

Aboriginal Community Controlled
Culturally Safe
Prevention of Family Violence
Legal Services and Holistic Support
Cultural and Wellbeing Workshops
Policy and Advocacy



30 January 2026

Standing Committee on Social Policy and Legal Affairs
Parliament of Australia
Parliament House
Canberra ACT 2600
Via email to: spla.reps@aph.gov.au

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

1. Overview and purpose of Djirra's submission¹

Djirra welcomes the opportunity to contribute to the Inquiry into the relationship between domestic, family and sexual violence and suicide. This submission continues and strengthens our prior contributions to the Inquiry into Missing and Murdered First Nations women and children. With over two decades supporting Aboriginal women's safety in Victoria, Djirra has deep insight into the drivers that place Aboriginal women experiencing family violence at heightened risk of suicide.

Aboriginal women die by suicide at significantly higher rates than other women. In 2023, the suicide rate for Aboriginal women was 2.6 times higher than other women nationally.² Evidence demonstrates a strong association between family violence and suicide risk for Aboriginal women, compounded by intersecting structural harms including child removal, criminalisation, housing insecurity, racism and barriers to culturally safe support.

Djirra sees the impact of family violence on Aboriginal women's mental health, cultural wellbeing and safety every day. People who use violence often use coercive control, racism and cultural abuse to isolate Aboriginal women from protective factors against suicide, including family, community, culture, Country and supports such as healthcare, education and employment.

Aboriginal women experiencing family violence also face systemic bias and heightened exposure to legal stressors, alongside increased risk of acquired brain injury (ABI), mental illness, child removal, misidentification, criminalisation and homelessness. Failures across family violence, justice, child protection, housing and health systems compound harms and elevate suicide risk.

Police violence, racial bias and the risk of child protection involvement create substantial barriers to safe reporting and help-seeking, including for suicidality and mental health concerns. Many women engage with Djirra only after navigating multiple, intersecting crises and experiencing limited access to safe or culturally appropriate support.

¹ Notes on language: Djirra uses the term 'Aboriginal' to refer to Aboriginal and Torres Strait Islander peoples living in Australia. The term 'family violence' is used to encompass sexual violence, intimate partner violence and domestic violence, consistent with section 5 of the *Family Violence Protection Act 2008* (Vic).

² Australian Institute of Health and Welfare (2023), [Suicide and intentional self-harm hospitalisations among First Nations people](#).

Suicide risk for Aboriginal women cannot be separated from family violence or the systemic racism shaping access to safety and care. Preventing suicide requires responses that address both the violence and the compounding impacts of systems that continue to fail Aboriginal women. This work requires structural reform, sustained investment in Djirra and specialist Family Violence Prevention and Legal Services (FVPLSs), and fundamental changes to system responses to Aboriginal women experiencing family violence.

2. About Djirra

Djirra is an Aboriginal Community Controlled Organisation (ACCO) with over 23 years' experience supporting Aboriginal women and their children. As Victoria's only specialist statewide FVPLS, Djirra works alongside women to find solutions grounded in self-determination and informed by lived experience, strength and resilience.

Djirra delivers holistic, culturally safe services across prevention, early intervention, response and recovery. This includes specialist family violence support, legal services, case management, mental health safety planning and referrals, drug and alcohol support, and community-led cultural and wellbeing programs through Koori Women's Place. Djirra also provides legal, case management and wellbeing services to Aboriginal women in custody.

Djirra's early intervention and prevention programs - Sisters Day Out®, Dilly Bag and Young Luv® - strengthen cultural connection, confidence and resilience, while building understanding of gender-based violence, rights and pathways to support. Djirra also undertakes systemic advocacy to amplify Aboriginal women's voices, improve access to justice and address structural violence, and is an active member of the First Nations Advocates Against Family Violence.

3. Summary of recommendations

Djirra calls on this Inquiry to recommend that governments:

a. Recognise the national crisis of Aboriginal women dying by suicide

Recognise the historical and ongoing disproportionate rate at which Aboriginal women die by suicide as a national crisis.

b. Invest in Aboriginal-led cultural supports

Recognise and fund Aboriginal-led cultural programs as protective factors against suicide for Aboriginal women, including sustained investment in specialist FVPLSs, Djirra programs, and Aboriginal-led counselling and mental health supports, to match the demand and geographical spread of need.

c. Provide Aboriginal women with self-determined support options

Expand the choice and control for Aboriginal women experiencing family violence through expanded pathways for support and accountability beyond police and criminal courts, including referrals to FVPLSs.

d. Strengthen workforce wellbeing in specialist services

Provide dedicated funding for workforce supervision and wellbeing that acknowledges the mental, cultural and spiritual impacts of frontline work, particularly for Aboriginal staff.

e. Improve national data and reporting

Strengthen national data collection and public reporting on:

- family violence against Aboriginal women and children
- suicide deaths disaggregated by sex and jurisdiction
- intersections between family violence, suicide and homicide

Data collection and reporting must align with Indigenous Data Sovereignty principles and build ACCO data capability.

f. Improve police investigation of missing Aboriginal women, family violence and deaths of Aboriginal women

Ensure police consistently and rigorously investigate family violence involving Aboriginal women, and investigate deaths and missing persons reports relating to Aboriginal women with explicit consideration of family violence to prevent misclassification, ensure an accurate understanding of the circumstances of death, and support data accuracy and accountability.

g. Strengthen reporting for Closing the Gap Targets 13 and 14

Ensure family violence is recognised and reported as a key driver of suicide under Target 14, and that regular, robust national data collection is undertaken for Target 13.

h. Implement routine ABI screening and culturally appropriate supports

Fund routine, culturally safe ABI screening for Aboriginal women experiencing family violence, with timely referral pathways to culturally appropriate, specialist ABI services.

