



Family and Domestic Violence (FDV) & Suicide Prevention

FORUM EVENT SUMMARY
28th May 2024

Presented by the Perth Metro Suicide
Prevention Coordinators

SPC Introduction

For this event we invited key stakeholders in the Domestic and Family Violence (DFV) space to learn more about what is happening in the DFV landscape in Perth and discuss the intersectionality of Mental Health and Suicide Prevention.

In 2017, 410 people died by suicide in WA. Among them, 124 were women and children. Of that group, 68% were recorded as victims of domestic violence, as outlined in the 2023 Western Australian Ombudsman report investigating family and domestic violence and suicide.

The report highlights groups most at risk of experiencing family and domestic violence, including Aboriginal and Torres Strait Islander women, women with disabilities, older women, women from culturally and linguistically diverse backgrounds, and LGBTIQ+ people.

Data from the Australian Institute of Health and Welfare tells us that many of these high-priority groups also experience higher rates of suicide. It is important that we explore and discuss the intersectionality between DFV and Suicide Prevention.

By understanding the specific needs and appropriate responses to these communities, we can work together across sectors and organizations to achieve better community outcomes.

We want to elevate the voices and support services of those who work with some of these high-risk groups across FDV & suicide prevention and aim to share current best practices and resources for the community, which can create ongoing impact and change.



Thank you to our community partners who presented at the Forum:

- Connection and Wellbeing Australia (CAWA)
- Pat Giles Centre for Non-Violence
- Communicare
- Kickett Consulting

BELLA BROADWAY

Connection and Wellbeing Australia (CAWA)



Bella presented on the Rainbow Gate Project, which provides information and support specifically for LGBTIQA+ people in Western Australia experiencing relationships characterized by violence, power, and control.

CAWA is a social enterprise that offers knowledge, skills, and tools to individuals, communities, and systems.

Key statistics and issues highlighted include:

- 4 out of 10 LGBTIQA+ people report that violence is linked to their experience of being LGBTIQA+.
- Less than 20% of clinicians rate themselves as fully competent to work with LGBTIQA+ clients.
- Public health messaging often fails to address LGBTIQA+ communities.

Additional challenges faced by LGBTIQA+ individuals include barriers to accessing services, stigma, shame, lack of family support, and services that lack understanding.

Bella also discussed the dynamics of power and control within LGBTIQA+ communities, including:

- Emotional Abuse: Reinforcing myths and stereotypes/internalised feelings of phobia.
- Isolation: Restricting access to the LGBTIQA+ community.
- Threatening: Outing their partner to family, friends, or work, or revealing their HIV status.
- The increased mental health concerns in LGBTIQA+ individuals are not due to their identity but are a result of the discrimination they continuously face.

Mainstream services like 1800 Respect and 000 may not be specialised enough for LGBTIQA+ concerns and support. Qlife, a national LGBTIQA+ staffed telephone and webchat support service, offers an alternative. In response to the lack of LGBTIQA+ FDV-specific support in WA, CAWA initiated the Rainbow Gate Project. Head to connectionandwellbeing.com.au for more information on how you can connect with this project.

SOPHIE KAEY

Pat Giles Centre for Non-Violence Modified Service Delivery Pilot Project



03

Sophie presented on the Modified Service Delivery Pilot Project, which involved people with lived experience creating a guide and resources for women with disabilities experiencing family and domestic violence.

The Modified Service Delivery pilot is an initiative funded by the Department of Communities WA and delivered by the Patricia Giles Centre for Non-Violence. The project aims to upskill both the family and domestic violence (FDV) and disability sectors to support positive outcomes for people with disabilities experiencing violence. The Patricia Giles Centre for Non-Violence provides FDV refuge and support services for women and children in the northern suburbs of Perth. Statistically, people with disabilities experience FDV at much higher rates; however, anecdotally, we know they access services less.

The need for this is evidenced by the Disability Royal Commission's findings: Since the age of 15, 64% of people with disabilities (2,375,997 people) report experiencing physical violence, sexual violence, intimate partner violence, emotional abuse, and/or stalking compared to 45% of people without disabilities.

