



Breaking the silence: understanding and addressing suicidal ideation in the context of domestic and family violence

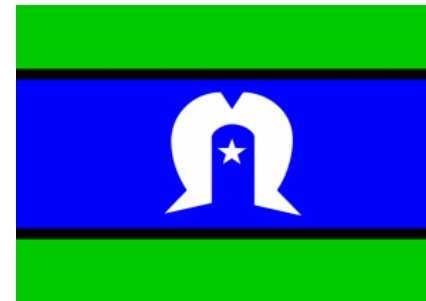
Wednesday 10 September 2025

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



Housekeeping – Zoom Meeting

This session is being recorded

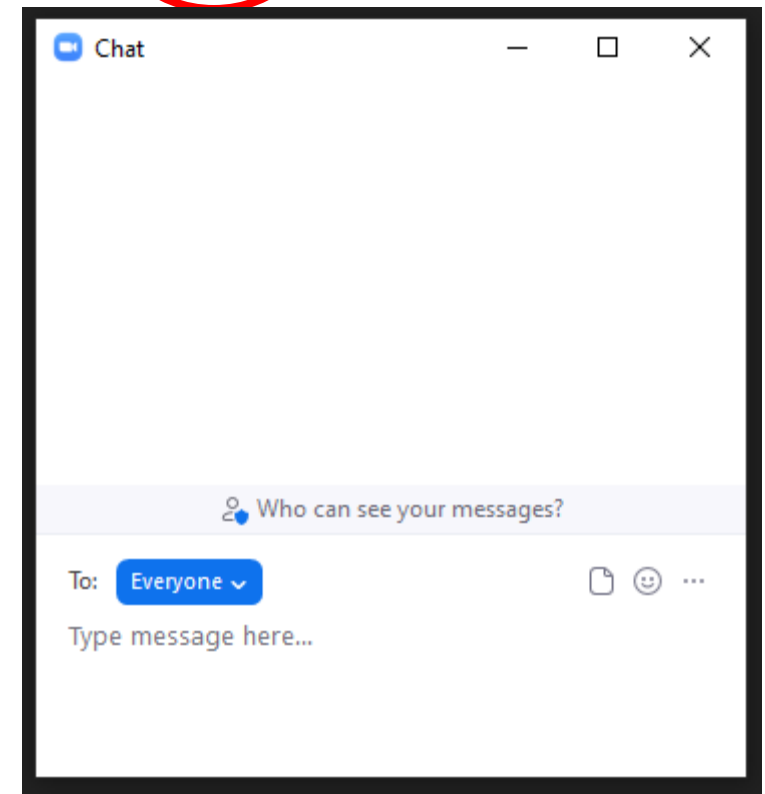
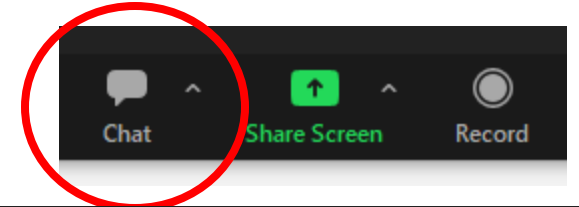
All attendees are muted

Please keep your microphone on mute during presentation

Please ask questions via the Chat box or raise your hand to ask questions live.

Please ensure you join the session using the name you registered with so we can mark your attendance

