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## Inquiry into the relationship between domestic, family and sexual violence and suicide – submission

Thank you for the opportunity to contribute to the Committee’s inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide. Relationships Australia National Office is making this submission to the Terms of Reference on behalf of the 8 member organisations of the Relationships Australia Federation. In doing so, this submission draws on the practice expertise of our staff across the country, the experiences of our clients and the communities we serve, and our prior research – both internal and external.

### The work of Relationships Australia

Relationships Australia is an Australian federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, cultural background, lifestyle choices, or economic circumstances. Relationships Australia provides services for victim-survivors and people who use domestic, family, sexual and other interpersonal violence, including abuse and neglect of older adults. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others. Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people, in all their diversity, to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships.

Relationships Australia has provided family relationships services for over 75 years. Our State and Territory organisations operate approximately one third of the Family Relationship Centres (FRCs) across the country. In addition, Relationships Australia Queensland operates the national Family Relationships Advice Line and the Telephone Dispute Resolution Service.

In 2024-25, Relationships Australia member organisations served more than 156,000 clients across more than 90 locations and 97 outreach locations. Our staff of over 2,000 offer more than 300 unique services/programs, and contribute to journal articles, conference presentations and submissions to parliamentary enquiries, all of which reflect and amplify what we learn from

clients and through research projects,<sup>1</sup> to support legislative and policy development, and continuous improvement and innovation in service delivery.

Our services include:

- individual, couples, and family counselling
- family law counselling, mediation and dispute resolution, and post-separation services for parents and children
- Children’s Contact Services (services which provide supervised contact and changeovers for high risk families)
- Specialised Family Violence Services
- services designed for men, including programs to support parenting capacities and resources,<sup>2</sup> Men’s Behaviour Change Programs, and tailored programs such as the Respectful Relationships Program for Indigenous clients<sup>3</sup>
- a range of tailored services for older Australians, including senior relationship services, dispute resolution for older adults, dedicated case management and mediation services designed to address elder abuse, social connection services and mental health services in residential aged care
- therapeutic and case management services to applicants for Redress Support Services, Forgotten Australians, Forced Adoption Support Services, Intercountry Adoptee Family Support Service, and Post Adoption Support Services
- gambling help services, and
- Family Mental Health Support Services, headspace (youth mental health) services and other mental health (including suicide prevention) services and programs.

To better understand the Australian relational landscape, we relaunched our *Relationship Indicators* research during the 2022-2023 financial year (Relationships Australia, 2022), and readministered the survey in the 2024-25 financial year.<sup>4</sup> Relationship Indicators is the only nationally representative survey that explores the state of relationships in Australia.<sup>5</sup> Relationships Australia is continuing to analyse this data and release special reports on discrete topics. Key findings relevant to this Inquiry include that:

- 79% of people in Australia in 2024 (up from 72% in 2022) reported a range of relationship pressures impacting their relationships over the past six months,
- 12% of people in Australia in 2024 (up from 8.8% in 2022) felt unsafe disagreeing with their most important person, and
- 61% of people who felt unsafe disagreeing with their important person were female.

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<sup>1</sup> Relationships Australia (2025) Annual Impact Report for Families and Children Activity Services. Accessible at <https://www.relationships.org.au/wp-content/uploads/RA-Impact-Report-2024-25.pdf>

<sup>2</sup> See, eg, Alford, 2023.

<sup>3</sup> This program, delivered by Relationships Australia Northern Territory in partnership with Darwin Indigenous Men’s Service, helps Indigenous men to undertake an exploration of the meaning of respect.

<sup>4</sup> Accessible at <https://www.relationships.org.au/relationship-indicators/>

<sup>5</sup> The findings from this report have been quoted in Australia’s first Wellbeing Framework.

## Framing Principles for this submission

### Principle 1 - Commitment to human rights

Relationships Australia contextualises its services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all. In our 2023 submission to the inquiry by the Parliamentary Joint Committee on Human Rights into Australia's human rights framework, we recommended that Government should introduce a Human Rights Act that provides a positive framework for recognition of human rights in Australia.<sup>6</sup>

### Principle 2 – Accessible and inclusive public institutions, regulation and service delivery

Relationships Australia is committed to universal accessibility of services, as well as inclusive and culturally safe services. Our clients (and staff) experience stigma, marginalisation and exclusion arising from diverse circumstances and positionalities, including:

- 'postcode injustice' in accessing health, justice and other social services that are of consistent standards of quality and safety, regardless of location
- poverty
- status as users of care and support
- disability and longstanding health restrictions (including poor mental health)
- intimate partner violence, abuse or neglect as an older person, and/or child maltreatment
- family separation
- being an adult informal carer for a child or other adult
- being a young person caring for a child or an adult
- housing insecurity and instability
- employment precarity, unemployment and under-employment
- misuse of alcohol and other drugs, or experience of gambling harms
- people who come from culturally and linguistically marginalised backgrounds (including people who have chosen to migrate and people who have sought refuge)
- people affected by complex grief and trauma, intergenerational trauma, intersecting disadvantage and polyvictimisation
- survivors of institutional abuse
- people experiencing homelessness or housing precarity
- people who identify as members of the LGBTIQ+ communities, and
- younger and older people.

None of these circumstances, experiences and positionalities exists at the level of an individual or family. They become barriers to full enjoyment of human rights and full participation in

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<sup>6</sup> Available at [https://www.relationships.org.au/wp-content/uploads/PJCHRhumanrightsframework.FINAL\\_.pdf](https://www.relationships.org.au/wp-content/uploads/PJCHRhumanrightsframework.FINAL_.pdf)

economic, cultural, and social life through the operation of broader systemic and structural factors including:

- legal, political and bureaucratic frameworks
- beliefs and expectations that are reflected in decision-making structures (such as legislatures, courts and tribunals)
- policy settings that inform programme administration, and
- biases or prejudices that persist across society and that are reflected in arts, culture, media and entertainment.

Relationships Australia is committed to ensuring that financial circumstances are not a barrier for people seeking our help. We have always been conscious of the adverse effect that financial stresses can have on family relationships, including as a precipitating factor and a co-occurring factor with DFSV (including abuse and neglect of older adults and intimate partner violence).<sup>7</sup> Our practitioners are reporting increases in client households where couples are living ‘separated but together’, because of inability to find or afford separate households. This is leading to increased parental conflict, increased DFSV, increased abuse and neglect of older adults, and affects parental capacity as well as parent and child mental health and wellbeing.<sup>8</sup>

### Principle 3 - Cultural safety and responsiveness

Our commitment to upholding human rights necessarily includes a commitment to respecting epistemologies beyond conventional Western ways of being, thinking and doing. Of acute importance is a commitment to respecting epistemologies and experiences of Aboriginal and Torres Strait Islander people as foundational to policy and programme development, as well as service delivery. Connection to Country, and context-specific experiences of kinship, for example, do not countenance the hyper-individualism that pervades Western assumptions about distribution of resources and obligations between the Western nation-state and individual taxpayers and among individual taxpayers. Centring the epistemologies and experiences of Aboriginal and Torres Strait Islander people is a necessary (although not sufficient) step in achieving the targets in the National Agreement on Closing the Gap.

Current DFSV and broader family relationship services are premised on the concept of a Western nuclear family, and do not accommodate the diversity of family formation and composition that now characterises families in Australia. This includes intergenerational households, whether emerging from cultural mores or driven by housing and other cost of living pressures), as well as kinship systems. First Nations conceptualisations of drivers of intimate partner violence can differ from those emerging from white feminism (Hunter, 2006).

Cost, literacy, language, bureaucratic hurdles and lack of confidence in cultural safety can all impede the access of Aboriginal and Torres Strait Islander people to legal advice and assistance, as well as other services that work with people affected by family law proceedings, DFSV, child maltreatment, and the abuse and neglect of older people (ANOP). Systems, processes and

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<sup>7</sup> See also Morgan & Boxall, 2020; Boxall & Morgan, 2021; Morgan & Boxall, 2022.

<sup>8</sup> See Kaspiew et al, 2017, for discussion of the impact of DFSV on parental capacity and support needs.

practices developed in the context of urbanised clients often do not translate well to the situation of First Nations people living in remote areas. Additionally, many of our clients suffer from intergenerational and complex trauma. In some communities, violence has been normalised and cultural practices can obscure financial and economic abuse, such as through ‘humberging’.<sup>9</sup>

#### Principle 4 - The agency, rights and safety of children

Consistent with Principle 1 (commitment to human rights), and with the policy intent underpinning family law and DFSV legislation, Relationships Australia is committed to ensuring that the paramountcy of children’s best interests, in all domains, is honoured and upheld. This includes, but is not limited to, ensuring that children’s voices and children’s safety and developmental needs are centred in all systems and processes with which they engage.

Relationships Australia has been heartened by recent progress towards elevating the rights and agency of children and young people, and amplifying their voices at systemic levels and in legal processes concerning them as individuals. We welcomed the inclusion of children explicitly as victim-survivors in their own right throughout the National Plan to End Violence against Women and Children, as well as the expectation, set out in the National Principles to Address Coercive Control in Family and Domestic Violence, that the perspectives of children and young people be sought in implementation of the Principles.

#### Principle 5 - Commitment to promoting social connection and addressing loneliness as a serious public health risk

Loneliness is a complex social problem and a public health concern. It stems from dissatisfaction with our relationships, a lack of positive and respectful relationships, or both of these, and is often caused by experiences of exclusion due to structural and systemic social realities that form obstacles to participation in social, economic, cultural and political life. As a public health concern,<sup>10</sup> loneliness has been linked to physical health risks such as being equivalent to smoking 15 cigarettes a day and an increased risk of heart disease.<sup>11</sup> Loneliness is a precursor to poorer mental health outcomes, including increased suicidality.<sup>12</sup> It is therefore clear that interventions that address loneliness decrease the burdens on acute and tertiary health care services, and are far less expensive to undertake.

Conversely, research demonstrates the importance of social connection and belonging for health and wellbeing. In 2025, the Australian Institute of Family Studies released the latest research from the Australian Longitudinal Study on Male Health, which revealed that strong social support serves as a significant protective factor in the prevention of DFSV.<sup>13</sup> Relationships

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<sup>9</sup> See Kimberley Birds, 2020.

<sup>10</sup> Heinrich & Gullone, 2006; Holt-Lunstad et al, 2015; Mance, 2018.

<sup>11</sup> Valtorta, 2016.

