Submission to the Senate Inquiry

Domestic Violence and Suicide Among Migrant Women in Australia

Submitted by:
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Author Background

I am a psychiatrist with extensive clinical experience working with migrant women affected by domestic and family violence.

My research and advocacy focus on:

- coercive control within migrant communities
- dowry abuse and financial coercion
- mental health impacts of family violence
- structural vulnerabilities affecting migrant women.

My work has been published in peer-reviewed journals and contributes to emerging research on **the mental health consequences of dowry abuse and coercive control among migrant women** (O'Connor and Malhi 2026; O'Connor and Lee 2024; O'Connor & Colucci 2016; O'Connor 2017). My published book *Daughters of Durga* 2022 highlights the intricate connection between domestic violence, coercive control , dowry extortion and entrapment in abusive home.

I am also the Founding and Executive Director of the AustralAsian Centre for Human Rights and Health. Through clinical practice and community engagement, I have observed recurring patterns of severe psychological distress and suicidal ideation among women experiencing sustained coercive control.

Brief Bio

Professor Manjula Datta O'Connor is a senior psychiatrist with extensive clinical experience working with migrant women affected by domestic and family violence in Australia. She is an Honorary Associate Professor at the University of Melbourne, Department of Psychiatry and Adjunct Professor at the University of New South Wales. Her clinical practice, research and

community advocacy focus on the intersection of **coercive** control, dowry abuse, migration-related vulnerability and women's mental health. Through her work with patients and community organisations, including the AustralAsian Centre for Human Rights and Health, she has observed recurring patterns of severe psychological distress among migrant women experiencing domestic violence, including depression, trauma and suicidal ideation. The insights presented in this submission draw on **clinical evidence, community engagement and research examining the mental health impacts of coercive control and transnational forms of abuse affecting migrant women in Australia.**

Key Messages for Policymakers

1. **Domestic violence can be a driver of suicide.**
   Suicide in the context of coercive control should be recognised as a predictable outcome of sustained abuse. And perpetrators held accountable
2. **Migrant women face unique structural vulnerabilities** including visa dependency, transnational family pressure, dowry abuse and social isolation.
3. **Transnational coercive control is an emerging form of abuse** where perpetrators use family networks, immigration systems and financial demands across borders to control victims.
4. **Domestic violence–related suicides are under-recognised in Australia** because national datasets rarely capture domestic violence as a contributing factor.
5. **Prevention requires integration across migration policy, domestic violence frameworks and mental health services.**

I thank the senate for this opportunity. I will be available for any further discussion about the listed issues

Executive Summary

Domestic and family violence is a significant contributor to psychological distress and suicide risk among women. Migrant women in Australia may face **additional structural vulnerabilities** that intensify both the severity of abuse and barriers to seeking help.

These vulnerabilities include:

- visa dependency on abusive partners
- transnational coercive control, including dowry abuse
- social isolation and language barriers
- economic dependency
- cultural stigma associated with marital breakdown
- misidentification of victims as perpetrators.

Clinical psychiatric practice, community engagement and international research indicate that **prolonged coercive control can produce profound psychological entrapment**, a recognised precursor to suicidal ideation.

This submission introduces the concept of **transnational coercive control that may be also perpetrated via technology** and highlights the need for stronger recognition of domestic violence as a potential contributor to suicide.

Integrated Evidence Base

Understanding domestic violence and suicide among migrant women requires integrating evidence from three sources:

1. clinical psychiatric practice
2. community organisations supporting migrant women
3. international research on gender-based violence.

These evidence streams consistently demonstrate that **coercive control, financial exploitation and social isolation are major drivers of psychological distress and suicide risk.**

Clinical Evidence

In psychiatric practice, migrant women affected by domestic violence frequently present with:

- major depressive disorder
- post-traumatic stress disorder
- anxiety disorders
- panic attacks
- somatic distress
- suicidal ideation.

Importantly, suicidality often arises **not from isolated incidents of physical violence but from prolonged psychological degradation.**

Patients frequently report:

- humiliation and rejection within the marital household
- financial control and economic abuse
- immigration-related threats
- isolation from social networks.
- Unable to work outside home or work in their chosen profession

- Unable to leave due to visa or other forms of entrapment
- Association between dowry coercion, coercive control, suicidality and post-traumatic stress disorder Is reported (O'Connor 2017)

Such experiences can produce **psychological and actual physical entrapment**, a state in which victims perceive no viable escape from the abusive environment. My own research in migrant women published in 2018 demonstrates this (Manjula O'Connor and Samir Ibrahim. 2018. Suicidality and family violence in Australian immigrant women presenting to out-patient mental health settings. Australasian Psychiatry. DOI: 10.1177/1039856217737884)

Entrapment is recognised in suicide research as a key predictor of suicidal behaviour.

