Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs

Inquiry into Domestic, Family and Sexual Violence and Suicide Data (2026)

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Executive summary

This submission addresses the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into domestic, family and sexual violence (DFSV) and suicide data. It draws on Australian and international peer-reviewed research, systematic reviews, meta-analyses, and relevant administrative and coronial literature to examine the relationship between DFSV victimisation and suicidality, limitations in current reporting and investigation methodologies, the adequacy of current service and system responses, and opportunities for prevention and early intervention.

The available evidence supports a clear association between DFSV victimisation and suicidality, including suicidal ideation, suicide attempts, and self-harm. This association is evident across population studies, service-contact samples, and synthesis work on intimate partner violence, coercive control, and post-separation abuse. Separation and early post-separation emerge as particularly important periods of risk, especially where coercive control, stalking, legal systems abuse, economic abuse, and child-related coercive tactics continue after physical separation. The literature identifies elevated risks for women exposed to intimate partner violence, adults with lifetime IPV exposure, individuals seeking support from domestic abuse services, those subjected to coercive control, and people affected by recent or cumulative abuse accompanied by trauma-related outcomes such as post-traumatic stress disorder.

This submission shows that current suicide surveillance and investigation methods are likely to under-identify DFSV contributions to suicide deaths. Broad categories such as relationship problems or family conflict do not adequately distinguish coercive abuse from non-violent relational distress. Under-ascertainment is compounded by inconsistent enquiry, variable documentation, limited structured DFSV variables, weak linkage across coronial, police, court, health, child-protection, and corrections systems, and inadequate recognition of coercive control, post-separation abuse, and child-related coercive tactics.

The submission identifies post-separation coercive control as a significant gap in current suicide-related data architecture and service responses. Post-separation abuse may include stalking, intimidation, legal systems abuse, economic abuse, unsafe or manipulative use of child-contact arrangements, interference with communication and information, and coercive pressures exerted through children. These patterns may prolong entrapment, destabilise parenting and attachment relationships, and intensify trauma, depression, fear, helplessness, and suicidality. The current evidence suggests that these dynamics are clinically important and under-measured rather than absent.

In relation to service and system responses, the submission argues that legal and justice systems, DFSV specialist services, health services, and mental health systems frequently encounter individuals at high risk, but do not yet respond with sufficient consistency, integration, or DFSV-informed suicide prevention capability. Risk may escalate when violence is not recognised, when coercive abuse is reduced to generic conflict, when abusive dynamics continue through courts or child-contact systems, when unresolved allegations are poorly differentiated or insufficiently tested, and when acute care, specialist support, and follow-up are poorly coordinated. More effective responses require routine, sensitive enquiry into DFSV in suicide-related presentations, violence-informed formulation, collaborative safety planning adapted to coercive conditions, stronger referral and follow-up pathways, more robust documentation, and better multi-agency information sharing.

The submission also addresses suicide and threats of suicide as possible tactics of coercive control by perpetrators of DFSV. The literature supports distinguishing victim-survivor suicidality from suicide or self-harm threats used coercively within patterns of intimidation, dependency creation, entrapment, and behavioural control. The evidence indicates that such threats may shape victim-survivors' behaviour, delay separation, intensify guilt and fear, and worsen mental health and suicidality. It also indicates that coercive function and genuine suicide risk may coexist, requiring systems to assess both rather than allowing one to obscure the other.

In relation to prevention and early intervention, the submission identifies the period of separation and early post-separation as a critical window for targeted action. Although direct suicide-prevention trials for separated parents experiencing coercive control appear to be lacking, the evidence supports early DFSV-informed court and child-contact decisions, rapid access to advocacy and outreach, targeted responses to economic abuse, integrated trauma-focused mental health care, and direct support for children exposed to post-separation abuse. These responses are likely to reduce entrapment, ongoing exposure to abuse, severe trauma symptoms, and escalating suicide risk, even though suicide-specific outcomes have not yet been measured consistently across intervention studies.

The submission recommends six broad reforms. **First**, suicide-related data systems should include DFSV-specific structured variables that distinguish intimate partner violence, family violence, coercive control, stalking, sexual violence, post-separation abuse, and child-related coercive tactics from generic

relationship distress. **Second**, coronial and related investigative systems should combine structured fields with standardised review of narrative materials and linked-data approaches across coronial, police, court, health, corrections, and child-protection systems. **Third**, legal and justice systems should improve recognition of coercive control, post-separation abuse, and child-related tactics in screening, triage, documentation, and decision-making. **Fourth**, health, mental health, and DFSV specialist services should strengthen routine enquiry, trauma- and violence-informed formulation, safe referral pathways, and continuity of care after suicide-related presentations. **Fifth**, prevention efforts should focus more explicitly on the separation and early post-separation period as a phase of concentrated risk. **Sixth**, future research should address major evidence gaps, including improved measurement of DFSV-related suicide in Australia, more precise quantification of post-separation abuse tactics, stronger evidence on the mental health and suicidality effects of prolonged legal entanglement and unresolved high-stakes allegations, and intervention studies that directly measure suicidal ideation, suicide attempts, and suicide deaths.

The submission also identifies a narrower but important systemic issue in prolonged legal and child-protection disputes, where poorly differentiated unresolved allegations, chronic procedural entanglement, and relational exclusion may intensify psychological deterioration and suicidality in some cases. The evidence here is more limited and should be interpreted cautiously, but it is sufficient to support attention to these pathways as part of a broader suicide-prevention framework.

Overall, the evidence supports a system-level conclusion: DFSV-related suicidality is clinically significant and under-recognised in current data and service systems. Improvements in data capture, investigative methodology, linked-system recognition, and early intervention are therefore necessary if Australia is to identify DFSV contributions to suicide more accurately and respond in ways that reduce preventable deaths.

Recommendations

The evidence presented in this submission supports a coordinated reform agenda across data systems, coronial and investigative practice, legal and justice settings, health and mental health services, DFSV specialist responses, and prevention architecture. The Committee should recommend the following.

1. **Establish DFSV-related suicidality as a recognised national policy and data category**
The Australian Government should formally recognise DFSV victimisation as a significant contributor to suicidality, including suicidal ideation, suicide attempts, self-harm, and suicide death. National suicide prevention policy, surveillance, and service frameworks should explicitly incorporate coercive control, post-separation abuse, stalking, legal systems abuse, economic abuse, non-fatal strangulation, and child-related coercive tactics rather than relying on generic formulations such as relationship breakdown or family conflict.

2. **Develop a national minimum dataset for DFSV-related suicide**
Governments should establish a nationally consistent minimum dataset for DFSV-related suicide and suicidality. At a minimum, this should include structured fields for intimate partner violence, family violence, coercive control, sexual violence, stalking, post-separation abuse, legal systems abuse, protection order history, child-related coercive tactics, recent separation, housing instability linked to violence, and relevant justice-system and child-protection contact. Dataset design should distinguish victimisation, perpetration, and corollary involvement wherever possible and should not collapse coercive abuse into broad relationship-problem coding.

3. **Strengthen coronial and investigative methodology**
Coronial and related investigative systems should move beyond reliance on closed coding fields alone. National guidance should require structured review of coronial, police, and, where available, clinical narratives for DFSV-related content. This should be supported by clear case definitions, decision rules, inter-rater reliability processes, and quality assurance mechanisms. Validated natural language processing or machine-learning tools may be used where appropriate to support, but not replace, expert review.

4. **Build linked-data capability across systems**
The Commonwealth, states, and territories should expand privacy-preserving linked-data approaches so suicide deaths can be examined across coronial, police, criminal and family court, protection order, corrections, child-protection, health, mental health, and specialist DFSV systems. Linked-data infrastructure is

necessary to identify patterns of violence, coercive control, and service contact that remain invisible in standalone mortality datasets.

5. Recognise separation and early post-separation as a priority risk period
National suicide prevention and DFSV frameworks should explicitly identify separation and early post-separation as periods of concentrated risk. This should include specific attention to ongoing coercive control after physical separation, stalking, litigation-based abuse, economic abuse, and child-related coercive tactics. Risk assessment and service responses should not assume that separation marks the end of danger.

6. Require DFSV-informed suicide enquiry and formulation in health and mental health settings
Health, emergency, primary care, mental health, and crisis services should implement routine, sensitive enquiry about DFSV in suicide-related presentations. Assessment should extend beyond general relationship stress to include coercive control, recent and cumulative abuse, post-separation abuse, trauma sequelae, strangulation, surveillance, economic abuse, and child-related coercive dynamics. Identification should trigger DFSV-informed formulation rather than a generic psychosocial assessment alone.

7. Link identification to active response, not passive signposting
Services should be required to connect DFSV identification with collaborative safety planning, confidential contact methods, warm referral to specialist services, and active follow-up across care transitions. Continuity of care should be treated as a core suicide-prevention function, especially following emergency department presentations, self-harm episodes, discharge from acute mental health care, and major legal or family-court events.

8. Embed DFSV specialist expertise within suicide prevention pathways
DFSV specialist services should be integrated into suicide prevention pathways at system level rather than treated as peripheral or optional referrals. Service models should support joint work across health, mental health, and specialist DFSV services, including rapid consultation pathways, shared risk recognition protocols, and referral arrangements that account for coercive conditions, retaliation risk, and practical barriers to safety.

9. Strengthen legal and justice responses to coercive control and post-separation abuse
Legal and justice systems should adopt coercive control-informed and trauma-informed approaches to risk identification, triage, documentation, and decision-making. Family law, protection order, police, and child protection processes

should be required to recognise post-separation abuse, legal systems abuse, stalking, strangulation, and child-related coercive tactics as potentially high-risk patterns rather than treating them as discrete or routine procedural matters. Court and justice responses should operate as connectors to safety and specialist support, not as standalone administrative pathways.