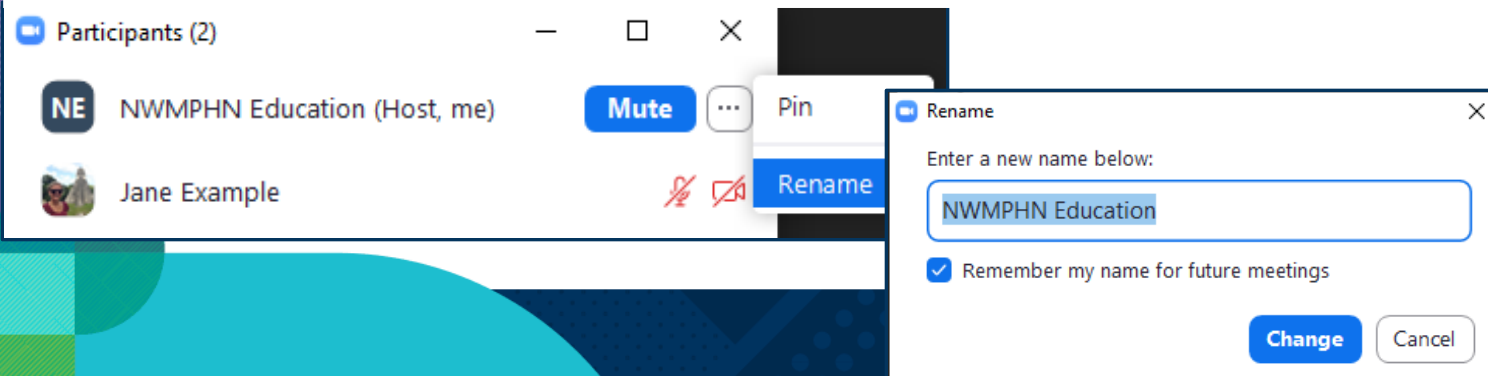
Attendance statements cannot be issued if we aren't able to identify you.



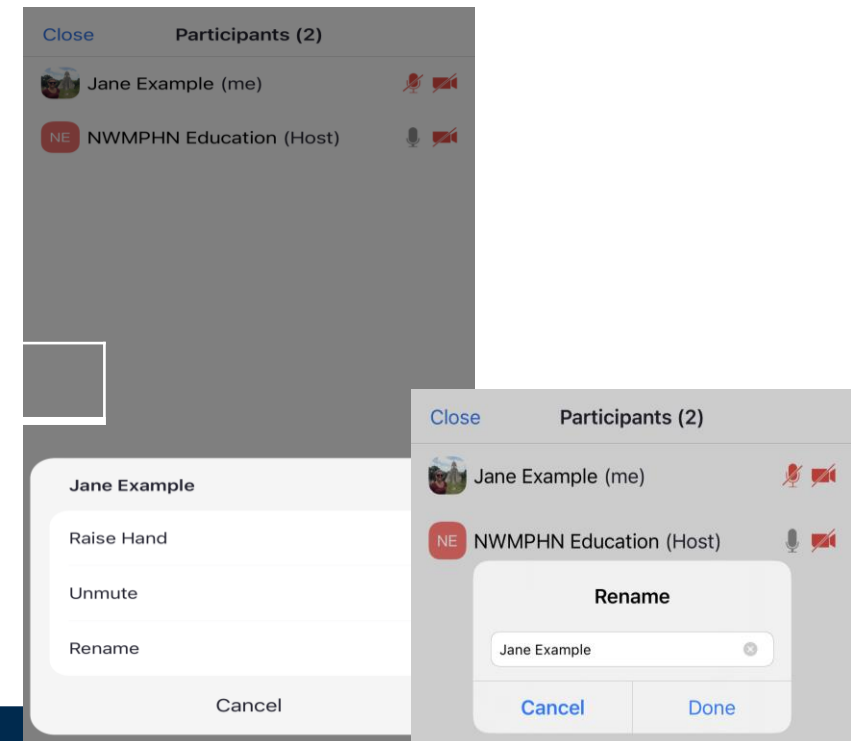
How to change your name in Zoom Meeting

1. Click on **Participants**
2. If using
 - Zoom App:** click on your name
 - Computer:** hover over your name and click the 3 dots
 - MacBook:** hover over your name and click More
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename

When using computer



When using a phone or app



Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- 
- **clear and concise, evidence-based medical advice**
 - **Reduce variation in care**
 - **how to refer to the most appropriate hospital, community health service or allied health provider.**
 - **what services are available to my patients**