<sup>12</sup> Calati et al, 2019; McClelland et al, 2020; Mushtaq, 2014.

<sup>13</sup> O’Donnell, K., Woldegiorgis, M., Gasser, C., Scurrah, K., Andersson, C., McKay, H., Hegarty, K., Seidler, Z., & Martin, S. (2025). The use of intimate partner violence among Australian men. Insights #3, Chapter 1. Melbourne: Australian Institute of Family Studies.

Australia's own research, conducted in partnership with the Australian National University reveals that people who identify with their local community and enjoy strong social connection experience better mental health outcomes and lower loneliness than the general population.<sup>14</sup>

Further, policy, regulatory and service interventions that strengthen connections and reduce isolation are the most promising and feasible avenues for reducing the risk of abuse and exploitation of people who face structural and systemic barriers to their full participation in society. For example, social support has emerged as one of the strongest protective factors identified in elder abuse studies:

*....Social support in response to social isolation and poor quality relationships has also been identified as a promising focus of intervention because, unlike some other risk factors (eg disability, cognitive impairment), there is greater potential to improve the negative effects of social isolation.*<sup>15</sup>

Relationships Australia is a foundation member of the Ending Loneliness Together network<sup>16</sup> and has, since 2013, been the custodian of Neighbours Every Day, the primary purpose of which is to equip and empower individuals to build sustainable, respectful relationships with those around them. It is an evidence-based campaign aimed at reducing loneliness by raising awareness and, importantly, providing tools to combat social isolation. In 2025, the World Health Organization recognised Neighbours Every Day as a rare example globally of an effective evidence-based intervention to promote social connection and address social isolation.<sup>17</sup> The *National Suicide Prevention Strategy 2025-2035*<sup>18</sup> refers to the Neighbours Every Day campaign as an 'Activity to build on' (see page 35 of the Strategy).

## Principle 6 – Commitment to centring lived experience in policy and service design, delivery and evaluation

Centring lived experience (including through authentic co-design<sup>19</sup>) in policy and service design supports the development of policy, legislation and services that uphold human rights – especially human rights of individuals and groups who have traditionally been marginalised and excluded from policy discourse, or been the 'objects' of such discourse. In addition, centring lived experience can enhance the transparency and public accountability in policy and programme development, and the efficiency of government services, by supporting the delivery of outcomes that are valued by service users, not just administrators.

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<sup>14</sup> Tegan Cruwys, Polly Fong, Olivia Evans, Philip Batterham, Alison L. Calear, *Boosting neighbourhood identification to benefit wellbeing: Evidence from diverse community samples*, (Journal of Environmental Psychology, Volume 81, 2022, 101816).

<sup>15</sup> See Dean, CFA 51, 20, Box 7, citing the United States of America population study described in Acierno et al, 2017; citing also Hamby et al (2016); Pillemer et al (2016).

<sup>16</sup> The campaign Ending Loneliness Together has released a guide that explains how community organisations can use validated scales to measure loneliness: [https://endingloneliness.com.au/wp-content/uploads/2021/08/AGuidetoMeasuring-Loneliness-for-Community-Organisations\\_Ending-Loneliness-Together.pdf](https://endingloneliness.com.au/wp-content/uploads/2021/08/AGuidetoMeasuring-Loneliness-for-Community-Organisations_Ending-Loneliness-Together.pdf)

<sup>17</sup> World Health Organization, 2025, *From loneliness to social connection - charting a path to healthier societies*: report of the WHO Commission on Social Connection. Geneva. CC BYNC-SA3.0 IGO.

<sup>18</sup> National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025. Accessible at <https://www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf>

<sup>19</sup> For discussion of the abasement of the term 'co-design', particularly in First Nations policy, see eg Butler et al, 2025.

## Principle 7 – Fragmentation and Siloing

Our commitment to accessibility also underpins our advocacy for systems and processes that lift from the shoulders of those least equipped to bear them the burdens of fragmented, siloed, complex and duplicative or inconsistent laws, policies, programmes, and administering entities. The complex co-morbidities and intersectionalities experienced by many victim-survivors of DFSV<sup>20</sup> can limit their cognitive and emotional capacity to navigate the multiple services and agencies with which they must engage.<sup>21</sup> In the context of women experiencing or escaping ‘domestic financial abuse’ in the United States of America, Canada and the United Kingdom, for example, Glenn (2019) cautioned that policy makers, service providers and financial institutions need to have an ‘[u]nderstanding that system complexity and lack of cognitive bandwidth means many survivors can’t or don’t access the limited support available’ and should be ‘working to simplify systems and processes and improve access to resources.’<sup>22</sup>

In the context of this Committee’s Terms of Reference, fragmentation and siloing of systems, services and professional disciplines is well-documented. The influential ALRC/NSWLRC report into a national legal response to family violence observed that

*A key element of the challenge of this Inquiry is that, in the area of family law, neither the Commonwealth nor the states and territories have exclusive legislative competence. The result is an especially fragmented system with respect to children. Moreover the boundaries between the various parts of the system are not always clear and jurisdictional intersections and overlaps are ‘an inevitable, but unintended, consequence’ (citing the Family Law Council, 2000)*

*For example, family violence involving children may arise as a dispute between parents and the state in a children’s court—where care and protection proceedings are initiated with respect to a child or children—or as a dispute between parents in a court with jurisdiction under the Family Law Act. There is also a danger that issues concerning violence may fall into the cracks between the systems. The consequence of the division of powers means that:*

*neither the Commonwealth nor the States’ jurisdiction provides a family unit with the complete suite of judicial solutions to address all of the legal issues that may impact on a family in respect of their children.<sup>23</sup>*

*The fragmentation of the system has also led to a fragmentation of practice. A number of stakeholders in this Inquiry commented that the different parts of the legal framework dealing with issues of family violence operated in ‘silos’ and that this was the key*

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<sup>20</sup> See, eg, ALRC, 2018, Discussion Paper 86 (esp Chapters 1 and 4); Family Law Council reports, 2015 and 2016.

<sup>21</sup> The National Principles to Address Coercive Control in Family and Domestic Violence, 2023, note that ‘A victim-survivor can also be affected by memory loss; blocking off memories of abuse as a psychologically protective measure’ (p 14). Recent research has concluded that ‘as CTE is typically associated with cognitive and behavioral symptoms, future IPV interventions need to recognize the possibility of these deficits affecting individuals with longstanding RHI exposure, with intensive and specialized support for those at risk’ (Tiemensma et al, 2024).

<sup>22</sup> Glenn, 2019, p 53.

<sup>23</sup> Citing Moloney et al, 2007, [paragraph 7.3.2].

*problem in the system. Although the laws utilised within each ‘silo’ might be perceived to operate effectively, or to require minor refinement and change, the problems faced by victims of violence required engagement with several different parts of the system. Consequently, as discussed particularly in Chapter 2 and Part E, these people could be referred from court to court, and agency to agency, with the risk that they may fall into the gaps in the system and not obtain the legal solutions—and the protection—that they require. [references omitted]*

*Although the laws utilised within each ‘silo’ might be perceived to operate effectively, or to require minor refinement and change, the problems faced by victims of violence required engagement with several different parts of the system. Consequently these people could be referred from court to court, agency to agency, with the risk that they may fall between the gaps in the system and not obtain the legal solutions—and the protection—that they require.<sup>24</sup> (at Volume 1, p 52) [emphasis added]*

These observations – and the many others on the same issue in that and subsequent reports – remain relevant, despite enormous effort and energy being expended to improve matters. In its 2019 report on Australia’s family law system, the ALRC again identified issues arising from fragmentation of protective orders made in the context of family violence.<sup>25</sup>

In 2022, and in the context of the ACT’s DFSV system, Easteal et al wrote that

*the complexities and inadequacies of the dynamic between the ACT’s FV legislation and the federal family law system emerged in our research as a key issue that affected safety for victim/survivors and their children. (p 24)*

In the context of apparently intractable administrative siloing, chronically under-funded service providers work hard, often outside the funding envelopes and reliant on the goodwill of individual staff members to donate their time, to develop and sustain networks and collaborations to ameliorate the impact of silos on our clients. The situation is analogous to that described by Dr Warren Mundy in his recent review of the National Legal Partnership:

*Service providers show a strong capacity and willingness to collaborate with each other; the challenges in collaboration seem largely limited to some central agencies. However, the level of competitive tendering has taken us to a place where, by design, we put organisations that are collaborative by nature in competition with each other. In some cases, that competition can have existential outcomes. (p iv)<sup>26</sup>*

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<sup>24</sup> See also ALRC Report No. 114/NSWLRC Report No. 128 at p 138: ‘Although the laws utilised within each ‘silo’ might be perceived to operate effectively, or to require minor refinement and change, the problems faced by victims of violence required engagement with several different parts of the system. Consequently these people could be referred from court to court, agency to agency, with the risk that they may fall between the gaps in the system and not obtain the legal solutions—and the protection—that they require.’

<sup>25</sup> See ALRC Report 135, paragraphs 4.30, 4.38, Appendix G; see also Hester, 2011; Taylor, et al, 2015.

<sup>26</sup> Mundy, W. (2024) Independent Review of the National Legal Assistance Partnership. Final Report. <https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF>

Victim-survivors of DFSV remain endangered by silos in family law, DFSV, ANOP and child maltreatment services. Only governments can solve these issues because, at the most fundamental level, they are innate artefacts of our federated system.

## Other relevant submissions

This submission is informed by various submissions which Relationships Australia has made in recent years, and which can be found at <https://relationships.org.au/what-we-do/#advocacy>. Submissions containing recommendations of particular relevance to this inquiry, are:

- submissions to the Commonwealth, as well as state and territory governments, about domestic and family violence, gendered violence, sexual violence, abuse and mistreatment of older adults, and child maltreatment
- submissions to Parliamentary inquiries into Australia's family law system, as well as submissions responding to the issues paper and discussion paper produced as part of the Australian Law Reform Commission's inquiry into that system
- submission to the Commonwealth Attorney-General's Department on the draft National Plan to End Abuse and Mistreatment of Older People 2024-2034
- submissions to the Department of Social Services, the Department of the Prime Minister and Cabinet, and the Productivity Commission, regarding the experiences of carers (paid and unpaid), the importance of the care and support economy, and how the productivity of the care and support can be enhanced,<sup>27</sup> and
- submissions to Commonwealth agencies concerning their dealings with people experiencing circumstances of vulnerability.