10. Formally recognise suicide and self-harm threats as possible coercive-control tactics

Policy, training, and risk assessment frameworks should explicitly recognise suicide and self-harm threats by perpetrators as possible tactics of coercive control. Such threats should be assessed for both suicide risk and coercive function, including timing, pattern, conditionality, and effect on the victim-survivor. Practitioners should be trained not to transfer responsibility for the perpetrator's survival onto the victim-survivor and to document these threats explicitly in risk assessment and safety planning.

11. Improve court and child-contact responses during post-separation abuse

Family court and child contact systems should implement early DFSV-informed screening, specialist triage, and abuse-informed case management. Child-contact decisions should be responsive to coercive control, systems abuse, stalking, and child-related endangerment. Children should be recognised as direct victims of post-separation coercive control where relevant, not merely as witnesses to adult conflict. Ordinary assumptions in favour of contact should not override evidence of continuing coercive harm.

12. Treat economic abuse as a suicide-prevention issue

Economic abuse should be recognised as a core prevention issue rather than a secondary welfare concern. Responses should include targeted economic advocacy, access to housing and income support, debt relief pathways, employment protection, practical assistance, and safeguards against post-separation financial abuse. Financial deprivation, coerced debt, blocked access to resources, and prolonged economic instability should be incorporated into suicide risk formulation where DFSV is present.

13. Provide direct support to children affected by DFSV and post-separation abuse

Prevention and early intervention efforts should include direct, trauma-informed support for children exposed to domestic violence, coercive control, and post-separation abuse. Service models should address child mental health, loss, fear, behavioural disturbance, and constrained autonomy, while also recognising that child-related coercive tactics may intensify parental distress and suicidality.

14. Improve professional training and guidance across sectors
National training frameworks should be developed for coronial staff, police, legal practitioners, judicial officers, family consultants, child-protection practitioners, health professionals, mental health clinicians, and DFSV services. Training should cover coercive control, post-separation abuse, trauma sequelae, strangulation, suicide threats as coercive tactics, child-related coercive dynamics, documentation standards, and the distinction between generic conflict and patterned abuse.

15. Address systemic harms arising from prolonged unresolved legal entanglement
Systems should maintain clear distinctions between allegations that are unsubstantiated but remain suspected, allegations that are unsubstantiated on the available evidence, and allegations shown to be intentionally fabricated. Policy and practice should avoid collapsing these categories into one another. Legal and child-protection systems should also recognise that prolonged unresolved allegations, chronic procedural entanglement, relational exclusion, and repeated exposure to adversarial processes may, in some cases, intensify psychological deterioration and suicidality. This area should be approached carefully and without diminishing the seriousness of genuine abuse reports.

16. Prioritise targeted research and evaluation
Future research should prioritise:
a. Australian measurement of DFSV-related suicide and suicidality using linked-data designs
b. more precise quantification of post-separation abuse tactics, including child-related coercive tactics
c. intervention studies that directly measure suicidal ideation, suicide attempts, and suicide deaths
d. the impact of legal systems abuse, prolonged family-court entanglement, and unresolved high-stakes allegations on mental health and suicidality
e. evaluation of court, health, and specialist service reforms intended to reduce DFSV-related suicide risk

About Eeny Meeny Miney Mo Foundation

Eeny Meeny Miney Mo Foundation is an Australian not-for-profit focused on psychoeducation, advocacy, and evidence-informed support for families affected by domestic, family and sexual violence (DFSV). This includes post-separation coercive control in which children may be used as means of ongoing control. EMMM works to translate Australian and international evidence into practice-relevant guidance for courts, services, and communities, with a focus on child-centred prevention and early intervention.

Personal statement from Amanda Sillars (Founder of EMMM)

"I bring lived experience to this submission. My mother died by suicide following family violence, the parental abduction of her children, and ongoing emotional and psychological abuse. Coroner records may identify mental health issues, but they do not necessarily capture the coercive control, traumatic child loss, prolonged abuse, and cumulative psychological injury that can contribute to suicidal distress.

I later experienced the interstate abduction of my own children. During that period, I was vilified by fabricated allegations, subjected to ongoing post-separation abuse, and became suicidal myself. Although I had court orders for shared parenting, I told the single expert that I believed I would not see my children again if they were permitted to live interstate with their father. That warning was not acted upon. The assessment failed to identify the harm, my children were left in abusive post-separation conditions shaped by child coercive control, and we lost half of each other's childhood.

My experience is that suicide data can flatten these histories into individual pathology while failing to adequately capture the role of family violence, coercive control, child loss, and prolonged parent-child separation in the pathway to harm." – Amanda Sillars

Definitions and scope used in this submission

For the purposes of this submission, domestic, family and sexual violence (DFSV) includes intimate partner violence, family violence, sexual violence, coercive control, psychological abuse, stalking, and post-separation abuse. The submission adopts a pattern-based understanding of abuse rather than an incident-only approach. In this framework, DFSV may involve recurring intimidation, surveillance, degradation, dependency creation, entrapment, threats, economic abuse, legal systems abuse, and other coercive tactics that continue to shape risk even where physical violence is absent or has ceased.

Post-separation abuse is used in this submission to describe the continuation or reconfiguration of abuse after physical or legal separation. This may include stalking, harassment, intimidation, legal systems abuse, economic abuse, interference with contact, communication, and information, unsafe or manipulative use of child-contact arrangements, and coercive pressures exerted through children. The submission treats these dynamics as relevant to DFSV-related suicide risk because separation does not necessarily mark the end of coercive control and may, in some cases, coincide with escalation.

Coercive control is used in this submission to refer to patterned behaviour through which one person dominates, constrains, or destabilises another through intimidation, micro-regulation, isolation, dependency creation, deprivation, surveillance, and threats. The submission also recognises that coercive control may continue after separation and may involve systems, institutions, and children as vehicles through which abuse is extended.

Children are within scope in two ways. First, they may be direct victims of domestic and family violence, including exposure to domestic violence, coercive control, psychological abuse, and post-separation abuse. Second, children may be positioned within coercive family processes in ways that affect both their own wellbeing and the suicide risk of affected adults. This includes interference with parent–child contact, communication, and information, and relational or psychological pressures placed on a child to align with one parent and distance from or resist the other. The submission does not treat children merely as witnesses to adult conflict where the evidence indicates they are being directly affected by coercive or abusive dynamics.

The submission is confined to systemic issues relevant to the Inquiry. It does not seek to determine the facts of individual cases, to adjudicate allegations, or to treat all post-separation conflict as evidence of abuse. It also does not assume that every suicide or suicide threat in a DFSV setting is coercive in function.

Throughout, the analysis distinguishes between victim-survivor suicidality, perpetrator suicide or self-harm threats used coercively, and broader system-generated harms that may intensify psychological deterioration in some cases.

The submission also maintains important evidentiary distinctions. It does not treat unsubstantiated allegations as equivalent to intentionally fabricated allegations, and it does not use the existence of legal or child-protection proceedings as evidence of abuse in itself. Rather, it focuses on the conditions under which violence, coercive control, post-separation abuse, and related systemic responses may contribute to suicidality, suicide risk, and suicide deaths.

This submission addresses systemic issues only and does not include identifying information about individual cases.

Term of reference 1 – relationship between DFSV victimisation and suicide, prevalence, patterns, and at-risk groups

Relationship between DFSV victimisation and suicidality

In Australia in 2024, the Australian Bureau of Statistics (ABS) initially identified 3,307 deaths due to suicide, comprising 2,529 males and 778 females. The overall age-standardised suicide rate was 11.8 per 100,000 people, with sex-specific rates of 18.3 per 100,000 for males and 5.5 per 100,000 for females (Australian Bureau of Statistics [ABS], 2025). These figures are preliminary and may be revised as additional coronial information becomes available (ABS, 2024, 2025). They sit alongside evidence that domestic, family and sexual violence (DFSV) victimisation is associated with suicidality, including suicidal ideation (SI), suicide attempts (SA), and self-harm.

Mixed-gender population evidence supports an association between intimate partner violence (IPV) and suicidality across women and men. In a probability sample survey of the general population in England, lifetime IPV remained associated with suicidal thoughts, suicide attempts, and self-harm after adjustment for demographic, socioeconomic, and adversity-related factors, with no statistical evidence that the direction or strength of association differed by gender (McManus et al., 2022). Alongside mixed-gender findings, a substantial body of synthesis work focuses on women because many datasets and service samples are women-centred. A systematic review and meta-analysis of 201 studies involving 250,599 women reported increased odds of all measured mental health outcomes associated with IPV, including suicidality, with odds ratios ranging from 2.17 to 5.52 (White et al., 2024). In more specific cohort work, emotional and economic IPV have also been identified as significant correlates of depressive symptoms and suicidal ideation among young women in highly

disadvantaged settings (Gibbs et al., 2018). Taken together, these findings support DFSV victimisation as a material contributor to suicidality while also indicating that surveillance and prevention frameworks should be designed to detect DFSV-related risk across sexes and service settings.

Separation and post-separation as risk periods

Separation is also a high-risk window for suicide-related outcomes, particularly early in the post-separation period. Register-based evidence from Norway indicates that, compared with married adults, separated adults had markedly elevated suicide risk, with the strongest effect seen in the first 30 days following separation (Næss et al., 2021). A systematic review of intimate partner relationships and suicidality similarly concluded that relationship separation and poor-quality intimate partner relationships are likely to be important risk factors for suicidal thoughts and behaviours and are frequent triggers for suicide attempt (Kazan et al., 2016). That review also identified elevated ideation, planning, and attempts in the two years following separation, particularly among younger people and men (Kazan et al., 2016). More recently, a systematic review and meta-analysis of global data on men found that separated or divorced men had greater odds of suicidal ideation than married men, that divorced men had greater odds of suicide attempt and death by suicide than married men, and that separated men had nearly twofold greater odds of suicide than divorced men, indicating especially heightened risk in the immediate aftermath of relationship breakdown (Wilson et al., 2025). Together, these findings support separation and early post-separation as clinically important periods for suicide prevention planning, while also indicating the need to examine how DFSV and post-separation victimisation may compound that risk.

