



Family Violence and Suicide

Responding Well to Risk

This resource is part of a series
about family violence risk and
safety produced by Women's
Refuge with support from
Contact Energy



WOMEN'S REFUGE

Family Violence and Suicide: Responding Well to Risk

Family violence (in the present or in the past) can leave many women feeling like suicide might be the only way out. This booklet summarises victims' experiences of suicide and sets out good practice guidelines for responding well to suicide risk.

Did you know that...

- Every year, more of our clients die by suicide than by homicide?
- Suicide after experiencing family violence is one of the leading causes of death for new Mums in Aotearoa?
- About half of women accessing mental health care are victims of current or recent family violence?
- Less than half of all suicide victims have any history of mental illness?

The suicide risk didn't come out of the blue, it came up because of the abuse from her partner and how he destroyed her sense of self, so we have to work with that risk too.



Support



In the last few decades, the issue of suicide has gone from being seen as a social issue to being seen as a psychiatric issue. Now, most people assume it goes hand in hand with mental illness. This assumption can be harmful when it overlooks

the social drivers of suicide (like family violence or poverty), especially when it limits what kinds of support are available to someone who is suicidal.

Many Refuge clients may be at risk of suicide.



Working with that risk is part of advocacy

Women who have experienced family violence are three times as likely to have attempted suicide in the last year.

Family violence is the biggest contributor to health burden (including mental health) for women of reproductive age.

Strategies to combat suicide almost never account for family violence - especially family violence that is still happening.



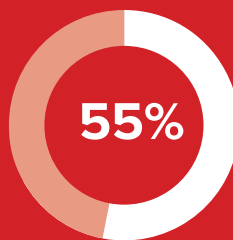
Refuge risk data: clues for suicide risk

Risk data shows that of our clients:

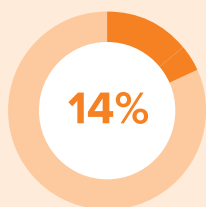


1/3

were encouraged by the perpetrator to hurt or kill themselves



Were prevented from accessing health, counselling, or addiction services



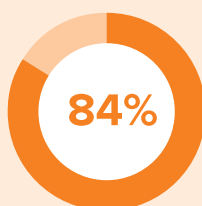
Were forced to get pregnant or continue/end a pregnancy



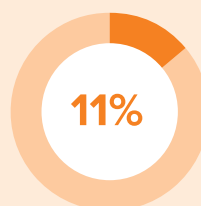
Were stopped from seeing or having relationships with whānau and friends



