ORYGEN SUBMISSION

INQUIRY INTO THE RELATIONSHIP BETWEEN DOMESTIC, FAMILY AND SEXUAL VIOLENCE AND SUICIDE

Orygen welcomes the opportunity to provide a submission to the Standing Committee on Social Policy and Legal Affairs inquiry into the relationship between domestic, family and sexual violence and suicide. Orygen's submission will address the impact of these issues for young people, with particular focus on the unique factors that shape young people's experiences of intimate partner violence and suicide risk.

ABOUT ORYGEN

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen conducts clinical research, runs clinical services (including five headspace centres), supports the professional development of the youth mental health workforce, and provides policy advice relating to young people's mental health. Our current research strengths include: early psychosis, mood disorders, personality disorders, functional recovery, suicide prevention, online interventions, neurobiology and health economics.

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THE RELATIONSHIP BETWEEN DOMESTIC, FAMILY AND SEXUAL VIOLENCE (DFSV) VICTIMISATION, AND SUICIDE, AND THE EXTENT TO WHICH DFSV VICTIMISATION CONTRIBUTES TO SUICIDE RISK AND INCIDENCE IN AUSTRALIA, INCLUDING PREVALENCE, PATTERNS, AND ANY IDENTIFIABLE AT-RISK GROUPS, IN ORDER TO IMPROVE UNDERSTANDING OF THE ROLE OF DFSV IN SUICIDES NATIONALLY

Young people warrant specific attention in examining the relationship between domestic, family and sexual violence (DFSV) and suicide. A substantial evidence base from both Australian and international studies demonstrates that experiences of DFSV are a significant risk factor for suicidal thoughts and behaviours in young people and a predictor of elevated risk across the life course.(1) Experiences of DFSV among young people occur during a critical developmental stage characterised by heightened vulnerability to environmental stressors and the peak onset of mental ill-health.(2, 3) DFSV victimisation is a well-established risk factor for mental ill-health, particularly depression and post-traumatic stress disorder.(1, 4) Children who have experienced DFSV are almost five times more likely to access mental health services before the age of 18 than their peers (79% and 16% respectively).(5) Suicide is the leading cause of death among young Australians, for which mental ill-health is a risk factor. Suicide accounts for 31.8 per cent of all deaths among young people aged 15–17 years and 33.1 per cent of those aged 18–24 years.(6)

Young people in out-of-home care (OOHC) warrant recognition as an at-risk group for DFSV and suicide. Young people in OOHC placements disproportionately experience multiple risk factors for suicide, including high rates of DFSV, abuse and trauma. For example, young people in OOHC accounted for 11.1 per cent of deaths from assault or self-harm by age 17, compared with 0.8 per cent among young people with no child protection involvement.(7)

The relationship between DFSV and suicide risk among young people is complex. Evidence indicates that the wide-ranging mental, physical, psychosocial, and socioeconomic impacts of DFSV create intersecting pathways through which suicide risk may be elevated.(8, 9) For example, exposure to DFSV can disrupt education or employment and lead to economic insecurity, compounding suicide risk. Within the context of intimate partner violence (IPV), evidence suggests a bidirectional relationship, in which suicidal thoughts and behaviours may also increase the risk for IPV victimisation.(10) Longitudinal studies indicate that suicidal ideation and attempts during adolescence and early adulthood predict later victimisation, extending into midlife. Young people who attempted suicide during this period were twice as likely to experience physical IPV in midlife compared to those who had not.(11) Evidence regarding whether specific forms of IPV carry greater suicide risk remains mixed, with findings varying across studies.(12, 13)

PREVALENCE RATES

The high prevalence of DFSV exposure among young people is a significant public health concern. A recent study found that one in two young people in Australia have experienced some form of DFSV.(1) Another study found that nearly two in five women and one in ten men report witnessing physical and/or sexual abuse before the age of 15 and one in eight have witnessed intimate partner violence against a parent.(14)

While DFSV encompasses a range of forms and contexts, this section examines the prevalence of IPV as a distinct form of DFSV experienced by young people. Despite strong evidence of associations between IPV and poor mental health outcomes, prevalence data of IPV among young people in Australia remain limited, creating an evidence gap for policy and prevention. Existing research is constrained by small sample sizes, a lack of representativeness, outdated data and inconsistent measurement approaches. Inconsistent definitions of IPV across studies hinder comparability and variation in prevalence estimates. Additionally, many studies focus exclusively on prevalence rates among young women, limiting our understanding of other cohorts, including young men and LGBTQIA+ young people.(15, 16)

