

Building Strength at Home. Addressing Domestic and Family Violence to Prevent Suicide in Australian Defence Communities

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Introduction

The Royal Commission into Defence and Veteran Suicide has drawn national attention to the urgent need to address suicide among serving and ex serving members of the Australian Defence Force (ADF).^{1,2} The Commission report includes a series of important recommendations to reduce the prevalence of suicide, many of which are underway. Nevertheless, one significant recommendation that requires more direct attention is the relationship between domestic and family violence (DFV) and suicide, a focus which addresses Recommendation 102 in Chapter 27 of the report.^{1,2} This nexus is critical because evidence shows that DFV and suicidality are closely interconnected, both for those who use violence and for those who experience it.^{2,3} We argue here that a trauma-informed evidence-based prevention focused psychological intervention, such as Strength at Home – Couples (SAH-C) for current and ex-serving veteran couples could contribute in unique and important ways to improving mental health, reducing suicide, and preventing DFV.^{4,5}

DFV and Suicide: A Complex Relationship

DFV including physical, psychological, sexual and financial abuse, as well as coercive control, is a major public health concern linked to mental illness, trauma, substance misuse, chronic physical health problems, and premature death.^{6,7} It places a heavy burden on health systems, social and welfare services and the economy. The impacts extend from individuals to families and communities, affecting victim safety and wellbeing, maternal health outcomes, children's development, disrupting relationships and perpetuating cycles of violence. In the military context these risks can be compounded by operational stress, trauma exposure and mobility, which can also undermine military capability.^{8,9} Pathways involving deployment-related trauma, PTSD, and DFV, for example, have been identified.^{4,5,10,11} Suicide remains one of the most serious and preventable causes of death among ADF members, with rates consistently higher amongst ex serving members than in the broader population.^{1,2} Each loss profoundly affects families and peers while undermining morale, cohesion and trust in Defence systems.¹²

The link between DVF and suicide is complex. For perpetrators, violence within intimate relationships

can be associated with depressive symptoms and PTSD, as well as guilt, shame, disciplinary or legal consequences, social isolation and loss of identity, all known risk factors for suicide.^{13,14} For victim survivors, experiences of intimate partner violence are associated with depression, PTSD, hopelessness, and increased risk of suicidal thoughts and attempts.⁷ The relationship is also reciprocal: DFV can precipitate suicidal behaviour, while suicidality can intensify the risk and severity of violence within relationships.¹⁵

Despite this evidence, the intersection of DFV and suicide in military populations remains understudied. Without stronger evidence, Defence policies and practices are limited in their capacity to respond effectively. A comprehensive research agenda is needed to better understand which interventions best address both DFV and suicide proactively.

The Limits of Current Reactive Approaches

Cultural change features prominently in *The Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023-2028* along with its aim to reduce the prevalence of DFV.¹⁰ The four domains and principles of the Defence Strategy are prevention, early intervention, response and recovery. These domains are also consistent with the pillars of action

in The National Plan to End Violence against Women and Children 2022–2032.¹⁶ Currently, most DFV and/or mental health services for serving and ex-serving ADF members are designed to respond after problems are identified, and therefore few of them use empirically tested preventative and early intervention programs. Victim survivors commonly receive support when violence is disclosed or detected, and perpetrators usually enter programs following disciplinary or legal action. While essential, such responses are not enough as they allow DFV at a population level to become entrenched, families to fracture and suicide risks to escalate. A shift toward prevention is needed, with services and interventions designed to strengthen relationships before violence manifests.¹⁷

Building Strength at Home: A Whole-of-Community Approach

Military service can introduce distinct pressures into family life, including regular relocations, separations, deployment-related trauma, and reintegration challenges following periods away from home.¹⁸ These pressures compound universal stressors faced by couples such as financial strain, parenting demands and communication difficulties, which heighten the risk of conflict and violence. An additional concern, identified in Recommendation 102 of the Royal Commission report, relates to Defence resourcing and the provision of entitlements given only to the current Defence member and not their dependent spouse - an inequality that can be exploited in cases of DFV, particularly where there is coercive control.²

Addressing these challenges requires a service delivery approach that prioritises 'building strength at home.' Central to the optimal model is the application of psychological principles to help couples understand relationship dynamics, improve communication and develop strategies for coping together with adversity.^{4,5,17} Strengthening couple resilience not only reduces the risk of violence and suicide but may also enhance operational readiness for those in service by supporting stable home environments for members.⁹

