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"If I Press Charges, She's Not Going to Get Mental Health Help": Queer Victim-Survivors' Experiences of Suicide Threats

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Abstract

In the context of intimate partner violence [IPV], suicide threats can form part of a pattern of coercive and controlling behaviour, capable of impacting how a victim-survivor acts or seeks help. This can be inherently complex for victim-survivors to navigate, as they attempt to ensure the safety and wellbeing of their partner or ex-partner, and balancing this against their own safety and any possible dependents. For queer victim-survivors of IPV, relationships with formal support services such as the police can be strained, resulting in compounded barriers to seeking help. This article explores the experiences of queer victim-survivors navigating suicide threats as part of coercive and controlling patterns exhibited by their partner or ex-partner. The findings were drawn from a mixed-methods study that engaged with queer victim-survivors of IPV across Australia, consisting of 164 online survey responses and 19 semi-structured interviews. Victim-survivor accounts indicated that help-seeking opportunities were limited and complex for queer victim-survivors who experienced perpetrator suicide threats due to a range of factors including the risks of seeking help and navigating receiving support. These experiences were also compounded by a perceived lack of recognition or care from support services, including police, and the risk of perpetrators acting upon their threats of suicide.

Keywords: Suicide threats; coercive control; intimate partner violence; queer victim-survivors; LGBTQIA+ victim-survivors.

Introduction

Intimate partner violence (IPV) is a large-scale issue globally, impacting people across socioeconomic, religious and cultural groups, with wide-ranging impacts on individual and communities' physical and psychological health, economic security, and social wellbeing (WHO, 2025). IPV may include behaviours including, but not limited to emotional, psychological, economic, physical and sexual abuse (Ali et al., 2016). Within queer relationships, IPV has been recognised to carry both similar and diverse characteristics when compared to heterosexual IPV (Badenes-Ribera & Bonilla-Campos, 2021; Campo & Tayton 2015; LGBTIQ Domestic & Family Violence Interagency & CSRH, 2014). These unique characteristics commonly involve a perpetrator targeting the victim-survivor's gender identity or sexuality, including the restriction of hormone replacement therapy (HRT) medication, the disclosure or threat to disclose the individual's HIV status, gender or sexual orientation, as well

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as the questioning or degrading of an individual's gender identity and expression, among many other characteristics (Ahlenback, 2022; Campo & Tayton, 2015; Chan, 2005: Gibson et al., 2020; Our Watch, 2017).

Within Australian queer relationships, experiences of IPV occur at a similar, if not higher, rate as they do in heterosexual relationships (Hill et al., 2020). However, due to a range of factors including safety concerns and historically fractured relationships with authorities, many queer victim-survivors of IPV either choose not to seek formal help or not to report their experiences to the police (Dwyer 2014; Goodman et al., 2020). They also may not conceptualise their experiences as IPV (or violence more generally) and thus may not view themselves as worthy of support (Gray et al., 2020; Mortimer et al., 2019). The unique characteristics of queer IPV are also set against the background of latent queerphobia, heterosexism and heteronormativity, which as Gray et al. (2020) note, leaves queer victim-survivors finding a "problem distinguishing [IPV] from every other form of violence" they experience (p. 6). The use of the term IPV was preferred throughout this study as it reflected the diverse nature of violence and the ways that queer communities can experience harm in the intimate partner context, rather than in the general family context where for instance, violence may be directed by child to parent, or between siblings (Roffee & Waling, 2016).

Since the 1980s, IPV has been recognised as involving patterns of behaviour, namely coercive control (Schechter, 1982; Stark, 2007; Stark, 2024). Coercive control involves behaviours intended to regulate the behaviour and lives of victim-survivors, such as tactics to isolate and intimidate victim-survivors (Stark, 2007; Stark, 2024). Threats of self-harm or suicide are recognised both throughout the literature and legislation as a form of coercive control, as they can be used to restrict the lives of victim-survivors (see for example: Barlow and Walklate 2022; *Family Violence Protection Act 2008* (Vic) s 8). As Woolley (2024) highlights, threats of suicide can be an example of the "or else" proviso conceptualised by Stark (2007), as the perpetrator can use threats of suicide to demand something and then threaten what may occur if their wishes are not complied with.