Navigating HealthPathways – Family Violence

Melbourne

HealthPathways

Melbourne

Home

COVID-19

About HealthPathways

Summary of Referral Pages

Aboriginal and Torres Strait Islander Health

Avoiding Hospital Admission

Allied Health and Community Nursing

Child Health

Investigations

Legal and Ethical

Lifestyle and Preventive Care

Medical

Mental Health

Older Adults' Health

Medicines Information and Resources

Public Health

Specific Populations

Surgical

Women's Health

Our Health System

Family Violence

Melbourne

HEALTHPATHWAYS

Latest News

5 June

Health.vic

Health alerts and advisories

6 June

National Dementia Conference

See the HealthPathways exhibit at the National Dementia Conference 2024, held on 12 and 13 June at Crown Promenade Melbourne. [Read more...](#)

31 May

Health advice on immunisations for travel

Victorians planning overseas travel should ensure their routine vaccinations are up to date. This includes vaccination against vaccine-preventable diseases that may be more common in the countries that they are visiting. [Read more...](#)

22 May

Human case of avian influenza (bird flu) detected in returned traveller to Victoria

A human case of avian influenza A(H5N1) infection, or "bird flu", has been reported in Victoria. There is a current global outbreak of avian influenza in birds and animals, which, in rare cases, can lead to human infection. [Read more...](#)

17 May

New measles case in Victoria

A new case of measles has been reported in Victoria in a returned overseas traveller. In addition to a case reported on 17 May, there have been two more cases reported on 18 May. [Read more...](#)

Pathway Updates

Updated – 10 June

Bariatric Surgery Specialist Referral

Updated – 10 June

Hepatitis C (HCV)

Updated – 10 June

Cirrhosis

Updated – 10 June

Weight Management Specialist Referral

Updated – 7 June

Chronic Hepatitis B (CHB)

[VIEW MORE UPDATES...](#)

About HealthPathways

What is HealthPathways?

How do I use HealthPathways?

How do I send feedback on a pathway?

How do I add HealthPathways to my desktop?

How do I add HealthPathways to my mobile?

ABOUT HEALTHPATHWAYS

BETTER HEALTH CHANNEL

RACGP RED BOOK

USEFUL WEBSITES & RESOURCES

MBS ONLINE

NPS MEDICINEWISE

PBS

NHSD

SEND FEEDBACK

HealthPathways – Relevant and Related Pathways

Relevant Pathways

[Family Violence](#)
[Physical Assault and Injury Recording](#)
[Sexual Assault or Abuse](#)
[Child Abuse and Neglect](#)
[Disclosure of Family Violence](#)
[Elder Abuse and Neglect](#)
[People Who Use Family Violence](#)
[Reporting to Child Protection](#)
[Sexual Abuse of a Child or Young Person](#)
[Adult Recent Sexual Assault](#)
[Previously Undisclosed Sexual Assault](#)
[Mental Health](#)
[Mental Health and Behaviour – Child and Youth](#)
[Suicide Prevention](#)
[Self-harm](#)

[CPD Hours for HealthPathways Use](#)

Referral Pathways

[Family Violence Referral and Community Support](#)
[Assault or Abuse clinical pathways](#)
[Adult Mental Health Service Referrals](#)
[Child and Youth Mental Health Referrals](#)
[Mental Health Stepped Care - Navigation](#)
[Sexual Assault Counselling and Support](#)
[Housing Support](#)

Related Pathways

[Carer Support - Mental Health](#)
[Child or Family Information Sharing Scheme](#)
[E-Mental Health Services](#)
[GP Mental Health Treatment Plan](#)
[Housing Support](#)
[Legal and Ethical](#)
[LGBTIQA+ Mental Health](#)
[Mental Health Community Support Services](#)

Primary Care Pathways to Safety

- A whole-of-practice capability building program supporting practices to identify, respond and refer when patients are experiencing family violence
- Benefits to practices include:
 - Tailored support to improve confidence in responding to family violence, boost collaboration, and build greater cohesion and coordination across local health, social care, and family violence services.
 - Facilitated learning workshops with subject matter experts, including GP facilitators and family violence support workers.
 - Incentive payment of \$3,000 (excluding GST).
 - RACGP and ACRRM accredited CPD activity.
- One available spot remains for a practice within the NWMPHN catchment to take part. Interested practices should contact Nicki Moseby at nicki.moseby@nwmpnhn.org.au

In Session Supports

We recognise that this education session contains content relating to suicide and suicidality that may lead to distress, and we encourage you to take care of yourselves during and after the session.