Younger Service Members: A Critical Window for Intervention

Research shows that younger people face elevated risks of developing mental health problems, including depression, post-traumatic stress and trauma related conditions, and these risks may be even higher among younger ADF members.^{4,5,19} Vulnerabilities have been attributed to early exposure to operational

stress, frequent relocations, disruptions to social networks and the challenges of adjusting to military culture. Factors related to perceptions of manhood and military related constructions of masculinity can also be instrumental in causing gender role conflict and stress, especially in younger men.²⁰ All this occurs at a time when many are forming long term intimate partnerships.^{17,19}

This developmental period presents both challenges and opportunities. Emerging mental health problems may place strain on relationships, increasing the risk of conflict, separation or family violence. However, relationship patterns are not yet entrenched, making this an ideal time to intervene.^{17,19}

A trauma-informed psychological intervention that addresses mental health and couple functioning has the potential to build resilience, prevent difficulties and establish healthier relational dynamics.^{4,5} Trauma-informed approaches recognise the prevalence and impact of earlier trauma, prioritise psychological safety and avoid retraumatisation. Such approaches make a trauma-informed intervention relevant for current and ex-serving ADF members, who may have experienced additional traumatic experiences through training, operations and family histories of service. By applying a trauma-informed lens, psychological interventions can address suicide risk and DFV while strengthening protective factors, supporting adaptive coping and reducing long term risks for individuals and families.^{4,5,21}

The Strength at Home Couples (SAH-C) Program

An evidence-based model that embodies this preventative, trauma-informed, and relationship centred approach is the Strength at Home Couples (SAH-C) program, developed by Casey Taft and colleagues in the United States Veterans Affairs system.^{4,5} SAH-C is grounded in cognitive processing therapy and designed to intervene before violence becomes entrenched. Delivered to couples (where one or both is the ADF veteran), the program helps couples recognise and reframe maladaptive thought patterns, build healthier communication styles, and develop joint problem-solving strategies. By focusing on prevention rather than remediation, and reinforcing positive change rather than blame, SAH-C shows promise in reducing the likelihood of violence and lowers associated suicide risks for both perpetrators and victim survivors.⁴

Evidence from the United States demonstrates the promise of this approach with current and ex-serving veteran couples, with reductions in DFV incidents

and improvements in relationship functioning among participants.^{4,5} Importantly, the program addresses the needs of both partners, reinforcing that family resilience is a shared responsibility.

Implementing SAH-C in Australia

Recognising the urgent need for prevention focused interventions, a collaboration between the University of New South Wales and Monash University, with support from the Department of Defence, aims to trial the SAH-C program in the ADF context. If funded, this initiative will test the cultural and operational applicability of SAH-C with Australian couples where one partner is an ADF member. The aim is for the program to also be trialled with members preparing for transition, and for those who are ex-serving veterans. It will be adapted to local contexts and evaluated for effectiveness in reducing DFV and suicide risks. The planned trial represents a critical step toward meeting the Royal Commission's recommendations and building the evidence base for prevention in Defence communities.

Fitting into the Defence DFV Strategic Plan

As a prevention initiative SAH-C could be an important component of the DFV Strategic Plan and it is designed with and by military people to resonate with ADF personnel and families.^{4,5} This responds to evidence that genuine organisational change requires a strategy that values the strengths within the existing culture, rather than only critiquing it.¹¹ Sustainable change to reduce DFV should be informed by validating and giving greater emphasis to DFV reduction driven by the values and strengths of personnel.¹¹ The Australian application of the SAH-C intervention embodies the values and principles of ADF, and as a psychological intervention, it enables and draws on the strengths of Australian personnel, facilitating their capacity to recognise and value stronger couple relationships in personal and

professional lives. This aim will ultimately generate real and sustainable change toward preventing both DFV and suicidality.

Conclusion

The Royal Commission into Defence and Veteran Suicide underscored the need for transformative and timely action to protect the lives of serving and ex-serving ADF members. Yet, the connection between DFV and suicide remains under acknowledged and under addressed. Recognising the complex and reciprocal nature of this relationship is essential for developing effective prevention strategies.

A shift is needed to complement post violence responses with proactive, trauma-informed, relationship centred interventions. Programs such as Strength at Home Couples, when adapted for the ADF current and ex-serving members, offer a promising pathway to reduce DFV, strengthen mental health and reduce the prevalence of suicide. By investing in prevention, building strength at home and supporting couples to navigate the challenges of military life, Defence can take a decisive step toward further safeguarding the wellbeing of its members and families.

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