

3 July 2026

Department of Social Services
Enid Lyons Building
71 Athllon Drive
Greenway ACT 2900

To the Department of Social Services,

Re: Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

Suicide Prevention Australia welcomes the opportunity to respond to the Department of Social Services Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032). We are the national peak body for the suicide prevention sector. With over 360 members representing more than 140,000 workers, staff, and volunteers across Australia, we provide a collective voice for service providers, practitioners, researchers, local collaboratives, and people with lived experience.

Suicide Prevention Australia has published related documents that may support the Department of Social Services approach to the development of the Second Action Plan, with findings and recommendations across reports providing insights relevant to the consultation discussion questions. Specifically, our report on [Adverse Childhood Experiences \(ACEs\) and Suicide](#)¹ articulates a set of principles and recommendations for government action to effectively address ACEs and suicide risk. In addition, our report on [Relationships and Suicide Risk](#)² outlines opportunities for strengthening the protective nature of relationships to reduce suicide risk. Recently, Suicide Prevention Australia also prepared [a submission responding to the Federal Inquiry into the Relationship Between Domestic, Sexual and Family Violence and Suicide](#).³ Our recommendations drew from extensive consultation from people with lived experience and service providers to identify the core opportunities for improved understanding and addressing prevention across DFSV and suicide domains. The recommendations and research articulated throughout this letter draw from the insights found and developed within these reports.

Recommendations:

1. The Second Action Plan should include direct actions to reduce suicide risk among children and adults in Australia who have experienced DFSV and ACEs.
2. The Second Action Plan should include clear commitments to significantly increase funding for tailored, community-based DFSV services to improve access to targeted, holistic and ongoing supports for victims and survivors.
3. The Commonwealth Government should implement mechanisms to improve data linkage capabilities across agencies and services to increase understanding of the link between DFSV, ACEs and suicide, to strengthen and increase effectiveness of prevention and early-intervention responses.

¹ Suicide Prevention Australia. (2025). *Adverse Childhood Experiences and Suicide*. https://www.suicidepreventionaust.org/wp-content/uploads/2026/02/Adverse-Childhood-Experiences-and-Suicide-report_FINAL.pdf

² Suicide Prevention Australia. (2026). *Relationships and Suicide Risk*. <https://www.suicidepreventionaust.org/wp-content/uploads/2026/04/SPA-Relationships-and-Suicide-Report-APR26-FINAL-1.pdf>

³ Suicide Prevention Australia. (2026). *Inquiry into the Relationship Between Domestic, Family and Sexual Violence and Suicide*. Submission. https://www.suicidepreventionaust.org/wp-content/uploads/2026/02/Suicide-Prevention-Australia-DFSV-Suicide-Submission.pdf?cf_chl_f_tk=r4RSnrf9gABTVwtZ2GjDX61cJdR3FZLWm2jCO61W1Rg-1782872924-1.0.1.1-mzdEQBQLX12Mn1fyWQrUFdT1kFNAh7hHqee_F60TOQE

Across international and Australian-based research, there is a clear association between the impact of domestic, sexual and family violence (DFSV), ACEs and suicide. Data by the AIHW found that people who have had a hospital stay due to family and domestic violence were twice as likely to die by suicide compared to a comparison group.⁴ Australian data identified that across 2019, intimate partner violence was the second highest contributor to years of healthy life lost due to suicide and self-inflicted injuries among women.⁵ We also know that child abuse and neglect was the leading risk factor for suicide in 2019 in Australia⁶ and that currently, childhood maltreatment (including physical, sexual or emotional abuse, or emotional or physical neglect) accounts for 41% of suicide attempts among Australians aged 16 to 85.⁷

Given the disproportionate impact of experiences of DFSV and ACEs on suicide risk, it is essential that the Second Action Plan includes clear actions to prevent suicide. Across sector and lived experience consultations, concerns have been raised that, at present, many government strategies and plans that relate to DFSV and ACEs do not explicitly include clear standalone actions to prevent suicide, including the National Plan to End Violence against Women and Children 2022-2032.⁸ The *National Suicide Prevention Strategy 2025-2035* clearly articulates the relationship between DFSV, ACEs and suicide; and acts as a key example of how national plans can recognise the intersectional nature of risk across domains and provide a roadmap for change through targeted actions (actions 1.1b, 1.2a, 1.2c, 1.2g & 5.2b)⁹. Including explicit actions related to suicide prevention would support the Second Action Plan's efforts under *Priority Area 1* to ensure victim-survivors receive improved outcomes, and efforts under *Priority Area 3* to improve safety, recovery and wellbeing outcomes for children and young people affected by violence.

