

Inquiry into the Relationship between Domestic, Family, and Sexual Violence and Suicide

About this submission

This submission was prepared by Prof Deborah Loxton, Natalie Townsend, Isabelle Barnes, Nick Egan, and Ella McConnochie on behalf of the Australian Longitudinal Study on Women's Health (ALSWH) and the Centre for Women's Health Research, University of Newcastle.

This submission focuses on findings from ALSWH, a long-established national study that takes a comprehensive view of health, and the factors that affect health, across a woman's lifespan. Since 1996, ALSWH has collected data from over 57,000 women in four age cohorts using regular surveys and individual record linkage to administrative health databases, including government-subsidised health services (Medicare Benefits Schedule), government-subsidised medication (Pharmaceutical Benefits Scheme), hospitals, and perinatal data. ALSWH provides evidence to inform policy development and the provision of health services, and to support new and revised clinical guidelines for health professionals. In this submission, we present findings from women in three ALSWH cohorts (born 1973-78, and 1989-95), which capture experiences across the life course and of different mental health outcomes.

Submission summary

This submission outlines findings from the Australian Longitudinal Study on Women's Health (ALSWH) and other datasets in relation to violence, suicidal thoughts, suicide, and self-harm. We present preliminary findings on the association between domestic violence, suicidal ideation, and self-harm, and sexual violence, suicidal ideation, and self-harm. We intend to publish these findings in a peer-reviewed journal in early 2026. Recommendations to improve responses to violence and suicide and self-harm are also presented.

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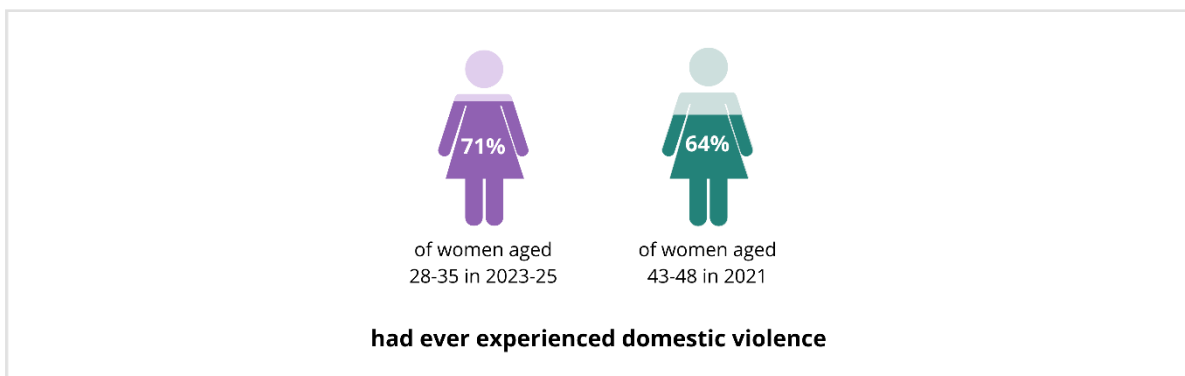
Acknowledgements

The Australian Longitudinal Study on Women's Health is managed by the University of Newcastle and the University of Queensland. We are grateful to the Australian Government Department of Health, Disability, and Ageing for funding, and to the women who provide the survey data.

Suicidal ideation, self-harm, and violence against women

- Suicidal ideation and self-harm are known risk factors for future suicide attempt and death by suicide [1-5].
- Although death by suicide rates are higher among Australian men [6, 7], suicidal ideation, suicide attempts, and intentional self-harm are more prevalent among Australian women [2, 8, 9].
 - In 2020-2022, the National Study on Mental Health and Wellbeing reported that nearly one in five (18.3%) Australian women aged 16-85 had ever experienced suicidal ideation, more than one in twenty (5.7%) had ever attempted suicide, and one in ten (10.4%) had ever engaged in intentional self-harm in their lifetime [2, 9].
 - Between 2023 and 2024, the National Hospital Morbidity Database recorded 24,100 hospitalisations for intentional self-harm, of which almost two thirds were women [10].
- Preliminary analyses from the Australian Longitudinal Study on Women's Health (ALSWH) reveal a high prevalence of domestic violence and sexual violence among women. Preliminary analyses also indicate that women who have experienced domestic violence and sexual violence are at increased risk of suicidal thoughts and self-harm:

Domestic violence¹



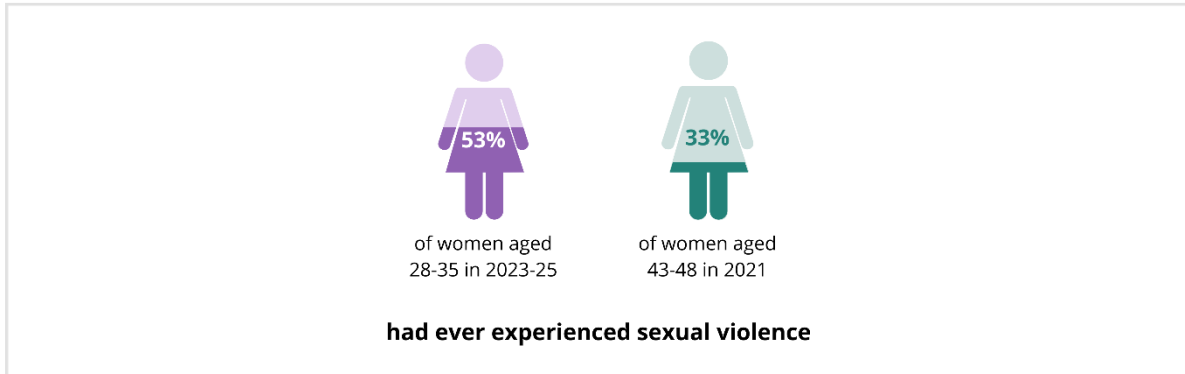
- Compared to women aged 28-35 in 2023-25 who had not experienced domestic violence in the last 12 months, those who had were²:
 - 2.1 times more likely to have self-harmed in the last 12 months (RR=2.1; 95% CI=2.0, 2.2)
 - 1.7 times more likely to have had suicidal thoughts in the last 12 months (RR=1.7; 95% CI=1.7, 1.7)
- Compared to women aged 43-48 in 2021 who had not experienced domestic violence in the last 12 months, those who had were²:
 - 3.4 times more likely to have self-harmed in the last six months (RR=3.4; 95% CI=2.9, 4.0)

¹ Prevalence of domestic violence was measured using the Abbreviated Community Composite Abuse Scale (ACCAS) for women aged 28-35 in 2023-25 and the Community Composite Abuse Scale (CCAS) for women aged 43-48 in 2021, as well as the standalone survey item "Have you ever been in a violent relationship with a partner?". A positive response to any item on the ACCAS or CCAS at any survey wave (except the item "My partner: Became upset if dinner / housework wasn't done when they thought it should be") or the standalone survey item was considered as ever having experienced domestic violence.

² These are preliminary results and have not been adjusted for any covariates.

- 2.7 times more likely to have had suicidal thoughts in the last week (RR=2.7; 95% CI=2.4, 3.0)

Sexual violence³



- Compared to women aged 28-35 in 2023-25 who had not experienced sexual violence in the last 12 months, those who had were⁴:
 - 2.3 times more likely to have self-harmed in the last 12 months (RR=2.3; 95% CI=2.1, 2.4.)
 - 1.7 times more likely to have had suicidal thoughts in the last 12 months (RR=1.7; 95% CI=1.6, 1.7)
- Compared to women aged 43-48 in 2021 who had not experienced sexual violence in the last 12 months, those who had were⁴:
 - 4.7 times more likely to have self-harmed in the last 6 months (RR=4.7; 95% CI=3.8, 5.9)
 - 3 times more likely to have had suicidal thoughts in the last week (RR=3.0; 95% CI=2.5, 3.6)

³ Sexual violence was measured using the ACCAS and CCAS item "My partner: Forced me to take part in unwanted sexual activity", the standalone survey item "Which of the following events have you experienced: Being forced to take part in unwanted sexual activity" which captured experiences of sexual violence outside of an intimate relationship, and the Adverse Childhood Experiences Scale (ACES) which captured sexual violence before the age of 18.

⁴ These are preliminary results and have not been adjusted for any covariates.

Recommendations

These preliminary findings demonstrate that women who have experienced domestic violence or sexual violence are at increased risk of experiencing suicidal thoughts and engaging in self-harm. Therefore, the following recommendations could be considered:

- Ensure mental health professionals are aware of the links between domestic violence and/or sexual violence and suicidal ideation and self-harm
- Ensure those working in the domestic violence and sexual violence sectors are aware of the link between violence and suicidal ideation and self-harm
- Increase collaboration between the violence sector and mental health services to allow for the provision of integrated support for women who have experienced violence and/or mental health problems.
- Embed training in trauma-informed care and mental health first aid within workforce development for frontline workers, including clinicians, violence service providers, emergency service responders, and police personnel.
- Identify, develop, pilot, and evaluate programs that aim to improve mental health literacy and mental wellbeing for women who have experienced domestic and/or sexual violence.
- Invest in research examining sexual and domestic violence, self-harm, suicidal ideation, suicide attempts, and death by suicide, including utilising existing longitudinal studies, such as ALSWH. Research can be used to:
 - Establish risk factors for poor mental health for women who have experienced sexual and/or domestic violence, which will facilitate the identification of those most vulnerable to mental illness.
 - Establish protective factors for mental health for women who have experienced sexual and/or domestic violence, which can be utilised for the development of programs to improve mental wellbeing.
 - Evaluate the impact of any service and policy changes over time.
- Provide an amendment to the *National Plan to End Violence against Women and Children* that specifically addresses the need for policies and services to support the prevention of suicidal ideation and self-harm among those who have experienced domestic and/or sexual violence.

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