Beyond threats of suicide being a potential form of coercive control, they can also be an indication that a person is experiencing suicidal thoughts or ideation. Throughout Australia, an estimated 17.3% of people aged between 16 and 85 years have experienced suicidal thoughts or behaviours in their life (ABS, 2023). Further, a study by Hill et al. (2020) of LGBTQ+ people in Australia found that over one in four had considered attempting suicide in the past 12 months – illustrating the gravity and prevalence of mental health issues among queer communities.

Importantly, suicide threats in the context of IPV can be a precursor to intimate partner homicide (IPH). A Portugal-based study by Cunha and Gonçalves (2019) suggested that perpetrators of IPV who are suicidal are more likely to commit IPH than perpetrators of IPV who are not suicidal. Research in the United Kingdom also found that perpetrators of IPH were approximately 2000 times more likely to experience suicidal ideation, compared to the general population (Bridger et al., 2017). In Australia, examination of a sample of 100 cases of IPH found that at least 20 had previously documented threats of self-harm or suicide (McLachlan, 2023). As Smucker et al. (2018) highlight, suicidal perpetrators of IPH "will not be deterred from IPH by threat of punishment", as they may kill themselves post-committing IPH (p. 337).

Suicide threats, as a form of coercive control, can result in significant psychological harm for victim-survivors of IPV. They may experience emotional trauma, which may be shaped by the manipulative nature of suicide threats, which can create a sense of responsibility over the perpetrator's wellbeing, leading to feelings of guilt, as well as anxiety and depression symptoms (Veldhuis, 2024). Victim-survivors' experiences of coercive control can also lead to them experiencing psychological stress and suicidality (Alimoradi et al., 2026; Lagdon et al., 2023). Hill et al. (2020) found that 23.1% of LGBTQ+ people in Australia surveyed had experienced threats of suicide or self-harm from an intimate partner or family member throughout their lives. This illustrates the need to understand how queer experiences of suicide threats may contribute to feelings of emotional distress and challenges in maintaining safety and wellbeing, as well as their experiences of help-seeking if they experience threats of suicide and self-harm.

While there is no universal definition of "queer," the study has used the term queer to represent members of the community who identify as non-heterosexual and/or non-cisgender. This terminology allows participants to self-identify as queer thus enabling greater engagement of a wide range of gender identities and sexualities. When seeking help, queer victim-survivors' experiences are compounded by their queer identities and the tenuous legibility of queer identities within both criminal legal structures (such as the police, courts, child protective services etc.) and formal domestic and family violence services. The historical and contemporary relationship between Australia's queer communities and policing organisations has been described as one of tension, distrust, and at times, hostility (Dalton, 2007; Dwyer, 2020; Russell, 2019; Scott et al., 2025). This environment may impact the help-seeking process for queer victim-survivors, and indeed as this article will go on to explore, shape how participants considered whether to report a threat of suicide to the police or to undertake management of the situation

in order to preserve the perpetrator's mental health or manage the safety of themselves (the victim-survivor) and any dependants.

Despite the high rates of suicidality among queer people (Hill et al., 2020; King et al., 2008), suicide threats among queer populations remain largely unexplored in research, policy, and practice. Fundamentally, existing frameworks treat suicidality as a mental health issue (see for example: Wang et al., 2024), overlooking the possibility of suicide threats as a form of IPV shaped by queer-specific relationship dynamics, minority stress, and identity-based vulnerabilities (Meyer, 2003; Ristock, 2011). The invisibility of this form of IPV has significant implications, as suicide threats can be used as a tactic of coercive control while systems, policies, and practices remain ill-equipped to respond in ways that reduce harm to victim-survivors and safeguard the health and safety of perpetrators. By exploring how suicide threats and suicidality may be weaponised within queer relationships, this study addresses a critical gap in the literature, providing much-needed evidence which can inform the development of policy, practice, and risk assessment.

