



30 January 2026

House of Representatives  
Standing Committee on Social Policy and Legal Affairs  
Australian Parliament

To the House of Representatives- Standing Committee on Social Policy and Legal Affairs,

**RE: Inquiry into the relationship between domestic, family and sexual violence and suicide**

The Northern Territory Council of Social Service (NTCOSS) is the peak body for the social and community service sector in the Northern Territory (NT). NTCOSS's membership is comprised of community managed, non-government, not-for-profit organisations that work in social and community service delivery, sector development and advocacy.

NTCOSS advocates for and with the domestic, family and sexual violence (DFSV) sector (the Sector) in the NT to improve safety, wellbeing, economic and social justice outcomes for impacted individuals and communities. The Sector includes Aboriginal Community Controlled DFSV services, Aboriginal Family Violence Legal Services, remote safe houses, women's shelters, DFSV specialist counselling services, women's legal services and specialist sexual violence services. NTCOSS facilitate a territory-wide DFSV network, which includes over 30 NTCOSS member DFSV services. This network supports the coordination and advocacy within the NT DFSV sector.

NTCOSS acknowledge that we live and work on what always was, and always will be, Aboriginal land. We pay our respects to Aboriginal cultures and country, and to Elders both past and present. We acknowledge the courage and dignity of those who stand up and say no to violence, and the DFSV knowledge and learning provided to us by Aboriginal people we work and live with in our communities. NTCOSS also recognise the diversity of the Northern Territory, where nearly one-third of Territorians come from multicultural and refugee backgrounds.<sup>1</sup>Cultural safety must therefore be understood as encompassing both Aboriginal and multicultural worldviews, histories, and experiences.

The following submission responds to the terms of reference outlined regarding the Inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide by the Standing Committee on Social Policy and Legal Affairs.

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<sup>1</sup> NTG Multicultural Strategy Consultation Paper (2025)

## Relationship between DFSV victimisation and suicide

The Northern Territory continues to experience the highest rates of domestic, family and sexual violence in Australia. On average, there are 115 incidents of domestic violence reported each day in the NT.<sup>2</sup> NTCOSS recognises that this violence disproportionately impacts Aboriginal and Torres Strait Islander women, families, and communities.

Domestic, family and sexual violence is driven by a range of complex and interconnected factors that create the conditions in which violence occurs.<sup>3</sup> These include the ongoing impacts of colonisation on Aboriginal and Torres Strait Islander peoples, gendered factors such as societal norms and the influence of patriarchal structures, as well as broader social and structural inequalities rooted in Australia's colonial history.<sup>4</sup>

Domestic, family and sexual violence does not affect everyone in the same way. Gender intersects with other aspects of identity and circumstance, including age, economic status, ethnicity, religion, geographic location, sexual orientation, gender identity, disability, and migration status, to shape experiences of violence and influence access to safety and support. In the Northern Territory, DFSV services report that the largest proportion of service users identify as Aboriginal and/or Torres Strait Islander, followed by women from culturally and linguistically diverse backgrounds; however, the experiences of people with a variety of intersectional factors are likely underreported and not well understood.

Children and young people must be acknowledged as victim-survivors of DFSV in their own right, whether they experience violence directly or are exposed to it through witnessing harm within their family or community.

A range of complex and interconnected factors influences reported rates of domestic, family and sexual violence. They must be understood alongside the lived and living experiences of victim-survivors, including not only experiences of harm, but also strength, healing, and recovery. For many victim-survivors, additional barriers such as stigma, fear of repercussions, dependence on the person using violence (PUV), and concerns about systems and service responses further limit disclosure and access to support.

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<sup>2</sup> <https://pfes.nt.gov.au/newsroom/2024/new-years-day-day-increased-risk-domestic-violence-northern-territory>

<sup>3</sup> Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women in Australia* (2nd ed.). Melbourne, Australia: Our Watch  
<https://assets.ourwatch.org.au/assets/Key-frameworks/Change-the-story-Our-Watch-AA.pdf>

<sup>4</sup> Changing the picture: A national resource to support the prevention 13 of violence against Aboriginal and Torres Strait Islander women and their children <https://assets.ourwatch.org.au/assets/Key-frameworks/Changing-the-picture-AA.pdf>

The longstanding impacts of DFSV can result in emotional, psychological, physical and social harm, which could increase the distress of a victim survivor, impacting their risk of suicide.<sup>5</sup>

It is also critical to recognise that Aboriginal men experience disproportionately high rates of suicide in the Northern Territory. There is an evidence gap regarding how DFSV dynamics, including perpetration, exposure to violence, system contact and criminalisation, may intersect with suicide risk for Aboriginal men. Addressing this gap is essential to ensure prevention, early intervention and response strategies are effective, culturally safe and do not inadvertently contribute to further harm.