## Recommendations

*Recommendation 1* That universal screening be mandated across the community services, family relationships, DFSV, mental health and judicial sectors, and supported by minimum national competency requirements for staff conducting assessments

*Recommendation 2* That Government take bold and ambitious action that:

- goes beyond merely streamlining discrete programs within existing silos across the Department of Social Services, the Attorney-General's Department, and the Department of Health, Disability and Ageing,
- establishes multidisciplinary hubs to more readily meet the varied and complex support needs of families and children, by lifting from families the burden of navigating fragmented systems and services

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<sup>27</sup> The final report by the Productivity Commission of its inquiry *Providing Quality Care* was delivered on 19 December 2025, and is available at <https://www.pc.gov.au/inquiries-and-research/quality-care/report/>.

- leverages collective experience and insights, as well as institutional infrastructure,
- explicitly preserves specialist services, and
- ensures robust accountability for taxpayer resources through evidenced impact and outcomes rather than ‘tick a box’ compliance.

*Recommendation 3* That investment in early intervention and prevention services across family relationships, mental health and suicide prevention and social connection be afforded equal attention and investment as downstream and acute services.

*Recommendation 4* That Australian Governments increase funding to perpetrator interventions across the country and invest in consistent, secure and adequate resourcing nationally, to enable early identification of people at risk of using violence as well as to change attitudes and behaviours that encourage, normalise, reward or excuse using violence in relationships.

*Recommendation 5* That Government commit urgently to the full implementation of the recommendations of this Committee in its report *You win some, you lose more*.

*Recommendation 6* That Australian Governments continue efforts to stabilise secure funding arrangements and develop models enabling long-term investment of seven to ten years in prevention and early intervention services, recognising that transformative change in addressing DFSV and suicide risk requires sustained commitment beyond electoral and budget cycles.

*Recommendation 7* That a specialised training module be developed to ensure professionals across the sector can recognise co-occurring risks in relation to both DFSV and suicide, conduct integrated risk assessments, implement appropriate safety planning, coordinate effectively across services, and document risk and interventions consistently.

## Comments responding to the Terms of Reference

**Term of Reference 1: 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**

DFSV is not a discrete phenomenon. It is generally accompanied by a constellation of interacting co-morbidities including harmful use of substances and harmful gambling, mental health problems and personality disorders.<sup>28</sup> These risks are amplified at predictable transition points (e.g. separation, court proceedings, and post-order implementation), and are compounded by system fragmentation, which obscures risk and impedes help-seeking. In addition, erosion of protective factors (safe relationships, social connection, and positive family functioning) further increases suicide risk for victim-survivors, children and young people, older adults, and others experiencing multiple forms of disadvantage.

### Practice experience: data on Relationships Australia clients

DFSV remains a serious and highly prevalent problem among Relationships Australia clients. DFSV is endemic to families who seek professional assistance when they are separating or separated (Kaspiew et al, 2015); this means not only that DFSV is core business for Relationships Australia, but that it is an ethical imperative to identify and respond to DFSV, supporting victim-survivors and perpetrators.

A recent national study of family dispute resolution<sup>29</sup> ('FDR outcomes') conducted by Relationships Australia involved approximately 1700 participants, of whom:

- nearly a quarter (23%) presented with high levels of psychological distress, and
- 68% reported experiencing at least one form of abuse, with verbal abuse being the most common (64%).<sup>30</sup>

A large proportion (72%) of parenting participants in the Study also reported significant child exposure to verbal conflict between parents, including yelling, insulting and swearing. The Family Law Act recognises that such exposure is a form of DFSV in its own right, of which children are direct victim-survivors, and not merely 'witnesses'.<sup>31</sup>

To provide a contemporaneous picture of the prevalence of DFSV and suicidality among a sample of Relationships Australia clients, member organisation Relationships Australia South

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<sup>28</sup> See Family Law Council, 2015, 2016.

<sup>29</sup> See Part II, Division 3 of the *Family Law Act 1975* (Cth).

<sup>30</sup> See Heard & Bickerdike, 2021a; Heard & Bickerdike, 2021b; Heard, Bickerdike & Lee, 2021.

<sup>31</sup> *Family Law Act 1975* (Cth) subsections 4AB(3) and 4AB(4).

Australia (RASA) has conducted a review of data collected via its Detection of Overall Risk Screening tool, FL-DOORS.<sup>32</sup> The following extract of RASA’s analysis is presented to give the Committee insight into the needs of people as they present for help (that is, it is not a representative sample of the general population).

*What is the prevalence of violence and suicide risk when people seek help at Relationships Australia SA? To find out, we reviewed all adult clients over the last three years when they started using a service at RASA. This review generated 21,038 self-reports of risk on DOOR 1, part of the Family DOORS framework (McIntosh & Ralfs, 2012). We then selected the clearest indicators that clients were facing or had already been harmed by DFSV and suicide risk.*

*Previous and current DFSV risk levels for clients are shown in Tables 1 and 2.*

<i>All services – previous risk</i>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>FY 24-25</b>	<b>Three year ave.</b>
<b>Previously</b> afraid for own safety	27.7%	27.3%	28.4%	27.8%
<b>Previously</b> protected by Family Violence Order/called police/criminal charges laid	29.5%	28.9%	30.5%	29.6%
<b>Previous</b> child protection notifications	24.6%	25.9%	26.6%	25.7%

*Table 1: DFSV levels for RASA clients at intake in their past (yearly populations 6953, 7721, 7395 and 21,038 total). Negligible effect sizes.*

<i>All services – current risk</i>	<b>FY 22-23</b>	<b>FY 23-24</b>	<b>FY 24-25</b>	<b>Three year ave.</b>
<b>Currently</b> afraid for own safety	17.9%	18.8%	18.3%	18.3%
<b>Currently</b> protected by Family Violence Order)	10.9%	10.8%	12.0%	11.2%
<b>Current</b> child protection investigation	6.6%	7.0%	6.0%	6.6%

*Table 2: Current DFSV levels for RASA clients at intake (yearly population 6953, 7721, 7395 and 21,038 total). Negligible effect sizes.)*

*These tables show that a significant number of clients entering a service have highly concerning levels of serious risks in their recent pasts and while fewer in number, many face significant risk to their immediate safety (including family safety). Furthermore, Figure 1 shows these levels of risk have remained broadly constant for the last three years for clients entering RASA (with no meaningful difference of year on level based on effect size).*

<sup>32</sup> McIntosh, J. E., & Ralfs, C. (2012). *FL-DOORS, Detection Of Overall Risk Screen.*

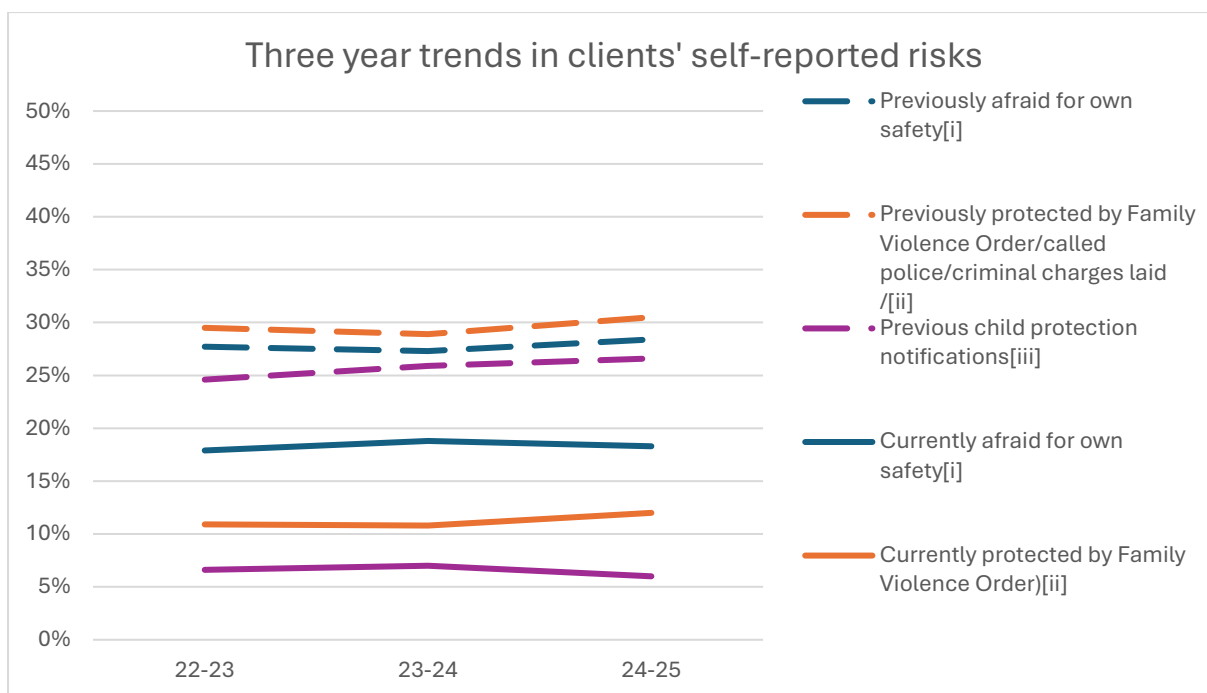


Figure 1: Trend lines in DFSV levels for RASA clients at intake (yearly population 6953, 7721, 7395 and 21,038 total)

### Gender of client

Given FDSV is a gendered issue, we split data by gender. With all three years data combined across RASA, the number of self-identified gender diverse people is large enough to mean all genders can be included as shown in Table 4.

All services	Female	Gender diverse	Male	Average
Previously afraid for own safety	<b>36.1%*</b>	18.8%	16.7%	27.8%
Previously protected by Family Violence Order/called police/criminal charges laid	<b>37.1%*</b>	21.2%	20.0%	29.6%
Previous child protection notifications	29.3%	32.7%	20.4%	25.7%
Currently afraid for own safety	<b>23.6%*</b>	17.1%	11.2%	18.3%
Currently protected by Family Violence Order	<b>14.6*</b>	5.1%	7.0%	11.2%
Current child protection investigation	7.1%	<b>9.1%*</b>	5.8%	6.6%

Table 4: Current DFSV levels split by gender for RASA clients at intake (populations 11,384, 8,158, 143 and 21,038 total). Average is across all RASA adult clients 1/7/22-30/6/25. Bold indicate small effect size.

