batyr

DFSV Submission

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This submission would not have been possible without the lived experience of young people. Thank you to Tiara and LewChing, and to the two other interviewees who preferred to remain anonymous. We recognise your strength and bravery in sharing your story, and aspire to honour and amplify your voice.

Key Points & Recommendations

batyr welcomes the opportunity to make a submission to the Standing Committee on Social Policy and Legal Affairs' enquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide.

This submission will respond primarily to the following terms of reference, with the subsequent recommendations:

1. **The relationship between domestic, family and sexual violence (DFSV) victimisation, and suicide, and the extent to which DFSV victimisation contributes to suicide risk and incidence in Australia, including prevalence, patterns, and any identifiable at-risk groups, in order to improve understanding of the role of DFSV in suicides nationally;**

2. **How legal and justice systems, DFSV specialist services, health, mental health and other services recognise and respond to suicide in the context of DFSV;**

> **Recommendation 1:** Nationwide trauma informed training for frontline staff, including first responders, on DFSV, including content that speaks specifically to the intersect between DSFV and suicide.
>
> **Recommendation 2:** Imbedding shared, multi-agency protocols and language surrounding the recognition and response to DSFV and suicide.
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> **Recommendation 3:** Increase the Better Access plan to 20 psychological support sessions for those who have experienced DFSV as a victim-survivor.
>
> **Recommendation 4:** Fund the expansion of services aimed specifically at culturally and linguistically diverse people.

3. **The use of suicide and threats of suicide as a tactic of coercive control by perpetrators of DFSV;**

> **Recommendation 5:** A review should be conducted to understand whether legislative changes to coercive control mechanisms are necessary, with a specific focus on the potential impacts this could have on both victim-survivors and perpetrators seeking support for suicide.

4. **Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration; and**

> **Recommendation 6:** Implement national educational and awareness curriculum centered around young people and healthy relationships, co-designed with a particular focus on culturally and linguistically diverse young people.

About batyr

batyr's vision is that all young people should lead mentally healthy and fulfilling lives. As leaders in prevention, we give young people the skills and tools to get through tough times, and to look after their mental health, before reaching a crisis point. Our innovative peer-to-peer initiatives for young people are proven to reduce stigma, increase help seeking and improve mental health outcomes for young people and their communities.

Process

As an organisation that reaches thousands of young people every year, we believe it's our responsibility to listen to and understand their experiences, and to elevate their voices in the decisions that affect them. To inform this submission, batyr facilitated four lived experience interviews with young people in our community who have a specific experience of domestic, sexual and/or family violence. These interviews ran for an hour, and the interview structure was designed in collaboration with batyr's Lived Experience Development Lead to facilitate open dialogue to help guide this submission. Given the limited number of these interviews, this submission is not intended to represent a broad group of young people or their perspectives, but instead will highlight the shared perspectives throughout their stories.

We thank these young people deeply and sincerely for sharing their experiences and informing this important work.

Submission

The relationship between domestic, family and sexual violence (DFSV) victimisation, and suicide, and the extent to which DFSV victimisation contributes to suicide risk and incidence in Australia, including prevalence, patterns, and any identifiable at-risk groups, in order to improve understanding of the role of DFSV in suicides nationally

Children and young people are commonly subjected to uneven power dynamics that put them at significant risk for abuse or violence within their relationships. Having a lack of power and autonomy both interpersonally and systemically is considered an acceptable hallmark of growing up as a young person. This, combined with a general lack of education and awareness of healthy relationships, puts young people at increased risk of becoming victim-survivors of DFSV. It also results in young people struggling to gain adequate support, as they don't often have the access to resources that help-seeking pathways rely on.

All the young people we spoke with reported experiencing suicidal thoughts as a direct result of experiencing DFSV as a victim-survivor. For some, this experience of suicidality was acute to the unsafe environment, and eased once they were removed. At times, their own suicidal thinking was the catalyst for them reaching out for support or leaving.

"I was in a relationship that was quite violent, and yeah, I did experience quite constant, suicidal thinking… I know it was that [the relationship] because I'd never felt like that before. And it was the fact that I felt it was as soon as I felt trapped and unsafe in my relationship that I started to think that way."

