

# **SUBMISSION ON BEHALF OF WOMEN'S COMMUNITY SHELTERS**

HOUSE OF REPRESENTATIVES STANDING  
COMMITTEE ON SOCIAL POLICY AND LEGAL AFFAIRS

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

SUBMITTED: 6 JANUARY 2026

**WOMEN'S  
COMMUNITY  
SHELTERS**

Women's Community Shelters welcomes the opportunity to contribute to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into the 'Relationship Between Domestic, Family and Sexual Violence (DFSV) Victimisation and Suicide'.

Women's Community Shelters firmly advocates for the increased awareness, ongoing investment and systemic reform to address the strong correlation and catastrophic impacts of, and between, DFSV and suicide. This issue represents one of Australia's most urgent, under-recognised community and public health crises faced by women and children.

We commend the Committee's focus on building an evidence base that reflects the true scale of DFSV-related suicide, and developing prevention-focused and trauma-informed policy and immediate operational responses.

WCS stands ready to collaborate with government, the sector and the women and children with lived experience to ensure this inquiry leads to immediate, measurable and sustainable change that will ensure every woman and child flourishes, free from abuse.

# ABOUT WOMEN'S COMMUNITY SHELTERS

Women's Community Shelters (WCS) works with communities to provide accommodation, safety and support for women and their children escaping DFSV and at risk of homelessness. WCS has the capacity to provide 130,000 safe beds each year across our housing spectrum, including crisis accommodation, transitional housing, affordable and social housing, as supported by comprehensive specialised wraparound services. We believe that safe beds save lives.

Our unique, scalable social franchise model is enabled through tri-partite partnership funding and support from philanthropic investment, business, Commonwealth and State Governments and local communities, strong governance and evidence-based practice. WCS delivers sustainable community-centric early intervention and prevention programs, education, crisis and transitional accommodation, outreach support, recovery and advocacy initiatives for recovery, independence and lasting change.

Across our network, we see firsthand the link between DFSV and suicide risk. 73% of the women and children approaching WCS in crisis are escaping DFSV. Many women and their children present to WCS having experienced prolonged abuse, including coercive control, which has profound and long-term impacts including depression, anxiety, C-PTSD, trauma symptoms, financial insecurity, isolation and hopelessness.

We have, and continue to support clients that express suicidal ideation linked to systemic failures due to the absence of safe affordable housing options, limited access to mental-health care and ongoing fear of re-engagement with perpetrators through the justice or family law system. We see and experience the strong correlation to DFSV, victimisation and suicide.

# INCREASE SHELTER INVESTMENT, INTEGRATION OF SYSTEMIC PRACTICES AND THE RELATIONSHIP OF DFSV AND SUICIDE

Adequately funded shelter networks are critical infrastructure for DFSV and suicide-prevention.

Shelter provides immediate safety and security to victim-survivors, and hubs support to recovery, belonging and empowerment. Shelters are often the first places where women and children escaping DFSV feel safe enough to disclose suicidal thoughts or histories of abuse. When supported by long-term investment, these networks have proven to transform lives, prevent further trauma and build pathways to independence and empowerment.

For 13 years, WCS has provided crisis accommodation and wraparound services that offer an immediate, safe and supported emergency solution – a critical gateway to long-term recovery, healing and social reconnection. Integrated wraparound support includes case management, trauma-informed counselling, financial advocacy, clinical supervision and employment pathways. This reduces trauma symptoms in victim-survivors, including distress and suicidality, by victim-survivors. Sustainable long-term funding to support the generation of crisis accommodation and support services is critical to support victim-survivors of DFSV and suicide prevention.

In generating new opportunities for shelters, Government's must approach housing options with greater flexibility and innovation to enable the use of the existing built form and the capacity already available to support crisis accommodation. WCS has a longstanding history of developing 'meanwhile use' projects that mobilise vacant and under-utilised properties for this purpose, and 'core and cluster' projects. These models demonstrate how flexible, community-based housing can stabilise lives, reduce costs to government and strengthen local recovery networks.

Furthermore, proactive steps must be taken to integrate the relationship between housing, legal, judicial and mental health systems to address the interrelated complexities and barriers faced by victim-survivors which can be increasingly compounded and feel that there are limited to no options in which they can escape their circumstances.

**WCS recommends:**

- ▲ shelters be recognised as critical public infrastructure and their vital role in protecting and saving lives of women and children in crisis;
- ▲ sustainable, indexed funding for crisis and transitional shelters to ensure suitable staffing, clinical supervision, and case coordination;
- ▲ investment in shelters and their accompanying wraparound services that address the underlying causes of distress and vulnerability, including access to safe housing, income support, trauma counselling, and pathways to education and employment;
- ▲ expand transitional programs such as Meanwhile Use and Core and Cluster models, which provide an essential bridge between immediate safety and long-term housing stability;
- ▲ national integration of DFSV and mental-health strategies to ensure women and children in crisis can access support and care without retraumatisation, fragmentation or long waitlists. This includes training for frontline staff to recognise and respond to suicidality in DFSV contexts, and coordinated referral pathways to trauma-specialist services.