i. Keep Aboriginal mothers and children together

Establish national standards to prevent unnecessary child removal and support timely reunification, expand programs enabling Aboriginal mothers in custody to remain with their infants and young children, and implement early notification and referral systems for child protection consistent with Yoorrook recommendations.

j. Prevent and address misidentification in family violence responses

Make prevention and correction of misidentification an explicit priority, including by requiring police to provide Aboriginal women with a referral to an FVPLS on first contact for a family violence incident, and mandating police, courts, coroners and death review bodies to identify and correct the misidentification of Aboriginal women as perpetrators of family violence.

k. Reduce criminalisation and incarceration

Repeal punitive laws that disproportionately criminalise Aboriginal women, ensure fair access to bail, and avoid criminal justice responses that punish poverty, homelessness and disadvantage.

l. Improve custodial conditions and mental health care

Ensure Aboriginal women in custody have timely access to culturally safe, Aboriginal-led health and mental health care, including continuity with existing providers, with triaging conducted by appropriately qualified healthcare professionals, and address custodial conditions that exacerbate suicide risk through improved staffing, safety and accountability.

m. Guarantee safe housing for Aboriginal women and children

Invest in safe, affordable and culturally appropriate emergency and long-term housing, alongside safe-at-home measures for Aboriginal women experiencing family violence.

n. Strengthen national suicide risk assessment and response

Develop a nationally consistent, culturally safe approach to identifying and responding to suicide risk among Aboriginal women experiencing family violence, led by specialist FVPLSs, with careful, consent-based, cross-sector information sharing supported by safeguards alongside workforce training.

o. Reform coronial and death review processes

Strengthen and resource coronial and death review mechanisms to identify family violence-related suicides, including those currently obscured, and enable culturally informed examination of systemic failures across justice, health, housing and child protection systems.

4. The relationship between Aboriginal women experiencing family violence and dying by suicide

Djirra acknowledges that quantitative data cannot capture Aboriginal women's lived experiences, strength and resilience, nor the profound impact of their deaths on children, families and communities.

4.1. Rates and patterns of suicide among Aboriginal women

Closing the Gap Target 14 commits governments to a "significant and sustained reduction in suicide of Aboriginal people towards zero". Despite this, the suicide rate for Aboriginal women increased from 10.8 per 100,000 women in the 2018 baseline year to 13.8 per 100,000 women in 2023.³ Nationally, suicide and self-inflicted injuries were the second leading cause of death for Aboriginal women in 2018.⁴

Between 2019 and 2023, Victoria recorded the second highest suicide rate for Aboriginal women nationally, at 18.9 per 100,000 women, after the Northern Territory at 20.3 per 100,000.⁵ Analysis by the Coroners Court of Victoria found that between 2020 and 2024, Aboriginal people in Victoria died by suicide at a rate nearly three times higher than other people.⁶

Aboriginal women are also dying by suicide at significantly younger ages than other women.⁷ In Victoria, the average age of Aboriginal Islander women who died by suicide was 29.6 years, compared with 45.7 years for other women.⁸

Patterns of intentional self-harm hospitalisation further demonstrate the disproportionately high rates of suicidality experienced by Aboriginal women.⁹ In 2023–24, the hospitalisation rate for intentional self-harm among Aboriginal women was 325.2 per 100,000, which is substantially higher than the rate for Aboriginal men (193.8 per 100,000).¹⁰ While suicide mortality rates are

³ Productivity Commission (2025), [Closing the Gap – Annual Data Compilation Report](#) [p.38].

⁴ Australian Institute of Health and Welfare, [Suicide and intentional self-harm hospitalisations among First Nations people](#).

⁵ Australian Institute of Health and Welfare, [Suicide and intentional self-harm hospitalisations among First Nations people](#).

⁶ Coroners Court of Victoria (2025), [Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2020 – 2024](#) [pp.7-8].

⁷ Productivity Commission (2025), [Closing the Gap – Annual Data Compilation Report](#) [p.38].

⁸ Coroners Court of Victoria (2025), [Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2020 – 2024](#) [p.8].

⁹ Hospitalisation data for intentional self-harm includes injuries both with and without suicidal intent; however, presentations without suicidal intent still indicate significant mental distress and elevated risk.

¹⁰ Australian Institute of Health and Welfare (2019-2023), [Intentional self-harm hospitalisations among First Nations people](#); Australian Institute of Health and Welfare (2019-2023), [Intentional self-harm hospitalisations by sex](#).

higher among men, these markedly elevated hospitalisation rates highlight levels of psychological distress among Aboriginal women that are not captured by suicide deaths alone.

4.2. Family violence as an indicator of suicide

National data does not adequately capture the proportion of suicides related to family violence. Australian Bureau of Statistics data from 2017 identified “problems in relationship with spouse or partner” as the most common psychosocial factor for Aboriginal people who died by suicide, present in 20 per cent of deaths compared with 9.3 per cent for other people.¹¹ While this category encompasses intimate partner and domestic violence, family violence was not analysed as a distinct factor.¹² As a result, the role of family violence in Aboriginal women’s suicides remains obscured in national reporting.

Victorian coronial data demonstrates a strong association between family violence and Aboriginal deaths by suicide. Forty per cent (38 of 95) of Aboriginal people who died by suicide in Victoria between 2020 and 2023 had a documented history of childhood exposure to family violence.¹³ Data provided to Djirra by the Coroners Court of Victoria further indicates that Aboriginal women’s suicide deaths are frequently family violence related. Of the Aboriginal women who died by suicide in Victoria between 2014 and 2024, 79.2 per cent were recorded as having experienced family violence during their lifetime.¹⁴ This demonstrates that family violence is not a peripheral factor, but a central and recurring feature in Aboriginal women’s deaths by suicide.

Djirra’s service data also reinforces the strong connection between family violence and suicidality among Aboriginal women. In 2025, 35 clients self-reported current or recent suicidality to Djirra’s Individual Support Service (ISS) team during family violence risk assessments. While Djirra’s legal team does not currently collect data on suicidality, our practitioners often support clients expressing current or previous suicidality.