Community Evidence

My community organisation the AustralAsian Centre for Human Rights and Health has been working with migrant women report since 2012. (www.achrh.com) and similar patterns are reported.

Women frequently describe:

- coercive financial demands from extended families
- dowry-related harassment
- restrictions on employment and education
- social isolation imposed by partners or in-laws.

Help-seeking may be delayed due to:

- fear of immigration consequences
- fear of bringing shame upon family members
- lack of culturally responsive services.

Many women describe feeling trapped between two equally devastating outcomes:

1. remaining in an abusive marriage
2. leaving and facing social stigma, economic hardship or immigration uncertainty.

International Research Evidence

International research supports the link between domestic violence and suicide among women.

Studies from India have shown that **marital conflict and domestic violence are significant contributors to suicide among married women** (Vijayakumar et al., 2013). Domestic violence and dissatisfaction with the amount of dowry received triggers depression and behaviour

Dowry harassment is also recognised internationally as a major form of gender-based violence (Rastogi & Therly, 2006).

In India just under 7000 dowry murders were reported in the National Health Survey 2023. Australia is different, but the transnational reports of dowry coercion are common in cases of dowry abuse. In my study dated 2018, 50% of suicidal women presenting with suicidality to outpatient psychiatric clinic were victims of dowry coercion (O'Connor and Ibrahim 2018)

Although Australia has different legal and social systems, migrant women may experience similar patterns of coercion through transnational family networks. Technology-facilitated violence via the use of digital tools or information communication technologies are common among immigrant women. Abuse perpetrated by in-law family abroad, sometimes facilitating physical, psychological, social, and dowry related economic harm infringe on rights and freedoms. Post separation this violence can occur in online spaces, and it can be perpetrated offline using technological means, such as controlling a woman's whereabouts by using a GPS tracker.

Suicide Among Migrant Women in Australia

Reliable data on domestic violence–related suicides among migrant women in Australia remains limited. And is urgently needed. However, studies indicate that **hundreds of migrants die by suicide annually in Australia**, representing a substantial proportion of national suicide deaths.

A spate of seven suicide among seven Indian women from one region in Victoria in 2019-2020 (SBS 2020). Majority of the women had contact with police in relation to domestic violence allegations (https://www.sbs.com.au/news/article/why-did-seven-women-from-one-area-of-melbourne-die-by-suicide-within-months-of-each-other/51vrlcgie)

Research also shows that **relationship conflict and intimate partner violence are major contributors to suicide risk in migrant communities**. (O'Connor M, Colucci E. Exploring domestic violence and social distress in Australian Indian migrants through community theater. Transcult Psychiatry. 2016 Feb;53(1):24-44.)

Complex factors play a role in young women from traditional extended family systems including domestic servitude, exclusion within the family, inability to give birth to a son or a child leading to humiliation and rejection. (See chapter 10 on Migration, Family and Suicide in *Daughters of Durga* by Manjula Datta O'Connor 2022).

Improved data collection is needed to better understand the intersection between domestic violence and suicide.

Clinical Vignettes (Anonymised)

Vignette 1 – Immigration Entrapment

A migrant woman presented with severe depression and suicidal ideation following prolonged psychological abuse by her husband.

After arriving in Australia on a partner visa, she became socially isolated and financially dependent. Her husband repeatedly threatened to withdraw visa sponsorship.

She developed severe anxiety, insomnia and persistent suicidal thoughts.

Her presentation was consistent with **major depressive disorder arising from chronic coercive control.**

Vignette 2 – Transnational Dowry Abuse

A recently migrated woman presented with panic attacks and suicidal thoughts after her husband and in-laws demanded additional dowry payments from her family overseas.

When the demands were not met she experienced humiliation, verbal abuse and threats of abandonment.

Her parents overseas were repeatedly pressured to send money.

This case illustrates **transnational coercive control**, where abuse occurs simultaneously across national borders.

Transnational Coercive Control

A growing but under-recognised form of domestic violence affecting migrant women is **transnational coercive control**.