Methodology

The findings discussed in this article were drawn from a broader study that sought to engage with queer victim-survivors of IPV in Australia and their help-seeking behaviours, looking specifically at what enabled their help-seeking and what barriers they encountered. The present article examines a focussed element of a larger study exploring queer IPV help-seeking behaviours, with the article illustrating the challenges in help-seeking specifically when experiencing suicide threats as a form of IPV. This study gained higher-than-low-risk Human Ethics Clearance from The University of Melbourne Human Research Ethics Committee (Ethics Approval ID: 2023-26456-40196-3). A mixed-methods approach was undertaken through an online survey conducted via Qualtrics and semi-structured interviews carried out via Zoom. Though the broader study did not specifically target queer experiences of suicide threats, it emerged as a distinct theme, highlighting the importance of this topic, particularly as it remains under-researched in the IPV literature.

Participants and Recruitment

Participants for this study were recruited between November 2023 and August 2024, with 164 survey responses collected and 19 semi-structured interviews conducted overall. To be included in this study, interview participants and survey respondents were required to:

1. Be aged 18 years or older.
2. Self-identify as queer, gender, or sexuality diverse.
3. Have experienced self-defined IPV victimisation and were willing to discuss their experiences.

Participants across both surveys and interviews were sought through a deliberate sampling approach, engaging with chosen sets of "expert" voices in order to illustrate a broader issue (Creswell & Plano Clark, 2017; Given, 2008; Patton, 2014). As Patton states, this form of purposeful sampling allows the researcher to direct focus on to the selection of "information rich cases" where participation will "illuminate the questions under study", allowing this project to engage in meaningful discussion on the help-seeking experiences of queer victim-survivors of IPV (p. 264).

Information provided throughout this project was deidentified and participants were prescribed pseudonyms to further protect their identity. Participants were offered the opportunity to self-describe their gender identity and sexuality or select from pre-set options drawn from ACON's *Recommended Community Indicators for Research* (ACON, 2026) guide and the *Australian Bureau of Statistics Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables* (ABS 2020). Roffee and Waling (2016) note that when conducting research with queer communities, participants should be allowed to self-label and describe their own identities in terms that are comfortable and familiar to them. This affords the participants a degree of agency over their representation in this research project, and further provides necessary context to their victimisation experiences, especially where their gender identity or sexuality was used as a site of abuse by a former partner.

Survey Methodology

The online survey component consisted predominantly of open-ended questions, allowing for participants to describe their experiences of IPV and help-seeking in as much detail as they felt necessary. Participants were recruited through online advertisements, with a social media recruitment strategy being adopted to reach a wide range of participants. Survey respondents represented a broad range of ages, genders and sexuality, illustrating the diversity of Australia's queer communities and the lived experiences of victim-survivors (see survey demographic data in Appendix A).

Respondents were provided with the plain language statement on page 1 of the survey and were required to consent to data collection as they proceeded. All survey questions were optional and consisted of both open- and closed-ended questions exploring victim-survivors' experiences of help-seeking. Questions explored the types of support services accessed, the barriers encountered when attempting to access support, factors that enabled or encouraged help-seeking, and the experiences participants had with service providers or police.

In line with ethical guidelines, responses were anonymous, with survey respondents prescribed numbers, with more limited demographic information disclosed with each set of data shared throughout project outputs to ensure the privacy of participants. Support service contacts were provided before the commencement and at the conclusion of the survey to encourage victim-survivors to seek support if they experienced any discomfort whilst responding to survey questions.

Interview Methodology

This study adopted flexible and responsive interview guides, aligning with Browne and Nash's (2016) exploration of innovative methodologies in queer research. The interview approach allowed the experiences and voices of victim-survivors to drive the conversation and for the first author to be responsive to victim-survivor disclosures. It was through this reflexive approach that discussions around perpetrators suicide threats and the participants experiences navigating their suicidality emerged. Participants were recruited predominantly (n = 17) through the survey with the last question offering the option for participants to opt in to take part in an interview. The last two participants were recruited through online advertisements of the study, resulting in 19 interview participants in total. The interview participants represented at least one participant from each Australian state and territory excluding the Northern Territory (see interview demographic data in Appendix B).