Coercive control and post-separation abuse

Patterns of suicidality risk in DFSV are shaped not only by the presence of abuse, but by its form, persistence, and cumulative burden. Coercive control is especially relevant in this regard. A systematic review and meta-analysis found that exposure to coercive control was moderately associated with post-traumatic stress disorder (PTSD) and depression, while also concluding that coercive control remains under-researched and requires more specific measurement in mental health research (Lohmann et al., 2024). Although that review did not meta-analyse suicidality specifically for coercive control alone, it supports the inclusion of coercive control within suicide risk formulation because of its documented mental health burden and its relationship to entrapment, deprivation, and chronic psychological harm (Lohmann et al., 2024; Stark & Hester, 2019).

Post-separation abuse (PSA) is directly relevant to this inquiry because it describes the continuation of abuse after physical or legal separation. Spearman et al. (2023) define PSA as an ongoing, wilful pattern of intimidation of a former intimate partner that may include legal abuse, economic abuse, threats and endangerment to children, isolation, discrediting, harassment, and stalking. Their analysis identifies fear and intimidation, domination and control, intrusion and entrapment, omnipresence, and manipulation of systems as central attributes of PSA, with consequences including lethality, adverse health outcomes, institutional violence and betrayal, and economic deprivation (Spearman et al., 2023). Spearman et al. (2023) further note that abuse and lethality risk often escalate following separation, that PSA is often missed by quantitative measures, and that relatively few quantitative studies have isolated specific post-separation tactics such as use of children, threats, manipulation of visitation or co-parenting schedules, and withholding of child support. It is therefore accurate to say that these tactics are recognised forms of PSA and are linked to severe distress,

entrapment, and safety risks, but not yet to imply that tactic-specific suicide estimates are well established (Spearman et al., 2023).

Child-related coercive tactics should remain within scope. Katz et al. (2020) show that children and young people can be direct victims of coercive control after separation, experiencing dangerous fathering, apparently admirable fathering, and omnipresent fathering that leaves them frightened, constrained, and harmed. The study supports the inclusion of child-related coercive tactics within DFSV formulations after separation and shows that perpetrators may use the same tactics of coercive control against children that they use against former partners (Katz et al., 2020).

Identifiable at-risk groups

In relation to identifiable at-risk groups, the strongest directly supported groups in the current evidence base are women exposed to IPV, adults with lifetime IPV exposure in the general population, help-seeking domestic abuse service users, adults exposed to coercive control, and men following relationship breakdown (Gibbs et al., 2018; Lohmann et al., 2024; McManus et al., 2022; Munro & Aitken, 2020; White et al., 2024; Wilson et al., 2025). Munro and Aitken (2020), drawing on a large sample of more than 3,500 domestically abused adults in England and Wales, identified substantial suicidality within this service-contact population and argued that self-harm and suicidality should be given greater priority within domestic abuse risk assessment processes. Their study is useful not because it proves causation, but because it demonstrates the prevalence and service relevance of suicidality among victims of domestic abuse (Munro & Aitken, 2020).

Under-recognised post-separation subgroups

A subgroup that warrants explicit recognition, while being described with care, is separated parents subjected to ongoing post-separation coercive dynamics that interfere with parent–child contact, communication, and information, and that place relational and psychological pressure on a child in ways that contribute to the child's rejection of the other parent. The broader DFSV-suicide literature rarely isolates this subgroup as a distinct analytic category in suicide datasets, even though post-separation abuse frameworks explicitly identify child-related coercive tactics, legal-system manipulation, and ongoing patterns of intimidation and control after separation (Spearman et al., 2023; Stark & Hester, 2019).

Recent Australian evidence also suggests that suicide risk is not evenly distributed across all IPV-exposed groups. In a cohort of women presenting to emergency departments after suicide-related presentations, Rasmussen et al. (2025) identified particularly high-risk pathways involving recent multiple IPV and PTSD following lifetime IPV exposure. Their findings suggest that recency, cumulative abuse, and trauma sequelae may help identify subgroups at elevated risk within the broader population of DFSV victims.

Australian population data also reinforce the importance of cumulative and developmentally layered risk. The Australian Child Maltreatment Study found that exposure to domestic violence in childhood was reported by 39.6% of participants and was frequently embedded within multi-type maltreatment patterns rather than occurring in isolation (Mathews et al., 2023; Higgins et al., 2023). The study also found that all five maltreatment types were associated with increased rates of health-risk behaviours, including self-harm and suicide attempts, and that mental disorder prevalence was markedly higher among those exposed to multi-type maltreatment (Lawrence et al., 2023; Scott et al., 2023).

Australian qualitative research also indicates that some affected parents describe family violence before separation and continued coercion and control after separation, alongside profound grief, ambiguous loss, sequelae, depression, and suicidality among affected parents and adults exposed to these dynamics in childhood (Bentley & Matthewson, 2020; Lee-Maturana et al., 2020a; Lee-Maturana et al., 2020b; Poustie et al., 2018; Verhaar et al., 2022). In one Australian qualitative study of 54 self-referred targeted parents, 23% reported having attempted suicide and 27% reported suicidal thoughts, alongside high levels of emotional, behavioural, financial, and cognitive consequences (Lee-Maturana et al., 2020a). These findings support recognition of this group as a plausible and currently under-measured high-risk subgroup within DFSV-related suicide prevention and surveillance frameworks, while also indicating the need for more precise population-level measurement.

Suicide-specific quantification for individual post-separation tactics remains limited, and separated parents subjected to ongoing child-related coercive abuse remain under-recognised in routine suicide surveillance despite emerging evidence of substantial psychological distress and suicidality in this group (Lee-Maturana et al., 2020a; Spearman et al., 2023).

Taken together, the evidence supports a clear association between DFSV victimisation and suicidality, including SI, SA, and self-harm. The most directly supported at-risk groups in the literature available here are women exposed to IPV, adults with lifetime IPV exposure in the general population, help-seeking domestic abuse service users, adults exposed to coercive control, and men following relationship breakdown (Gibbs et al., 2018; Lohmann et al., 2024; McManus et al., 2022; Munro & Aitken, 2020; White et al., 2024; Wilson et al., 2025).

Separation and the post-separation period appear to be clinically important risk windows, while PSA, including stalking, harassment, legal abuse, economic abuse, and child-related coercive tactics, is highly relevant to understanding persistent danger and distress after relationship breakdown (Katz et al., 2020; Næss et al., 2021; Spearman et al., 2023; Wilson et al., 2025). However, suicide-specific quantification for individual post-separation tactics, and for separated parents subjected to ongoing child-related coercive abuse, remains limited. The current evidence therefore supports inclusion of these patterns in surveillance, assessment, and prevention frameworks, while also indicating the need for more precise data collection and linkage methods.

Term of reference 2 – Opportunities for improved reporting and investigation methodologies to accurately capture DFSV-related suicide deaths, including adequacy, availability, quality, and consistency across jurisdictions

Across coronial, police, and health datasets, DFSV is likely to be under-ascertained in suicide deaths. Under-identification can occur at multiple points, including non-disclosure, limited enquiry, variable investigation quality, inconsistent narrative detail, restricted coding structures, and weak linkage across systems. International surveillance studies show that routine variables alone do not capture the full contribution of intimate partner violence (IPV) or domestic violence (DV) to suicide, particularly for single suicides not linked to homicide (AbiNader et al., 2023; Brown & Seals, 2019; Kafka et al., 2023; Kafka et al., 2024; Turnbull et al., 2025). In Australia, this concern is consistent with administrative data limitations already identified by the Australian Institute of Health and Welfare, including undercounting due to undisclosed or unreported violence and inconsistent identification in service datasets, meaning existing service and administrative sources do not provide a complete picture of harm or prevalence (Australian Institute of Health and Welfare [AIHW], 2025).

Current ascertainment of DFSV in suicide deaths

Current evidence suggests that DFSV/IPV is identified in only a minority of suicide deaths unless enhanced ascertainment methods are used. In Kentucky violent death reporting data, intimate partner problems were identified in 26% of suicide cases with known circumstances, but detailed narrative coding identified IPV in 43% of those intimate partner problem cases, showing that broad relationship-problem categories can conceal abuse-related content directly relevant to prevention (Brown & Seals, 2019). In the United States more broadly, Kafka et al. (2023) note that there is no comprehensive national dataset that captures IPV

circumstances for single suicides, because the National Violent Death Reporting System records IPV circumstances for homicide-suicides but not for the much larger category of single suicides. Using natural language processing and supervised machine learning, they developed a tool to detect IPV circumstances in single-suicide narratives, demonstrating that methodological enhancement can recover information that standard fields do not capture (Kafka et al., 2023).

Extending that work nationally, Kafka et al. (2024) found that 7.1% of suicides across 43 states were IPV-related and that most were isolated suicides rather than homicide-suicide events, reinforcing the point that reliance on homicide-linked IPV indicators alone will miss a substantial proportion of relevant deaths. In Washington State, a related multipronged approach drawing on standard variables, linked deaths, prior narrative review, and a validated natural language processing tool identified domestic violence linkage across 12.9% of intentional violent deaths, including 588 suicides, and revealed prior service or justice-system contacts in 44.3% of DV-related fatalities (Kafka et al., 2024).
In UK mental-health-service suicides, domestic violence was identified in 26% of women, but information about domestic violence was available in only 62% of cases, indicating that recorded prevalence is likely to be conservative where enquiry and documentation are inconsistent (Turnbull et al., 2025).

Sources of under-ascertainment

A first source of under-ascertainment is data structure itself. Methodological reviews note that many systems lack a suicide-specific IPV or DFSV circumstance variable, forcing reliance on broad categories such as intimate partner problems, stalking, or relationship conflict. These broad fields mix violent and non-violent conflict and produce both false positives and false negatives (AbiNader et al., 2023). As AbiNader et al. explain, this problem is intensified by variability in how

IPV is conceptualised and identified across institutions and by the fact that emotional abuse and coercive control may not be recognised or coded even when physically violent abuse is absent.