FDV and Disability: Best Practice Guide:

Developed in collaboration with the sector, this comprehensive guide is designed to enhance capacity in supporting people with disabilities experiencing family and domestic violence. From exploring the intersection of disability and FDV to adapting service delivery and implementing best practice principles, this guide covers it all. If you would like a copy, you can email the team at msd@pgcnv.org.au.

After consultation with individuals with lived experience, the co-designed resources aim to support services and future individuals accessing services. They also provide Sector Connector support for organisations around the referral process for specialised Disability X FDV cases. You can access their resources or contact the team at msd@pgcnv.org.au or phone (08) 9300 0340.

SUE NICKISSON & AARTI GUPTA

Communicare



Sue and Aarti from Communicare presented on the intersectionality of FDV and mental health.

They defined FDV legislative definitions of FDV and Coercive control as follows:

- FDV is defined as a pattern of behaviours intended to coerce control and create fear within intimate or family relationships.
- Coercive control includes acts of assault, threats, humiliation, intimidation, and other abuse meant to harm, punish, or frighten the victim.

Their exploration of the intersection between FDV and mental health highlighted that:

- Mental health conditions can be both a risk factor for perpetration and victimisation of FDV and an outcome of experiencing FDV.
- People using violence may exploit a victim-survivor's mental health issues to exert control through coercive means.
- Victims of FDV experience both short-term and long-term mental health impacts.
- A 2021 survey indicated that nearly half (48%) of respondents who experienced child maltreatment met the criteria for a mental health disorder.

Additionally, they spoke of the services Communicare runs, including their early intervention perpetrator response initiative. To find out more, visit: <https://www.communicare.org.au/>

ROSALIE KICKETT

Kickett Consulting /
Lifeline



05

Aunty Rosalie spoke on the impacts of family and domestic violence (FDV) and suicide prevention for Aboriginal and Torres Strait Islander Australians.

Aboriginal and Torres Strait Islander, First Nations people endure disproportionate rates of violence, assault, and murder. This has a flow-on effect, resulting in a disproportionate level of men, women, and children being incarcerated compared to other cultural groups throughout Australia.

This national crisis of family violence stems from persistent structural marginalization, discrimination, inequalities, and inherited trauma. First Nations women are 32 times more likely to be hospitalized due to family violence and both First Nations males and females experienced suicide deaths at a higher rate than their non-Indigenous counterparts.

Femicide can sometimes be driven by stereotyped gender roles, discrimination towards women and girls, unequal power relations between women and men, or harmful social norms (UN Women, 2022). First Nations people are being treated differently and need cultural advocates when attending emergency departments or medical clinics. We need more of our mob at the table to keep services accountable, ensuring they are culturally safe and follow best practices.

In terms of advocating for these changes, Rosalie mentioned, "the only way we can make change is with us—the frontline workers," and emphasized that it's up to all service workers to bring these concerns to management, funding bodies, and policymakers.

"Include mob in your decision making."