Interviews were conducted via Zoom between December 2023 and August 2024 and varied between 30 minutes up to 2 hours in length. Interview participants were asked questions that illuminated their help-seeking experiences, particularly on their experiences seeking formal or informal help, and what barriers they encountered throughout their help-seeking. Participants in interviews had the option to withdraw at any time during the interview and were provided with contact details for support services following the interview. After a period of 2 weeks interviews were de-identified and assigned a randomly prescribed, gender-neutral pseudonym.

Analysis

Following Braun and Clarke's (2019) approach for reflexive thematic analysis, a myriad of themes were identified, which illuminated the issue of suicide threats and mental health as a key concern of participants. From here, both authors conducted subsequent rounds of thematic analysis to identify sub-themes of the initial coding process, these will be discussed in detail below. This reflexive and iterative approach, allowed for the authors to fully engage with the experiences of these participants and to help place their narratives in the broader issue of IPV and help-seeking barriers.

Results

The analysis of the quantitative and qualitative data identified two key themes. Firstly, the theme of coercive control relating to suicide threats and mental health highlights how perpetrators can use threats to control the behaviours of queer victim-survivors. The second theme of negotiating the safety of the perpetrator, illustrates the complexities of how state intervention can place perpetrators and victim-survivors at increased risk of harm or death. These challenges are embedded in queer victim-survivors' experiences of the legal system and may be considered by victim-survivors in their decision-making relating to help-seeking.

The Nature of Suicide Threats and Coercive Control in Queer Relationships

Participants in this study provided personal reflections on their experiences of suicide threats in the context of IPV. Twenty-six survey respondents and four interview participants mentioned suicidality in disclosing their experience of IPV. Outlined by the data in this study, there is a strong intersection between suicide threats, mental health issues, and coercive control. This intersection illustrates how suicide threats can be used as the primary form of coercive control, or how other behaviour alongside suicide threats can lead to the victim-survivor experiencing coercive control.

Victim-survivors discussed suicide threats being used as a coercive and controlling behaviour in a range of contexts. Survey respondent #14 (gay, Two-Spirit[1]) indicated that their partner had "strangled me, pushed and hit me, and threatened suicide and

killing the cops if I called them," while survey respondent #104 (butch, lesbian) had experienced suicide threats by their long-term partner if they "went out with friends without her" or "broke up with her."

Further, one respondent illustrated how they would be impacted by their partner's suicide threats on an ongoing basis:

> I was being kept up at night with threats of suicide, stopped from going in the room and being there for them, so essentially left in the other room alone thinking my partner might be killing themselves in the room next to me. (Survey respondent #53, queer)

For some victim-survivors, suicide threats can be difficult to conceptualise as IPV. This could be seen in the case of Taylor (54-year-old, lesbian) who had attended their GP[2] and told them about their partner's poor mental health and suicide threats. The GP had told Taylor to call IPV support services, which Taylor said, "it hadn't occurred to [her] that that's what might be going on."

Taylor's experience in developing an understanding of their experience of abuse reflects the consequences of the heteronormative nature of criminal legal responses to violence (Mortimer et al., 2019). Mortimer et al. (2019) argue that the "typical script" of sexual violence victimisation surrounding a cis-gendered, heterosexual couple leads to victim-survivors, like Taylor being, unable to recognise their own experiences of violence and harm. While Taylor did not disclose further experiences of discrimination beyond that of being queer, it is important to acknowledge that this process of recognition is also further complicated for individuals that experience intersecting forms of structural discrimination. For example, victim-survivors may also be required to navigate heteronormative assumptions, alongside racialised, classed or ability-based expectations about victimisation, further restricting their capacity to recognise violence and thus seek help (Davis & Glass, 2011; Erbaugh, 2007; Nafstad, 2019; Ristock, 2011).