A second source of under-ascertainment lies in the narrative and investigation process. Brown and Seals (2019) showed that abuse-related information was often present in death-scene and investigative narratives even when it was not captured in structured variables. Their findings indicate that broad categories such as intimate partner problems can conceal violent or coercive dynamics, making narrative review necessary for more accurate ascertainment of DFSV-related suicide. Kafka et al. (2023, 2024) reach the same conclusion, showing that death narratives contain ascertainment-relevant material not otherwise captured in closed fields. In Australia, Churruca et al. (2018) similarly found discrepancies between ICD-10 coded mortality data and coronial text fields in identifying both suicide and co-morbid conditions, which has direct methodological relevance here. Burnett et al. (2021), using NCIS data on gas suicides, show that broad ICD-10 coding categories can obscure meaningful distinctions in mechanism and circumstance unless coded fields are supplemented by narrative text and case review. Their findings are methodologically relevant because they illustrate how reliance on high-level coding alone can flatten detail that may matter for prevention and classification. Hill et al. (2021) further demonstrate both the strengths and limitations of national coronial data. Their analysis shows what can be learned when structured and free-text materials are examined together, but also highlights the constraints created by missing narrative material and differences in jurisdictional completeness. For DFSV-related suicide ascertainment, this means data quality is shaped not only by coding architecture, but by how fully investigative material is recorded and available.

A third source of under-ascertainment is disclosure and clinical recording. Turnbull et al. (2025) demonstrate that domestic violence may remain undocumented even in mental-health-service populations where women are already in care. Dheensa et al. (2025), using domestic homicide review materials, show that abuse-related suicide circumstances may be missed when information exchange is weak, care is fragmented, and agencies assess incidents in isolation rather than as part of a cumulative pattern of harm. Their findings underline that under-ascertainment is not only a data problem, but also a systems-recognition problem. Ambrozewicz et al. (2024) adds that stigma, disbelief, poor recognition of abuse, and low confidence in services can suppress disclosure in the first place, thereby reducing the likelihood that violence is ever recorded in clinical, service, or administrative systems. These barriers affect not only help-seeking, but the upstream production of the data on which suicide surveillance depends.

A fourth source of under-ascertainment is conceptual flattening. Fitzpatrick et al. (2022), using Australian coronial material on men who died by suicide, identified cumulative and interwoven effects of violence, mental illness, alcohol and other drug use, and psychosocial adversity. Their analysis is important because it shows how violence may be present within a broader constellation of adversities and therefore obscured if systems default to a single-cause explanatory frame. DFSV-related suicide will continue to be under-recorded if patterned coercion is reduced to generic distress or interpersonal conflict.

Methodological improvements

National minimum dataset and coding framework

A minimum dataset for DFSV-related suicide should include suicide-specific fields for DFSV/IPV contribution rather than relying on generic relationship-problem coding (AbiNader et al., 2023; Brown & Seals, 2019; Kafka et al., 2023; Kafka et al., 2024). At a minimum, systems should require structured capture of current or former partner violence, family violence, stalking, coercive control, sexual violence, post-separation abuse, legal systems abuse, protection order history, housing instability linked to violence, recent justice-system contact, and known child-protection involvement. These fields should distinguish between victimisation, perpetration, and corollary involvement where possible, and should avoid collapsing all interpersonal crisis into relationship discord.

Structured capture within coronial systems

For Australia, the National Coronial Information System (NCIS) provides a strong infrastructure base, but it does not solve the ascertainment problem by itself. The NCIS is a secure database containing coded and non-coded data on deaths reported to a coroner, including demographic information, cause and intent of death, contextual details, and searchable medico-legal reports such as coronial findings, toxicology, autopsy, and police notification reports (Dunstan, 2019; National Coronial Information System, n.d.). This is important because external causes of death such as suicides are generally referred to a coroner, and complete mortality analysis depends on processing all doctor-certified and coroner-certified records, with coroner-certified deaths taking longer because of investigative complexity (Australian Bureau of Statistics [ABS], 2024). Australian work has also long identified the need for standardised suicide reporting and the systemic contributors to undercounting, including inconsistent coronial determination of intent, information gaps, problematic coding practices, and

insufficient coordination across the mortality reporting pathway (de Leo et al., 2010). Standardised structured capture of DFSV-related circumstances within coronial pathways is therefore needed, not merely access to narrative documents after the fact. The broader Australian family and domestic violence literature also supports the need for clearer data architecture and better-defined research gaps in this field (Edmunds et al., 2025).

Narrative review, psychological-autopsy-style methods, and NLP or machine learning

Routine DFSV ascertainment in suicide deaths should include structured review of coronial, police, and, where possible, clinical narratives. Brown and Seals (2019) showed that abuse-related information was often present in death-scene and investigative narratives even when it was not captured in structured variables. Their findings indicate that broad categories such as intimate partner problems can conceal violent or coercive dynamics, making narrative review necessary for more accurate ascertainment of DFSV-related suicide. Kafka et al. (2023, 2024) show that natural language processing and supervised machine learning can be used to identify IPV-related content within suicide narratives that is not routinely captured in standard circumstance fields. Their work is important not simply because it automates review, but because it demonstrates that abuse-related material can be systematically recovered at scale once clear case definitions and validation procedures are in place. A defensible Australian approach would therefore combine structured fields with standardised review of coronial text and, where feasible, psychological-autopsy-style reconstruction of relationship, violence, and service-contact history. The point is not to replace human judgement with automation, but to reduce the amount of abuse-related content lost when systems rely only on closed fields. Monckton-Smith et al. (2022) is also relevant here because temporal sequencing of domestic abuse-related suicide

demonstrates the value of organising behavioural and contextual information over time rather than relying on a single incident snapshot. This is particularly important where abuse consists of escalation, repetition, and patterned coercion rather than one discrete event.

Linked datasets and quality assurance

Linked-data approaches should be expanded so that coronial and mortality data can be examined alongside police, court, civil protection order, corrections, child protection, and health-system records. Chitty et al. (2020) is relevant here because the ASHLi protocol demonstrates the feasibility of linking NCIS suicide cases with administrative claims and toxicology data in order to reconstruct a more detailed picture of the period before death. Its value for this inquiry lies in showing that linked-data designs can move beyond isolated mortality records and recover patterns of service contact, treatment, and antecedent risk that are otherwise missed. Dalve et al. (2025), although focused on people released from prison with DV-related offence histories, also illustrates the value of linked data for identifying violence histories associated with later suicide death that may be invisible in standalone mortality systems. The broader methodological point is that cross-system linkage can recover violence-related precursors that single datasets do not adequately capture. Quality assurance should include explicit decision rules, inter-rater reliability processes, and national guidance on how DFSV-related suicide contribution is identified and recorded.

Child-related coercive tactics and coercive control of children

One of the most important omissions in ordinary suicide datasets concerns child-related coercive tactics and coercive control of children after separation. Post-separation abuse frameworks explicitly include threats and endangerment involving children, interference with parent–child contact, communication and

information, manipulation of visitation or co-parenting arrangements, and abusive use of court or legal processes involving children (Spearman et al., 2023). Myhill and Hohl (2019) show that coercive control is the organising pattern through which risk often becomes legible, and that incident-only approaches can obscure the more dangerous behavioural course. Their findings are directly relevant to suicide-data methodology because systems that record isolated episodes without patterned context are less likely to capture the cumulative dynamics of coercive abuse. Stark and Hester (2019) similarly identify coercive control and children's experience of coercive control as measurement problems requiring more precise conceptualisation. Marwitz et al. (2024) adds an important Australian child-protection dimension, showing that child-protection case material includes both coercive control and situational couple violence, and that responses should not assume one uniform violence pattern. This is methodologically relevant because inaccurate classification of violence pattern may affect both risk interpretation and the visibility of child-related coercive tactics in administrative records.

Katz et al. (2020) further show that children and young people can themselves be direct victims of coercive control after separation, experiencing fear, entrapment, confusion, and constrained daily life. Xyrakis et al. (2024), in a systematic review, found that interparental coercive control is associated with poorer parenting and family functioning, children being used as tools and co-victims, internalising and externalising problems, restricted social opportunities, and poorer health and developmental outcomes. Australian qualitative research also indicates that many affected parents describe family violence before separation and continued coercion and control after separation, alongside profound distress and suicidality in some parents and long-term mental health sequelae in adults exposed to these dynamics in childhood (Bentley & Matthewson, 2020; Lee-Maturana et al.,

2020a; Lee-Maturana et al., 2020b; Lee-Maturana et al., 2021; Verhaar et al., 2022). When investigative methods do not assess whether a child is being used as a vehicle of coercion, whether information is being withheld, whether legal processes are being used abusively, or whether the child is positioned within a pattern of fear, pressure, or survival-based rejection toward a parent, a critical component of the DFSV pattern may never be recorded.

Implications for Australian data adequacy, availability, quality, and consistency

Australia has important strengths, particularly the NCIS and growing capacity for linked-data work, but the evidence also points to variability in availability, quality, and consistency across jurisdictions. De Leo et al. (2010) argued for standardised reporting of suicide in Australia because of inconsistent coronial determination and coding. Hill et al. (2021) demonstrates how much can be learned from national coronial data when both structured and free-text materials are analysed, but also shows the practical constraints created by missing narrative material and differential jurisdictional completeness. Churruca et al. (2018) reinforces that discrepancies between coded and coronial sources remain a material issue. AIHW (2025) likewise notes that available family, domestic and sexual violence datasets do not provide a complete picture because of under-reporting, non-disclosure, and inconsistent administrative identification. Harmonisation therefore requires more than a shared database. It requires shared definitions, shared minimum dataset elements, clearer coding guidance, standardised treatment of intent and circumstance fields, and privacy-preserving linkage across systems.