Effective prevention of DFSV and suicide risk requires ongoing, long-term investment in targeted services that both address the upstream factors of risk and provides support to those experiencing immediate crisis and ongoing risk. Existing services and programs that support preventative efforts include:

- inTouch service – a South Australian based family violence service working with migrant and refugee women and their communities.¹⁰
- Care and Connect DFSV Linker Program – run by Relationships Australia NSW, the program is a free and confidential support service for people experiencing DFSV, including child sexual abuse.¹¹
- Dardi Munwurro – a specialist Aboriginal family violence service designed to assist boys and men to identify their emotions and personal strengths.¹²
- Survivors and Mates Support Network (SAMSN) – a targeted service offering counselling, support groups, advocacy and resources for male survivors of child sexual abuse.¹³
- CommBank Australia's Next Chapter Team – a team of bank staff specifically trained to support and refer on customers experiencing domestic and family violence and financial abuse situations.¹⁴

⁴ Australian Institute of Health and Welfare. (2021). Examination of hospital stays due to family and domestic violence 2010-11 to 2018-2019.

⁵ AIHW (Australian Institute of Health and Welfare) (n.d.) Behavioural risk factor burden for suicide and self-inflicted injuries, AIHW, Australian Government. <https://www.aihw.gov.au/suicide-self-harm-monitoring/risk-factors/illness-injury-burden-disease>

⁶ Australian Institute of Health and Welfare. (2019). The health impact of suicide and self-inflicted injuries in Australia, 2019. <https://www.aihw.gov.au/reports/burden-of-disease/health-impact-suicide-self-inflicted-injuries-2019/contents/summary>

⁷ Grummitt, L., Baldwin, J.R., Lafoa'i, J., Keyes, K.M., & Barrett, E.L. (2024). Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment. *JAMA Psychiatry*. <https://doi.org/10.1001/jamapsychiatry.2024.0804>

⁸ Department of Social Services. (2022, October 17). The National Plan to End Violence against Women and Children 2022-2032.

<https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/the-national-plan-to-end-violence-against-women-and-children-2022-2032>

⁹ National Suicide Prevention Office. (2025). The National Suicide Prevention Strategy 2025-2035.

<https://www.mentalhealthcommission.gov.au/sites/default/files/2025-02/the-national-suicide-prevention-strategy.pdf>

¹⁰ inTouch. (n.d.). inTouch: Specialist family violence services. <https://intouch.org.au/>

¹¹ Relationships Australia NSW. (2026). Taking Responsibility – Men's Behaviour Change Program.

<https://www.relationshipsnsw.org.au/support/services/taking-responsibility-mens-behaviour-change/>

¹² Dardi Munwurro. (n.d.). Dardi Munwurro: Building Stronger Families and Safer Communities. <https://dardimunwurro.com.au/>

¹³ SAMSN. (n.d.). Home – SAMSN Survivors & Mates Support Network. <https://samsn.org.au/>

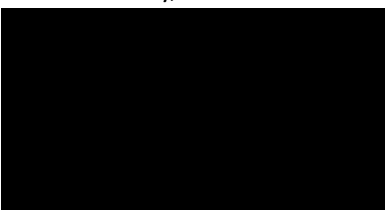
¹⁴ Commonwealth Bank of Australia. (n.d.) Domestic and family violence assistance. <https://www.commbank.com.au/support/dv-assistance.html>

These services have been specifically developed to ensure population groups at higher risk of experiencing DFSV and suicide are supported, and focus on an upstream approach to prevention. In addition, these services seek to ensure that appropriate and timely referrals to relevant community-based supports are provided, including linking consumers with family services, reliable housing, health services and crisis support, in conjunction with targeted DFSV supports. Ensuring that ongoing holistic support is provided to victims could support efforts in reducing experiences of distress, addressing co-existing contributors to distress, and support the prevention of DFSV-related suicide risk. In addition, this inclusion could support actions toward strengthening existing efforts to prevent violence under *Priority Area 2: Prevention and early intervention* and *Priority Area 5: System Integration and Workforce*, within the Second Action Plan.

Consultations across the sector identified a need for more embedded data (both quantitative and qualitative) that better reflects the relationship between DFSV and suicide risk in an Australian context. Specifically, there is a critical need to expand data linking capabilities across health, justice, child protection, mental health services, specialist DFSV services and broader community services. Because existing datasets often operate in isolation, our understanding of key factors that drive DFSV related suicide risk is limited and frequently fails to include how service access prior to death, history of police callouts, AVOs, child protection notifications, hospital presentations, or evidence of coercive control contribute to a picture of DFSV and suicide risk. Recognising that not all people who experience DFSV or experiencing suicidal distress will actively seek support via suicide prevention specific services, it is imperative then that data linkages exist across portfolios, services and systems to help build an integrated and accurate national picture of DFSV-related suicide risk. Improving data linking methods could further be utilised to improve the effectiveness of ACEs related services and programs, identify areas for intervention, and support efforts under *Priority Area 5: System Integration and Workforce* to strengthen coordination, information sharing and continuity of care across sectors within the Second Action Plan.

Explicitly embedding suicide prevention through targeted actions, sustained investment, and strengthened data capabilities can help address the intersecting impacts of DFSV and ACEs. This provides not only the mechanisms for addressing priorities within the Second Action plan but can meaningfully support efforts to achieve the National Plan's vision of building a community that is safe for all. If you require any further information please contact [REDACTED].

Yours sincerely,



Suicide Prevention Australia