This occurs when perpetrators exploit cross-border family networks, immigration systems and financial pressures to control victims.

Common features include:

- dowry or financial demands made to families overseas
- threats of deportation or visa withdrawal
- reputational pressure within diaspora communities
- harassment by extended family members overseas
- digital surveillance and coercion.

This form of abuse may involve **multiple perpetrators operating across countries**, significantly intensifying psychological pressure on victims.

Suicide in the Context of Domestic Violence

Traditionally suicide has been viewed as an individual mental health event.

However, in cases involving domestic violence, suicide may represent **the final outcome of prolonged coercion, intimidation and psychological degradation.**

International legal frameworks recognise that sustained harassment or cruelty can contribute to suicide.

Recognising the link between domestic violence and suicide is important because it reframes such deaths as **preventable outcomes of violence rather than isolated tragedies.**

Suicide may in such cases may be attributable directly to domestic violence and economic coercion in the context of a marriage.

Why Migrant Women May Face Elevated Suicide Risk

Five structural factors are particularly significant (O'Connor 2022)

- **Visa dependency**
  Perpetrators may threaten deportation or visa cancellation.
- **Transnational family pressure**
  Extended family networks may exert financial or reputational pressure.
- **Cultural stigma**
  Fear of dishonouring family may discourage women from leaving abusive marriages.
- **Economic dependency**
  Barriers to employment can trap women in abusive relationships.
- **Social isolation**
  New migrants may lack independent social networks.

Together these factors create **severe psychological entrapment**, a recognised precursor to suicidal behaviour.

Policy Gaps

Current policy frameworks often operate in silos across:

- domestic violence services
- migration policy

- mental health systems
- policing and legal frameworks.

This fragmentation limits the ability to identify and prevent domestic violence-related suicides.

Recommendations

1. **Recognise coercive control as a serious mental health risk factor.**
2. **Improve visa protections for victims of domestic violence.**
3. **Recognise transnational coercive control within domestic violence frameworks.**
4. **Expand culturally responsive mental health services.**
5. ***Improve national data collection on domestic violence-related suicides*.**
6. **Provide training for police, healthcare professionals and domestic violence services on migrant-specific vulnerabilities.**

Conclusion

Domestic violence affecting migrant women often involves complex intersections of immigration dependency, transnational family pressure and social isolation.

These dynamics can produce profound psychological entrapment and significantly elevate suicide risk.

Addressing these structural vulnerabilities requires coordinated policy responses across **domestic violence prevention, migration policy and mental health services.**

Such action is essential to prevent further loss of life among migrant women experiencing domestic violence.

What Parliament Must Do Now

Domestic violence-related suicide represents the most extreme outcome of coercive control. When victims experience sustained humiliation, isolation, financial exploitation and threats to their immigration status, suicide may emerge as a tragic expression of psychological entrapment rather than an isolated mental health event.

Australia has made significant progress in recognising coercive control as a form of domestic violence. However, the experiences of migrant women highlight gaps in the current system. In particular, **immigration dependency, transnational family pressures and economic vulnerability can intensify the severity of abuse and limit pathways to safety.**

Parliament now has an opportunity to strengthen Australia's response by addressing these structural drivers.

Priority actions should include:

1. Recognise domestic violence as a trigger and contributor to suicide.
National suicide prevention strategies should explicitly recognise domestic violence and coercive control as major risk factors for suicide.

2. Strengthen visa protections for victims of domestic violence.
Immigration systems should ensure that perpetrators cannot exploit visa dependency to maintain control over victims.

3. Recognise transnational coercive control in domestic violence frameworks.
Training and policy guidance should enable police, courts and support services to identify abuse that occurs across national borders, including dowry-related harassment.

4. Improve national data collection.
Coronial and public health systems should record whether domestic violence was a contributing factor in suicide deaths.

5. Expand culturally responsive services.
Migrant women experiencing domestic violence require services that incorporate interpreters, culturally informed trauma care and community outreach.

6.The experiences of migrant women affected by domestic violence demonstrate that **coercive control can be psychologically devastating and, in some cases, fatal. The perpetrator of abuse needs to be held accountable**

Recognising the connection between domestic violence and suicide is not only a matter of research or policy; it is a matter of **preventing avoidable loss of life.**

A coordinated response integrating **domestic violence prevention, migration policy and mental health services** is essential to ensure that migrant women in Australia are protected from violence and its most tragic consequences.

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