Some cross-gender Australian data on young people is available. The 2018 Longitudinal Study of Australian Children found that 29 per cent of young people aged 18-19 reported some form of IPV in the past year.(17) Overall rates were not significantly different between young women and young men (30 per cent and 27 per cent), however, victimisation appears to be a strong predictor of suicide risk in young women compared to young men.(18, 19)

PRIORITY POPULATIONS

Rates and impacts of IPV and suicide vary within and across population groups. Evidence indicates elevated risk among LGBTQIA+ communities, young people in OOHC, First Nations young people, multicultural young people and those with disability. Intersectionality further shapes risk, with young people that hold multiple marginalised identities experiencing compounded vulnerability to IPV and suicide.(20) Further research and data on the intersection between IPV and suicide among these groups is required.

POLICY OPPORTUNITY

Improve data collection and research on IPV and suicide among young people

Further research and data are needed to build the required evidence base to better understand the connection between IPV and suicide among young people. Research should explore opportunities for early intervention and improved youth-centric risk identification, assessment and practice.

Strengthening data collection and research is critical to inform prevention strategies and ensure that services are adequately funded to effectively respond to the needs of young people across diverse population groups.

OPPORTUNITIES FOR IMPROVED REPORTING AND INVESTIGATION METHODOLOGIES TO ACCURATELY CAPTURE AND REPORT ON DEATHS AS A RESULT OF DFSV, INCLUDING THE ADEQUACY OF EXISTING DATA COLLECTION PRACTICES RELATED TO DFSV AND SUICIDE, AND THE AVAILABILITY, QUALITY, AND CONSISTENCY OF DATA ACROSS JURISDICTIONS

Significant challenges persist in establishing the role of DFSV victimisation in suicide deaths and disaggregated data on DFSV-related suicides among young people remains extremely limited. Existing psychological autopsy approaches are insufficient in capturing DFSV related suicides due to inadequate coding systems, a tendency to document DFSV only when it occurs in close proximity to suicide and the often hidden, ongoing nature of DFSV. These constraints contribute to the under recognition of DFSV victimisation in youth suicide data, hindering the evidence-base for prevention strategies and targeted interventions.

Current coronial systems are ineffective in recognising IPV victimisation as a precipitating factor in suicides and do not differentiate between victimisation or perpetration. In 2023, the third most recorded risk factor in suicide deaths across all ages in Australia was “problems in spousal relationship circumstances.” This coding category is broad and includes intimate partner violence, domestic violence, relationship issues, arguments proximate to death, relationship breakdown and both acute and ongoing/recurring relationship events.(21, 22) This category has been criticised for its use of vague and non-specific terminology that combines violent and non-violent relationship factors, obscuring the role of IPV under a broader umbrella of relationship-related stressors.(23, 24) There is an opportunity to implement a consistent, informed coding framework that would enable more accurate identification of IPV-related youth suicides.

POLICY OPPORTUNITY

Improve the identification of IPV victimisation in youth suicide through implementation of a nationally consistent IPV coding framework

Implement a consistent coding framework for IPV to strengthen coronial datasets. Improved data accuracy will support research and inform targeted prevention strategies for young people. Implementation of this project would ideally be led through collaboration between DFSV and youth suicide experts.

HOW LEGAL AND JUSTICE SYSTEMS, DFSV SPECIALIST SERVICES, HEALTH, MENTAL HEALTH AND OTHER SERVICES RECOGNISE AND RESPOND TO SUICIDE IN THE CONTEXT OF DFSV

Young people who have experienced DFSV need accessible mental health supports. There is, on average, a six-year delay from when DFSV experiences are first recorded in police or hospital data and when young people receive a mental health response. Such delays increase the risk for poor mental health outcomes in young people, including self-harm and suicide.(4)

DFSV-informed suicide risk assessment and safety planning should be embedded into clinical practice, with these competencies incorporated into training and ongoing professional development. DFSV services should also routinely screen for suicide risk and where possible, manage suicide risk responses alongside DFSV interventions. This aligns with the National Suicide Prevention Strategy, which recognises the role of DFSV on suicide risk and identifies a capable and supported workforce as a critical enabler of effective suicide prevention.(25)

POLICY OPPORTUNITY

Recognise the impacts of DSFV on suicide through risk assessment and safety planning

Embed DFSV-informed suicide risk assessment and safety planning across health and mental health systems. Strengthen workforce capacity by integrating assessment and safety planning into clinical guidelines, training and ongoing professional development.