If you find yourself experiencing distress in response to any content related to suicide, a qualified and independent support worker, Alec, is available to assist you throughout the session and until 8:30pm today.

You can reach Alec directly on 03 9002 4389. If he is speaking with another participant, please leave a voicemail with your contact number and he will return your call as soon as possible. Please note that this is a temporary number that will not be in use after 8:30pm today.

If at any time you require immediate support, please contact **Lifeline** on **13 11 14**.

In the event of an emergency or if you are at immediate risk, please call **000**.

Speaker bio

A\Prof Magdalena Simonis is a GP, an honorary researcher with the Department of General Practice, and a Safer Families facilitator-trainer.

Rodney Vlais (them/they) is a psychologist, behaviour change specialist, training provider, supervisor and evaluator in engaging men who cause family violence harm. They have substantial experience both as a men's behaviour change practitioner and in policy and capability-building work, running or contributing to projects commissioned by NGOs or government agencies across Australia.

Lily Fetter Lily is a Lived Expertise Academic Specialist at the Safer Families Centre and a registered midwife, deeply committed to social justice and advocacy in the field of domestic and family violence. She focuses on integrating lived experience into academic research, education, and practice development. At the University of Melbourne, she coordinates the WEAVERs group—women with lived experience of family violence—facilitating ethical and impactful collaboration between them and academic staff to enrich research and training initiatives.



Breaking the silence: understanding and addressing suicidal ideation in the context of domestic and family violence

A/Prof Magdalena Simonis

Rodney Vlasis

Lily Fetter

Acknowledgements

We would also like to acknowledge victim survivors of family and sexual violence and the strength and resilience of children and adults who have and are experiencing family and sexual violence.

We would also like to acknowledge all those with a lived experience of suicide, those who have experienced suicidal thoughts as well as pay respect to those who did not survive and to their family and friends.

We acknowledge that we are on the traditional land of the Wurundjeri People of the Kulin Nation and offer my respects to the elders past and present.

We recognise and respect the cultural heritage of this land.



Workshop Objectives

1. Understand the relationship between DFV and suicide
2. Recognise the specific risk factors for family members within the context of DFV
3. Describe the signs of suicidal ideation in individuals experiencing DFV and using DFV
4. Understand the impact of DFV on children's mental health and increased risk of suicidal ideation
5. Look at safe and appropriate risk assessment safety planning strategies and support pathways for suicide and DFV

Evidence of strong link between suicide and Family Violence (FV)

Ref: Coroners Court of Victoria: Experience of family violence among people who suicided, Victoria 2009-2016

<https://www.coronerscourt.vic.gov.au/sites/default/files/2024-09/Coroners%20Court%20of%20Victoria%20Experience%20of%20family%20violence%20among%20people%20who%20suicided%202009-20016.pdf>

Recent Victorian data among 4790 male and female suicides (2009-2016)

One in four (24.5%) experienced FV prior to death.

Most of these suicides were associated with men who had used FV.

Women were significantly more likely to be listed as a victim of FV

Strong association in all suicides with mental health issues and substance misuse and financial stress.

Threats and inferences of suicide are significant evidence-based risk factors for serious outcomes of FV, including serious injury and homicide

3. Experience of family violence in Victorian suicides

As noted in Section 2.4 above, the VSR enhanced dataset is currently available for Victorian suicides that were reported between 2009 and 2016. The enhanced dataset fields pertaining to family violence context were extracted for all suicides reported during this period, and the data collated to produce the following insights into family violence and suicide in Victoria.

3.1. Evidence the deceased experienced family violence

Among the 4790 Victorian suicides recorded in the VSR which occurred between 2009 and 2016, there was evidence in 1172 suicides (24.5%) that the deceased had ever experienced family violence. Table 1 shows that evidence the deceased had experienced family violence was identified in a higher proportion of suicides among females (28.2%) than males (23.2%).

Table 1: Number and proportion of suicides by evidence the deceased had ever experienced family violence, Victoria 2009-2016.

