

## Inquiry into Suicide in Australia



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November 2009

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### INTRODUCTION

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Human Services. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

## **SUBMISSION OVERVIEW**

Women's Health Victoria welcomes the opportunity to respond to the Senate Committee Inquiry into Suicide in Australia.

Suicide is traditionally understood to be a 'men's issue' as the male suicide rate is between three and four times higher than the female rate<sup>1</sup>. This pattern is fairly consistent across all age groups with the exception of advanced old age where the male to female ratio is even higher<sup>1</sup>. However, suicide figures reflect only the number of completed suicides and not suicide attempts. Women, in fact, attempt suicide more frequently than men but are less likely to complete suicide<sup>2</sup>.

An important factor which contributes to this outcome is the method of suicide. Seventy percent of suicide attempts by women are through self-poisoning which has varying effectiveness<sup>3</sup>, while men tend to choose more violent and effective methods such as firearms and hanging<sup>4,5</sup>.

Despite the difference between women's and men's completed suicide rates, the intention for suicide and attempted suicide are the same. Therefore, the issue of suicide is also of great concern for women as well as for men. Women should not be overlooked in this discussion.

There is still a public misconception that women attempt suicide in order to 'seek attention'<sup>6</sup>. The trivialising and stigmatising of suicidal thoughts and suicide attempt presents a barrier to many women seeking help. There needs to be an increase in public understanding that suicide attempts are to be taken seriously and that these individuals require immediate and appropriate level of care.

### **(B) The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and other consequences of any under reporting or understanding risk factors and providing services to those at risk)**

It is important to consider suicide attempts when examining the issue of suicide reporting. Although the outcomes differ, the motive for the two acts is the same. Evidence also suggests that people who attempt suicide are likely to do so again in the future unless they receive help<sup>7</sup>.

Currently, the Australian Bureau of Statistics (ABS) is not able to adequately count suicide attempt cases because it is categorised under 'intentional self-harm'. The ABS defines 'intentional self-harm' as 'a range of behaviours including cutting, poisoning and attempted suicide'<sup>8</sup>. The numbers of people who self-harm without the intention of suicide and those who attempted suicide, therefore, cannot be separated, making it difficult to identify the number of suicide attempts in Australia.

Available data reveals that men constitute the majority of those who complete suicide<sup>1</sup> while women constitute the majority of those who attempt suicide and self-harm<sup>9</sup>. However, because there is a focus on completed suicide, suicide prevention initiatives including the government's Living Is For Everyone (LIFE) Framework are predominantly aimed at preventing suicide among men.

Service providers and the public are therefore be less informed about suicidal behaviour in women. This can translate to women who are at risk of suicide not receiving the appropriate assistance they urgently need.

#### **(H) The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress**

An aim of the National Suicide Prevention Strategy is to enhance public understanding of suicide and its causes. Living is For Everyone (LIFE) materials and website have been created to provide information about the issues of suicide and relevant services. While there is information about men and suicide, little information is available regarding suicidal behaviour in women.

In order to achieve the aim of improving understanding of suicide, the LIFE materials need to include information about how gender influences women and men's suicidal behaviours. There needs to be a link made between suicide rates, suicide attempt rates and gender in order to highlight that while suicide is an important issue for men, it is also an important issue for women as they make up the majority of those who attempt suicide.

LIFE materials need to contain information about suicide risk factors for women and men. Although risk factors for suicide impact women and men of all ages, women may be particularly vulnerable to certain risk factors and men more vulnerable to others due to their gendered life experiences. Below are some of the risk factors which are particularly relevant to women:

- **Intimate partner violence** Suicide and attempted suicide rates are higher in women who have been the victims of violence than those who have not been exposed<sup>10,11</sup>. Women who have experienced violence are five times more likely to attempt suicide than those who have not<sup>12</sup>. This is a major concern as almost one in six Australian women has experienced violence by a current or previous partner in her lifetime<sup>13</sup>.
- **Eating disorders** Young women are particularly susceptible to developing negative body image associated with eating disorders as they are still in the process of establishing their identity, self-worth, social network and sexuality while observing the drastic changes in their physical appearance<sup>14</sup>. An Australian study revealed that 67 percent of women aged 18-23 years had a body mass index within a healthy weight range, but only 22 percent of these women were happy with their weight<sup>15</sup>. Women with eating disorders are at greater risk of depression, self-harm and suicide<sup>16</sup>.
- **Bullying** Young women who are victims of bullying or those who are socially isolated are also at higher risk of attempting suicide<sup>17</sup>. Cyber-bullying is a growing concern in Australia due to its anonymity and access. Girls are particularly susceptible to cyber bullying with 67 percent of female teens report having been bullied online<sup>18</sup>.
- **Discrimination** Suicide also has a strong correlation with discrimination. Women who face multiple forms of discrimination including women with disabilities, Indigenous women and same-sex attracted women report higher suicidal tendencies than other women. In an Australian survey, around 15

percent of same-sex attracted women report having had suicidal thoughts within the previous two weeks<sup>19</sup>. Another Australian study found 20 percent of young Indigenous women aged 12-17 years report that they have seriously considered ways to end their life and some have also attempted suicide<sup>20</sup>.

Recognising that suicide is also an issue of concern for women will enhance public understanding of suicide and its causes, thus reducing stigma and myths surrounding suicide and self-harm. The promotion of evidence-based information on suicide that considers gender will contribute to the prevention strategies that are targeted, relevant and therefore more effective.

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- <sup>4</sup> ABS (2007) Causes of Death, Australia, ABS Cat. 3303.0, Commonwealth of Australia, Canberra
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- <sup>6</sup> Yahoo Answers (2009) Why do women attempt suicide more than men? Yahoo7, Australia, Available online at: <http://answers.yahoo.com/question/index?qid=20090901113145AAFBD4W>
- <sup>7</sup> DHA (2007) Living Is For Everyone Factsheet 9: Suicide Attempts, Commonwealth of Australia, Canberra, Available online at: <http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/LIFE-Fact%20sheet%209.pdf>
- <sup>8</sup> ABS, (2008), Australian Social Trends, ABS Cat. 4102.0, Commonwealth of Australia, Canberra
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- <sup>13</sup> ABS, (2005) Personal Safety Survey, ABS Cat. No. 4906.0. Commonwealth of Australia: Canberra
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- <sup>16</sup> APA (2000) *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition, Text Revision (DSM-IV-TR). American Psychiatric Association. Arlington.
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- <sup>18</sup> Girlfriend Magazine (2009) I Delete Bullies Campaign. *Girlfriend Magazine*. Available online at: <http://au.youth.yahoo.com/b/girlfriend/33836/i-delete-bulliesjoin-the-campaign/>

<sup>19</sup> Pitts, M., Smith, A., Mitchell, A. & Patel, S. (2006) Private Lives: A report on the health and wellbeing on GLBTI Australians. Australian Research Centre in Sex, Health & Society. Melbourne. Available online at: [http://www.glhv.org.au/files/private\\_lives\\_report\\_1\\_0.pdf](http://www.glhv.org.au/files/private_lives_report_1_0.pdf).

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