As a form of the "or else proviso" (Stark, 2007), suicide threats may also be weaponised to coerce victim-survivors to behave in certain ways or perform certain acts. Data from the present study indicated that victim-survivors may encounter perpetrators threatening to kill themselves if they did not have sex or perform certain sexual acts. One interviewee, Dorian (bisexual, trans man) explained how they had experienced this:

> Like he [the perpetrator] would come home at, like, 5:00 in the morning or four in the morning … And then he hopped to bed and go "look, … let's do it [have sex]". And if I then said no and I [didn't] want to, then he would get nasty and … he would jump out of bed and … he would go out in the hallway and then stomp around and scream and yell and say, 'I'm gonna kill myself. I'm gonna hop in the car now, and I'm gonna run against the tree,' making sure the kids were there so they would all wake up [and] would all scream and cry.

From a legal and policy perspective (particularly in jurisdictions where the affirmative consent model has been adopted), people are required to provide free and voluntary agreement to sex. Suicide threats that coerce someone into sex could mean that by law, the victim-survivor is raped or sexually assaulted (for example: *Crimes Act 1900* (NSW) ss 61HE, 61 HF, 61HG; *Crimes Act 1958* (Vic) ss 36A, 36AA; *Criminal Code 1899* (Qld) ss 348, 348A). Further, perpetrators have been documented to use children to commit patterns of coercive control (see, for example: Dragiewicz et al., 2022). This could be seen as Dorian explained how the children in their relationship would react as a result of the perpetrator's threats of self-harm, citing that the children "would then take the car keys" to ensure that the perpetrator did not attempt suicide through reckless driving – further prompting them to give in to the perpetrator's demands.

Survey respondents echoed similar experiences with perpetrators using suicide threats to coerce their partner into having sex. One survey respondent detailed that they were "Forced to have sex every night. If [I] refuse[d] he would threaten with killing himself". Another survey respondent (#108, lesbian, cisgender woman) had experienced suicide threats when they would attempt to break up with their girlfriend, who "often gets frustrated and angry with me when [the survey respondent] say[s] no to sex," not accepting the survey respondent's asexuality. The survey respondent disclosed how their girlfriend's coercive and controlling behaviour through suicide threats had impacted them:

> I have been in multiple situations where I have said no many many times and after her complaining or getting angry, I have just given up and let her do whatever she wants. (Survey respondent #108, lesbian, cisgender woman)

These experiences highlight how suicide threats can be an or else proviso relating to sex and can coerce victim-survivors into engaging in sexual acts they do not wish to engage in. Though this experience is not necessarily unique to queer people, it does illustrate how suicide threats can be an instrument used in coerced sex (Jenkins et al., 2021). However, the ability to report these experiences of sexual violence may be more challenging for queer victim-survivors, due to multiple factors including,

but not limited to, strained relationships with police and support services, and latent homophobia and heterosexism within society (Fileborn et al., 2024; Hardesty et al., 2011; Lusby et al., 2022).

In some contexts, suicide threats were being used as part of a broader pattern of coercive control, with other circumstances playing a more significant role in cases where victim-survivors were not able to seek help. One participant, Kai (they/them, lesbian, non-binary) had experienced suicide threats from a partner whom they shared a child with. As Kai did not give birth to the child, they held concerns about child custody if they were to report the suicide threats to the police. These child custody concerns were weaponised as a form of coercive control to prevent Kai from seeking help:

> She's threatened to murder-suicide before, she's threatened to kill me before. If I press charges, she's not going to get mental health help. She's going to … be taken away [to prison], and then she'll tell them [police] that I've done all these things … she had me convinced that because … I wasn't the father, the people [authorities] were going to take him [their child] away from me and I was going to have to try and fight for him back.

As outlined by Kai's statement, victim-survivors may face a variety of barriers in reporting experiences of suicide threats in the context of IPV. They may want their partner to receive mental health support which they could be apprehensive or unable to do if they are reported. Queer victim-survivors may hold additional concerns surrounding child custody arrangements where they had not given birth to the child (though they are documented as a parent of the child). These considerations may make victim-survivors more reluctant to report suicide threats to preserve the health and wellbeing of both the perpetrator and the child.