Taken together, the evidence indicates that DFSV-related suicide deaths are under-identified when systems rely on broad relationship-problem fields, variable narrative practices, and unlinked administrative data. This problem is especially

acute for coercive control, post-separation abuse, and child-related coercive tactics, because these patterns are often embedded within broader descriptions such as relationship breakdown, parenting dispute, or family conflict rather than being recorded as coercive abuse in their own right (Katz et al., 2020; Lee-Maturana et al., 2020a; Lee-Maturana et al., 2020b; Lee-Maturana et al., 2021; Spearman et al., 2023; Stark & Hester, 2019; Xyrakis et al., 2024). The evidence supports a combined methodological model comprising suicide-specific DFSV variables, structured capture of coercive and post-separation tactics, systematic narrative review, validated NLP or machine-learning tools where appropriate, and linkage across coronial, police, court, corrections, child protection, and health records (AbiNader et al., 2023; Brown & Seals, 2019; Chitty et al., 2020; Kafka et al., 2023; Kafka et al., 2024; Dalve et al., 2025). For Australia, this should be built around the NCIS but not limited to it. More standardised recording rules, clearer operational definitions, and stronger quality assurance and linkage arrangements are needed if adequacy, consistency, and prevention value are to improve across jurisdictions (ABS, 2024; Burnett et al., 2021; Churruca et al., 2018; de Leo et al., 2010; Dunstan, 2019; Edmunds et al., 2025; Hill et al., 2021; National Coronial Information System, n.d.).

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

Health, mental health, and DFSV specialist service responses

Domestic, family and sexual violence-related suicidality is not only a matter of individual distress. It is also a systems-recognition and systems-response issue. Risk can escalate when violence is not identified, when abusive dynamics are reduced to generic relationship conflict, when services respond in fragmented ways, and when transitions between acute care, community care, mental health care, and specialist supports are poorly coordinated. Research across the mental health, DFSV, and suicide-prevention literatures indicates that recognition failures, incomplete documentation, weak referral pathways, and discontinuity of care can all compound risk rather than reduce it (Oram et al., 2017; Munro & Aitken, 2020; Turnbull et al., 2025; Arnon et al., 2024).

Health and mental health services have a central role because they are common points of contact before suicide attempts and deaths. Oram et al. (2017) describe violence against women as a major public mental health problem and note that poor identification persists in mental health services, contributing to non-engagement and poor response to treatment. They argue that mental health professionals should identify, prevent, and respond to violence more effectively, and that doing so requires not only awareness of mental health sequelae but a working understanding of abuse dynamics, including coercion and control (Oram et al., 2017).

Recognition practices therefore need to move beyond generic enquiry about relationship stress. Potter et al. (2021), using WHO multi-country data, found that

all categories of intimate partner violence were associated with poorer physical and mental health, but combined abuse categories were the most damaging. Combined abuse involving sexual violence was associated with especially high odds of suicide attempt and suicidal thoughts, while combined psychological and physical abuse also carried substantial risk. Potter et al. further show that psychological abuse is not a minor category and can be at least as harmful as physical abuse for many outcomes. This supports clinical assessment that asks about specific tactics and combinations of abuse rather than treating IPV as a single undifferentiated exposure (Potter et al., 2021).

Bandara et al. (2022) strengthen the case for routine DFSV enquiry in acute care. In a large Sri Lankan case-control study, exposure to domestic violence in the preceding 12 months was strongly associated with self-poisoning for both women and men. The authors conclude that enhanced identification in healthcare settings, together with community-based strategies and integration of domestic violence support and psychological services, may substantially reduce suicidal behaviour. That conclusion is directly relevant to any suicide pathway that manages poisoning, overdose, self-harm, or suicidal crisis without meaningful enquiry into violence (Bandara et al., 2022).

Recognition, however, is only one part of an adequate response. Munro and Aitken (2020) argue that domestic abuse has not been sufficiently integrated into mental health policy and practice as a major suicide risk factor. They note that even where abuse is known, responses can still be unsafe or clinically weak if they fail to appreciate coercion, retaliation risk, fear, entrapment, or the effects of ongoing abuse. Turnbull et al. (2025) similarly show that even among women under the care of mental health services who later died by suicide, domestic violence was incompletely documented. These findings suggest that service

responses should not stop at identification, but require DFSV-informed formulation, safe response pathways, and continuity of care (Munro & Aitken, 2020; Turnbull et al., 2025).

Australian evidence also indicates that maltreatment and exposure to domestic violence are associated with increased health service use across the life course. In the Australian Child Maltreatment Study, people exposed to maltreatment were more likely than non-maltreated participants to report overnight hospital admission, mental health admission, and multiple general-practice visits, with service use highest among those exposed to multi-type maltreatment (Pacella et al., 2023). This strengthens the case for health and mental health services to function as active recognition and response points for violence-related harm rather than treating abuse exposure as peripheral to suicide-related presentations.

DFSV-informed suicide formulation should explicitly integrate violence exposure with PTSD symptoms, depression, substance use, social isolation, economic stressors, and ongoing coercive dynamics. Rasmussen et al. (2025), using structural equation modelling in women presenting after suicide-related emergency department episodes, identified two especially high-risk groups: women with recent multiple IPV, and women with PTSD following lifetime IPV exposure. PTSD wholly mediated the effects of psychological, physical, and sexual IPV on suicidal ideation, while recent multiple IPV showed direct effects on ideation and attempt. This is clinically useful because it identifies pathways requiring more urgent and better-tailored intervention rather than relying on generic crisis categorisation (Rasmussen et al., 2025).

The acute-care literature supports several service responses that should be explicitly incorporated into DFSV-related suicide care. Doupnik et al. (2020), in a systematic review and meta-analysis of brief suicide prevention interventions in acute care settings, found associations with reduced subsequent suicide attempts and increased linkage to follow-up care. Spottswood et al. (2022) similarly identify screening, safety planning, lethal means reduction, care transitions, psychotherapy, and medication management as evidence-based strategies in primary care, while emphasising the importance of behavioural health integration and clear role definition across the care team. Arnon et al. (2024) further identify continuity of care, including follow-up after treatment, multi-level care transitions, and the role of primary care and case management, as central to suicide prevention. Taken together, these studies support service pathways that do more than assess risk once. They support structured, connected responses that remain active after discharge or referral (Doupnik et al., 2020; Spottswood et al., 2022; Arnon et al., 2024).

In DFSV contexts, those suicide-prevention practices need adaptation to the realities of coercion and surveillance. Collaborative safety planning remains important, but planning must account for whether a perpetrator monitors devices, transport, finances, or communications. Follow-up contact can improve safety and continuity, but only where the mode of contact is confidential and does not increase danger. Warm referral is also preferable to passive signposting. Dash et al. (2024), in a rapid review of social prescribing for suicide prevention, emphasise the value of warm referrals and sustained connections after referral, particularly where social determinants and community support needs are part of the risk picture. This is directly relevant in DFSV, where drop-off after crisis presentations is common and where social isolation, housing insecurity, legal stress, and practical barriers often sustain suicidality (Dash et al., 2024).

DFSV specialist services also need to be visible in the response architecture. Clarke et al. (2023), in a service evaluation following disclosure of sexual violence, found that not all patients were offered discussions about their mental health or offered referral to support services, despite recommendations that they should be. Their findings reinforce that disclosure should routinely trigger mental health enquiry and referral rather than being treated as a discrete forensic or sexual-health event. Specialist advocacy and support services, including those assisting survivors to navigate criminal justice processes, can reduce acute distress, support recovery, and improve engagement when referral is timely and active rather than nominal (Clarke et al., 2023).

Relational care also matters. Clua-García et al. (2021), synthesising qualitative nursing studies, found that the nurse–patient relationship, ongoing assessment, and the promotion of security and hope are critical to suicide care. Rex et al. (2025), from the perspective of people living with suicidality, similarly identify early engagement, shared planning for crises, supportive environments, and mutual trust as key elements of person-centred suicide prevention. These findings are particularly relevant where people affected by DFSV fear disbelief, coercive consequences, or loss of control if they disclose suicidality or abuse. In these circumstances, invalidating or mechanistic responses may not merely be unhelpful, they may intensify risk (Clua-García et al., 2021; Rex et al., 2025).

One area that warrants explicit clinical attention is non-fatal strangulation. Bichard et al. (2022), in a systematic review of neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence, identify pathological, neurological, cognitive, psychological, and behavioural sequelae, including loss of consciousness, stroke, PTSD, depression, suicidality, dissociation, memory loss,

compliance, and reduced help-seeking. This has practical implications for ToR 3. Services responding to suicidality in the context of DFSV should ask specifically about strangulation, assess for associated neuropsychological consequences, and recognise it as both a lethality marker and a source of cognitive and behavioural change that may affect formulation, consent, memory, help-seeking, and capacity to enact safety plans (Bichard et al., 2022).

Taken together, the evidence supports several propositions relevant to health, mental health, and specialist service responses. Services should treat DFSV enquiry as routine in suicide-related presentations rather than waiting for spontaneous disclosure, integrate violence type, combination, coercive dynamics, recent victimisation, PTSD, and tactic-specific harms into risk formulation, and pair identification with collaborative safety planning, warm referral, active follow-up, and continuity across transitions (Oram et al., 2017; Potter et al., 2021; Bandara et al., 2022; Rasmussen et al., 2025; Doupnik et al., 2020; Spottswood et al., 2022; Arnon et al., 2024; Dash et al., 2024). Person-centred, relational, and trauma-informed care are core features of effective response where fear, shame, coercion, or prior invalidation shape help-seeking (Clua-García et al., 2021; Rex et al., 2025).