Were made to take out debt they didn't want



Were constantly accused of things



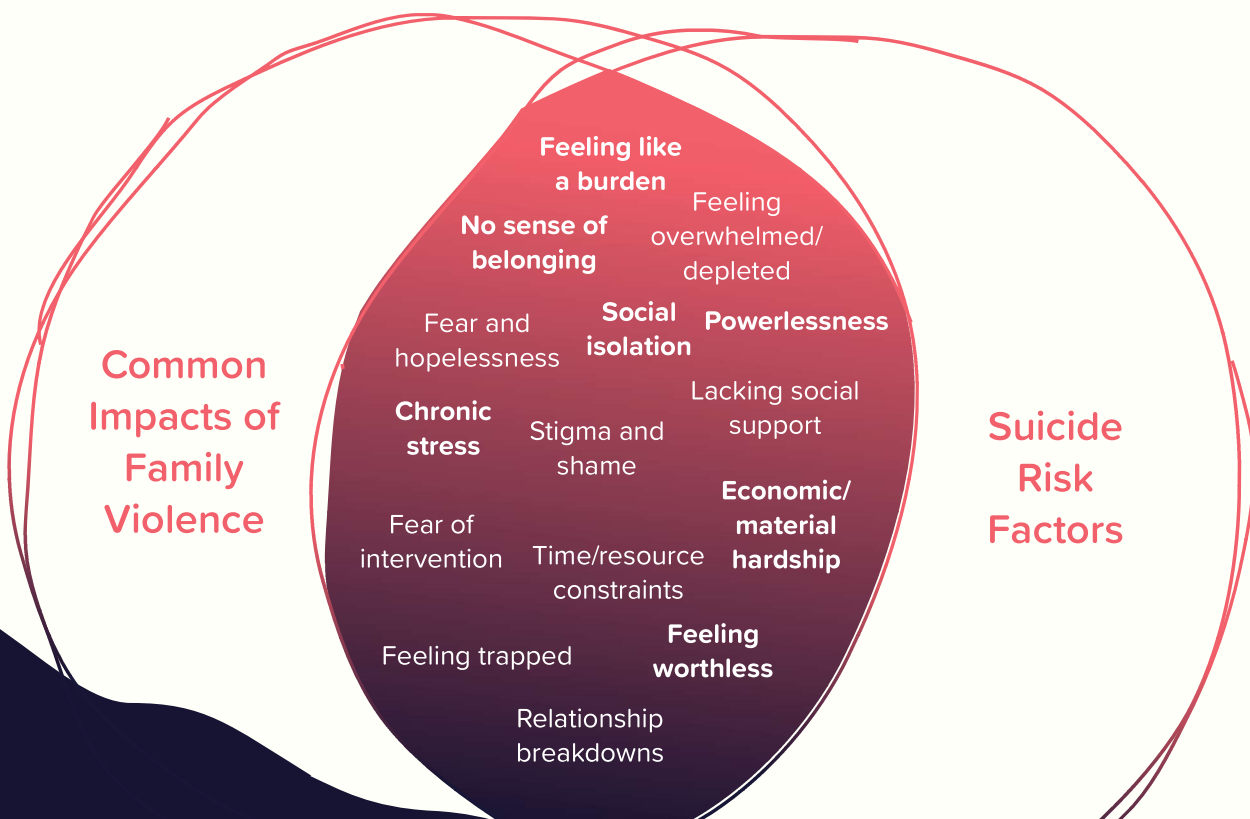
Were forced to use substances

What are the real life impacts of those abuse tactics?

Whether she stays or leaves, the abuse may cost her:

- her mental space and emotional capacity,
 - the everyday things that feel meaningful to her,
 - other important relationships,
 - her home and her financial stability,
 - her freedom and resources to parent their kids the way she wants to,
 - her self-esteem, self-worth, and self-image,
 - other people's belief in her,
 - the future she thought she had, and
 - any sense of peace or safety.
- That toll on her life may continue for years and decades, and can be exhausting and overwhelming.

How does family violence turn into suicide risk?



When people and organisations default to treating ‘suicide’ as ‘mental illness’, it can be particularly harmful for women who are being abused by their partners. Their perpetrators often tell them they are crazy, or paint them as crazy to others - while seeming to be a ‘support person’ in the eyes of the services their victims access.

When a woman has been abused and discloses thoughts of suicide, people may treat her as irrational or incapable of making good decisions for herself - and without meaning to, play right into her perpetrator’s hands.



Women's Refuge research on family violence and suicide

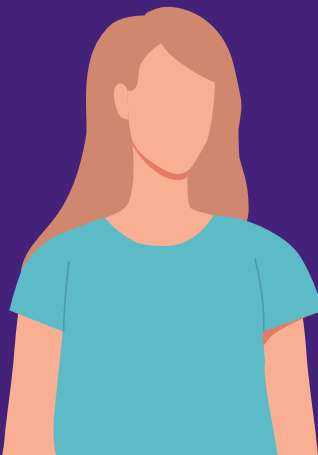
About the research

- Carried out in 2018,
- Aimed to find out more about how family violence and suicide intersect, and
- Asked about experiences of violence, self-harm, suicidal thoughts, suicide attempts, safety, and help.

About the respondents

- **1257** women and non-binary people took part,
- **20%** were Māori, and **80%** were Tauwiwi,
- Almost **half** had attempted suicide at least once, and
- Most had **never** attempted suicide **before** the family violence.

A little bit of kindness goes a long way



- Their reasons for attempting, suicide were almost always about how perpetrators violated their mana, tapu, dignity, self-concept, resources, reputations, and opportunities. Their reasons were not usually about mental illness,
- Safety from family violence was a pre-requisite to being safer from suicide,
- Seeking help for suicidal thoughts was made harder by the abuse, and vice versa, and
- They needed people to respond with empathy, understanding, and meaningful help to make them safer -both physically and emotionally.

Their stories and quotes are used here to talk about...