This table shows how client risk as reported at intake in RASA is also gendered, with males typically identifying far fewer safety concerns than females, though gender diverse people are more likely to report a current child protection investigation for their children or dependents.

Finally, we used the data to see how clients at RASA during intake are experiencing suicide risk and/or affected by the suicidality of current or former partners, as shown in Table 5.

	FY23	FY24	FY25	Average
<b>Partner/former partner/other person has previously threatened/ attempted suicide</b>	22.2%	22.2%	22.9%	22.4%
<b>Previous own suicidality</b>	29.4%	29.3%	30.2%	29.6%
<b>Current own suicidality</b>	6.0%	6.0%	5.7%	5.9%

Table 5: suicidality for RASA clients and current/former partner of RASA clients at intake (yearly populations 6953, 7721, 7395 and 21,038 total). Negligible effect sizes.

Table 5 shows how the possible suicidality of other people has been concerning for over one in five clients presenting for a service at RASA. When split by service type, we can see where clients are most vulnerable.

	Family law services	Counselling/ case management	Average
<b>Partner/former partner/other person has previously threatened/ attempted suicide</b>	<b>27.3%*</b>	18.9%	22.4%
<b>Previous own suicidality</b>	22.2%	<b>34.1%*</b>	29.6%
<b>Current own suicidality</b>	2.2%	<b>8.2%*</b>	5.9%
<b>Concerned other will hurt self or someone (family law only)</b>	31.7%	-	-

Table 6: Threat of suicide in services at RASA by service type (populations 8,642, 12,393 and 21,038 total). Average is across all RASA adult clients 1/7/22-30/6/25. Bold indicate small effect size.

As table 6 shows, family law services see more suicidality from the other person while counselling sees more suicidality in the client themselves. This is likely to be explained by family law services clients seeking support for a problem with their former partner (or children's other parent) while counselling and case management services seek support for their own personal problem or concern.

In table 7, though, we split the suicidality by gender.

All services	Female	Gender diverse	Male	Average
Partner/former partner/other person has previously threatened/ attempted suicide	<b>26.4%</b>	<b>25.6%</b>	17.0%	22.4%
Previous own suicidality	31.2%	47.1%	27.2%	29.6%
Current own suicidality	6.0%	17.4%	5.7%	5.9%
Concerned other will hurt self or someone (family law only)	<b>40.8%*</b>	<b>41.7%*</b>	21.7%	31.7%

Table 7: Threat of suicide in services at RASA by gender. Bold indicate small effect size (populations 11,384, 8,158, 143 and 21,038 total). Average is across all RASA adult clients 1/7/22-30/6/25. Bold indicate small effect size.

Table 7 shows that females and gender diverse people are more likely than male clients to report suicidality of a partner / former partner. On the other hand, gender diverse people are more likely to report their own suicidality than females or males (noting that the power of any statistics is limited by much smaller sample sizes for gender diverse people).

In summary, it appears the suicidality or threat of suicidality from a partner / former partner follows similar lines to the gendered pattern of family violence. It is also more significant for those seeking family law services (eg mediation or children’s contact service).

### Prevalence of pressures impacting relationships in Australia

The 2024 Relationship Indicators<sup>33</sup> study revealed the significance of this issue on a population wide level, demonstrating that while, understandably, the client cohort accessing Relationships Australia services (and their equivalent) is more likely to be experiencing DFSV and exhibiting suicide risk, this is an issue that affects all people in Australia.

Relevant insights captured in the Relationship Indicators<sup>34</sup> study included:

#### *Distress in challenging relationships*

*28% of respondents indicated they had felt distressed, or very distressed about their most challenging relationship over the past six months...*

*...The proportion of people feeling distressed or very distressed in these challenging relationships was higher among potentially more vulnerable groups such as those with long term physical or mental health issues, carers, and those with disability.*

*People who felt unsafe disagreeing with their closest relationship were far more distressed by their most challenging relationship (58%) than those who felt safe disagreeing with them*

<sup>33</sup> Relationships Australia (2024). Relationship Indicators 2024. ‘Full Report’. (Relationship Indicators | Relationships Australia)

<sup>34</sup> See full report at <https://www.relationships.org.au/relationship-indicators/>

*(23%). This effect was consistent even when the most challenging relationship and closest relationship were the same person, and further when that person was their partner.*

*From this we can infer that when close relationships are undermined by unsafe feelings, distress levels may generally rise across relationships and environmental contexts.*

### *Feeling unsafe in important relationships*

The Relationship Indicators survey did not attempt to specifically assess the prevalence of family violence, or explore risk and prevention factors. The survey continues to explore the concept of safety and control across a variety of measures. Controlling behaviours and feeling unsafe do not always equate to violence; however, they can be indicative of risk factors associated with family and domestic violence.

*12% of Australians indicated they felt unsafe disagreeing with their most important person. This included relationships outside of partner relationships, particularly when family is considered the most important relationship. Generally, people whose most important relationship was not a partner were more likely to feel unsafe disagreeing with their most important person.*

*Among longitudinal respondents, the prevalence of people who felt unsafe disagreeing with their most important person increased 3 percentage points from 2022 to 2024 (8% to 11%).*

*Potentially more vulnerable people, including people with long-term mental health conditions and disabilities were more likely to feel unsafe having disagreements.*

*...Among those who felt not at all safe in their closest relationship, fear for wellbeing / worried it could become verbally abusive or aggressive also emerged as a key concern (63%).*

*People who felt unsafe disagreeing in their most important relationship were also more likely to experience higher levels of emotional and social loneliness.*

*... When asked about feelings towards their former partner over the past six months, 25% of people who experienced a break-up, separation or divorce stated they often avoided or kept away from their former partner. Frequent incidence of hostile or hateful feelings, or angry disagreements were less common experiences (7% and 5% respectively).*

*... People who often or sometimes avoided or kept away from their previous partner reported lower subjective wellbeing (15.2), relationship satisfaction (34.4), and higher relationship dissatisfaction (21.5) as compared to those who responded not often or never (16.3, 39.1, 15.1 respectively).*

*People who often or sometimes felt hostile or hateful towards their previous partner reported lower subjective wellbeing (14.6), relationship satisfaction (33.2), and higher relationship dissatisfaction (22.3) compared to people who responded not often or never (16.6, 39.6, 14.6 respectively).*

*Finally, those who often or sometimes had angry disagreements with their previous partner reported lower subjective wellbeing (15.0), relationship satisfaction (34.4), and higher relationship dissatisfaction (21.5) compared to those who responded not often or never (16.9, 39.1, 15.1 respectively).*

## The links between DFSV victimisation and suicide risk

Positive family functioning,<sup>35</sup> as well as strong social relationships, social capital and supportive communities are core protective factors against depression, anxiety and suicidality.<sup>36</sup> DFSV directly attacks these protections by isolating victim-survivors from friends, family and community supports (including through technology-facilitated abuse, surveillance and systems abuse and other coercive controlling behaviours), thereby elevating suicide risk.

The published research literature supports a clear relationship between DFSV and suicidality, particularly in the intimate partner and youth settings.<sup>37</sup> In particular, a scoping study by Bright et al (2022) found that women experiencing intimate partner violence are 2.45-25.75 times more likely to experience suicidal ideation, and that the size of this range reflects diverse circumstances. For example, intimate partner violence during pregnancy was consistently associated with dramatically increased odds of suicidal ideation, with one study finding a 9.37-fold increase in risk.<sup>38</sup>

In 2024, the Coroners Court of Victoria published data from the Victorian Suicide Register, specifically describing suicides where a recorded recent history of family and domestic violence was identified.<sup>39</sup> The research found that:

- *24.5% (1,172 of 4,790 cases) of individuals, who died of suicide, had experienced family violence.*
- *65.1% of males, who had experienced family violence, were categorised as perpetrators only.*
- *62.1% of females, who had experienced family violence, were classified as victims only.*
- *Among the 131 males who were both victims and perpetrators of family violence:*
  - *70.2% experienced violence from family members.*
  - *80.9% perpetrated violence against partners.*<sup>40</sup>

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<sup>35</sup>See, for example, Bochicchio et al, (2021), Cuesta, et al. 2021 and Evans et al, 2004.

<sup>36</sup>Tegan Cruwys, Polly Fong, Olivia Evans, Philip Batterham, Alison L. Calear, *Boosting neighbourhood identification to benefit wellbeing: Evidence from diverse community samples*, (Journal of Environmental Psychology, Volume 81, 2022, 101816).

<sup>37</sup> See, for example, McLaughlin et al (2012), Devries et al. (2013), Bright et al, (2022) and White et al, 2024.

<sup>38</sup> Gelaye et al, 2016.

<sup>39</sup> Accessible at <https://www.aihw.gov.au/suicide-self-harm-monitoring/geography/states-territories/monthly-suicide-registers#vic-data>

<sup>40</sup> Coroners Court of Victoria (2024) *Experience of family violence among people who suicided, Victoria 2009-2016*, 30 July 2024.

Research and practice experience identify specific life transitions where both DFSV escalation and suicide risk are heightened. These include pregnancy and childbirth, separation, and attempts to separate and during family law proceedings. These transitions are well-recognised suicide risk windows, and their intersection with DFSV escalation creates compounding risks for victim-survivors. Fear of retaliation and misidentification during these transitions can deter help-seeking and increase isolation, further elevating suicide risk.

The National Suicide Prevention Strategy (2025) identifies that:

*A sense of safety and security, and the factors that enhance or diminish it, is closely linked to individual wellbeing and suicide risk. Addressing safety and security is therefore a foundational requirement of suicide prevention.*<sup>41</sup>

The Strategy goes on to identify key risks to personal safety, including child abuse and neglect, as well as DFSV,<sup>42</sup> and recommends a range of measures to reduce suicide risk in this context, including by reducing “the prevalence and impact of child abuse and neglect and family, domestic and sexual violence.”<sup>43</sup>

## At-risk cohorts

### *Children and young people*

The Australian Institute of Family Studies' 2018 report on children and young people in separated families provides detailed accounts of children's experiences of fear, not being heard, and unsafe court-ordered contact environments.<sup>44</sup> This research establishes a strong basis for identifying young people exposed to DFSV as an at-risk cohort for both immediate and longer term mental health impacts, including suicide risk.