Negotiating the Safety of the Perpetrator

Some participants in this study also explored help-seeking decision-making in the context of perpetrator suicide threats. Broadly speaking, the help-seeking experiences of queer victim-survivors are dominated by a fear of violence and harm at the hands of the perpetrator (which as noted earlier in this article, is strongly connected to suicide threats), their communities, and the support services or police they are expected to engage with (see Dalton, 2007; Dwyer, 2014; Russell, 2019). In addition to this fear stemming from queer experiences, historically (in the 1980s and 1990s), police bodies have responded to mental health concerns with force (see for example, McCulloch, 2001). Several participants from the present study discussed how as a result of fear of further violence, they engaged in a complex negotiation of help-seeking, looking to ensure the safety of themselves or their dependants, while also balancing the safety of the perpetrator – ultimately acting to protect their abuser from the state.

This fear of violence manifested through a broad lack of engagement with police when seeking help. From 87 responses to a question asking if the survey respondent reported any incidence of IPV to the police, 31 participants (36%) reported that they did, with 56 (64%) reporting that they had never reached out to the police. This data was also directly reflected in the experiences of one interview participant, Sasha (they/them, queer, trans masc.). Sasha's experience of IPV was characterised by persistent patterns of financial and emotional abuse which culminated in threats to kill, and with the perpetrator also threatening suicide, then the perpetrator attempting to deliberately crash the vehicle they were both travelling in. Sasha had described this incident as their "break" and as "the point I knew [the perpetrator] could kill [them]" but refused to contact the police. Sasha described what led them to make this decision:

> My partner that committed the [abuse] is Aboriginal and that is why I refused to bring the police in … that was really important to me because race was a big part of this too. … As an Indigenous woman … interactions with the police are not safe. I felt like I had enough safety around me that, even though I had to move three times … I just felt like she was actually more at risk in our system of policing … [not reporting IPV to police] felt like that was me trying to protect us.

This account from Sasha illustrates not only a victim-survivor negotiating their safety and the perpetrator's safety but draws in a key intersection for queer Indigenous people in Australia, experiences that receive scant attention in IPV literature (Blagg et al., 2018; Fiolet, 2019). In Sasha's situation, they perceived contacting the police to report their abusive partner who had threatened to kill themselves to be placing the perpetrator in harm's way. The institutional legacy of state-perpetrated violence against both queer communities and Indigenous populations in Australia intersect in Sasha's account, making it unimaginable for Sasha to seek help from the police, even when there were threats of suicide and homicide.

IPV perpetrator threats of suicide may also be paired with escalating violence or threats to life, as well as threats to harm any responding police officer. As one respondent described:

> He strangled me, pushed and hit me, and threatened suicide and killing the cops if I called them. He had a knife and threatened to use it on me, himself, anyone else … I couldn't call the cops. I knew to text [a friend] instead of the cops because I knew he'd take it and possibly hurt me more if I called the cops … (Survey respondent #14, gay, two-spirit)

The respondent resisted contacting the police in order to prevent further violence, including perpetrator suicide. This negotiation of perpetrator safety again balances the institutional legacy of violence against queer communities and policing response to mental health crises. As discussed by Woolley (2024), policing mental health poses significant challenges for policing bodies across Australia. Historically, policing bodies have received scrutiny over how they respond to individuals in mental health distress, and the recent Royal Commission into the State of Victoria's Mental Health System (2021) demonstrates institutional failures in policing responses to mental health incidents. This institutional legacy dominates contemporary understandings of police agents' ability to effectively respond to mental health concerns and compounds with the violence endured by queer communities at the hands of police.