- The links between abuse and suicide - both during and after relationships,
- The triggers for suicide events,
- What helps or stops victims from talking about it, and
- What 'helpful help' looks like



Why suicide?

Research respondents told us that...

The two most common reasons they gave for attempting suicide while in relationships with their perpetrators were

‘seeing no other way out of the family violence situation’

and

‘believing there was no chance for a satisfying life ahead’.

Many remained at risk of suicide for years after they ended these relationships, with only a slight decrease in the rate of attempts afterwards. The three most common reasons they gave for attempting suicide after separation were

‘feeling worthless’, ‘having nightmares, flashbacks, or panic attacks that could only be managed by self-harm’

and

‘believing there was no chance for a satisfying life ahead’.

These reasons are testament to the distress, loss of social resources, stress, and hardship that sticks around long after the relationship with a perpetrator ends.



A third told us more detailed reasons why. These included:

Being made to feel worthless, or told they were worthless

“After being raped by my husband, I just wanted to end my life. My body hurt, it was no longer mine, and I couldn’t cope with it.”

“[I had a] feeling of relief ... like I was making the world a better place by leaving it. The precipitating event was my ex partner telling me the world would be better off if I wasn’t in it then beating me to the point where I blacked out and it was so peaceful.”

Specific (violent or degrading) acts of violence

Feeling powerless over their own lives and trapped by the perpetrator

“The feeling of helplessness or wanting to get out... and being willing to do anything to make it stop.”

“[An] overwhelming sensation that life would never get better, ever. That this was my lot. That leaving him would create even more hardship.”

“It felt like that was the only thing I could do to wield power over my own life, by ending it.”

“He said he was looking forward to killing me and I wanted to take control of how it happened.”

The desire to reclaim a sense of power over their own lives

Facing additional burdens and stressors

“Loss of home, vehicles, income... so I walked away with two children and no means of support... I felt worthless, like I had not taken care of [my children] so they had a place to live, our own things, and enough money to live on. I felt ugly, useless, and worthless.”



Coming up against hostile or unhelpful systems

“Court documents that said I could go to jail or be fined or forced to move back near my abuser.”

“I felt like I had no choice but to give up/give in/hand my children over to my abuser.”

“[It brought back] memories of sexual abuse, the thoughts of trying so hard and still not getting anywhere.”

Current abuse triggering memories of past abuse

Overwhelming feeling or numbness

“After I finally left the marriage... the emotions I was feeling were so unfamiliar and frightening, the only way I could think of to end them was suicide.”

“I felt like a robot just going through the motions of life and I could not bear to go home one more day knowing what was awaiting me.”

“It was right after an argument with my new partner, I took off in the car, upset, crying, just so sick of it all, I felt worthless and thought maybe the kids would be better off if I was gone.”

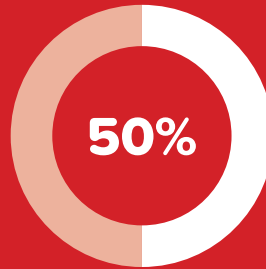
Other relationships breaking down



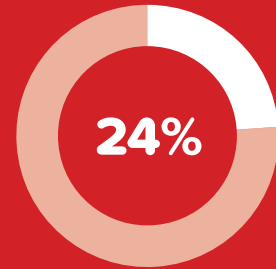
Who did they tell?



Nearly **70%** disclosed suicidal thoughts to a health practitioner



>**50%** told GPs and **45%** told their friends



Only **24%** told their family violence advocate

Reasons for not telling services about suicidal thoughts

The system is broken and can't help me

"You have to believe someone is going to help you to bother asking for it. I don't believe the system can help, so I don't ask anymore. I know I'll die from suicide."

It might make my situation worse later on

"I chose not to tell people that I was feeling suicidal because I was embarrassed and I knew that it would go on my record forever."

People will see me differently and judge me

"The feeling of not wanting people to see me differently or analyse everything I do, or judge me and undermine my feelings."

I would be made to feel more ashamed

"The decision to not tell was about my shame. Not just the shame of suicide, but the shame of all the many, many events that led me to be thinking and acting out that way."

My kids might get taken away

"I was too scared to talk to any agencies or professionals other than alluding to the thoughts with my GP, as I believed they would think I was unstable and take my children from me."