Additionally, research demonstrates increased risk of suicidal ideation and attempts among children with histories of sexual or physical abuse,<sup>45</sup> and those who experience family discord and dysfunction.<sup>46</sup>

The lack of visibility children have in relation to family court proceedings concerning them compounds their trauma and feelings of being unsafe and unprotected from family violence.<sup>47</sup> It is also at odds with Australia's obligations under the Convention on the Rights of the Child. Persistent exposure to violence, combined with feeling unheard and unprotected, creates conditions conducive to long-term mental health impacts, including suicidality. In this regard,

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<sup>41</sup> National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025, p22.

<sup>42</sup> Ibid, p23.

<sup>43</sup> Ibid p24.

<sup>44</sup> Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). *Children and young people in separated families: Family law system experiences and needs*. Melbourne: Australian Institute of Family Studies.

<sup>45</sup> Fry et al, 2012, O'Halloran, et al. 2022.

<sup>46</sup> Evans et al, 2004, Zeanah in Lieberman et al., 2011, Cuesta et al, 2021.

<sup>47</sup> Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). *Children and young people in separated families: Family law system experiences and needs*. Melbourne: Australian Institute of Family Studies.

we draw the Committee's attention to the Australian Child Maltreatment Study (ACMS)<sup>48</sup> which, among other compelling findings, reveals that the onset of poor mental health, following exposure to maltreatment (including exposure to DFSV) takes place much earlier than previously thought.

Research overwhelmingly supports the view that high ongoing conflict between parents can have the most damaging impact on children's mental health and wellbeing. Ongoing conflict is particularly harmful when it occurs in the context of DFSV.

Children exposed to DFSV require early trauma-informed support, safe-contact arrangements, child-inclusive risk assessment, and access to youth mental-health services. Prevention strategies should include school-based supports, culturally safe interventions for First Nations and CALD children, programs tailored for children with disability, and digital-literacy initiatives to mitigate technology-facilitated abuse. Structured programs that strengthen protective relationships and rebuild safety reduce long-term suicide risk.

Family law and child-protection systems must ensure children are heard and that they feel heard, and that orders do not expose them to coercive control or otherwise unsafe environments.

#### *Older adults and intergenerational dynamics*

Older women facing DFSV represent another vulnerable cohort experiencing heightened suicide risk.<sup>49</sup> We note the world-leading research conducted by the Australian Institute of Family Studies into the nature and prevalence of elder abuse, which demonstrates the nature and prevalence of this issue within the Australian community.<sup>50</sup> We also welcome the research currently being undertaken into the experience of elder abuse in CALD and LGBTIQ+ communities, as well as the experiences of abuse and mistreatment among older adults living with cognitive impairments.

However, our safety as we age will be, at best, precarious until all Australian Governments take urgent and substantive action to end abuse and mistreatment of older adults. Thus far, the consistent de-prioritisation of effective action to end abuse and mistreatment of older adults demonstrates that Australian Governments do not take violence against older adults seriously. This leads to fragmented and desultory policy and service developments, as shown by, for example, the failure of Governments to put in place a National Plan since the last one expired three years ago.

The intersection between intimate partner violence and abuse and neglect of older adults creates particular risks. For example, people who use violence in intimate partner relationships

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<sup>48</sup> 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.

<sup>49</sup> See Kim et al., 2023.

<sup>50</sup> Qu, L., Kaspiw, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., Horsfall, B. (2021). National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies.

may move back to parental homes following the making of a family violence order, thereby elevating risk to older adults. This intergenerational transmission of risk is compounded by:

- housing pressures and limited accommodation options,
- financial stress and dependency relationships,
- social isolation and reduced support networks,
- ageism in service responses and help-seeking barriers, and
- digital divides affecting access to information and services.<sup>51</sup>

The relative lack of discussion of elder abuse in mental health sector reviews and reforms reflects broader patterns of ageism (including therapeutic nihilism) and the marginalisation of older adults' experiences.<sup>52</sup> However, the mental health and suicide risks faced by older victim-survivors of DFSV are significant and warrant urgent attention. Current siloing between family violence, aged care and elder abuse services creates gaps, exacerbates risk and causes harm. Integration is needed to:

- enable appropriate safety planning across the lifespan,
- facilitate access to mainstream as well as specialist services,
- reduce risks arising from administrative fragmentation, and
- recognise continuities in abusive dynamics across life stages.

#### *Aboriginal and Torres Strait Islander peoples*

Cost, literacy, language, bureaucratic hurdles and lack of confidence in cultural safety can all impede the access of Aboriginal and Torres Strait Islander people to family violence and other services. Policies made in the context of urbanised clients often do not translate well to the situation of Aboriginal people in the Northern Territory, for example.<sup>53</sup> Distrust of government agencies in matters relating to children is also a significant problem, with fears of another Stolen Generation very present. Additionally, many of our clients suffer from intergenerational and complex trauma and, in some communities, violence has been normalised.

Cultural safety training and trauma informed practices should be mandatory for all those involved in family violence systems. Recommendations from the *Bringing them home* report, and the *Little Children are Sacred* report provide invaluable guidance on this subject and Relationships Australia recommends those reports to the Committee.<sup>54</sup>

#### *Culturally and linguistically diverse communities*

People from culturally and linguistically diverse (CALD) backgrounds face specific barriers that compound suicide risk in the context of DFSV victimisation. In 2013, the Settlement Council of

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<sup>51</sup> See, eg. ANROWS, 2019; Breckenridge et al, 2016.

<sup>52</sup> See also the November 2025 report by the Australian Human Rights Commission, *The age barrier: Older adults' experiences of ageism in health care*, accessible at [https://humanrights.gov.au/data/assets/pdf\\_file/0019/74305/Age-and-Health-Report\\_FINAL\\_ACC.pdf](https://humanrights.gov.au/data/assets/pdf_file/0019/74305/Age-and-Health-Report_FINAL_ACC.pdf)

<sup>53</sup> For broader consideration of issues facing Aboriginal and Torres Strait Islander people in engaging with the family law system, see the Family Law Council's 2012 report on Indigenous and CALD clients in the family law system: <https://www.ag.gov.au/FamiliesAndMarriage/FamilyLawCouncil/Pages/FamilyLawCouncilpublishedreports.aspx>, and section 9.3 of the Family Law Council's 2016 report.

<sup>54</sup> See SNAICC, 2010; see also observations and recommendations in Family Law Council, 2012a and 2012b.

Australia identified the following factors as most significant in the context of family violence in migrant and refugee communities:

- cultural and religious factors around disclosure,
- barriers to accessing information, including lack of access to suitably qualified and knowledgeable interpreters and translators,
- institutional and structural barriers in service awareness and access, and
- lack of knowledge about the legal system.<sup>55</sup>

Sometimes, inadvertent barriers are placed in the way of CALD users accessing services. For example, family violence services may require that family violence be explicitly named and acknowledged; some of our female clients who are family violence survivors strongly resist, for cultural reasons, naming perpetrator behaviour as family violence. This inhibits access by the family to services that might be of real value. Accordingly, Relationships Australia suggests that all services, but *particularly* services targeted for CALD users, be carefully designed to encourage, rather than inadvertently deter, help-seeking.<sup>56</sup>

We respectfully draw to the Committee's attention the ANROWS research report, *Multicultural and Settlement Services – Supporting women experiencing violence: The MuSeS project*.<sup>57</sup> We would also ask the Committee to consider the particular vulnerabilities of women and children who are refugees; in this regard, we draw to the Committee's attention the AIFS report, *Intimate partner violence in Australian refugee communities*.<sup>58</sup>

Language-accessible and culturally appropriate information and advice about family violence orders and family law issues is inconsistent and hard to find. Interpreting services can be financially inaccessible or otherwise unreliable in providing accurate translation and interpretation, which can arise from interpreters' own lack of understanding of family law and family violence systems.

### *LGBTIQ+ communities*

People within LGBTIQ+ communities face increased odds of depressive symptoms, anxiety, and suicide-related risk.<sup>59</sup> It is also well-documented that members of these communities can face specific challenges in accessing support and having their experiences of DFSV recognised. The term 'domestic and family violence' has high recognition value as being traditionally associated with victimisation of women by men in heterosexual relationships. This creates tension, as LGBTIQ+ people can struggle to find room for themselves within common understandings of DFSV.

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<sup>55</sup> See Settlement Council of Australia, *Policy Brief on Domestic Violence*, 2013, at <http://scoa.org.au/sectorupdates/sector-publications/family-and-social-support/scoa-policy-brief-domestic-violence-2013/>

<sup>56</sup> For more information on CALD-sensitive practice in South Australia, please see the separate submission to the ALRC inquiry from Relationships Australia South Australia.

<sup>57</sup> Published May 2020.

<sup>58</sup> CFCA Paper 50, 2018.

<sup>59</sup> Hong et al, 2025

We draw to the Committee's attention the report of a study conducted by Relationships Australia New South Wales and ACON, and published by ANROWS, *Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence*.<sup>60</sup> Its recommendations focus on:

- introducing mandatory inclusivity training for all staff in the domestic and family violence/intimate partner violence sector, as well as in clinical organisations, the police and legal professionals
- developing referral pathways to LGBTQ-friendly services for key professionals
- increasing representation of LGBTQ people in promotional material about domestic and family violence/intimate partner violence
- using social media platforms to increase awareness in LGBTQ communities and using these channels to engage clients for future programs
- providing ongoing funding to develop, trial and implement tailored programs,<sup>61</sup> and
- ensuring programs respond to diverse needs within mixed LGBTQ groups and manage transphobia and biphobia.

These recommendations emerge from a pilot, conducted by Relationships Australia New South Wales and ACON, of the LGBTIQ+ Behaviour Change Program and Partner Support group

Programs seeking to intervene in intimate partner violence dynamics within LGBTIQ+ relationships and for LGBTIQ+ individuals must go beyond 'tolerance' for or 'inclusion' of LGBTIQ+ people in existing programs and resources. Although there is some overlap, the LGBTIQ+ community and/or people facing violence within queer relationships may have experiences not covered in programs designed for cisgender, heterosexual clients. 'Minority stress'<sup>62</sup> as well as homophobic and transphobic abuse should be taken seriously as service needs and built into the programs. Services should also consider adding questions about these specific forms of violence into their domestic and family violence/intimate partner violence screening and assessment tools. Staff and organisations should undergo audits and sensitivity training to ensure that relevant programs are offered in respectful, culturally appropriate ways.