- Anonymous

How legal and justice systems, DFSV specialist services, health, mental health and other services recognise and respond to suicide in the context of DFSV

Despite suicidality being common and clearly recognised by the victim-survivors themselves, the young people we interviewed felt that the overlap between suicide and DFSV was rarely identified nor pre-empted by the systems they interacted with.

"they [services] couldn't figure out whether she fit in the box of a family of a survivor or the box of someone who experiences suicidal distress, and they're not mutually exclusive a lot of the time"

- LewChing

"it's kind of siloed, and things aren't really explored, like, I was asked a lot about my suicidal thinking, but it wasn't until probably, like, the 8th session where she [the clinician] realized it was in the context of a violent relationship"

- Anonymous

This was a recurring theme throughout the interviews; either suicidality, or violence, being missed by services because of narrow definitions and segregated systems. Young people spoke about police, justice and legal systems operating off strict, often limited designations of DFSV, and the situations in which they can intervene. Victim-survivors are navigating a complicated and nuanced web of overlapping concerns; a constant negotiation for their safety and wellbeing.

Services and support systems, on the other hand, are set up to prioritise, categorise, and risk manage in a dichotomous, inflexible manner. This black and white approach is at odds with the nuanced reality of DFSV and often leaves survivors bouncing from service to service, or without support entirely.

"It wasn't anything they [the police] did, it was just their, you know, how their hands were tied, sort of thing. So, I remember being on the phone and, in tears and begging and being like, you really can't do anything?"

- Anonymous

There is an extreme lack of coordination and integrated referral pathways between supports and systems. A young person's first time reaching out for support is an incredibly vulnerable moment in their overall journey. It is a significant threshold, and one that should be treated with the highest respect and sincerity. It is integral that when someone reaches out for help, particularly for the first time, they receive it.

"It doesn't really matter whose problem it is, you've got someone in front of you who needs care, and that should be a priority, but I know that's not how it works."

- LewChing

Triple zero is often the most accessible, easily recognisable way to receive help when needed. This is particularly the case for young people and children. As a universal entry point, it needs to be capable of interfacing with different systems and referring those seeking support for DFSV and suicide to a support who is capable of responding with care and dignity. There should be a nation-wide trauma-informed training program for frontline staff, including hospital staff, police, first responders, child protection and mental health services, focusing on DFSV. This should integrate specific content around understanding, identifying and responding to suicide as it presents for both victim-survivors and those using violence. This would help ensure that any professional working in either space is equipped with the skills to respond and increase safety.

Recommendation 1: Nationwide trauma informed training for frontline staff, including first responders, on DFSV, including content that speaks specifically to the intersect between DSFV and suicide.

Legal and justice systems, DFSV specialist services, health, mental health and other services need to have more alignment in regards to language, risk protocols and screening for DSFV. This would not only assist with better data collection, as well as more accurate recognition and it would lead to genuine shifts in the ability for systems to save lives. Integrated into data collection practices must be a recognition that children and young people are not just witnesses to DFSV but can be victims themselves.

Recommendation 2: Imbedding shared, multi-agency protocols and language surrounding the recognition and response to DSFV and suicide.

Services and support for DFSV victim-survivors must exist beyond the crisis space. There are significant long term impacts to being a victim-survivor of DFSV, including possible ongoing experiences with suicidality.

"I've had that [suicidal thoughts] for quite a long time afterwards, like probably another 3 years or something... the removal, that definitely helped, but then the root removal also came with a whole lot of isolation"

- Anonymous

Recommendation 3: Increase the Better Access plan to 20 psychological support sessions for those who have experienced DFSV as a victim-survivor to acknowledge ongoing, long term impacts of DFSV on mental health.

For culturally diverse young people, this isolation or removal also can also come with disconnect from culture and community;

"I think the lifelong impacts for me is that I've lost my home, I've lost my connection to culture as a young person, I had a cultural identity crisis, and even to this day, I don't feel at home, completely at home with my people"

- LewChing

Some communities may have specific cultural beliefs that stigmatise victims of DFSV, and some may have intergenerational trauma that may put them at higher risk. However, connection to culture and community is also a protective factor in young people's overall mental health and wellbeing. There is a need for greater investment in services that specifically target culturally and linguistically diverse people, in both the crisis space and more long term support.

Recommendation 4: Fund the expansion of services aimed specifically at culturally and linguistically diverse people.