4.3. Strengthening Closing the Gap data collection and reporting to accurately capture family violence-related suicides of Aboriginal women

Although the Coroners Court of Victoria has publicly reported on Aboriginal deaths by suicide since 2020, evidence heard by the Yoorrook Justice Commission in 2024 confirmed that suicide data was not previously reported by Victoria under the National Agreement on Closing the Gap.¹⁵ While Victorian data was included in the 2025 Closing the Gap Data Compilation Report,¹⁶ no data is currently available for Tasmania or the ACT. As a result, progress against Target 14 cannot be reliably assessed due to the absence of consistent single-year jurisdictional data.¹⁷

Further, while Target 14 includes “supporting indicators” of suicide, such as experiences of racism, family violence is not included.¹⁸ This omission obscures the significant impact of family violence on Aboriginal women’s and children’s health and wellbeing, its role in elevating suicide risk, and limits opportunities for targeted suicide prevention and early intervention.

¹¹ Australian Bureau of Statistics (2019), [Psychosocial risk factors as they relate to coroner-referred deaths in Australia](#).

¹² Australian Bureau of Statistics (2019), [Psychosocial risk factors as they relate to coroner-referred deaths in Australia](#).

¹³ Coroners Court of Victoria (2025), [Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2020 – 2024](#) [p.4].

¹⁴ The Coroners Court of Victoria provided Djirra with data collated from the Court’s Victorian Suicide Register (VSR).

¹⁵ Yoorrook Justice Commission (2025), [Yoorrook for Transformation Third Interim Report - Volume 4](#) [p.130].

¹⁶ Productivity Commission (2025), [Closing the Gap – Annual Data Compilation Report](#) [p.37].

¹⁷ Productivity Commission (2025), [Closing the Gap – Annual Data Compilation Report](#).

¹⁸ Productivity Commission (2025), [Closing the Gap – Annual Data Compilation Report](#) [p.38]; *Closing the Gap* indicators are accessible at: [Outcome 13](#) and [Outcome 14](#).

The 2025 Closing the Gap Annual Report also confirms that the most recent data for Target 13 (reducing family violence against Aboriginal women and children) remains the 2018–19 baseline data, and that no survey is currently being conducted or planned to collect updated data.¹⁹ The lack of current data is unacceptable. Without current and reliable data, it is not possible to assess progress in reducing family violence against Aboriginal women and children or design effective suicide prevention responses that address family violence as a key driver.

Continued coordination between Commonwealth, state and territory governments is required to improve data collection and reporting systems so they accurately capture the relationship between family violence and suicide among Aboriginal women.

4.4. How Indigenous data sovereignty can improve the accurate data collection of family violence-related suicides of Aboriginal women

Indigenous data sovereignty is essential to making Aboriginal women visible within data systems. Current formal data collection and reporting frameworks, including those used under Closing the Gap, are largely confined to quantitative and deficit-based measures. These approaches do not adequately capture the relationship between Aboriginal women's experiences of family violence and suicide, nor the compounding and systemic harms that elevate suicide risk.

Strengthening Aboriginal control over data collection, analysis and use would enable more accurate identification of family violence-related deaths by suicide, better reflect Aboriginal women's lived realities, and support community-led prevention, healing and early intervention responses. Aligning suicide and family violence data systems with principles of Indigenous Data Sovereignty is critical to ensuring Aboriginal women are accurately represented in policy, funding and service design. Aboriginal community-controlled frontline services, such as Djirra, are often best placed to collect, hold and interpret this data safely and effectively.

4.5. Failure to investigate

Djirra is concerned that police responses to family violence involving Aboriginal women are often inadequate, inconsistent and shaped by racial bias, resulting in missed opportunities for early intervention and prevention. Aboriginal women and girls have consistently raised concerns about police discrimination and lack of urgency, describing police normalising violence, disbelieving disclosures and failing to intervene.²⁰ Djirra's experience in Victoria reflects this, with the Code of Practice for the Investigation of Family Violence applied inconsistently or not at all, including women being turned away when reporting breaches of Intervention Orders or told the behaviour "is not a breach" or that it is "too late" to make a statement. These failures allow family violence to continue unchecked, prolonging trauma and compounding suicide risk.²¹

Failures to properly investigate missing persons reports and family violence also have serious consequences when an Aboriginal woman dies. Drawing on frontline experience and coronial data, Djirra is aware of cases where deaths occurred in the context of family violence and where that violence contributed to the woman's death. Djirra is also aware of the strong likelihood that some deaths of Aboriginal women have been inaccurately recorded as suicides or accidents, when they may in fact have been homicides. Police assumptions about drug use, mental ill health

¹⁹ Productivity Commission (2025), [Closing the Gap – Annual Data Compilation Report](#) [pp.128–129].

²⁰ Australian Human Rights Commission & Oscar, J. et al. (2020), Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report [p.157].

²¹ Change the Record & National Family Violence Prevention Legal Services Forum (2021), [Pathways to safety](#).

or “lifestyle factors”, alongside failures to investigate coercive control and prior abuse, mean critical evidence is missed.

For example, Djirra sees instances where perpetrators tell police that women who are missing do not have family, despite this being untrue, and this is accepted at face value without further inquiry. Women with drug and alcohol dependencies are sometimes assumed by police to have died from overdose or suicide while intoxicated, without proper investigation, even where there is a known history of family violence and the perpetrator has used drugs or alcohol as a means of control. Similarly, deaths on roads, including where women have been chased by perpetrators, may be treated as traffic accidents rather than investigated in the context of family violence.

These failures deny truth and justice to families, obscure the scale and nature of family violence-related deaths, and result in incomplete and inaccurate suicide data, undermining prevention and policy responses.