THE USE OF SUICIDE AND THREATS OF SUICIDE AS A TACTIC OF COERCIVE CONTROL BY PERPETRATORS OF DFSV

The use of suicide and threats of suicide by perpetrators of DFSV may indicate mental ill-health, be a form of coercive behaviour or be a combination of both.(26) Evidence indicates that perpetrators of DFSV are up to 2,000 times more likely to experience suicidal ideation than non-perpetrators. Research on policing responses highlights the complexity of responding to suicide threats in family violence contexts, where officers must balance the safety of victim survivors with the need to manage the perpetrator's mental health risks.(26)

Threats of suicide can place young people at significant risk of harm, including emotional distress and exposure to suicide.(12) While research in this area is scarce, the available evidence demonstrates that young women who experienced threats of suicide from perpetrators also experienced DFSV victimisation in their relationships. These threats shaped how the young women responded to victimisation, including influencing decisions about remaining in the relationship.(27) A 2023 study found that health professionals engaged with perpetrators typically viewed threats of suicide as a temporary crisis related to mental ill-health and/or alcohol or other drug use, rather than as part of a pattern of family violence.(28) While these factors are often present, framing suicidal behaviour as solely a mental health issue risks obscuring the ways in which suicide and threats of suicide may be used by perpetrators of DFSV.

There is a need for service systems to recognise the dual reality that suicide threats may indicate both elevated suicide risk and function as a form of coercive control. Improved recognition of this dynamic would support more accurate risk assessment, strengthen safety planning for victim/survivors, and

enable services to respond in ways that address both DFSV and suicide risk. Further research is needed to inform best-practice responses within the mental health system when perpetrators of DFSV use threats of self-harm or suicide.(26)

POLICY OPPORTUNITY

Address the use of suicide and threats of suicide by perpetrators

Build the evidence base to better understand when threats of suicide reflect genuine suicide risk, coercive control behaviours, or both. Research should examine perpetrator behaviour, system responses and impacts on victim survivors, including young people.

Update risk assessment tools and service guidelines to consider the use of suicide and threats of suicide as potential coercive control behaviours. Ensure frontline workers are trained to identify and respond appropriately to these behaviours, including strategies for improving support for young people.

OPPORTUNITIES TO ENHANCE PREVENTION AND EARLY INTERVENTION EFFORTS TO REDUCE DEATHS BY SUICIDE IN THE CONTEXT OF DFSV VICTIMISATION AND PERPETRATION

Current prevention and early intervention models tend to focus on young people's exposure to IPV within the context of parent or family relationships, rather than victimisation through their own intimate relationships.(29) Interventions targeting IPV among young people are primarily preventative, with few evaluated interventions providing recovery-oriented support for young people who have experienced victimisation.(30) This represents a missed opportunity for early intervention, particularly given the established links between intimate partner violence, mental ill-health and suicide risk among young people.

School settings can play a role in strengthening early intervention responses to IPV. Building schools' capacity to identify and respond to IPV among students, through programs such as Respectful Relationships, can support earlier access to appropriate services and help reduce associated mental health risks.

Very few intervention studies testing IPV victimisation interventions have examined its impacts on suicidality and the existing evidence base is largely derived from adult populations.(31) This evidence gap presents an opportunity to partner with young people in the development and evaluation of youth-specific IPV interventions that integrate suicide prevention objectives.

POLICY OPPORTUNITY

Co-design with young people to enhance early intervention and prevention efforts

Co-design IPV early intervention and prevention strategies and support with young people to ensure services reflect their needs and preferences. Embed youth informed approaches into support, treatment, and intervention models that address both IPV and suicide.

This submission was written on the lands of the Wurundjeri people of the Kulin Nation. Orygen acknowledges the Traditional Owners of the lands we are on and pay respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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