Evidence suggests the aetiology of Aboriginal suicide differs from that of non-indigenous people, with factors including impulsivity, a relationship breakdown and absence of safe coping mechanisms contributing to higher rates of suicide. This can be seen within the DFSV context, following DFSV incidents, resulting in relationship fractures and extreme emotional dysregulation.<sup>6</sup>

Over 95 per cent of the Northern Territory is classified as remote or very remote, with around 85–90 per cent of the population living outside inner regional areas. This remoteness, coupled with the impacts of service system gaps that only widen as distance increases, increase risks for people experiencing DFSV, and thus, the suicide risk associated with DFSV.

The NT is the only jurisdiction in Australia without a dedicated domestic, family and sexual violence (DFSV) peak body, while also experiencing the highest rates of domestic, family and sexual violence nationally. Policy officer roles funded at NTCOSS and AMSANT currently undertake limited peak-like functions. However, this arrangement significantly constrains the Territory's capacity for coordinated sector advocacy, system leadership, and meaningful participation in national policy development. This lack of a coordinated system highlights the gaps in data collection and concerted advocacy efforts surrounding DFSV and suicide.

## Reporting and investigation of DFSV-related deaths

Information sharing across police, health, justice and DFSV systems in the Northern Territory remains limited, resulting in a fragmented understanding of deaths related to domestic, family and sexual violence. Although suicide and DFSV-related deaths fall under the remit of the Northern Territory Coroner's Court, current systems do not consistently capture or connect key risk factors. Recent remarks by the coroner suggest that there is interest in highlighting links between DFSV, coercive control and suicide,

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<sup>5</sup> <https://safeandequal.org.au/understanding-family-violence/impacts/>

<sup>6</sup> Westerman, T. and Sheridan, L. (2020) 'Whole of community suicide prevention forums for Aboriginal Australians', *Australian Psychologist*, 55(4), pp. 363–374. doi:10.1111/ap.12470.

underscoring the need for more systematic, coordinated and culturally informed approaches to identifying risk factors in suicide investigations.

Despite these emerging insights, DFSV is still frequently omitted or not formally recorded as a contributing factor in suicide deaths. Critical indicators such as coercive control, prior experiences of violence, and interactions with service and justice systems are often overlooked or insufficiently documented. This limits the ability to understand suicide pathways and the role of DFSV-related harm. Compounding this problem are inadequate data systems that do not reliably capture or consolidate relevant risk factors, significantly constraining the evidence base needed to inform prevention, intervention and policy reform.

The Northern Territory currently lacks a formal Domestic, Family and Sexual Violence (DFSV) death review mechanism, despite its inclusion as a deliverable under the NT Domestic, Family and Sexual Violence Strategy.<sup>7</sup> This represents a critical gap in the Territory's ability to systematically learn from DFSV-related deaths and prevent future loss of life. Establishing an NT DFSV death review mechanism is an urgent and essential reform to strengthen prevention, drive evidence-based policy and practice.

Addressing current data gaps, particularly in relation to suicide risk factors, coercive control tactics, and DFSV-related suicide deaths, will require increased and sustained investment. This includes funding for improved data infrastructure, consistent reporting mechanisms, and capability building for service providers to collect, analyse and use data in ways that are ethical, culturally safe and meaningful.

### System responses to suicide in the context of DFSV

Service system responses to DFSV incidents and suicide-related incidents currently operate in silos, with limited capacity to respond to these issues in a holistic and coordinated way. As a result, critical connections between DFSV risk and suicide risk are often missed, leading to lost opportunities for early intervention, prevention and timely support.

Fragmented service responses can leave individuals and families navigating multiple systems without access to wrap-around, trauma-informed supports that address both safety from violence and suicide risk.

This can impact families with issues relating to housing, such as having to move from a certain house due to cultural reasons or missed medical/legal engagements due to sorry business or relocation. This fragmentation is compounded by workforce capacity constraints, gaps in specialist training, and insufficient resourcing across both DFSV and suicide prevention services.

In the Northern Territory context, characterised by geographic remoteness, workforce shortages and disproportionately high rates of DFSV and suicide, there is a clear need

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<sup>7</sup> Northern Territory Domestic, Family and Sexual Violence Reduction Strategy 2025 - 2028

for integrated, cross-sector responses. Strengthening coordination between health, mental health, DFSV, justice and community services is essential to improving outcomes and ensuring people receive timely, culturally safe and comprehensive support.

### Suicide as a tactic of coercive control

Threats or acts of suicide/self-harm are often used by a person using violence (PUV) as a means of coercive control or emotional or psychological abuse. These threats are often conveyed to victims either in person or by phone/ social media. Within Aboriginal communities engaged with NTCOSS members, it has been highlighted that victim-survivors may experience blame or be held responsible for a perpetrator's suicide risk. This can happen in the form of secondary coercive control tactics where family members of the PUV or the victim relay and perpetuate the threats made by the PUV.

Following a completed suicide of a PUV, there can be an increased risk of harm from the PUV family/ wider community towards the victim survivor, which can make it unsafe for her to remain or return to her home. These experiences of blame, coercive control and fear of payback, and risk of harm are complex and interconnected to a range of factors, which need to be explored with Aboriginal and Torres Strait Islander communities.

