk Screening

Frontline professionals operating under the Bill are uniquely positioned to identify and assess for suicide risk early. The implementation of a universal, trauma-informed suicide risk screening could provide a standardised mechanism to ensure that all individuals engaging with DFSV-related systems are assessed early for emerging or acute suicide risk. Existing validated risk screening tools such as the FL-DOORS framework,¹⁴ assess suicidality, DFSV risk indicators, coercive control patterns, trauma history, child safety, substance use, and social isolation, and have been proven to be effective across populations in early intervention efforts.^{15,16} Universal screening tools such as the FL-DOORS framework and the Lighthouse Project’s Family DOORS Triage online risk screening questionnaire¹⁷ are currently being implemented by services delivered under Relationships Australia and the

¹⁴McIntosh, J. E., & Ralfs, C. (2012). FL-DOORS, Detection Of Overall Risk Screen.

¹⁵ McIntosh, J. E., Wells, Y., & Lee, J. (2016). Development and validation of the family law DOORS. *Psychological Assessment*, 28(11), 1516–1522.

¹⁶ Wells, Y., Lee, J., Li, X., Tan, E. S., & McIntosh, J.E. (2018). Re-examination of the Family Law Detection of Overall Risk Screen (FL-DOORS): Establishing fitness for purpose. *Psychological Assessment*, 30(8), 1121-1126.

¹⁷ Federal Circuit and Family Court of Australia. (n.d.). Lighthouse information sheet for parties – risk screening. Retrieved February 3, 2026, from <https://www.fcfcoa.gov.au/fl/pubs/lhp-info-parties>

Federal Circuit and Family Court of Australia, to screen for risk and improve outcomes for families, victims and survivors.

In addition to creating universal screening approaches that identify risk early, implementing universal suicide risk screening would provide frontline professionals with a clear, structured framework for identifying and responding to suicide risk and reducing reliance on individual staff to provide direct crisis intervention support.

Recommendation: The ACT Government to require workers under the Bill to implement validated risk screening processes to identify emerging or acute suicide risk for people accessing Family Violence Safety Notices.

Targeted Referral Pathways

In addition to targeted training and the implementation of universal risk screening, legislation implementation could consider a requirement for frontline professionals operating under the Bill (including staff serving Family Violence Safety Notices or attending court) to provide referrals to appropriate social services and crisis supports to victims and survivors.

Recognising that DFSV is often the result of compounding intersectional factors such as relationship breakdown, financial strain, alcohol and other drug misuse; developing referral mechanisms between professionals operating under the Bill and community services could contribute to a preventative approach to DFSV-related suicide risk. If implemented, referrals should include connecting victims and survivors with targeted supports including housing and homelessness services, financial supports, specialist counselling or support programs, and crisis services where necessary.

It is important that this inclusion moves beyond a passive provision of information and instead aims to establish an expectation of active, supported referral, particularly where indicators of heightened risk, vulnerability, or distress are present. This could include establishing Memorandums of Understanding (MoUs) between police and specialist services that facilitate coordinated care interactions. Ultimately, any approach to connecting victims and survivors with support should be done in partnership with individuals affected, and with informed consent.

Recommendation: The ACT Government should include a mandatory referral requirement to ensure that workers under the Bill take active steps to connect victim-survivors with appropriate specialist services.

For more information on this submission please contact Stephanie Trainor, Policy Advisor,

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this submission.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this submission.

If you or someone you know require 24/7 crisis support, please contact:

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

For general enquiries

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org