4.6. Underreporting of family violence by Aboriginal women

Family violence against Aboriginal women is significantly underreported across jurisdictions. Many Aboriginal women supported by Djirra report hesitancy in disclosing violence to police due to racism, not being believed, or police failing to act. Aboriginal mothers frequently report fearing child removal or other punitive responses if they disclose violence. Women have also told Djirra they avoided disclosing to health professionals due to concerns this would trigger child protection involvement. Aboriginal women may feel particularly unsafe disclosing violence to ACCOs and family violence services where child protection functions are embedded or closely connected, including in Victoria where some local ACCOs hold delegated child protection powers under section 18 of the *Children, Youth and Families Act 2005* (Vic).²²

These factors mean available data almost certainly underestimates family violence among Aboriginal women, including those who die by suicide. Any data analysis must therefore proceed on the basis that available data is incomplete and shaped by systemic barriers to disclosure.

5. Suicide prevention measures for Aboriginal women experiencing family violence

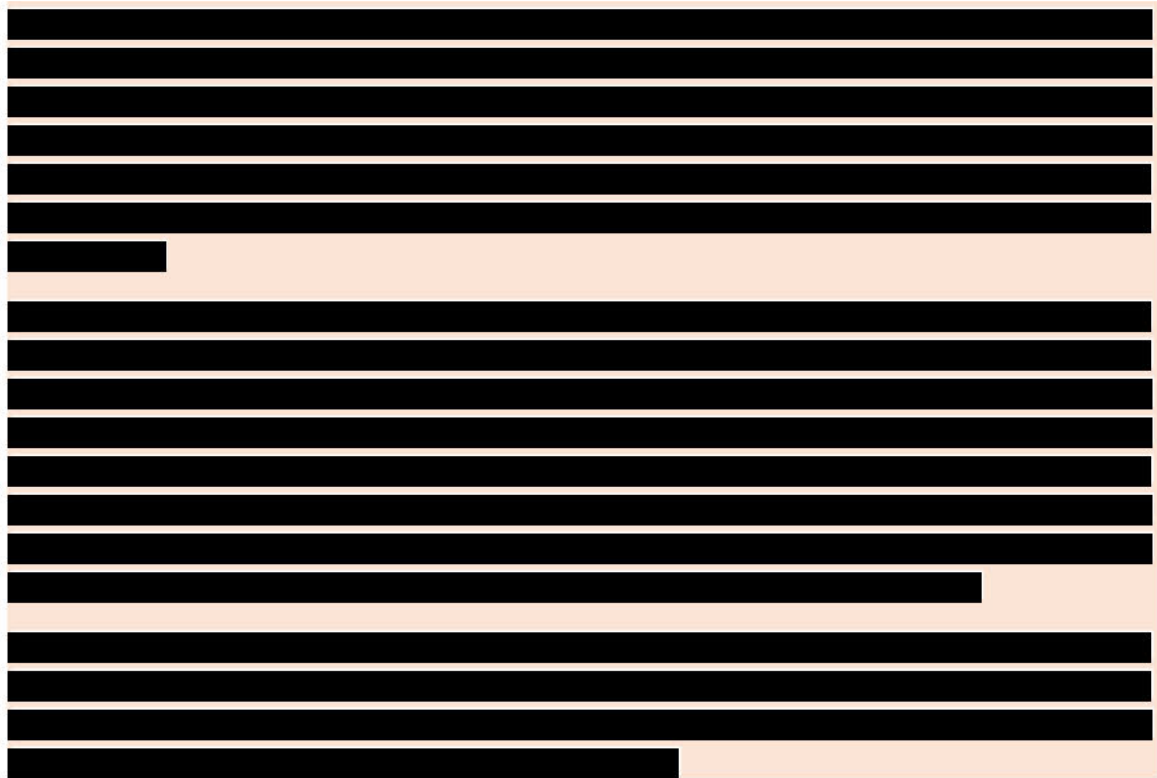
Coronial findings demonstrate that suicide risk for Aboriginal women cannot be understood in isolation from family violence or from systemic failures across child protection, justice, health and social service systems. In several cases, including the death of Wemba Wemba teenager XY, coroners have identified the compounding impacts of family violence, child protection involvement, disconnection from family and culture, and culturally unsafe service responses as contributing to suicide risk.²³ These findings underscore the urgent need for Aboriginal-led, culturally safe responses that support Aboriginal women experiencing family violence, reduce system-driven harm, and strengthen protective factors against suicide.

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²² Yoorrook Justice Commission (2023), *Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems* [pp.129-130].

²³ Coroners Court of Victoria (2024), [Inquest into the passing of XY](#).

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5.1. Aboriginal-led cultural support and counselling as suicide prevention measures

Aboriginal-led, culturally safe services play a critical role in reducing suicide risk for Aboriginal women experiencing family violence by strengthening connection to culture and community and providing trusted pathways to support. Djirra offers ongoing, culturally safe support through drop-in access at Koori Women's Place and participation in programs delivered in person and remotely. Our signature early intervention and prevention programs, Sisters Day Out®, Dilly Bag and Young Luv®, provide wellbeing workshops where women can access cultural support, connect with services, and engage in restorative activities in culturally safe environments.

Our programs support social and emotional wellbeing and contribute to suicide prevention by strengthening cultural connection, confidence, self-worth and pride in identity, protective factors often eroded by prolonged family violence. Women who engage with Djirra frequently build strong, trusting relationships, increasing their willingness to seek support from Djirra and external providers, including mental health services.

Djirra staff regularly support women experiencing suicidal ideation linked to family violence and trauma, with some women describing feeling so trapped that suicide feels like the only option. Djirra's holistic model enables immediate, culturally safe responses to disclosures of suicidality, including safety planning, warm referrals to mental health supports and therapeutic services, and practical support to reduce compounding stressors such as financial hardship.