Evidence the deceased had experienced family violence	Male		Female		All cases	
	N	%	N	%	N	%
Evidence identified	834	23.2	338	28.2	1172	24.5
No evidence identified	2743	76.3	850	71.0	3593	75.0
Evidence unclear	16	0.4	9	0.8	25	0.5
Total	3593	100.0	1197	100.0	4790	100.0

In 25 of the 4790 suicides (0.5%) there was evidence of a possible family violence context, but insufficient detail to confirm the nature of the context.

Family violence intersection with other stressors

- **Mental Illness:** 52.1% of males who suicided (1873 of 3593) and 70.3% of females (842 of 1197) had a history of diagnosed mental illness. These proportions were higher among those who experienced family violence, including both victims and perpetrators than among all Victorian suicides.
- **Financial stressors:** prevalence of financial stressors eg. high debts, loss of money, inability to pay mortgage or bills or afford other costs of living, and gambling-related harms was higher among those who experienced family violence than among all Victorian suicides; this was found for both males and females.

Family violence intersection with other stressors

- **Legal Stressors:** the prevalence of legal stressors was higher among those who experienced family violence and higher in perpetrators than in victims of family violence.
- **Substance misuse:** substance misuse was higher among those who experienced family violence, than among all Victorian suicides.

DOMESTIC VIOLENCE against women

PHYSICAL TRAUMA

Injury & Death

- musculoskeletal
- soft tissue
- genital
- Other injuries

PSYCHOLOGICAL TRAUMA

Mental Health

- PTSD
- anxiety/depression
- eating disorders
- suicidality

Substance Abuse

- alcohol
- other drugs
- tobacco

Non-communicable Diseases

- cardiovascular disease
- hypertension

FEAR & CONTROL

Sexual & reproductive health

- Unsafe sex
- Unwanted pregnancy
- STD's

Perinatal/Maternal Health

- low birth weight
- prematurity
- miscarriage

Somatoform

- irritable bowel
- chronic pain

**Strangle or choke
victim**

**Increased
severity/
frequency of
violence**

**Planning to leave
or recent
separation**

**Physical assault
while pregnant**

Stalking of victim

**Self-harm or
suicide attempt**

**Threatened to kill
victim**

Access to weapons

**Controlling
behaviours**

Unemployed

**Harm or kill pets or
other animals**

Use of weapons

**Obsession/ jealous
behaviour**

**Sexual assault of
victim**

**Drug and alcohol
misuse/ abuse**

Evidence-based Risk factors

**These risk factors
reflect the current
and emerging
evidence base
relating to family
violence risk**

WHAT



Listen

Listen to the patient closely, with empathy, and without judging



Inquire

About needs and concerns.
Assess and respond to various needs and concerns



Validate

Show that you understand and believe them. Assure them that they are not to blame



Enhance safety

Discuss a plan to protect themselves and their children from further harm



Support

Help them connect to information, services and social support

HOW



How would 'men using violence' present?

- Depression & suicide ideation, gambling, alcohol & substance abuse
- Chronic Pain
- Unexplained injuries (to groin or face particularly)
- Stating he has 'a problem with anger'
- Controlling behaviour in consultations with partners
- Female partner has recently disclosed to GP
- Recent separation
- Childhood experience of abuse (direct victim or exposure to DV)

Family violence Perpetrators and suicide

Suicidal threats and suicide can be used by perpetrators as a deliberate tactic of coercive control.

At the same time, a threat or inference of suicide can reflect a perpetrator's genuine intent to suicide or self-harm.

- Men who use FV are substantially higher risk of suicide than general populations of men (10-20 times).
- Perpetrators are at increased risk of homicide-suicide.
- Where the perpetrator perceives their life as unravelling, suicide can be a 'last ditch' act to maintain power and control over the victim-survivor, including using suicide as a way to severely punish the victim-survivor.
- > 60% of male FV perpetrators in Victorian sample who suicided experienced at least one legal stressor prior (e.g. criminal and civil legal processes including divorce and child custody).