# DFSV AND SUICIDE AND THE IMPORTANCE OF REPORTING AND DATA

WCS supports urgent reforms to ensure DFSV circumstances are accurately identified in suicide data.

Current coronial and health datasets rarely and/or insignificantly capture the history of family and domestic abuse, or coercive control as contributing factors. Without accurate data, the correlation of these matters and the scale of the crisis remains invisible.

Research and frontline experience confirm that DFSV victimisation significantly increases suicide risk. This link is particularly pronounced in cases involving prolonged coercive control including financial abuse or chronic housing insecurity. Capturing these factors will enable earlier intervention and targeted support.

**WCS recommends the introduction of national consistency in national data collection and reporting systems. This includes:**

- ▲ standardised coronial coding for DFSV-related circumstances in suicide cases;
- ▲ cross-agency data linkage between police, health, housing and social-service systems;
- ▲ disaggregated datasets for identifiable at-risk cohorts, including Aboriginal and Torres Strait Islander women, older women, women with disability, and women from culturally and linguistically diverse backgrounds, whilst ensuring data sovereignty for Aboriginal and Torres Strait Islander peoples.

# LEGAL AND JUSTICE REFORMS

WCS continues to witness the impact of delayed and costly legal and justice proceedings to DFSV victim survivors. These protracted legal processes often prolong victim-survivors exposure to perpetrators through ongoing court-ordered interactions such as shared parenting arrangements, cross-examination or mandated mediation. For many women we support, these experiences trigger trauma and compound the psychological harm already suffered through DFSV and related coercive control. The absence of timely and trauma-informed legal resolution creates uncertainty for women and children delaying and preventing them from rebuilding stable and independent lives.

Further, the cumulative stress and uncertainty of navigating complex and adversarial systems without adequate specialist support has been shown to heighten anxiety, depression, and suicidal ideation among victim-survivors.

WCS continues to see the urgent need for coordinated legal advocacy, integrated therapeutic and medical services, safe and affordable housing options to ensure women can disengage safely and legally from the justice system and recover with dignity.

WCS strongly advises that all reforms be inclusive and culturally safe.

WCS recommends embedding Aboriginal Community Controlled Organisations (ACCOs), migrant-led and disability advocacy groups in the design of data frameworks, prevention programs and service models. Intersectional approaches ensure women with multiple barriers are visible in both data and response systems.

## **WCS recommends:**

- ▲ ongoing funding for wraparound supports is essential to breaking the cycle of trauma and enabling long-term safety and wellbeing;
- ▲ mandatory nationwide training for police, judicial officers and legal professionals on DFSV-suicide intersections;
- ▲ specialist referral pathways connecting courts to trauma-informed support services; and
- ▲ recognition and accountability of non-lethal suicidality as harm in sentencing and intervention orders.



# CORRELATION OF COERCIVE CONTROL AND SUICIDE

Perpetrators often weaponise threats of suicide as a tactic of coercive control. These behaviours are intended to elicit sympathy, deflect accountability and manipulate victim-survivors entrapped in unsafe relationships and within their homes. Such manipulative behaviour can also serve to isolate victims from their support networks, and in turn women's vulnerability is increased, as they become preoccupied with the perpetrator's perceived fragility rather than their own safety, particularly in the perpetrator is receiving external mental health supports or has had police interactions coded as 'mental health-related'.

By contrast, the expression of suicidal thoughts or attempts by victim-survivors are often acts of desperation in the face of sustained violence, fear, isolation and entrapment. Many victim-survivors feel there is no safe or viable pathway to escape due to economic dependence, housing insecurity, risk to their children or the risk of retaliation. The cumulative trauma of abuse, combined with system failures and prolonged exposure to coercive control erodes hope and self-worth for victim-survivors. It is critical that professionals across the legal, health and specialised DFSV services are trained to differentiate between perpetrator manipulation and victim-survivor distress, responding with trauma-informed care that prioritises safety, validation, and access to integrated supports.

Furthermore, without the recognition and legal provisions around coercive control, systems can exacerbate and prioritise a perpetrator's mental health concerns while overlooking the ongoing risk and mental wellbeing to victim-survivors, including children.

## **WCS recommends:**

- ▲ incorporating suicide threats and psychological abuse within all coercive-control definitions;
- ▲ training and supporting specialist clinical supervision skills for frontline workers;
- ▲ increase public awareness campaigns to destigmatise conversations about DFSV-related mental health and to encourage early help-seeking;
- ▲ the Federal Government supports all States and Territories to urgently introduce Coercive Control legislation and enforcement provisions as the framework to give further support to victim-survivors of DFSV.

**Contact:**

Lise Sperling

Director, Government Relations

Women's Community Shelters

**Phone:** 0493 228 025

**Email:** [lise@womenscommunityshelters.org.au](mailto:lise@womenscommunityshelters.org.au)

**Website:** [www.womenscommunityshelters.org.au](http://www.womenscommunityshelters.org.au)

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