From 2019 to 2021, Djirra piloted an Aboriginal-led, culturally safe, trauma-informed counselling service embedded within Koori Women's Place, providing timely mental health support and improved continuity of care. Despite its effectiveness, funding was not continued. Djirra is now unable to offer in-house counselling and must refer women externally, often to services with long wait times. Access is particularly limited for women in custody, with only one Aboriginal counselling service available to around 60 Aboriginal women at Dame Phyllis Frost Centre.

With appropriate funding, Djirra could reinstate this internal counselling service, including for women in custody. This would give Aboriginal women the option of culturally safe mental health care, enable immediate support at times of acute risk, ensure continuity of care, and reduce the burden on women to navigate multiple external services. This would significantly strengthen suicide prevention for Aboriginal women experiencing family violence.

5.2. Keeping Aboriginal children and mothers together to reduce suicide risk

As outlined below, research shows family violence is a major driver of child removal, and from Djirra's frontline experience and external research, we know child removal increases the risk of suicidality for both Aboriginal mothers and their children. Addressing these interconnected factors is therefore critical to suicide prevention for Aboriginal women. In 2023–24, over 70 per cent of child protection matters involving Aboriginal children were substantiated on the basis of physical, sexual or emotional abuse, including exposure to family violence.²⁵ Alarming, in the same period, the rate of Aboriginal children in out-of-home care in Victoria was 90.5 per 1,000 children - almost double the national average.²⁶ Children in out-of-home care experience substantially higher rates of mental health distress and serious suicide attempts.²⁷

Women supported by Djirra frequently report suicidal ideation following child removal and where legal processes are prolonged and feel insurmountable. Aboriginal women have described child removal as one of the most significant harms to their health and social and emotional wellbeing.²⁸ Coronial findings, including those relating to Heather Calgaret,²⁹ have identified the absence of culturally safe, Aboriginal-led and responsive clinical services, to respond to Aboriginal women's mental health decline following child removal, as a critical point for mental health intervention.

Given the suicide risk associated with child removal and family violence, it is essential that Aboriginal women and children who experience family violence are supported to remain together and safe. Noting the majority of Djirra's clients experience family violence from a non-Aboriginal perpetrator, Aboriginal mothers are also a critical protective source of connection to culture for Aboriginal children. Policies and systems that separate Aboriginal children from their mothers therefore undermine a critical protective factor against suicide.

A significant barrier to keeping Aboriginal children with their mothers is Victoria's harsh reunification timelines. Djirra has consistently advocated for the removal of the 12 and 24-month time limits on family reunification orders introduced in 2014.³⁰ Djirra continues to witness the devastating impacts of these provisions on Aboriginal families, which fail to account for the reality that healing from trauma and family violence cannot occur within arbitrary timeframes.

Djirra also advocates for the expansion of the *Living with Mums* program in custodial settings, which would enable Aboriginal babies and young children to remain with their mothers while in custody. Djirra's Legal Team reports that over the last decade there have been no successful applications for a pregnant mother to keep her baby in prison. Removing reunification time limits, reducing delays and expanding *Living with Mums* programs are critical reforms that would

²⁵ Australian Institute of Health and Welfare (2025), [Child protection 2023 – 24: Aboriginal and Torres Strait Islander Children](#).

²⁶ SNAICC (2025), [Family Matters Report 2025](#) [p.115].

²⁷ Victorian Auditor-General's Office (2019), [Independent assurance report to Parliament 20218-19: Child and Youth Mental Health](#).

²⁸ Centre for Innovative Justice (2020), [Women Transforming Justice: Final Evaluation Report](#) (2020) [p.32].

²⁹ Coroners Court of Victoria (2025), [Inquest into the Death of Heather Calgaret](#) (2025) [p.276].

³⁰ *Children, Youth & Families (Permanent Care & Others Matters) Amendment Act 2014*; Djirra (2023), [Submission to Yoorrook on Systemic Injustice in the Criminal Justice System](#).

support Aboriginal women and children to heal together and maintain connection to culture, rather than being separated at a time of heightened risk of family violence and suicidality.

Early access to legal assistance and wrap-around support is also essential to preventing child removal and mitigating the compounding effects of family violence and legal stress on suicide risk. Victorian Coroners Court data indicates that more than 50 per cent of Aboriginal people who died by suicide were experiencing legal issues at the time of their death.³¹

Djirra has long advocated for a Child Protection Notification and Referral System (CPNRS). The Yoorrook Justice Commission recommends that child protection automatically notify an Aboriginal legal service when a pre-birth report is made concerning an Aboriginal woman, or when a report about an Aboriginal child is substantiated.³² In Victoria, there is agreement that referrals be directed to Djirra for Aboriginal mothers and non-Aboriginal mothers of Aboriginal children, and to the Victorian Aboriginal Legal Service for other parents/carers and children.

The CPNRS would ensure Aboriginal women receive critical early legal assistance, supporting efforts to prevent child removal and enabling Aboriginal mothers and children to remain together and heal following family violence. This early intervention is essential to reducing the risk of suicidality for both Aboriginal mothers and their children in the aftermath of family violence.

6. System reforms to prevent suicide among Aboriginal women experiencing family violence

Preventing suicide among Aboriginal women requires system-wide reform to address the structural harms that compound family violence and suicide risk, including ABI, misidentification, criminalisation, custodial conditions and inadequate mental health care, housing insecurity, and gaps in risk assessment and death review processes.

6.1. ABI - Early identification and support to reduce suicide risk

Aboriginal women who experience family violence are at disproportionately high risk of ABI, including traumatic brain injury resulting from non-fatal strangulation and assault-related head injuries. Djirra regularly supports Aboriginal women living with ABI or presenting with symptoms consistent with ABI following family violence.