Members have advised that the prevalence of victim survivors reporting suicide threats as part of the abuse they have experienced is high. This information, however, is not collated or tracked consistently across the sector, meaning it is impossible to develop a real picture of the issue.

Suicide threats as a form of coercive control occur not only in adult DFSV relationships but are also prevalent among young people. These behaviours must be understood within the context of adolescents' developmental needs, social environments and the unique factors shaping young people's intimate relationships.

In the Northern Territory, there is no formal criminal recognition of threats of suicide as a form of coercive control or emotional and psychological abuse. While the *Domestic and Family Violence Act 2007 (NT)* refers to "threatening to self-harm with the intention of tormenting the person", this behaviour is recognised only within the civil protection framework and may be relied upon as evidence when seeking a Domestic Violence Order (DVO)<sup>8</sup>.

Importantly, threats of self-harm or suicide in the context of DFSV do not fall within a specific criminal offence under the *Criminal Code (NT)*.<sup>9</sup>Our members consistently report that these behaviours are therefore not criminally investigated or charged, despite the significant harm and coercive impact they have on victim-survivors.

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<sup>8</sup> <https://legislation.nt.gov.au/Legislation/DOMESTIC-AND-FAMILY-VIOLENCE-ACT-2007>

<sup>9</sup> <https://legislation.nt.gov.au/Legislation/CRIMINAL-CODE-ACT-1983>

Robust and systemic measures and interventions do not exist to respond to suicide threats used in the context of coercive control or experiences of blame, and fear of payback. Strong policy and practice guidance are needed to ensure safe decisions and support are made in all circumstances.

## Prevention and early intervention

In the Northern Territory, early intervention and prevention activities must be community-led and culturally responsive. This work is already occurring across the NT, including in regional and remote communities, led by people who know what works and what supports their communities to live well and be safe.

One example of community-based early intervention and prevention is *The Little Red Threat Book*, a community-developed resource from the Mental Health Association of Central Australia. Informed by Aboriginal community members, people with lived experience and service providers, the resource responds to the use of suicide threats to influence others<sup>10</sup>. It recognises that such behaviours often arise from trauma, distress and unmet needs, and provides practical, culturally informed guidance for families, communities and services to respond in ways that prioritise safety, express care and reduce harm without reinforcing unsafe or coercive behaviours.

Initiatives like this could be readily expanded to include a DFSV-specific lens, strengthening skills and knowledge within the communities and families where harm is occurring. Whole-of-community approaches to suicide prevention and DFSV prevention and early response have been widely implemented and evaluated, including community-based campaigns addressing forms of domestic violence such as technology-facilitated abuse, alongside suicide intervention strategies.

Funding for respectful relationships education is essential to equip young people to identify when suicide is being used as a tactic of coercive control, and to build the skills needed to disrupt cycles of abuse that can lead to suicidal behaviour.

Stable housing, income security and access to culturally safe supports are critical protective factors. Community-led and culturally responsive prevention approaches, supported by sustained investment in early intervention, are essential to reducing harm and preventing deaths.

## Other related matters

Lived and living experience must meaningfully inform policy development, data collection, and system reform. Robust data, monitoring and evaluation systems are essential to understanding what works, improving outcomes for individuals and communities, and guiding effective policy and investment decisions.

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<sup>10</sup> Mental Health Association Alice Springs, 2023, *Little Red Threat Book*, accessed here <https://www.mhaca.org.au/mentalhealthpromotion/suicideprevention/thelittleredthreatbook/>

Evaluation approaches must be ethical, culturally safe and aligned with best practice and national frameworks. These principles must be embedded across all data collection, monitoring and evaluation activities related to DFSV and suicide prevention, early intervention and response. This includes alignment with frameworks such as the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research, the Australian Evaluation Society First Nations Cultural Safety Framework, and the Productivity Commission's Indigenous Evaluation Strategy.

Stronger accountability is needed where system failures cause harm or loss of life, and national reform must respond to the unique realities of the Northern Territory, including remote service delivery and workforce constraints.

Sustained, long-term funding is essential to support prevention, early intervention, and reduce DFSV-related deaths. Domestic, family and sexual violence and suicide are deeply interconnected in the NT, requiring coordinated, culturally safe and community-led approaches.

The absence of a DFSV peak body and a formal DFSV death review mechanism continues to limit the Territory's ability to prevent harm and learn from system failures. Strengthening integrated services, improving data systems, and centring lived and living experience, alongside recognising suicide as both an outcome of DFSV-related trauma and a tactic of coercive control, are critical to achieving safer and more equitable outcomes across NT communities.

Thank you for considering our submission. Please contact [ceo@ntcoss.org.au](mailto:ceo@ntcoss.org.au) for further information.

Yours sincerely,

Sally Sievers AO, CEO



Ngaanyatjarra  
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Women's Council