The use of suicide and threats of suicide as a tactic of coercive control by perpetrators of DFSV

The use of suicide and threats of suicide as a tactic of coercive control is a complicated experience for victim-survivors;

"I think I often have so much mixed feelings around it. Absolutely, it's a tool of coercive control. It is a tool of manipulation [but]... I think that the people who have used violence against me meant every word they said when they said they were going to end their life if I didn't comply. And that certainly took away my power and choice in conversations and situations and safety. And I was compliant for a long time because of those fears. But I don't know if they're mutually exclusive."

- LewChing

The experience of suicidality and self harm can be intentionally weaponised by perpetrators as a method of keeping victim-survivors entrapped in unsafe relationships. This has serious short and long term impacts for victim-survivors - including leading to their own experience of suicidal distress. However, this use of suicide as a means of coercive control does not mean that the genuine risk of suicide is null. batyr encourages the Government to deeply and carefully consider the impacts of criminalising suicide as a coercive control tactic. Is it extremely difficult to differentiate between a genuine experience of suicidality and the use of it as a coercive control tactic. The experiences of young people in our community show us that both can be true simultaneously. The ability for external support provided by the system for the perpetrator is a critical element of ensuring that the perpetrators' support needs are not placed back on the victim-survivor.

However, the system also needs to be capable of providing support for the victim-survivor and recognising their individual mental health care needs. At times, the presence of suicide risk for the perpetrator can lead to the physical and mental wellbeing and safety of victim-survivors being overlooked or deprioritised. Within the intensity of a crisis response, whether that is a instance of violence or a suicidal crisis, systems follow distinct and rigorous protocols that center on one individual. However, these situations almost always have an impact on others. Risk management and incident response protocols must therefore include adequate identification, follow up and support for anyone who may experience these secondary impacts. This would ensure that less victim-survivors slip through the cracks of the system.

It is essential that services and systems are capable of recognising suicidality in perpetrators as both a coercive control tactic and a genuine risk. In responding to this, they must be led by the wishes and needs of the victim-survivor. As one young person explained;

"I think what could improve is explicit pathways of where [the] perpetrator's suicidality is managed by services, and isn't put onto the victim. Because the victim shouldn't really be the safety plan."

- Anonymous

Often, victim-survivors, especially those of a younger age, are assumed incapable of making decisions or informing their own safety needs.

Recommendation 5: Conduct a review to understand whether legislative changes to coercive control mechanisms are necessary, with a specific focus on the potential impacts this could have on both victim-survivors and perpetrators seeking support for suicide.

Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration

Implementing Recommendation 2 and having a set of universal language at a systems level would enable Australia to then embed this language into age-appropriate educational content. One young person spoke to how this would assist in facilitating a preventative approach to supporting children and young people through DFSV:

"If you're going to not equip children and young people to with the language to understand how to articulate their distress, they're never going to be able to get help early, or meet the thresholds that services require"

- LewChing

Educational content should be embedded into school based curriculum in an age appropriate and culturally informed manner. There should be specific stigma reduction outcomes as a critical part of this curriculum. batyr is constantly seeing the impact of stigma on help-seeking amongst young people, and this is no different for young people experiencing violence or abuse.

However, stigma is not just felt amongst peers. Adults, services and communities were all spoken about as perpetrators of stigma. For culturally diverse communities, this stigma is particularly deeply felt.

"Stigma is the biggest barrier to intervention, not because people don't care. But because… they're not equipped, disclosure can come with real social consequences. And because DV, mental health and suicide are often framed as, like, such private matters… or as sources of, like, shame that reflect on the individual and not the people that did the bad things"

- Tiara

Recommendation 6: Implement national educational and awareness curriculum centered around young people and healthy relationships, co-designed with a particular focus on culturally and linguistically diverse young people.

Conclusion

Mental health and DFSV services operate as distinct, unconnected systems. Yet, the experiences of the young people we spoke to highlight the opposite; that the relationship between DFSV and suicide are deeply connected, and also deeply nuanced.
Young people in particular face a unique set of circumstances that leaves them especially vulnerable when it comes to experiences of suicide as a result of DFSV. Moving forward, batyr recommends listening to the voices of victim-survivors, and embedding their expertise and experiences into the system.

We would welcome any further conversation about this submission. Please feel free to contact us on the details provided below:

Abi Cooper
Advocacy & Policy Manager
advocacy@batyr.com.au