Evidence shows a strong association between traumatic brain injury and suicidal ideation and attempts, with risk increasing as injury severity increases.³³ These risks are particularly acute for Aboriginal women due to the high rates of head injury from family violence. Aboriginal women are 69 times more likely than other women to suffer a head injury from assault.³⁴ In Victoria, 42 per cent of Aboriginal people presenting to hospital with family violence-related injuries between 2006 and 2016 sustained a brain injury.³⁵ This aligns with Djirra's frontline experience, where Aboriginal women frequently report perpetrator-inflicted strangulation and head or neck injuries. Research also shows higher rates of post-traumatic stress disorder, depression and anxiety among people who have experienced family violence, particularly those with ABI.³⁶

In Djirra's experience, Aboriginal women with ABI are at risk of further harm. Perpetrators may exploit ABI-related symptoms to undermine women's credibility or argue for the removal of

³¹ Coroners Court of Victoria (2025), [Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2020 – 2024](#) [p.11].

³² Yoorrook Justice Commission (2023), [Yoorrook for Justice Report](#), Recommendation 12 [p.31].

³³ Luca et al. (2025), [The Relationship Between Traumatic Brain Injury and Suicide: A Systematic Review of Risk Factors](#).

³⁴ Jamieson, Harrison & Berry (2008), [Hospitalisation for head injury due to assault among Indigenous and non-Indigenous Australians, July 1999 – June 2005](#).

³⁵ Brain Injury Australia (2018), [The Prevalence of Acquired Brain Injury Among Victims and Perpetrators of Family Violence](#) [p.15].

³⁶ Knight et al. (2025), [Brain Injury Within Intimate Partner Violence: What Are the Cognitive Effects?](#).

children from their care. For example, a perpetrator may tell police not to speak to the Aboriginal woman because she “will not understand” due to ABI, increasing her risk of misidentification, criminalisation and child removal. System responses also often adopt a deficit lens, with child protection removing children on the basis that cognitive impairment limits parenting capacity.

Many Aboriginal women supported by Djirra face barriers to employment due to ABI, which in turn affects access to stable housing. Aboriginal women are rarely provided with sufficient strengths-based, culturally safe supports or financial assistance to mitigate the impacts of ABI. These dynamics compound trauma, exacerbate distress and significantly elevate suicide risk.

Given the lifelong impacts and mental health risks associated with ABI, Djirra has long advocated for standardised ABI screening for Aboriginal women experiencing family violence.³⁷ Screening must recognise that ABI symptoms in Aboriginal women are often misinterpreted as intoxication, non-compliance or behavioural issues.³⁸ Standardised screening is critical to early identification and timely referral to culturally safe health and mental health services to mitigate suicide risk.

There are also no dedicated, trauma-informed interventions for women with ABI resulting from family violence, such as specialised therapy or compensation. Consequently, many Aboriginal women must manage complex, long-term impacts without adequate support.³⁹ Culturally safe, Aboriginal-led ABI support is critical to reduce suicide risk and prevent further harm.

6.2. Preventing suicide by addressing misidentification in family violence responses

Misidentification of women experiencing family violence as the predominant aggressor is a systemic issue within policing and justice responses and represents a serious, under-recognised suicide risk. When women are wrongly identified as perpetrators, they are often criminalised, excluded from victim support services, and exposed to further harms such as housing loss, child removal, legal stress, isolation, and declining mental health,⁴⁰ significantly elevating suicide risk.

This risk is particularly acute for Aboriginal women, who are disproportionately misidentified by police. Djirra’s experience shows the scale: a 2023 casework review found at least 24 per cent of Aboriginal women were wrongly identified as perpetrators in family violence incidents.

Misidentification is rarely a simple error. It commonly arises from systemic failures, including perpetrators making false reports, incident-based policing that fails to identify patterns of coercive control, inadequate investigation, and misinterpretation of women’s self-defence, resistance or trauma responses as aggression.⁴¹ For Aboriginal women, who most often experience violence from non-Aboriginal perpetrators, these risks are compounded by racism, racial profiling, power imbalances and systemic bias.

Victorian coronial findings demonstrate the link between misidentification and suicide risk. In the inquest into Ms KSQ’s death, the coroner found she may have been misidentified by police as the predominant aggressor, contributing to deteriorating mental health and increased suicidality prior to her death.⁴² Similar concerns were raised in the inquest into Ms FCP’s death, with

³⁷ Djirra (2024), [Evidence to Yoorrook Justice Commission: Social Justice Hearing](#).

³⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2022), [Criminal justice system issues paper and final reports](#); Safe and Equal, [Working with misidentified victim survivors](#).

³⁹ Knight et al. (2025), [Brain Injury Within Intimate Partner Violence: What Are the Cognitive Effects?](#).

⁴⁰ ANROWS (2020), [Accurately Identifying the “Person most in need to protection” in domestic and family violence law](#) [p.86].

⁴¹ Family Violence Reform Implementation Monitor (2021), [Monitoring Victoria’s Family Violence Reforms: Accurate identification of the predominant aggressor](#), [pp.11-12]. Safe & Equal (c2024) [Working with Misidentified Victim Survivors: A practice resource for family violence practitioners](#).

⁴² Coroners Court of Victoria (2025), [Inquest into the Death of Ms KSQ](#) [pp.9-12].

recommendations emphasising the need for thorough investigation of family violence allegations, clear documentation of police decision-making when assigning roles of affected family member and respondent, and guidance for police on the heightened risk of misidentifying women with mental illness, particularly where they do not present as 'ideal victims'.⁴³

Djirra supports these recommendations as critical suicide prevention measures. Reforms currently under consideration in Victoria, which would require police and the Magistrates' Court to consider misidentification and relevant risk factors at key stages of family violence proceedings, provide a useful model for courts nationally.⁴⁴ For reforms to be effective, courts must have access to police documentation to enable scrutiny and correction of misidentification.

Preventing misidentification, and correcting it promptly when it occurs, is essential to suicide prevention. This requires improved police training on family violence dynamics, trauma-informed practice and racial bias; mandatory review where an Aboriginal woman is identified as a primary aggressor; and streamlined processes to amend police and agency records to prevent cascading harms. Coronial, death review and data collection processes must also assess misidentification.