Legal and justice system responses

Legal and justice systems are often involved during escalation, separation, post-separation abuse, and crisis. They are therefore important not because they can substitute for clinical care, but because they are often critical points of identification, triage, referral, documentation, and risk management. Domestic abuse-related suicides frequently involve prior contact with police, criminal and family courts, housing, and social services, yet the links between abuse and suicidality are often missed, minimised, or held in silos. Munro and Aitken (2020)

identify low confidence, limited professional curiosity, and weak institutional pathways as barriers to recognising suicidality in the context of domestic abuse. More recent work also shows that professional responses to offending and suicidality within domestically abusive relationships can be inconsistent, especially where coercion, control, fear, or trauma are poorly understood (Munro & Aitken, 2020; Munro et al., 2024).

Munro, Bettinson, and Burton (2024) are particularly useful here because they move beyond general statements about domestic abuse to examine how professionals understand coercion, control, offending, and suicidality where abusive relationships form the backdrop. Their article highlights the precariousness of recognising the effects of coercive control and the need for more developed professional engagement with when and why context matters. They also document ongoing concerns about inconsistency in identification, training, risk assessment, communication, and implementation across agencies, notwithstanding legislative progress in recognising coercive control (Munro et al., 2024).

In post-separation abuse, family law and related systems can unintentionally enable ongoing coercive control where legal processes, parenting arrangements, or unsafe contact orders are treated as routine procedural matters rather than as potential vehicles of abuse. Post-separation abuse frameworks explicitly identify harassment, legal systems abuse, interference with contact and communication, and child-related coercive tactics as relevant patterns requiring recognition and weighting in risk work. This is important for ToR 3 because justice settings may otherwise record generic conflict or parenting dispute while missing the coercive dynamics that sustain fear, entrapment, and suicidality (Spearman et al., 2023; Myhill & Hohl, 2019).

Related research on systems abuse and family-court engagement indicates that legal processes may themselves become sites of ongoing coercion and psychological harm. Survivors describe repeated legal engagement as re-traumatising and mentally exhausting, while judicial and review literature identifies secondary victimisation, litigation coercion, and deterioration in mental health where legal processes reproduce rather than interrupt abusive dynamics (Douglas, 2018; Heward-Belle et al., 2024; Wilde et al., 2024).

Risk work in legal and justice settings should therefore be contextual and trauma-informed. Coercive control, recent separation, stalking, non-fatal strangulation, and ongoing post-separation harassment are linked to PTSD, depression, suicidality, and heightened lethality, and risk frameworks need to give weight to these factors rather than focusing narrowly on isolated incidents or immediate presenting behaviours. The Lancet Psychiatry Commission on intimate partner violence and mental health reinforces this point by identifying IPV as a substantial contributor to mental health problems, suicidal ideation, and suicide attempts, by emphasising the cumulative harms associated with combined forms of abuse, and by calling for mental health and wider service responses that are responsive to the dynamics of control, dependence, and entrapment (Oram et al., 2022; Bichard et al., 2022).

Documentation and review are also central. Munro and Aitken (2020) discuss domestic abuse-related suicidality as an area in which professionals often fail to connect abuse context with suicide risk in a consistent way. Munro et al. (2024) similarly show that recognition of coercive-control context remains precarious. Kafka et al. (2022), using North Carolina violent death data, found that IPV was a precursor for at least 4.5% of single suicides, and that, combined with homicide-suicide data, it was likely associated with 6.1% or more of suicides overall. They

also found that IPV-related suicides were associated with younger age, firearm use, recent disclosure of suicidal intent, and criminal legal system involvement. Their conclusions point directly to missed opportunities for intervention and to the need for more systematic identification of IPV circumstances in suicide surveillance and case review (Munro & Aitken, 2020; Munro et al., 2024; Kafka et al., 2022).

In justice settings, that logic extends to police narratives, court materials, protection order records, and child-protection files. If coercive dynamics, suicidal threats, strangulation, stalking, or child-related coercive tactics are not captured clearly, they cannot be weighted properly in later decisions. Carter et al. (2022), in their global systematic review of interventions to reduce suicidal thoughts and behaviours among people in contact with the criminal justice system, concluded that the evidence base is still limited, methodologically weak in many areas, and especially thin outside adult custodial settings. That does not weaken the case for system action. It clarifies that there is a major implementation and evaluation gap across criminal justice contexts, including police, courts, community supervision, and post-release settings (Carter et al., 2022).

Information sharing and multi-agency coordination remain weak points. Domestic abuse suicide cases show errors in the use of risk tools, siloed responses, and weak multi-agency protocols, with cumulative risk often distributed across police, courts, health, mental health, child protection, housing, and specialist services rather than held in one place. Stronger, more routine information sharing is therefore necessary if systems are to identify cumulative risk and avoid decisions that inadvertently increase danger, such as unsafe contact arrangements or unsupported discharge after crisis. At the same time, information sharing must remain privacy-conscious and safety-aware, especially

where perpetrators use systems to monitor, retaliate, or manipulate proceedings (Munro & Aitken, 2020; Munro et al., 2024; Arnon et al., 2024; Spearman et al., 2023).

The Federal Circuit and Family Court of Australia has, in recent years, developed a more explicit family violence response architecture. Its Lighthouse model focuses on early identification and management of family safety risks through risk screening, specialist triage, and risk-informed case management, including referral pathways for matters identified as high risk. The courts' Family Violence Plan 2023 states that family violence is a major risk factor prevalent in the work of the courts and that its physical, emotional, and financial consequences inform many court practices and procedures. The published material accompanying the Family Violence Best Practice Principles states that the Plan and the Principles set out the courts' commitment to identifying and managing family violence, the actions the courts will take, and practical guidance to assist court users, legal practitioners, and other stakeholders to understand how family violence is managed by the courts.

These developments are important, but their value depends on the quality of the underlying evidence-gathering, the accuracy of screening and triage, and the extent to which case management is linked to therapeutic and specialist support rather than treated as a standalone procedural response. The courts' own Lighthouse material indicates that high-risk matters may receive tailored risk assessment, safety planning, and referral to services. That architecture is stronger than a purely procedural intake model, but the broader literature suggests that its effectiveness will still depend on contextualised recognition of coercive control, post-separation abuse, and overlapping mental health risk.

A broader integrated public health perspective supports this cross-system approach. Decker et al. (2018) argue that interpersonal violence and suicide often co-occur, share risk and protective factors, and require coordinated prevention and response across sectors, including healthcare, education, and criminal justice. Their framework is useful here because ToR 3 is not just about what one service should do in isolation. It is about whether legal and justice systems, specialist DFSV services, health services, and mental health services recognise DFSV-linked suicidality as a shared systems problem requiring connected responses (Decker et al., 2018).

Taken together, the evidence suggests that legal and justice systems frequently encounter suicidal DFSV victims and perpetrators, but only inconsistently recognise DFSV-related suicide risk. More promising practices are contextual, coercive control-aware risk assessment, rigorous documentation and review of abuse–suicide links, structured multi-agency information sharing, and court processes that embed safety measures and active referral to specialist and mental health supports. The Australian family law system has developed stronger formal safety architecture through Lighthouse, the Family Violence Plan, and the Family Violence Best Practice Principles, but the effect of those reforms will continue to depend on the depth of abuse recognition, the quality of information available to decision-makers, and the degree to which legal processes connect people to real support rather than only case management (Munro & Aitken, 2020; Munro et al., 2024; Kafka et al., 2022; Carter et al., 2022; Decker et al., 2018).

Across health, mental health, DFSV specialist, legal, and justice systems, the strongest reading of the evidence is that DFSV-related suicidality is too often missed when services rely on generic relationship-problem framings, weak documentation, isolated assessments, and fragmented pathways. Better

recognition and response are linked to routine, sensitive enquiry, structured abuse-informed formulation, collaborative safety planning, warm referral, continuity of care, relational and person-centred practice, robust documentation, multi-agency coordination, and justice pathways that operate as connectors to safety and support rather than as isolated procedural endpoints. The evidence base is stronger for these recognition and response practices than for direct proof of reduced DFSV-linked suicide deaths, which remains an important implementation and research gap.

Term of reference 4 – The use of suicide and threats of suicide as a tactic of coercive control by perpetrators of DFSV

Conceptual and clinical distinction

The use of suicide and self-harm threats in domestic, family and sexual violence (DFSV) requires clear conceptual differentiation. The literature supports a distinction between suicidality arising in victim-survivors as a consequence of abuse, trauma, entrapment, and cumulative harm, and suicide or self-harm threats used by perpetrators within a coercive and controlling pattern. These may coexist in the same relational setting, but they are not analytically interchangeable. Where systems fail to distinguish them, they risk both misidentifying abuse and responding inadequately to genuine suicide risk (Munro & Aitken, 2020; Oram et al., 2022; Woolley, 2024).

There is direct support for recognising suicide threats as a coercive tactic. Woolley (2024), drawing on specialist family violence police in Victoria, identifies perpetrator threats to take their own life as a form of coercive control that can shape victim-survivors' thinking, behaviour, and decisions about leaving. Woolley also notes that such threats may reflect suicidality, other psychiatric symptoms, coercive and controlling behaviour, or a combination of these. This is clinically and forensically important. The presence of suicidal ideation or other clinical risk factors in a perpetrator does not remove the need to assess coercive function, and the presence of coercive function does not remove the need to assess suicide risk (Woolley, 2024).

Coercive-control framework

This position is consistent with the broader literature on coercive control and psychological violence. Coercive control is not reducible to isolated incidents, but

involves recurring patterns of intimidation, degradation, surveillance, dependency creation, isolation, micro-regulation, and entrapment. Within such patterns, threats of suicide or self-harm may operate as conditional mechanisms of control, delaying separation, inducing guilt, compelling compliance, or punishing resistance. Veldhuis (2024) synthesises research showing that coercive tactics cultivate dependence, denial, and self-blame while diminishing agency and reducing the likelihood of disclosure. Lohmann et al. (2024) similarly describe coercive control as involving terror, deprivation, isolation, and entrapment, and find moderate associations with post-traumatic stress disorder (PTSD) and depression. Dokkedahl et al. (2022) further show that psychological violence, including coercive subtypes, is strongly associated with PTSD, depression, and anxiety. Read together, these studies support the view that suicide threats may function within a broader coercive pattern rather than being interpreted solely through an individual-distress lens (Dokkedahl et al., 2022; Lohmann et al., 2024; Veldhuis, 2024).