The perception that police are more of a threat to queer communities, Indigenous communities, and those in mental health crisis, can actively shape the help-seeking behaviours of queer victim-survivors. The institutional legacies of historical and contemporary violence enacted by police generate a help-seeking landscape that leaves victim-survivors more fearful of police response than the perpetrator's violence. This dynamic represents a structural silencing of queer victim-survivors' experiences, conscripting victim-survivors to act in the perpetrator's best interests rather than their or their dependents best interest. Ultimately, the challenges in engaging with the state mean that in some cases, queer victim-survivors face choices between personal safety and community solidarity.

Limitations and Future Considerations

The present study was not originally designed to engage with the experiences of queer victim-survivors and suicide threats. However, these experiences emerged organically through interview and survey data. Though this means the study is limited in scope, it illustrates key considerations to be further explored in the literature. Extended research in this area may include more in-depth experiences of queer victim-survivors experiences of suicide, suicide threats as coercive control in queer communities, and the role of mental health in navigating IPV help-seeking. Beyond this, limited participant demographic data was sought, leaving limited understanding of participants' indigeneity or their disability status. Further, the project was only conducted in English, therefore failing to capture the experiences of those who do not speak English as a first language or who may have limited confidence in using the English language.

The ability for a participant to conceptualise their experiences as IPV and understanding themselves as a victim-survivor also acts as a key limitation of this study. This barrier to recruitment may be more pronounced here, as a consequence of the "typical scripts" that surround IPV victimisation experiences and how queer individuals frequently struggle to recognise their experiences as violence. This restricts potential participants from understanding their experiences and crucially their self-assessment of their own eligibility to participate. While steps were taken to mitigate this barrier (such as using a broad description of key terms including IPV or victimisation experience), there is no guarantee that this remedied the limitation. This is a limitation which exists across many research studies relating to victim-survivors of IPV, warranting further consideration of how limitations surrounding conceptualisation of victimisation can be addressed.

Conclusion

Within queer relationships, suicide threats and suicidality emerge as a site of coercive control that compounds with existing structural pressures that queer individuals, families, and communities are already burdened to negotiate. These compounding factors include child custody and safety concerns, safety and wellbeing of perpetrators, the safety of the victim-survivor, and the management of ongoing trauma arising from these experiences. As observed in this study, participants' queer identities may exacerbate the complexity of these experiences, with some participants facing precarious or potentially dangerous outcomes if they seek help from police or other criminal justice agents.

Through this article, we argue that though not entirely distinct from the experiences of heterosexual or cis-gender victim-survivors, queer Australians may encounter different challenges when faced with perpetrator suicide threats and mental health challenges. The experiences presented in this article represent a nexus for analysing the varied and diverse realities embodied by victim-survivors when seeking help in cases of suicide threats. These may include perpetrators' use of suicide threats as coercive control (leading to outcomes such as sexual violence), and the use of mental health issues as part of broader pattern of coercive control (including child custody disputes).

When queer victim-survivors experience suicide threats, they may encounter relationship-based, social, and structural challenges which existing systems may not recognise or respond to. It is therefore critical to consider the implications of the findings of this exploratory study, as well as how it can be expanded upon by future research. Suicide threats in queer relationships need to be understood within the context of relationship dynamics and the barriers heteronormative scripts surrounding IPV present in help-seeking. IPV support services, mental health clinicians, and queer organisations should collaborate to respond to suicide threats holistically, rather than in siloed ways.

Frontline workers including support services and police should consider how suicide threats can be both indicators of self-harm risk as well as acts of IPV, which can be compounded by factors including queer identity and community perceptions of state-funded institutions – and this should be reflected in training and education where possible. In addition, national IPV datasets should include sexual and gender identity variables to ensure that the prevalence of queer suicide threats is accurately captured, leading to appropriate responses within policy and practice. Future research could develop risk assessment tools that can account for queer-specific abuse dynamics, as well as develop resources to equip frontline workers to respond to suicide threats in the context of IPV. Additional research could explore how suicide threats occur within both heterosexual and queer relationships and consider the specific challenges queer victim-survivors encounter in help-seeking and the ways in which perpetrator suicide threats are navigated over time could be better accounted for and responded to.