In response to the scale and consequences of this issue, Djirra has commissioned the Centre for Innovative Justice to undertake research into preventing and addressing misidentification.

6.3. Reducing suicide risk by limiting the criminalisation of Aboriginal women, and improving access to bail and culturally safe mental health supports in custody

Family violence, mental ill health and incarceration each increase suicide risk for Aboriginal women. When these factors intersect, the risk is significantly elevated. Family violence and mental ill health are also associated with a higher likelihood of incarceration: research shows that 87 per cent of Aboriginal women in custody have experienced physical or sexual violence, and over 85 per cent of Aboriginal people in custody live with mental illness or cognitive disability,⁴⁵ making it more likely that multiple suicide risk factors intersect and compound.

Limiting criminalisation and unnecessary incarceration

Prison is never culturally safe. For Aboriginal women experiencing family violence, incarceration is inherently harmful and can intensify distress, disconnection from family and culture, and suicide risk. Keeping Aboriginal women out of prison wherever possible is therefore a critical suicide prevention measure.

Reducing suicide risk requires action to prevent unnecessary incarceration by addressing the criminal justice pathways that draw Aboriginal women into custody, including punitive laws, the policing of disadvantage, and restrictive bail laws and practices. Across Australia, Aboriginal women are disproportionately criminalised for low-level offending linked to poverty, homelessness, trauma and disadvantage. Limiting this criminalisation is essential to reduce avoidable justice system contact and interrupt pathways into custody that compound suicide risk.

Restrictive bail laws contribute to Aboriginal people disproportionately remanded in custody.⁴⁶ In Victoria, the 2025 amendments to the *Bail Act 1977* (Vic) disproportionately affect Aboriginal women and children and undermine progress toward Closing the Gap Targets 10 and 11 by significantly increasing the number of Aboriginal women held on remand. Since these

⁴³ Coroners Court of Victoria (2025), [Inquest into the Death of Ms FCP](#) [p.19].

⁴⁴ *Justice Legislation Amendment (Family Violence, Stalking and Other Matters) Bill 2025*.

⁴⁵ VEOHRC (2013), [Unfinished business – Koori women and the justice system](#) [p.4].

⁴⁶ Australian Institute of Health and Welfare (2024), [Aboriginal and Torres Strait Islander Health Performance Framework: 2.11 Contact with the criminal justice system](#).

amendments, the number of Aboriginal women on remand has more than doubled, with women on remand accounting for over half of all Aboriginal women in custody as of 31 December 2025.⁴⁷

Djirra has seen these impacts firsthand through our Prison Support Program, which supports Aboriginal women in custody who have experienced family violence. Since the removal of the principle of detention as a last resort, demand for this program has increased by 80 per cent, reflecting the growing number of women drawn into custody through punitive bail laws. This increase in incarceration directly elevates suicide risk.

All states and territories must take action to keep Aboriginal women out of prison by ensuring criminal justice responses, including bail laws, do not disproportionately criminalise or incarcerate Aboriginal women, recognising incarceration as a driver of suicide risk.

Improving custodial conditions and access to support

Where Aboriginal women are incarcerated, access to high-quality, culturally safe mental health care and support, alongside improved custodial conditions, is critical to prevent mental health deterioration, address family violence-related trauma, and reduce suicide risk.

Most Aboriginal women in custody are mothers, with over 80 per cent having children.⁴⁸ Incarceration often leads to child removal, housing loss and added legal stress, further elevating suicide risk. Targeted, culturally safe supports for mothers in custody are therefore essential.

Suicide risk is amplified by inadequate and culturally unsafe mental health care in custodial settings. Aboriginal women are separated from their existing supports and largely reliant on prison health services, which women supported by Djirra consistently report as inaccessible, inadequate or culturally unsafe. They also report that mental health concerns, including suicidality and self-harm, are often triaged by custodial staff rather than appropriately qualified health professionals. Aboriginal women in custody in Victoria continue to lack access to Aboriginal-led health and mental health services, despite repeated coronial recommendations.

Custodial conditions further compound suicide risk. Over the past year, women at Dame Phyllis Frost Centre have experienced prolonged rolling lockdowns, at times involving confinement for up to 72 hours. Aboriginal women supported by Djirra report worsening mental health, social isolation, disconnection from culture and community, and reduced access to supports as a result.

For Aboriginal women who have experienced family violence, incarceration compounds trauma by isolating women from family and culture, restricting access to culturally safe supports, and exposing women to custodial environments that increase suicide risk. These intersecting systemic failures, criminalisation, punitive custodial conditions, and inadequate health care, underscore the urgent need for reform to prevent Aboriginal women from dying by suicide.

6.4. Addressing unsafe emergency accommodation and insecure housing as a critical suicide prevention intervention for Aboriginal women experiencing family violence

Housing insecurity compounds suicide risk for Aboriginal women experiencing family violence. Family violence is a leading cause of homelessness for Aboriginal women; in 2025, 19 per cent of Djirra's legal clients were homeless or at risk of homelessness. The lack of safe, stable and culturally appropriate housing prevents women from leaving violence, contributes to poor

⁴⁷ Department of Justice and Community Safety (2025), [Aboriginal and Torres Strait Islander monthly time series prison and community corrections data – December 2025](#) [Table 1].

⁴⁸ VEOHRC (2013), [Unfinished business – Koori women and the justice system](#) [p.4].

mental health, increases contact with criminal and child protection systems, and increases suicidality. Access to safe housing is therefore a critical suicide prevention measure.