Impact on victim-survivors

The victim-survivor literature helps explain why these threats are so consequential. McManus et al. (2023) found that threatening or obscene messages from a current or former partner were associated with common mental disorder, self-harm, and suicidal thoughts, even after adjustment for demographic and socioeconomic factors and other violence exposures. Harris and Woodlock (2019) show that digital coercive control is not merely abuse by another medium, but a distinct mode of coercion with particular relevance after separation. Kanougiya et al. (2022) found that coercive control was associated with depression, anxiety, and suicidal thinking, and that risk increased with each additional indicator of control. White et al. (2024) and McLaughlin et al. (2012) further support the broader association between intimate partner violence and

depression, PTSD, suicidal ideation, and suicide attempts among victims. Suicide and self-harm threats made by perpetrators are therefore received within environments already shaped by intimidation, fear, guilt, obligation, and unequal power, and may intensify entrapment and suicidality in victim-survivors (Harris & Woodlock, 2019; Kanougiya et al., 2022; McLaughlin et al., 2012; McManus et al., 2023; White et al., 2024).

Higher-risk contexts and co-occurring psychopathology

The available evidence also indicates that such threats may arise in higher-risk contexts. Woolley (2024) notes prior work identifying threats of self-harm and suicide as a risk factor in intimate partner homicide contexts and refers to Australian findings indicating that a substantial minority of intimate partner homicide cases involved such threats before the killing. This does not mean that every suicide threat by a perpetrator is strategically instrumental. It does indicate that such threats should not be presumed to be clinically salient yet relationally irrelevant. In DFSV settings, the relevant question is not only whether the person is at risk of self-harm, but also what function the threat is serving, what broader behavioural pattern surrounds it, and what effect it is having on the recipient (Woolley, 2024).

The same discipline is required in relation to psychopathology. Some of the literature identifies associations between personality pathology and intimate partner violence perpetration. Collison and Lynam (2021) found that personality disorders were significantly and positively related to IPV perpetration, with antisocial and borderline personality disorders showing the most robust effects. Spencer et al. (2024) found emotional IPV perpetration to be associated with borderline personality features, emotional dysregulation, psychopathy, trauma, depression, and anxiety, while Spencer et al. (2025) found sexual IPV perpetration

to be associated with narcissistic personality disorder, psychopathy, and alcohol use. These findings support the proposition that personality pathology, psychiatric symptoms, substance misuse, or suicidality may co-occur with abusive conduct. They do not support treating psychopathology as a sufficient explanation for coercive suicide threats, nor as a basis for abandoning analysis of pattern, conditionality, and victim impact. Collison and Lynam (2021) expressly note that although some personality pathology correlates with violence, many people with personality disorders are not violent. The more defensible conclusion is that co-occurring psychopathology or suicidality may sometimes be present in perpetrators who make suicide threats, but should be treated as a parallel clinical issue rather than as an explanatory substitute for coercive control (Collison & Lynam, 2021; Spencer et al., 2024; Spencer et al., 2025).

Current research on intimate partner violence remains disproportionately derived from studies of abuse against women in opposite-sex relationships, while the broader IPV literature recognises victimisation and perpetration across sexes and relationship types. Laskey et al. (2019) found that most victimisation studies in their inclusive review were conducted with female victims in opposite-sex relationships. Scott-Storey et al. (2023) similarly note that men's experiences of intimate partner violence remain comparatively underexamined. The relevance of this point is methodological. It indicates the need for caution in making categorical claims about exclusivity while recognising the distribution of the current evidence base (Laskey et al., 2019; Scott-Storey et al., 2023).

Recognition challenges and evidentiary limits

Another issue of practical importance is that subtle and covert abuse may be especially difficult for systems to recognise. Parkinson et al. (2024) argue that subtle or covert abuse has been insufficiently conceptualised despite its

damaging effects and note that clinicians may fail to identify abusive relationships where the pattern is not immediately legible. This has direct relevance to suicide threats used coercively. Such threats may be framed outwardly as vulnerability, desperation, or emotional collapse while functioning relationally as intimidation, blame induction, obligation, or entrapment. Where practitioners do not examine sequence, pattern, timing, and effect on the recipient, they may inadvertently reinforce the coercive message and intensify pressure on the victim-survivor to remain engaged, resume contact, or assume responsibility for the perpetrator's survival (Parkinson et al., 2024; Woolley, 2024).

Empirical research on post-death communications, including suicide notes used to continue blame or abuse after death, remains limited. This appears to be an underexamined area rather than one supported by a substantial body of systematic evidence.

Policy and practice implications

Several policy and practice implications follow from the current evidence. Suicide and self-harm threats in DFSV should be assessed for both suicide risk and coercive function. Assessment should examine timing, pattern, conditionality, and effect, particularly where threats arise around separation, protection orders, accountability, or attempts to disengage. Practitioners should avoid transferring responsibility for the perpetrator's survival onto the victim-survivor. Risk assessment, safety planning, and documentation should explicitly record suicide or self-harm threats as possible coercive tactics where the broader relational pattern supports that interpretation. Woolley (2024) is particularly relevant here because it shows how police responses may become distorted when perpetrator mental-health pathways and victim-survivor safety needs are treated as competing priorities rather than jointly assessable risks.

Overall, the literature supports the inclusion of suicide and threats of suicide as a tactic of coercive control by perpetrators of DFSV. The strongest evidence indicates that such threats may function as coercive and controlling behaviour, particularly in the context of broader patterns of intimidation, dependency creation, and entrapment, and that they may worsen mental health and suicidality in victim-survivors. The literature also indicates that co-occurring psychopathology, substance misuse, or suicidality may sometimes be present in perpetrators who make such threats, which creates a dual-assessment obligation for systems. The evidence for post-death abuse through suicide notes remains limited and should be described cautiously. On the present evidence, the Committee can conclude that suicide and self-harm threats are a recognised and important coercive-control tactic within DFSV and should be treated as such in policy, risk assessment, and service responses.

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

Separation and early post-separation as a prevention window

Separation and early post-separation emerge from the literature as a clinically and systemically important period for prevention and early intervention. This period is repeatedly associated with heightened lethality, stalking, harassment, ongoing coercive control, and severe psychological harm. Wilde et al. (2024) identify post-separation as one of the most dangerous periods for women leaving abusive partners, with increased risk of being stalked, assaulted, harassed, or killed, while Spearman et al. (2023) describe post-separation abuse as involving continuing intimidation, legal systems abuse, economic abuse, and child-related endangerment. Katz et al. (2020) further show that coercive control may continue through post-separation fathering, stalking, and manipulation of children, keeping mothers and children in conditions of ongoing fear and constraint.

This period is also highly relevant to suicide prevention because the broader intimate partner violence literature consistently links recent and severe abuse with suicidal ideation, self-harm, suicide attempts, PTSD, depression, and anxiety. Kafka et al. (2022) found that intimate partner violence was a precursor in a measurable proportion of suicides. McManus et al. (2022) found strong associations between intimate partner violence, suicidality, and self-harm in a probability sample survey. White et al. (2024) showed increased odds of depression, PTSD, and suicidality across types of IPV exposure, and Rasmussen et al. (2025) identified recent multiple-type IPV and PTSD as particularly important pathways in women presenting to emergency departments after suicide-related episodes. Taken together, these findings indicate that recent violence exposure,

especially where coercive control is continuing, is a significant clinical signal for acute and potentially preventable suicide risk.

The Australian Child Maltreatment Study also supports prevention and early intervention as public health priorities by showing that child maltreatment, including exposure to domestic violence, is common and associated with later mental disorder, self-harm, suicide attempts, and increased health-service use, particularly where children are exposed to multiple forms of maltreatment (Mathews et al., 2023; Higgins et al., 2023; Lawrence et al., 2023; Pacella et al., 2023; Scott et al., 2023). These findings support coordinated prevention across child protection, health, and family-support systems rather than fragmented or siloed responses.

Although direct suicide-prevention trials for separated parents under ongoing coercive control appear to be lacking, the literature supports separation and early post-separation as a critical prevention window. Katz et al. (2020), Spearman et al. (2023), and Wilde et al. (2024) all support the characterisation of this period as one of ongoing coercive abuse, constrained safety, and sustained psychological threat. Lohmann et al. (2024) and White et al. (2024) support the link between coercive control, intimate partner violence, and major mental health sequelae relevant to suicide risk, including PTSD, depression, and suicidality. Rasmussen et al. (2025) further identified recent multiple-type IPV and PTSD as a particularly high-risk pathway in women presenting after suicide-related episodes. Millar et al. (2025) adds that post-separation abuse may continue through child-related mechanisms with harmful emotional and mental health effects on children and ongoing distress for mothers. The evidence therefore does not justify claiming that suicide-specific interventions have already been established for this subgroup, but it does support the conclusion that separation and early post-

separation are periods characterised by elevated DFSV-related harm, coercive systems abuse, trauma symptoms, and suicidality risk, and therefore periods in which targeted preventive responses are likely to be especially valuable.

Legal and child-contact systems

One major opportunity for early intervention lies in legal and child-contact systems. The literature on post-separation abuse and family court processes indicates that coercive control may be extended and facilitated through litigation, unsafe contact arrangements, repeated court exposure, and failures to recognise child-related abuse tactics. Wilde et al. (2024) found that mothers navigating family court after domestic violence commonly experienced secondary victimisation, repeated reliving of abuse, and long-term psychological consequences, and that perpetrators used court processes as a mode of ongoing coercive control. Millar et al. (2025) similarly show that post-separation abuse can continue through children, particularly where a pro-contact approach minimises coercive control and enables ongoing access to victims and children. Spearman et al. (2023) also locate post-separation abuse within broader patterns of systems abuse, intimidation, and ongoing risk.