Practice suggestions

- Listen actively, while trying to minimise collusion with the perpetrator's violence-supporting narratives
- If the perpetrator expresses intense grievance against his ex/partner, frame the *intensity* of his grievance as the problem causing him harm, not his ex/partner
 - e.g. "I know John you are very unhappy with the decisions that your former partner has made. I can see you spend a lot of time stewing over this. I think it's this stewing that's the biggest problem you face now; how much it seems to have a hold over you")
- Don't shame him for having suicidal thoughts
 - e.g. "I've supported a number of men over the years to manage suicidal thoughts when they've been feeling a lot of pain about things")

Signs of thinking about suicide

Feeling
trapped or a
burden or
hopelessness
for the future

Lonely,
rejected or
other
stressful life
events

Improved
mood as
have made
the decision

Withdrawn,
isolating
themselves

Changes in
behaviour-
sleep, eat

Sorting out their
affairs - giving
away cherished
possessions or
sorting their will

Acting
out of
character



Let's talk about some cases you might
have where suicide and FV have been
present

WHO WOULD LIKE TO GO FIRST?



Let's talk about some FV cases Where
you have made a suicide safety plan?

WHO WOULD LIKE TO GO FIRST?

Suicide safety planning

- Explore their previous suicidal behaviours.
- Explore their previous and/or current plans to suicide.
- What methods have they used in the past, and why?
- What methods are in their plans, and why?
- What methods have they not used, and why?
- If their preferred method is not available, what else might they use?

Explore how their environments can be made safe from these methods

More helpful



**Friends, social settings,
listening to music, art,
watching TV, yoga, fishing**

Less helpful



**Bars, nightclubs, Gambling,
stressful events**

Safety planning

A suicide safety plan is designed to assist the person to get through periods where their psychological pain, and associated suicidal ideation, is the most intense.

For example: things they can do to distract themselves during these intense times, until their suicidal thoughts subside.

Safety Planning

It includes where to go in an emergency, who to contact and what to take:

- Compiling a list of emergency numbers
- Helping to identify a safe place to go to and how she will get there
- Identifying family and friends who can provide support
- Ensuring she can access credit, and
- Providing a safe place to store valuables and important documents.

Working to keep victims safe has been shown to be the best way to keep children safe

**When the children are at imminent risk of harm contact intake and response, contact the
Child Protection Unit in your area**

Seeking supports

- Avoid using the perpetrator's partner / ex-partner as a support person.
- A support person might not be useful unless they are aware that they are in the client's safety plan.
- Many perpetrators will not have any genuine supports in their natural networks.
- Support services, 24/7 helplines, etc. will be crucial in these situations.
- Explore how the person is most likely to reach out to a support service – via his mobile? webchat?
- Discuss perceived barriers to making contact with a support service, and how they would overcome the barriers.

Q & A Discussion

Breaking the silence: Understanding and addressing suicidal ideation in the context of domestic and family violence

+ question & answer session

Sharing information and making a warm referral

What Information Sharing processes exist in your State between services?

Warm Referrals process

- How can I help? Do you have any support for this issue? Would you like me to refer you to a service that can help you? We can call from here.
- If you are in immediate danger, let's call the police - Would you like me to call the police with you now?
- Let's make another appointment to talk more...
- Can I follow up with you? What is a safe way to do that?

Support services

Suicide Line Victoria

1300 651 251

Suicide helpline in Melbourne & Victoria Australia | Free phone and online counselling for mental health for anyone affected by suicide.

Beyond Blue **1300 224 636**

Offers 24/7 mental health support including support for anxiety, depression and suicide prevention.

Lifeline Australia **13 11 14**

Crisis support, suicide prevention and mental health support services

SANE **1800 187 263**

People affected by complex mental health issues

Men's Referral Service 24-hr number **1300 766 491**

Advice for men about family violence

Kids Helpline **1800 551800**

Session Conclusion

Reminder - Alec will be online till 8.30 pm tonight on 03 9002 4389

Opportunity for General Practices in North Western Melbourne PHN catchment

Practice Pathway to Safety

One available spot remains for a practice to take part. Interested practices please contact Nicki Moseby at nicki.moseby@nwmphn.org.au

Session survey

We value your feedback, let us know your thoughts.

Scan this QR code



You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmphn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmphn.org.au/resources-events/resources/>