For Aboriginal women fleeing family violence, the period after separation carries acute risk of violence and suicide. Despite this, emergency housing is often inappropriate and unsafe. Data from Victoria's family violence service, Safe Steps, shows that 52 per cent of people accessing crisis support report active suicidal ideation,⁴⁹ while over 90 per cent of those needing immediate protection from family violence are placed in motels due to insufficient emergency housing.⁵⁰

Djirra's experience reflects this. Most women we support to access emergency accommodation are placed in motels or hotels for extended periods, sometimes months or years, without adequate cultural, safety or mental health supports. In regional Victoria, options are even more limited, with some women offered tents or caravans, or forced to relocate to urban areas, leading to disconnection from Country, community and family and further elevating suicide risk.

Housing insecurity also intersects with child protection involvement. Secure housing is often required to retain care of children, forcing Aboriginal women to choose between remaining in violent situations or homelessness and child removal,⁵¹ compounding trauma and suicide risk.

Sustained investment in public, community and emergency housing, alongside safe-at-home responses, is essential to keep Aboriginal women and children safe and reduce suicide risk by supporting stability and connection to Country, culture, family and community.

6.5. Strengthening family violence risk assessment to identify suicide risk

Aboriginal women experiencing family violence face elevated suicide risk, making early identification essential. However, risk assessment approaches vary across jurisdictions and often fail to identify suicide risk, suicidal ideation or self-harm, limiting early intervention. A nationally consistent, culturally safe screening approach would support earlier identification, timely care and repeated assessment as risk changes, while improving coordination and information sharing between family violence and mental health systems.

At the same time, information sharing must be approached with extreme caution. Djirra's experience shows that limited data sharing can undermine safety, particularly for Aboriginal women in border communities or those relocating interstate to escape violence. Inappropriate or disproportionate information sharing about family violence and suicidality can trigger punitive system responses including removal of children and housing loss, exacerbating mental health stress and deterring disclosure and help-seeking by undermining trust and safety. Information sharing must therefore prioritise informed consent where safe and appropriate, clear limits on what is shared, and safeguards to prevent unintended punitive consequences and increased risk, supported by client management systems that record suicide risk to enable service-level monitoring and system-wide analysis for Aboriginal women.

Suicide risk and suicidal ideation should be assessed within trusted, Aboriginal-led family violence services with the skills and training to ask safely, respond sensitively and connect women to culturally safe supports. Risk assessment should prioritise safety and support, not surveillance, control or punishment. Frontline family violence and mental health workers are crucial to identifying suicide risk, safety planning and referrals. Djirra's case managers use sensitive,

⁴⁹ Rapid Review Expert Panel (2024), [Unlocking the Prevention Potential](#) [p.71].

⁵⁰ Rapid Review Expert Panel (2024), [Unlocking the Prevention Potential](#) [p.71].

⁵¹Yoorrook Justice Commission (2025), Yoorrook for Transformation, Third Interim Report, Volume 4 [pp.159-163].



culturally informed conversations to build trust and improve safety. Workers supporting Aboriginal women must have clear guidance, culturally safe frameworks, specialised training and strong workforce support. Investing in the mental, cultural and spiritual wellbeing of practitioners, especially Aboriginal workers supporting their own communities, is essential to effective suicide prevention.

6.6. Reforming coronial and death review processes to prevent family violence-related suicides

Across Australia, coronial systems do not consistently identify suicides related to family violence. Public reporting is often limited to what is captured through individual coronial investigations, which vary between states and territories in scope, approach and transparency.

Data quality is constrained by the evidence that exists and is sought.⁵² Where family violence was not reported to police or services, or women did not feel safe to disclose, little or no evidence may be available for coronial consideration. As a result, family violence-related suicides, particularly those of Aboriginal women, are likely to be under-identified nationally.

As outlined above, Aboriginal women may not feel safe disclosing family violence to police or services due to fears of racism, not being believed, or child protection involvement. In some cases, a woman may only feel safe disclosing violence to her lawyer, who is bound by a strict duty of confidentiality and client legal privilege. As a result, specialist family violence legal services may hold critical information about the violence a woman experienced prior to her death that is not visible to police, health or coronial systems.

When an Aboriginal woman experiencing family violence dies, this can create ethical challenges for her lawyer, who may hold confidential information relevant to understanding the death, preventing further harm, or supporting a family's healing, yet cannot disclose it. Djirra raises this issue to highlight a systemic gap, not to propose weakening client legal privilege.

Client legal privilege is fundamental to trust in legal services and to the safety of Aboriginal women. Any consideration of these ethical issues must be led by the Law Council of Australia and developed in close consultation with Aboriginal community-controlled specialist family violence services to avoid unintended consequences that could deter women from seeking legal support or increase their risk of harm.

Limitations are evident within Victorian coronial systems, where public reporting on family violence-related suicides is largely confined to material available to the Coroners Court in each case. This contrasts with practices in New South Wales, where the Domestic Violence Death Review Team, established under the *Coroners Act 2009* (NSW), undertakes in-depth reviews of deaths occurring in the context of family violence, after coronial and criminal proceedings, drawing on information held across relevant agencies and services.⁵³

Djirra supports the *Rapid Review of Prevention Approaches* recommendation for Commonwealth, state and territory governments to adopt a consistent, coordinated approach to death review processes. Nationally consistent, culturally informed coronial and death review mechanisms are essential to identify family violence-related suicides, including those currently hidden, examine systemic failures across justice, child protection, health and social services, and inform effective, targeted prevention strategies, particularly for Aboriginal women.

⁵² Coroners Court of Victoria (2024), [Experience of family violence among people who suicided, Victoria 2009-2016](#) [p.6].

⁵³ *Coroners Act 2009* (NSW) s 101L.

7. Conclusion

Preventing suicide among Aboriginal women experiencing family violence requires coordinated, culturally safe and Aboriginal-led responses across family violence, justice, health, child protection and housing systems. Djirra urges the Inquiry to adopt the recommendations in this submission and invest in Aboriginal community-controlled solutions that support safety, healing and suicide prevention for Aboriginal women.

Should you wish to discuss our submission, you can contact our Director Legal Services, Anne Lenton, at [REDACTED].

Yours sincerely,

[REDACTED]

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