Related research also indicates that entrenched family-court conflict and parent–child contact disruption are associated with substantial psychological strain, while abusive or coercive post-separation litigation may extend harm rather than resolve it. Although direct quantitative links between court-driven contact disruption and suicide deaths remain under-studied, the available evidence supports these conditions as clinically significant burdens relevant to prevention and early intervention (Target et al., 2017; Walsh, 2024; Wilde et al., 2024).

These findings support early DFV-informed screening, triage, and case management in court systems, more cautious and abuse-informed child-contact decision-making, and greater recognition of children as direct victims rather than peripheral witnesses.

Advocacy, outreach, and practical support

A second major opportunity lies in advocacy, outreach, and practical support responses. Carlisle et al. (2025) found that UK-based advocacy and outreach interventions showed benefits, with 58.7% of advocacy participants and 46.2% of outreach participants reporting cessation of abuse at case closure, although the review also notes substantial risk of bias and methodological heterogeneity. Ogbe et al. (2020) found good evidence that interventions improving access to social support through advocates and strong community linkages are associated with better mental health outcomes for survivors. These findings are important because social isolation, fear, reduced support, and constrained access to resources are key mechanisms through which coercive abuse becomes more difficult to escape and more psychologically damaging. Advocacy and outreach are therefore relevant not only to safety in a narrow sense, but to suicide prevention through reducing entrapment, increasing access to support, and improving psychological functioning.

Economic abuse and material insecurity

Economic abuse also requires explicit recognition as a prevention issue. Johnson et al. (2022) show that economic abuse is associated with mental and physical health impacts, financial instability, poorer quality of life, and harms to parent–child interactions. Their review also notes that economic abuse can continue after separation and undermine a survivor's capacity to establish independence. This is highly relevant to suicide prevention because financial deprivation, coerced

debt, employment sabotage, and blocked access to resources can intensify hopelessness, dependency, and inability to leave unsafe circumstances. Early intervention efforts should therefore include targeted economic advocacy, support with debt, income, housing, child-support enforcement, and protection from post-separation financial abuse, rather than treating these as secondary welfare matters outside the core violence response.

Trauma-focused mental health care

A third opportunity lies in integrating trauma-focused mental health care with DFSV responses. Lohmann et al. (2024) show that coercive control is moderately associated with PTSD and depression, and Dokkedahl et al. (2022) similarly identify strong associations between psychological violence and PTSD, depression, and anxiety. Rasmussen et al. (2025) found that in women presenting to emergency departments after suicide-related episodes, recent multiple-type IPV and PTSD identified especially high-risk pathways. White et al. (2024) reinforce the broader association between IPV exposure and suicidality. Ogbe et al. (2020) further support interventions that improve social support and mental health outcomes, and Arroyo et al. (2017) found that short-term interventions for survivors of intimate partner violence were beneficial overall, with CBT-based interventions tailored to IPV survivors showing particularly strong effects. Taken together, these findings support early trauma-focused and violence-informed mental health care, including in emergency, primary care, perinatal, and community settings, linked directly with DFSV advocacy and safety planning rather than delivered in isolation.

Children as direct victims in prevention and early intervention

A fourth opportunity concerns children directly. Katz et al. (2020) show that coercive control may continue through dangerous fathering, stalking,

manipulation, and omnipresence after separation. Millar et al. (2025) found that children exposed to post-separation abuse experienced loss, diminished control, psychoemotional harms, and ongoing exposure to parent-to-child abuse, with the effects extending across emotional, behavioural, and mental health domains. These findings support direct professional support for children as victims in their own right, rather than limiting intervention to adult-focused service models. Child-focused trauma support, safer contact arrangements, and recognition of the child as a route through which coercive control is enacted may also reduce parental suicidality indirectly by reducing child-related coercive leverage, maternal distress, and sustained exposure to post-separation abuse.

Implementation features

Across these domains, several implementation features recur in the literature. Early access matters, particularly at points of separation, court filing, emergency presentation, housing crisis, welfare contact, and child-protection involvement (Spearman et al., 2023; Wilde et al., 2024). Integration matters because fragmented responses allow coercive control to continue across systems (Carlisle et al., 2025; Ogbe et al., 2020). Practical supports matter because housing, finances, transport, legal assistance, and child-contact arrangements shape whether a survivor can translate clinical support into actual safety (Johnson et al., 2022; Spearman et al., 2023). Ongoing follow-up matters because risk does not end when the relationship ends (Carlisle et al., 2025; Wilde et al., 2024). These are not incidental service-design issues. They are central to whether prevention and early intervention efforts reduce persistent exposure to coercion, severe psychological symptoms, and escalating suicide risk (Johnson et al., 2022; Ogbe et al., 2020).

Overall, the evidence strongly supports separation and early post-separation as a critical period for DFSV-related prevention and early intervention. The literature indicates heightened lethality, ongoing coercive control through courts and child-contact systems, and marked mental health burdens including PTSD, depression, anxiety, self-harm, and suicidality (Rasmussen et al., 2025; White et al., 2024; Wilde et al., 2024). The highest-yield responses supported by the current evidence are early DFV-informed court and child-contact decisions (Spearman et al., 2023; Katz et al., 2020; Millar et al., 2025), rapid access to advocacy and outreach (Carlisle et al., 2025; Ogbe et al., 2020), targeted economic-abuse responses (Johnson et al., 2022), integrated trauma-focused mental health care (Arroyo et al., 2017; Lohmann et al., 2024; Rasmussen et al., 2025), and direct support for children exposed to post-separation abuse (Katz et al., 2020; Millar et al., 2025). At the same time, there remains a clear research gap: intervention studies for this period rarely measure suicidal ideation, suicide attempts, or suicide deaths directly. That gap should be addressed urgently, but it should not delay implementation of evidence-informed responses in a period already well established as one of acute and sustained risk (Carlisle et al., 2025; Spearman et al., 2023; White et al., 2024; Wilde et al., 2024).

Category distinction and systemic uncertainty

Additional systemic factors may contribute to suicidality in the context of domestic, family and sexual violence, particularly where family-court, child-protection, and related legal processes generate prolonged uncertainty, relational exclusion, stigma, and cumulative psychological burden. The available literature indicates that these issues should be approached with precision. Unsubstantiated allegations are not equivalent to intentionally fabricated allegations, and the distinction is clinically, legally, and ethically important. A further distinction is also necessary between allegations that are unsubstantiated but remain suspected, allegations that are simply unsubstantiated on the available evidence, and allegations shown to be intentionally fabricated. When these categories are collapsed into one another, systems risk compounding both injustice and psychological harm.

In the Canadian CIS-98 study of 7,672 child maltreatment investigations, more than one-third of investigations were unsubstantiated, but only 4% of all cases were considered intentionally fabricated. Within the subsample involving custody or access disputes, the rate of intentionally fabricated allegations was higher at 12% (Trocme & Bala, 2005). Trocme and Bala also stress that most unsubstantiated investigations should not be treated as deliberate fabrications and distinguish well-intentioned but unconfirmed reports from intentionally fabricated allegations. They further note that child abuse investigations are intrusive and upsetting events, particularly in parental-separation contexts already marked by conflict and distress (Trocme & Bala, 2005). Ferguson et al. (2018), in their examination of 156 published Family Court of Australia judgments involving allegations of child sexual abuse in parenting disputes, similarly

emphasised the importance of distinguishing allegations that were not proven on the available evidence from allegations shown to be intentionally fabricated. Their analysis also highlights the extent to which many cases remain in uncertain, unsubstantiated territory, with significant consequences for children and parents alike (Ferguson et al., 2018).

Psychological burden of unresolved allegations

This distinction is important because prolonged exposure to serious but unresolved allegations may itself generate severe psychological harm. Brooks and Greenberg (2021), in a systematic review of the psychological impact of wrongful accusation, identified eight main domains of harm: loss of identity, stigma, psychological and physical health deterioration, relationship damage, changed attitudes to the justice system, financial and employment harms, traumatic experiences in custody, and adjustment difficulties. Across the studies reviewed, common sequelae included depression, anxiety, PTSD, social withdrawal, fractured social networks, relationship strain, hopelessness, helplessness, and substantial financial burden (Brooks & Greenberg, 2021). Avieli (2022) similarly describes fabricated allegations of domestic violence as experienced by participants as traumatic events associated with cascading losses and possible coercive-control dynamics in conflictual relationships.

Related literature also indicates that chronic relational exclusion, entrenched family-court conflict, and coercive or retaliatory use of legal processes may intensify psychological burden in post-separation contexts. Evidence across separation, contact disruption, and family-court studies links these conditions to elevated distress, depression, trauma symptoms, and, in some settings, self-harm and suicidality, although robust quantitative evidence on suicide deaths in these specific contexts remains limited (Target et al., 2017; Wilde et al., 2024). Emerging

work on systems abuse similarly suggests that strategic or coercive use of legal processes may prolong trauma, secondary victimisation, and psychological deterioration, particularly where survivors are repeatedly required to defend themselves within processes that reproduce the dynamics of control (Douglas, 2018; Reeves, 2020; Heward-Belle et al., 2024).

Suicide-prevention relevance

These findings do not justify any broad claim that allegations in family-law or protection contexts are generally false, nor do they diminish the seriousness of genuine abuse reports. They do, however, support the proposition that poorly assessed allegations, prolonged unresolved proceedings, and systems that fail to distinguish suspected, unsubstantiated, and intentionally fabricated claims may become part of the cumulative pathway to severe psychological deterioration. This may be especially relevant where legal proceedings also involve disrupted parent–child relationships, reputational damage, employment loss, financial obligations, social withdrawal, and chronic procedural entanglement. In this respect, the suicide-prevention relevance of ToR 6 lies not in treating disputed allegations as a category of abuse in themselves, but in recognising that system-generated entrapment, unresolved high-stakes accusations, and prolonged relational exclusion may, in some cases, intensify distress, hopelessness, and suicidality.

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