### *People with disability*

People with disability face multiple barriers to accessing support when experiencing DFSV, and these barriers compound mental health and suicide risks. Research consistently demonstrates that people with disability experience higher rates of violence and abuse, face greater

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<sup>60</sup> <https://www.anrows.org.au/project/developing-lgbtq-programs-for-perpetrators-and-victims-survivors-of-domestic-and-family-violence/> (2020).

<sup>61</sup> The report notes that short funding cycles do not provide adequate time to populate groups within an underdeveloped community area: at pp 13-14.

<sup>62</sup> " 'Minority stress' refers to the experience of heightened, ongoing psychological distress and social pressure experienced by members of stigmatised, minority populations. Such groups face additional life stressors compared to the general population, related to experiences of prejudice, discrimination and harassment, including violence and abuse. LGBTQ communities experience minority stress which can lead to internalised homophobia and fear of being outed, and cause a range of negative mental health outcomes (Meyer, 2003), cited in the ANROWS publication, 'Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence: Key findings and future directions,' *Research to Policy & Practice* series, Issue 10, May 2020, at p 8.

difficulties in disclosing abuse and accessing services, and have fewer options for safe accommodation and support. For example, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) noted that

*The rate of violence by a domestic partner is much higher for people with disability (21 per cent) than people without disability (9.8 per cent)... Women with psychological or intellectual disability experience even higher rates of violence:*

- *72 per cent of women with psychological or intellectual disability have experienced violence since the age of 15, compared with 54 per cent of women with disability of any type*
- *45 per cent of women with psychological or intellectual disability have been sexually assaulted compared with 29 per cent of women with any type of disability.*

*Women with psychological or intellectual disability are also at particularly high risk of violence perpetrated by domestic partners (Executive Summary and Recommendations, pp 47-48)<sup>63</sup>*

The Royal Commission identified several gaps in DFSV laws that exacerbate the risks of harm to people living with a disability within the context of domestic relationships. These include:

- definitions that do not cover all domestic relationships people with disability may have, such as with support workers, co-residents, and guardians and administrators
- particular settings, for example violence in group homes, respite services or boarding houses, and
- behaviour people with disability experience, such as withholding personal supports or interfering with assistive devices, that constitutes family or domestic violence and abuse.<sup>64</sup>

We also commend to the Committee's attention in this regard the 2017 ANROWS Horizons Report, *'Whatever it takes': Access for women with disabilities to domestic and family violence services*.<sup>65</sup> That report makes four recommendations, in relation to:

- promoting access and accessibility
- building cross-sector collaboration
- involving women with disabilities, and
- high quality data collection.

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<sup>63</sup> Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), accessible at <https://disability.royalcommission.gov.au/publications/final-report>. See especially volumes 3 (Nature and extent of violence, abuse, neglect and exploitation) and 8 (Criminal justice and people with disability).

<sup>64</sup> Final Report of the Disability Royal Commission, Executive Summary and Recommendations, pp 138-139.

<sup>65</sup> Accessible at <https://www.anrows.org.au/publication/whatever-it-takes-access-for-women-with-disabilities-to-domestic-and-family-violence-services-final-report/>.

## Term of Reference 2: 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

Consistent, reliable and nationally comparable data is essential to understanding and preventing DFSV-related suicides. However, Australia's current data landscape is fragmented, inconsistent and incomplete, with significant gaps in how DFSV antecedents are recorded across coronial, policing, health and family-law systems. This fragmentation obscures the contribution of DFSV to suicide risk and incidence, and prevents the development of a coherent national evidence base.

Relationships Australia's frontline experience shows that critical early-warning indicators (social isolation, coercive control, systems abuse, financial stress, mental-health deterioration, substance use and suicidality) are often captured first in community-based services, yet these datasets are not integrated into coronial or health pathways. The result is a system-wide under-recognition of DFSV-related suicides, particularly among children, older adults, men experiencing social disconnection, and marginalised groups.

Furthermore, because DFSV antecedents are under-recorded in coronial, police, hospital and mental-health data, DFSV-related suicides are likely underestimated. Early-stage risk indicators are not linked to clinical or coronial pathways, impeding accurate national prevalence estimates and pattern recognition. Strengthening information flows, while embedding universal, multi-domain risk screening across DFSV-adjacent services, is essential to developing a reliable national picture of DFSV's role in suicide.

Relationships Australia supports systematic linkage between suicide death review and DFSV death review mechanisms. Where suicides occur in contexts of plausible DFSV antecedents, coronial investigations should systematically examine the DFSV context of the suicide and information sharing protocols must be put in place with relevant DFSV death review teams.

This requires appropriate information sharing protocols balancing privacy with the need to learn from deaths to prevent future tragedies.

### Term of Reference 3: How legal and justice systems, DFSV specialist services, health, mental health and other services recognise and respond to suicide in the context of DFSV

The Australian service system is not yet configured to reliably recognise or respond to suicide risk where DFSV is present. Fragmentation between legal, health, mental-health, policing, family law and community sectors results in missed opportunities to identify risk, poor information flow, and inconsistent responses. Relationships Australia's practice experience demonstrates that these gaps are especially pronounced at high-risk transition points including separation, court processes and justice-system interventions.

For a detailed discussion regarding the realities, and impact, of fragmentation in these systems, see our discussion above at Framing Principle 7.

As noted above, victim-survivors are endangered by the ongoing need to navigate fragmented systems and services. For example, our practice experience, confirmed by research, shows that:

- people experiencing physical violence in relationships use at least four wellbeing or family law services before or during separation,<sup>66</sup>
- people reporting physical harm before or after separation are twice as likely to use a counselling, relationship or dispute resolution service than a domestic violence service,<sup>67</sup> and
- parents accessed an average of eight different services when finalising parenting disputes under the Family Law Act.<sup>68</sup>

The evidence base consistently demonstrates the necessity, for people experiencing DFSV, of being able to access an array of relevant services with as little 'friction' as possible.<sup>69</sup> People experiencing, or at risk of experiencing, abuse, violence and exploitation need a range of service options across diverse practices. Additional services may be needed to address co-morbidities including intergenerational trauma, harmful gambling, harmful use of alcohol and other drugs, and mental ill-health.

Within the family law system specifically, Relationships Australia witnesses first-hand the various ways in which the system can, and does, create safety risks for our clients. The inherently combative nature of family law proceedings entrenches and exacerbates family violence, enables systems abuse, provides additional opportunities for coercive control, deters help-seeking, and prolongs trauma.

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<sup>66</sup> Kaspiew, R., Carson, R., Dunstan, J., Qu, L., Horsfall, B., De Maio ... Tayton, S. (2015). Evaluation of the 2012 family violence amendments: Synthesis report. Melbourne: Australian Institute of Family Studies. <https://aifs.gov.au/research/research-reports/evaluation-2012-family-violence-amendments>

<sup>67</sup> Ibid.

<sup>68</sup> Carson, R., Dunstan, E., Dunstan, J., & Roopani, D. (2018). *Children and young people in separated families: Family law system experiences and needs*. Melbourne: Australian Institute of Family Studies.

<sup>69</sup> See, eg, Hester, 2011.

It is well-documented that family law proceedings can become vehicles for perpetuation of abuse through vexatious litigation, repeated applications, and exploitation of court processes to maintain contact and control.

Nearly half a century of 'retrofitting' the Family Law Act and supporting processes to centre children and soften edges of win/loss litigation dynamics has failed to mitigate harm to families.<sup>70</sup>

When system responses fail to adequately protect victim-survivors, or when orders are made that perpetuate contact with perpetrators in unsafe ways, this creates or maintains conditions of ongoing abuse.

Despite these ongoing challenges, and perhaps because of them, multiple attempts have been made to better align legal systems with the needs of families and children. For example, the Co-location Program of the then Family Court of Australia embeds child protection and family violence workers in family law courts. Evaluation of the program found that 91% of partnership survey respondents reported ease of information sharing and 29% reported better outcomes for children and families as the most significant changes resulting from co-location.<sup>71</sup>

In addition, Family Advocacy and Support Services (FASS) provided crucial navigation and psychosocial support. The services, which were subject to a positive evaluation in 2020, provide practical assistance, emotional support and harm minimisation.<sup>72</sup> Relationships Australia practice experience demonstrates their value in:

- addressing immediate safety concerns,
- de-escalating crisis situations,
- connecting clients with housing, mental health and other supports,
- providing emotional support through court processes, and
- enabling clients to more effectively participate in proceedings.

Persistent fragmentation between family law, DFSV, child protection, police, health and mental health systems burdens victim-survivors with complex navigation during periods of acute distress. This obscures risk, delays support and can reinforce feelings of hopelessness and being trapped, thereby increasing suicide risk. Information-sharing reforms and co-location models have improved support provided to at-risk litigants, but significant gaps remain.

Understanding these systems-induced risks is crucial for developing responses that not only address the immediate safety needs of victim-survivors, but also minimise the additional harms that can arise from engaging with support systems.

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<sup>70</sup> Fogarty, J. Establishment of the Family Court (2001) 60 *Family Matters* 90; Evatt, E. (1979) The administration of family law. *Australian Journal of Public Administration*. 38(1) 1

<sup>71</sup> artd consultants. (2022) Evaluation of the Co-location Pilot. Final Report. <https://www.ag.gov.au/sites/default/files/2023-08/co-location-pilot-evaluation-final-report.PDF>

<sup>72</sup> See the report by inside policy, *An evaluation of the Family Advocacy and Support Services: final report* (<https://www.ag.gov.au/sites/default/files/2020-03/fass-final-evaluation-report.pdf>).