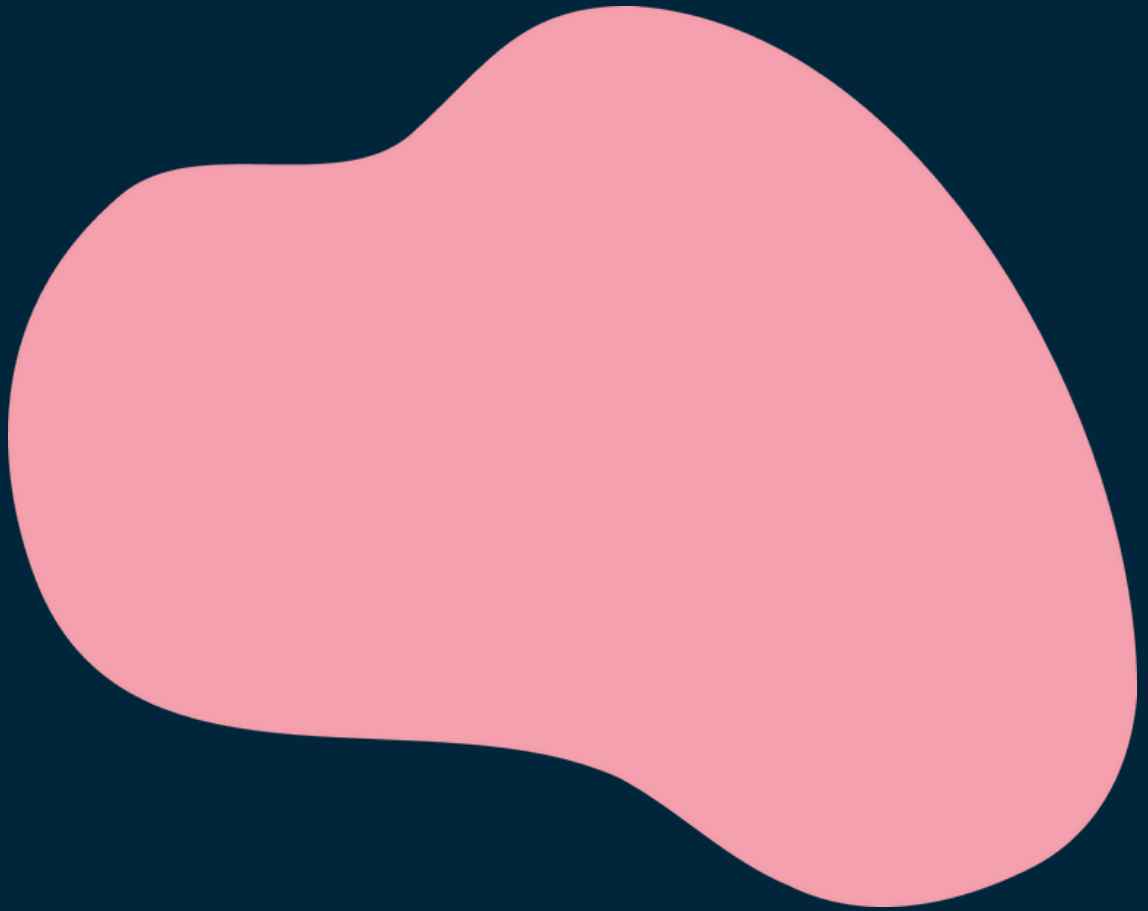
WA FDV Resources:

- Ombudsman's Reports - A report on giving effect to the recommendations arising from the Investigation into family and domestic violence and suicide - <https://www.ombudsman.wa.gov.au/Publications/Reports.htm>
- Escaping violence payment - Available through Uniting WA for people 18+ who have recently experienced intimate partner violence, have a changed living situation and are experiencing financial stress. - <https://unitingwa.org.au/services/escaping-violence-payment/>
- StandBy - Support After Suicide - Postvention FDV resource. Contact Sita Wong for more information. Her email is sita.wong@anglicarewa.org.au
- Centre for Women's Safety and Wellbeing - Service Navigator - https://csws.org.au/directory/services/?_categories=refuges%2Coutreach%2Ccounselling-and-advocacy%2Cchildren-and-youth%2Csafe-at-home-programs%2Cfamily-and-domestic-violence-groups
- When someone is experiencing domestic violence - Suicide Prevention Call Back Service - <https://www.suicidecallbackservice.org.au/worried-about-someone/when-someone-is-experiencing-domestic-violence/>
- Shelter WA FDV Toolkit - Family and domestic violence toolkit - A resource for Community Housing Providers - <https://www.shelterwa.org.au/fdv-kit-home/>
- White Ribbon Australia - FDV Helplines <https://www.whiteribbon.org.au/helplines/>
- Communicare- FDV Services - <https://www.communicare.org.au/>



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For more information on the Neami SPC Program

Visit:

<https://www.neaminational.org.au/services/perth-metro-suicide-prevention-coordination/>

Email:

spc.metro@neaminational.org.au

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