Ultimately, it is critical for researchers to continue to engage with queer communities and experiences with respect to mental health, suicidality, and family violence. Given the high rates of mental health challenges in queer communities, it is imperative to understand how governments, organisations and state bodies including police can holistically prevent suicide and IPV moving forward. New and ongoing approaches to suicide and IPV in queer communities must account for the historically strained relationships between queer Australians and state bodies, and the complexities queer Australians navigate as they seek help. As this study has emphasised, suicide threats and coercive control present broad and immense challenges for queer Australians as they seek help, and this requires the attention of further research, policy and practice development.

AI Disclosure Statement
No AI tools were utilised in the preparation of this article.

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[1] Two-Spirit is a term used by some Indigenous North American cultures to indicate a person whose body simultaneously houses a masculine and feminine spirit

[2] "GP" (General Practitioner) is a common term for a local or primary care doctor in many countries, particularly throughout the Commonwealth, but the terminology varies significantly around the world

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Appendix A

Survey Demographic Data

The following Tables provide a summary of the demographic data of survey participants. Table 1 presents the age group of survey participants, with Table 2 and Table 3 presenting survey participants' gender identity and sexuality respectively.

Table 1

Survey Participants' Age

Age group	Count	Percentage
18-25	31	19.62%
26-35	48	30.38%
36-45	31	19.62%
46-55	34	21.52%
56-65	10	6.33%
65+	4	2.53%
Total	158	100%

Table 2

Survey Participants' Gender Identity

Gender descriptor	Count	Percentage
Man, or male	38	24.05%
Woman or female	67	42.41%
Trans man	13	8.23%
Trans woman	6	3.80%
Sistergirl	1	0.63%
Brotherboy	1	0.63%
Non-binary	33	20.89%
Transgender	19	12.03%
Trans masculine	22	13.92%
Trans feminine	3	1.90%
Genderqueer	21	13.29%
Genderfluid	10	6.33%
Agender	6	3.80%
I use a different term (please specify)	10	6.33%
Total	250	100.00%

Table 3

Survey Participants' Sexuality

Sexuality descriptor	Count	Percentage
Straight (heterosexual)	4	2.00%
Gay	33	16.50%
Bisexual	35	17.50%
Queer	67	33.50%
Lesbian	51	25.50%
I use a different term (please specify)	10	5.00%
Total:	200	100%

Appendix B

Interview Demographic Data

This demographic data provides an overview of interview participants' age group (Table 4), their geographical location at the time of their victimisation, including whether they were living in a rural/regional or urban/metro area (Table 5), their gender identity (Table 6), and sexuality (Table 7).

Table 4

Interview Participants' Age

Age group	Count	Percentage
18-25	2	10.53%
26-35	3	15.79%
36-45	5	26.32%
46-55	6	31.58%
56-65	2	10.53%
65+	1	5.26%
Total	19	100%

Table 5

Interview Participants' Geographical Location at Time of Victimisation

State/territory	Rural/regional area	Percentage	Urban/metro area	Percentage
Victoria	2	10.53%	4	21.05%
New South Wales	2	10.53%	3	15.79%
Queensland	2	10.53%	1	5.26%
South Australia	0		1	5.26%
Western Australia	0		1	5.26%
Tasmania	0		2	10.53%
Australian Capital Territory	0		1	5.26%
Sum	19	31.58%	13	68.42%

Table 6

Interview Participants' Gender Identity

Gender descriptor	Count	Percentage
Man, or male	2	10.53%
Woman or female	6	31.58%
Trans man, trans masculine	4	21.05%
Non-binary	4	21.05%
Genderqueer	1	5.26%
Demiboy	1	5.26%
Not disclosed	1	5.26%
Total	19	100.00%

Table 7

Interview Participants' Sexuality

Sexuality descriptor	Count	Percentage
Gay/homosexual	2	10.53%
Bisexual	1	5.26%
Bi/poly	1	5.26%
Queer	6	31.58%
Lesbian	5	26.32%
Pan	1	5.26%
Demisexual	1	5.26%
Genderqueer	1	5.26%
Not disclosed	1	5.26%
Total:	19	100%