## Term of Reference 4: The use of suicide and threats of suicide as a tactic of coercive control by perpetrators of DFSV

The use of suicide or threats of suicide is a recognised tactic of coercive control that increases risk and compromises the safety of adults and children, particularly by making victim-survivors feel that they are unable to leave the relationship. Data collected by RASA (see discussion above at Term of Reference 1 and, in particular, tables 5, 6 and 7), reveals a high percentage of Relationships Australia clients who have experienced the risk indicator: “Partner/former partner/other person has previously threatened/attempted suicide”. Additional analysis of FL-DOORS data by RASA reveals that:

*When RASA sees people who are seeking our help, nearly half (48.8%) of clients who feel concerned for their safety in the past year also report that their current or ex-partner has previously threatened or attempted suicide. By contrast, if clients are free of those safety concerns, then only 12.3% also report suicidality from their current or ex-partner. In other words, safety fears are often apparent when intimate partners have made suicide threats. These clients’ reports do not tell us about causality or consequence – being cross-sectional – but this finding shows how strongly suicide threats and safety fears are linked and may well reflect the use of suicide threats as an intentional tactic to control partners through fear. Regardless of whether the suicidality is indeed an intentional tactic, clients facing both safety fears and suicidality from partners need services like RASA to actively inquire holistically about all the possible risks they face given so many face the double risk from both personal safety and partner suicidality. As a proportion of all clients at RASA, 1 in 7 (13.5%) are facing that double risk from personal safety and partner suicidality (Based on self-reports of all clients at RASA across all services in the past 3 years, n=16,914).*

This behaviour risks being minimised as a “mental-health issue” of the person using violence rather than identified as a deliberate tool to intimidate, manipulate and control. System fragmentation, misidentification and adversarial legal processes can inadvertently legitimise this tactic and intensify distress, as outlined above in response to Term of Reference 3. An integrated response must:

1. name and define suicide-related abuse,
2. embed universal screening that distinguishes genuine suicidality from coercive threats while ensuring safety for both,
3. operationalise warm, multidisciplinary referrals, and
4. equip courts, police and services with specific guidance to address this form of coercive control.

Coercive control has been increasingly recognised as a central dynamic in DFSV, characterised by patterns of behaviour designed to isolate, intimidate, degrade and control victim-survivors. Within this framework, suicide-related behaviour by perpetrators can serve multiple controlling functions. Suicide-related abuse involves a person using, threatening or staging self-harm or suicide to induce fear, compel compliance, punish, or prevent separation. It can include explicit

threats (“If you leave, I’ll kill myself”), conditional statements (“Do what I want or I’ll harm myself”), recurring crises timed to hearings or contact changeovers, and leveraging diagnoses to evade accountability. It frequently co-occurs with systems abuse (misuse of legal processes), financial abuse, technology-facilitated abuse and stalking.

Understanding of coercive control, and its role in DFSV, is increasing in the general community, among law enforcement and legal professionals, and judicial officers. Extensive work is being done by Australian Governments to support this better understanding which, it is hoped, will lead in time to improved safety outcomes.<sup>73</sup> This work has included legislation targeting the use of coercive control.<sup>74</sup> However, it cannot be assumed that this legislation, and complementary measures, will be immediately effective in identifying and stopping coercive control. The operationalisation of measures to prevent coercive control will be complicated by the innate characteristics of such conduct.

### Practice challenges in distinguishing genuine suicidality from manipulation

Relationships Australia recognises that distinguishing between genuine suicidality and manipulative threats, while ensuring safety for all involved, represents one of the most challenging aspects of responding to suicide-related coercive control. Several factors complicate this:

- Over-emphasis on the perpetrator's suicidality can enable continued abuse by diverting resources and attention from victim-survivors, avoiding consequences for abusive behaviour, and creating obligations for victim-survivors to manage perpetrator's distress.
- A perpetrator may experience genuine distress and suicidal ideation while simultaneously using suicide-related behaviour in controlling ways. The two are not mutually exclusive.
- Over-emphasis on the manipulative function can lead to dangerous minimisation of actual suicide risk, potentially resulting in preventable deaths.

Best practice requires holding both considerations simultaneously. To address suicide-related coercive control, Relationships Australia considers further exploration and development is warranted in the following areas:

- universal risk screening
- safety planning for victims and children
- managing risk in the person using violence, and
- evidence, information-sharing and data collection

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<sup>73</sup> Commonwealth of Australia, Attorney-General's Department. (2023) National Principles to Address Coercive Control in Family and Domestic Violence. <https://www.ag.gov.au/system/files/2023-09/national-principles-to-address-coercive-control-family-and-domestic-violence.PDF>

<sup>74</sup> Relationships Australia has, in other submissions, expressed concern that criminalisation of coercive control is premature, for a range of reasons, including risks of misidentification of the person most in need of protection (risks which are exacerbated by under-resourcing in terms of staff numbers and education/training across law enforcement and other justice agencies). We note that the National Principles acknowledge that ‘Poor responses to coercive control are not always driven by the absence of legislative options, but failures or difficulties applying the laws by police and courts.’ (p 28)

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

Preventing DFSV-related suicide requires a national, integrated approach that strengthens early identification, enhances relational and social protective factors, and ensures timely access to multidisciplinary supports. Evidence from Relationships Australia's work across family law, mental health, community services and perpetrator intervention shows that early intervention is most effective when it is relationship-centred, trauma-informed and delivered through accessible community-based platforms. Preventative systems must address co-occurring drivers (mental ill-health, substance use, gambling harm, financial stress, housing insecurity), embed universal multi-domain screening, and provide culturally safe, child-centred and disability-inclusive pathways for both victim-survivors and people using violence.

### Universal risk screening tools are key to early recognition

Community-based services often detect social isolation, deteriorating mental health, financial stress, relational breakdown and suicidality before medical or justice systems do. These settings are trusted, familiar and accessible, particularly in rural areas and for marginalised groups.

For this reason, the use of universal screening tools by these agencies is of critical importance. For example, the FL-DOORS framework<sup>75</sup> assesses suicidality, DFSV risk indicators, coercive control patterns, trauma history, child safety, substance use, and social isolation. It is validated and effective across populations.<sup>76</sup>

Implementation of validated risk screening tools such as FL-DOORS across multiple service entry points enables early identification of co-occurring DFSV and mental health risks. This screening should occur with all clients, not only those presenting with obvious safety concerns, as this guards against under-reporting and ensures no client is unfairly targeted based on demographic characteristics.

Wells et al. (2018) found that use of FL-DOORS for paired partners yielded responses that corresponded closely, demonstrating reliability in identifying where risk lies. Implementation across service entry points enables:

- early identification of both victim-survivors and people using violence,
- triage to appropriate interventions based on risk profile,
- documentation of baseline risk for monitoring over time,
- evidence-based allocation of intensive supports, and
- data collection for service improvement.<sup>77</sup>

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<sup>75</sup> McIntosh, J. E., & Ralfs, C. (2012). FL-DOORS, Detection Of Overall Risk Screen.

<sup>76</sup> McIntosh, J. E., Wells, Y., & Lee, J. (2016). Development and validation of the family law DOORS. *Psychological Assessment*, 28(11), 1516–1522.

<sup>77</sup> 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.

In light of the above, and noting the discussion at Term of Reference One regarding the prevalence of DFSV, its links to suicide risk, and the particular experiences of at-risk cohorts, Relationships Australia **recommends** that universal screening be mandated across the community services, family relationships, DFSV, mental health and judicial sectors, and supported by minimum national competency requirements for staff conducting assessments (**Recommendation 1**).

### Holistic service delivery provides critical opportunities to support families and children

In 2023, the then Attorney-General commissioned the first comprehensive review of the Family Relationships Services Program ('FRSP') since its establishment 20 years ago. The reviewer, Mr Andrew Metcalfe AO, found that the program is essential for Australian families, and is efficient and effective, providing expert multi-disciplinary support to families affected by separation, while achieving substantial savings for the taxpayers by diverting families from traumatic and expensive court proceedings.

There are clear synergies between the challenges and opportunities identified in the Metcalfe Review and the Terms of Reference of this Inquiry. Mr Metcalfe acknowledged the strong track record of providers of services under the program, most of whom are trusted non-profit organisations, and identified challenges to improved service provision, including:

- prevalence of complex needs not in contemplation at the establishment of the FRSP, which are addressed through fragmented and disparate jurisdictions and systems (eg concurrent intimate partner violence, mental ill-health, and harmful use of alcohol, drugs and gambling – each of which present in the health, aged, disability and veterans' affairs sectors)
- lack of geographic equity, especially in rural, regional and remote areas, and especially for First Nations women, and
- lack of services tailored for marginalised cohorts (including adolescents).

The Metcalfe Review identifies key opportunities to enhance service provision, including:

- greater flexibility in program structure, including to allow more scope for service integration and innovation
- establishing multi-disciplinary Family Relationship Centre Hubs, and embedding and funding case management, to lift from service users the burden of dealing with fragmented services and programs
- establishing multi-functional service hubs for separating or separated First Nations families, delivered by ACCOs
- providing additional services in population growth areas
- more specific outcomes measures, and
- improvements to information sharing within and across governments.

In the context of recent developments in relation to gender-based violence, the increasing recognition of children as rights-bearers, and the maltreatment of children, we also welcome

the Review's acknowledgement that FRSP providers are integral to preventing and responding to DFSV, as well as offering support through recovery from DFSV. Mr Metcalfe's findings compellingly demonstrate that siloes between the 'DFSV sector' and providers of the full array of family relationship services harm women and children, and must be purposefully dismantled. Implementing Mr Metcalfe's recommendations in full would make meaningful progress towards this end.

More recently, in November 2025, the Government released a consultation paper about the future of the Family and Relationships Services and the Specialised Family Violence Services, funded by the Department of Social Services within its Families and Children Activity. This was against the background of an evaluation of these programmes, carried out by Allen + Clarke Consulting (the report on which was subsequently released in mid-December 2025).<sup>78</sup> The evaluation reported that these well-established programs are efficient and effective in achieving their aims<sup>79</sup> and providing value for money. The Department has flagged a range of structural reforms to these programmes.

The confluence of the Metcalfe Review and the planned restructure of the Families and Children Activity by the Department of Social Services point to a broader opportunity for this Inquiry to support once in a generation transformation to achieve holistic, wraparound services that meet the needs of communities.

The Hubs proposal identified by Mr Metcalfe, and for which Relationships Australia has advocated for many years, has at its core a vision of integrated, holistic, wraparound services to ensure that families receive the connected support they need, when and where they need it. Such hubs could conduct universal screening, risk assessment and safety planning from initial engagement and throughout the service 'journey', delivering services that are child-centred and trauma-informed.

Services implementing trauma-informed approaches recognise the pervasive impact of trauma, recognise signs and symptoms of trauma in clients, respond by fully integrating knowledge about trauma into policies and practices, and seek to actively avoid re-traumatisation.<sup>80</sup> This includes:

- creating physically and emotionally safe environments,
- building trust and transparency,
- supporting client choice and control,
- providing culturally responsive care, and
- recognising connections between trauma, DFSV and mental health.

Comprehensive and holistic support systems are essential for suicide prevention. Integrated and holistic service hubs, such as those identified by Metcalfe, provide a one-stop entry point for

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<sup>78</sup> See <https://www.dss.gov.au/system/files/documents/2025-12/evaluation-family-relationship-services-specialised-family-violence-services.pdf>

<sup>79</sup> The aims are to strengthen family relationships, prevent family breakdown, increase participation in communities and ensure that the wellbeing and safety of children is maintained. (Allen + Clarke Report, 2025, p vii)

<sup>80</sup> Fallot & Harris, 2006.

families experiencing DFSV and suicidality. These hubs require coordination and alignment of services across multiple government portfolios in order to capture the full range of risks and experiences of clients. They should cover DFSV, mental health support, elder abuse prevention and support, financial counselling, legal assistance, child-inclusive practice, cultural brokerage, disability-inclusive supports and warm referral pathways. Multidisciplinary hubs reduce fragmentation, support joint safety planning, and ensure timely intervention for both victim-survivors and people using violence.

Accordingly, Relationships Australia **recommends** that Government take bold and ambitious action that:

- goes beyond merely streamlining discrete programs within existing silos across the Department of Social Services, the Attorney-General's Department, and the Department of Health, Disability and Ageing,
- establishes multidisciplinary hubs to more readily meet the varied and complex support needs of families and children, by lifting from families the burden of navigating fragmented systems and services
- leverages collective experience and insights, as well as institutional infrastructure,
- explicitly preserves specialist services, and
- ensures robust accountability for taxpayer resources through evidenced impact and outcomes rather than 'tick a box' compliance.

**(Recommendation 2)**

### Strengthening relational, family and community protective factors

Strong social relationships, social capital, supportive communities and positive family functioning are known protective factors against suicidality. Early-intervention programs that enhance family communication, build parenting capability, reduce conflict and improve relational wellbeing play a significant preventive role. Community-based programs such as parenting education, counselling, intergenerational relationship supports and group-based interventions help restore connection and reduce isolation for high-risk cohorts.

At the community level, neighbourhood-based initiatives and community connection programs reduce loneliness and enhance wellbeing, especially for older adults, young people, culturally diverse families, and people facing major life transitions.

For these reasons, Relationships Australia **recommends** that investment in early intervention and prevention services across family relationships, mental health and suicide prevention and social connection be afforded equal attention and investment as downstream and acute services. **(Recommendation 3)**.

### Reducing FDSV through effective perpetrator interventions

Investment in perpetrator interventions is essential for suicide prevention, addressing risk for both perpetrators themselves and their victims. People who use violence often experience mental-health distress, shame, hopelessness, substance misuse and suicidality. Programs such

as Men's Behaviour Change Programs (MBCP), combined with integrated case management, improve insight and reduce risk.

Experience across the Relationships Australia Federation points to a number of opportunities for improving the effectiveness of MBCP across the country, over and above investment in reducing waitlists. These opportunities include:

- creating sufficient funding certainty and security to allow providers to invest in, and retain, team members who are suitably skilled
- allowing for the education, trust building and awareness raising that is required within communities, particularly in regional, rural and remote locations, to increase uptake of these programs
- providing sufficient flexibility within funding models to allow for services to be tailored to the needs of specific populations
- commitment to holistic and universal risk screening
- further investment in online options
- increased funding to expand the nature of the programs, including advocacy and support for current or former partners and children impacted by family violence
- integrating MBCP programs within holistic services designed to ensure family safety, including ensuring additional wraparound supports and case management for participants and their families
- embedding suicide risk assessment, mental health support and addiction services within or alongside programs,
- post program facilitated peer groups to provide maintenance and relapse prevention support, and
- new and additional investment in research and evaluation.

Relationships Australia **recommends** that Australian Governments increase funding to perpetrator interventions across the country and invest in consistent, secure and adequate resourcing nationally, to enable early identification of people at risk of using violence as well as to change attitudes and behaviours that encourage, normalise, reward or excuse using violence in relationships (**Recommendation 4**).

## Term of Reference 6: Any other related matters.

DFSV-related suicide risk is shaped not only by individual and relational dynamics but also by broader social, environmental, technological and structural conditions. The experience of gambling harms, disasters and climate events, poverty, insecure housing and rural/remote service gaps all magnify DFSV dynamics and heighten suicide risk. A comprehensive response must build capacity and workforce capability across the DFSV, mental-health, justice, health and social-service ecosystems.

### The links between gambling harm, DFSV and suicide risk

The links between harmful gambling and relationship breakdown, suicide and gendered violence are well evidenced.<sup>81</sup> Despite this, Australian governments remain ensorcelled by the well-funded blandishments of gambling providers and their lobbyists.

It has been nearly three years since the landmark report of this Committee, *You win some, you lose more*, was tabled in Parliament under the previous Albanese Government.<sup>82</sup> The Murphy recommendations reflected and sustained extensive public demand for action to prevent and mitigate the corrosive socio-economic harms caused by a *laissez-faire* approach to gambling regulation. In spite of this unusual level of policy cohesion in the community – and across political parties - the recommendations made by the Murphy Committee have met with Government indifference while our communities continue to be harmed, and some of its most marginalised members continue to be preyed upon at will by gambling providers. There is little hope that Australian governments can achieve stated policy aims of supporting families, supporting mental good health and well-being and ending gendered violence while they tolerate the predations of the gambling companies.

Relationships Australia **recommends** that Government commit urgently to the full implementation of the recommendations of this Committee in its report *You win some, you lose more* (**Recommendation 5**).

### Funding models supporting prevention

Relationships Australia acknowledges efforts across government departments to end short-term contracting cycles.<sup>83</sup> Short term funding arrangements fundamentally undermine the capacity of services to effectively support clients experiencing domestic, family and sexual violence

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<sup>81</sup> Evidence includes research undertaken and published by Government agencies, including the Australian Institute of Health and Welfare and the Australian Institute of Family Studies. See, eg: Australian Gambling Research Centre. (2023). *Community attitudes towards sports and race betting advertising in Australia*; Australian Gambling Research Centre. (2023). *Gambling participation, experience of harm and community views: An overview*; Hing, N., Russell, A. M. T., Browne, M., Rockloff, M., Greer, N., Rawat, V. et al. (2021). *The second national study of interactive gambling in Australia (2019-20)*. Gambling Research Australia; <https://www.aihw.gov.au/reports/australias-welfare/gambling> .

<sup>82</sup> See [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Social\\_Policy\\_and\\_Legal\\_Affairs/Onlinegamblingimpacts/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Onlinegamblingimpacts/Report)

<sup>83</sup> See, for example, the *Not-for-profit Sector Development Blueprint* developed by the Department of Social Services, available at <https://www.dss.gov.au/system/files/documents/2024-11/d24-1528640-not-profit-sector-development-blueprint-web-accessible.pdf>

alongside suicide risk. Short-term funding cycles create significant structural barriers to workforce development and service continuity. When funding ceases, skilled staff depart, taking with them invaluable knowledge and established community relationships. The resulting disruption prevents services from building the sustained trust essential for engaging vulnerable clients, while also precluding the longitudinal data collection necessary for meaningful evaluation and evidence-based practice development.

In contrast, stable long-term funding enables strategic investment in workforce development and retention. When staff can build careers within services, they develop deep expertise in supporting clients with complex, co-occurring needs. This continuity allows practitioners to establish trusted relationships with communities over time, which is particularly critical when working with clients experiencing both DFSV and suicide risk, who may be deeply distrustful of formal support systems and when working within communities that have been marginalised and experienced institutional intergenerational trauma; eg Stolen Generations. Long-term funding also supports cultural transformation within services, moving organisations beyond crisis management toward genuine preventative capability grounded in continuous improvement and robust evaluation.

The economic case for prevention is compelling. While requiring upfront investment, effective early intervention and wraparound support substantially reduces downstream expenditure across hospital and emergency departments, police and criminal justice systems, child protection services, and acute mental health programs, while also mitigating the profound costs of family breakdown and intergenerational trauma transmission.

Relationships Australia therefore **recommends** that Australian Governments continue efforts to stabilise secure funding arrangements and develop models enabling long-term investment of seven to ten years in prevention and early intervention services, recognising that transformative change in addressing DFSV and suicide risk requires sustained commitment beyond electoral and budget cycles. (**Recommendation 6**)

### Building workforce capability to address co-occurring DFSV and suicide risk

Effective responses to clients experiencing both DFSV and suicide risk require a comprehensively skilled workforce across multiple sectors. Given the emotionally demanding nature of this work, workforce sustainability depends on adequate support structures including regular clinical supervision, vicarious trauma support, professional development opportunities, manageable caseloads, and remuneration that appropriately recognises the skill level required.

Relationships Australia supports development of a national capability framework that establishes consistent core competencies across DFSV, mental health, child safety, legal, health and community sectors. These competencies must include DFSV literacy, suicide prevention, trauma-informed practice, cultural safety, disability inclusion, LGBTIQ+-affirming practice, elder abuse awareness, and assessment of technology-facilitated abuse.

Professionals working at the intersection of DFSV and suicide risk require integrated knowledge encompassing DFSV dynamics and impacts, suicide risk assessment and response skills.

Relationships Australia **recommends** that a specialised training module be developed to ensure professionals across the sector can recognise co-occurring risks in relation to both DFSV and suicide, conduct integrated risk assessments, implement appropriate safety planning, coordinate effectively across services, and document risk and interventions consistently (**Recommendation 7**).

This training must be embedded as mandatory professional development across community service providers working with families and children, judicial officers and court personnel, police and first responders, health and mental health professionals, and child protection workers.

## Conclusion

Relationships Australia's practice experience and research consistently demonstrate that DFSV victimisation is a significant and under-recognised driver of suicidal distress and suicide in Australia. Our practice evidence and research show that DFSV rarely occurs in isolation; rather, it co-occurs with mental ill-health, substance use, trauma, financial stress and housing precarity, all of which are known risk factors for suicidality.

Addressing DFSV-related suicide requires sustained, coordinated, whole-of-government and whole-of-community commitment to transformative change.

We again thank you for the opportunity to engage with this Inquiry, and would be happy to discuss further the contents of this submission if this would be of assistance. I can be contacted directly on (02) 6162 9300 or at [ntebbey@relationships.org.au](mailto:ntebbey@relationships.org.au). Alternatively, you can contact Dr Susan Cochrane, National Policy Manager, on (02) 6162 9300 or by email: [scochrane@relationships.org.au](mailto:scochrane@relationships.org.au).

Yours sincerely



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