When the abuser says...

“You’re a bad Mum and a useless partner. No one else would even have you.”

“You’re just a failure at everything. You can’t do anything right.”

“You’re a waste of space. Do the world a favour and take yourself out of it.”

“You’re imagining things. It’s all in your head. You need help because you’re obviously crazy.”

“No one will believe you., They’ll probably just lock you up because you’re crazy. You won’t survive without me.”

“I didn’t hurt you. Or if I did, it was an accident. Or it never happened. Just keep your mouth shut or I’ll get you.”

And services say harmful things like...

“Have you even thought about what doing silly things like this would do to your children?”

“Suicide is a selfish option. Have you tried to address the issue and get some help?”

“You’re suicidal so you must be mentally unwell and irrational.”

“We’re putting you under the Mental Health Act for your own good, because you’re unable to keep yourself safe.”

“You’re too high risk to meet our criteria, so we can’t help.”

“You’re not being open with us and you’re not cooperating. We can’t help you unless you’re willing to help yourself.”

It doesn’t make anyone safer



Help at what risk?

Unhelpful and harmful service responses can compound the violating and disempowering experience of family violence, and can mean additional risks to victims. These risks might include:

The risk that it will be a waste of energy and nothing will change

“I end up with more obligations, call that person, go to this assessment, write another safety plan... and I have even less dignity and less control over my own life.”

The risk that my information about suicidal thoughts or attempts will be used by the perpetrator

“If I’m suicidal because of the abuse, but because I’m suicidal I can’t go into a safe house or get any support for the abuse because I’m too ‘high risk’, then even more people let me down.”

The risk that getting services involved will leave me worse off than I was before

“It takes weeks of waiting and 10 phone calls and an hour appointment and the person just tells me to call the crisis line if I need it.”

The risk of not getting help for the family violence because services only hear the suicide risk

“Now there’s a depression diagnosis on my record, so people take me less seriously and all those assumptions come into it, and my ex-partner can just point to that now and people will believe him.”

What responses DID improve safety and wellbeing?

I felt listened to and taken seriously

“They listened, didn’t doubt me and took me seriously.”

“She made me feel as though my feelings were valid and I was worthy of help”

My responses to violence were understood and validated

“[They] explained that it was a normal response and I was not the only one”

“[There was] no judgement, I felt supported and safe, they did not patronise me, they made me feel like I was going to be okay and that I am not responsible for someone else’s actions.”

“She made me feel like [the suicidal thinking] is a natural response to trauma and that things wouldn’t always be that way.”

I was given information in a way I could understand

“He helped me understand why I was feeling so low, and was very supportive and kind. He told me I did not deserve to be treated this way and that he could help me get better. He asked if I would like to link up with mental health services. He explained everything slowly and took his time.”

I had support for as long as I needed

“They followed up, cared, and came to every court case and understood. No one else was there.”

“She also made me see her every month to check in and make sure I was ok. I felt like she cared.”

Support was tailored to what I needed

“He gave me different options that would work for me as a person, not just a faceless patient.”

“She helped me every step of the way, from validating my feelings to helping me find a house to helping me at WINZ appointments.”



How to help?

Effective family violence advocacy is often the missing link between:



Matching our advocacy to what wāhine want and need

Some victims experience mental health issues as a result of family violence. Others do not, but are still suicidal. Often this is because the burden of coping with the violence and the longer-term impacts of the violence and the longer term impacts of the violence just feels too heavy for them to keep carrying.

We can bridge the gap by finding ways for them to have more:



Time



Respite from responsibility



Money



Emotional stability



Connection, meaning and belonging



Stable housing



Opportunities to replenish the wairua



Self-belief (or being believed in) and positive self-image



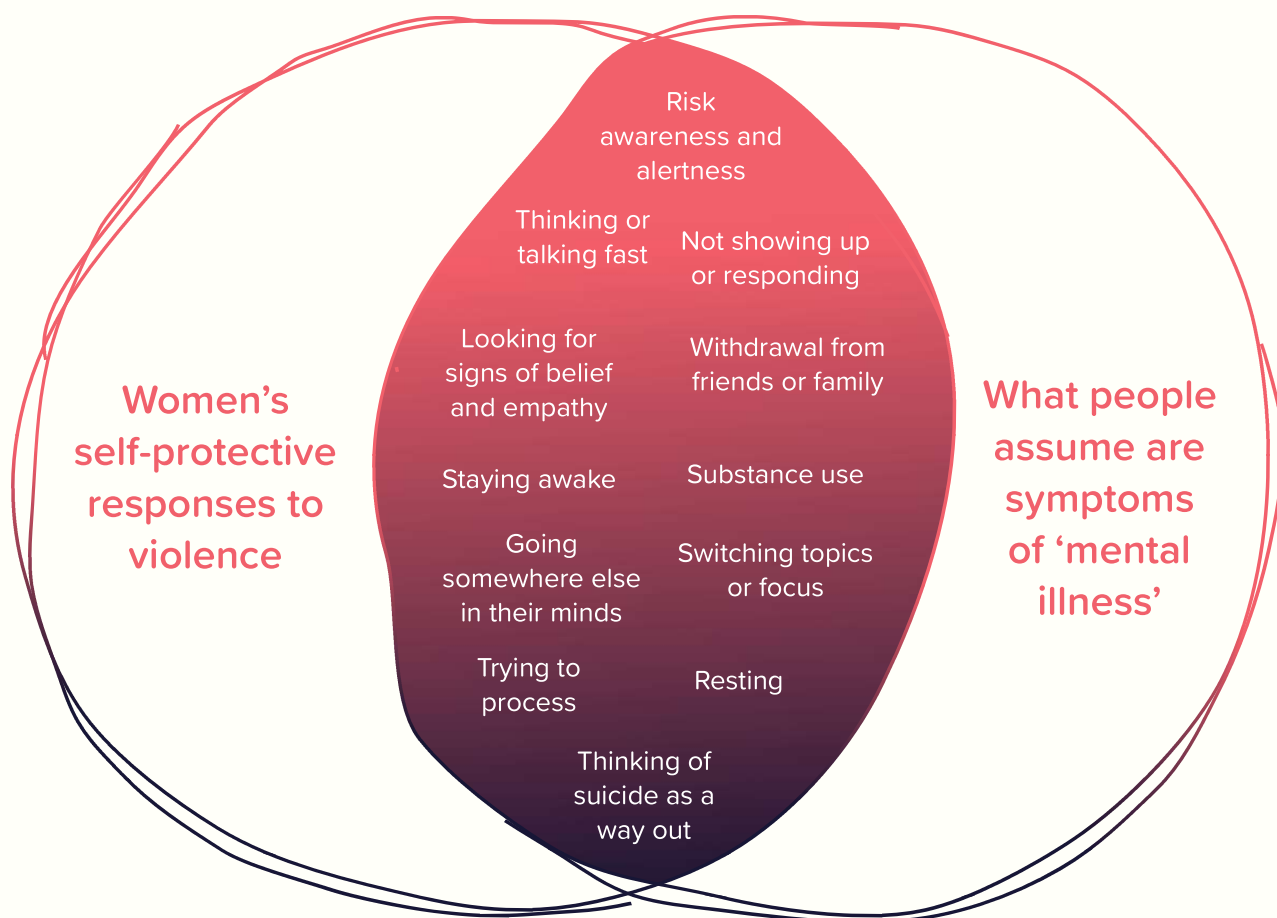
Look first at the family violence...

It is important to focus on the violence and her responses to it - not just on 'trauma', a term that is often used as a catch-all for everything distressing.

The term 'trauma' assumes a mental wound from an event in the past. It does not acknowledge an active perpetrator.

Talking about the violence, on the other hand, helps us think about the constant, overwhelming, threatening, and destructive demands on a victim's time, energy, capacity, resources, and sense of self.

- Perpetrators' use of violence is usually purposeful, constant, and destructive, even when it can't be seen by others
- Victims' responses to violence are equally purposeful, constant, and self-protective, even when these can't be seen by others



... And how it lives on for wāhine (even if the violence stops)

All family violence is a violation - of mana, tapu, personhood, and dignity.

Wāhine respond in different ways to protect their mana, tapu, personhood, and dignity. These responses often stay until they have felt safe for a long time.

Wāhine might have different needs or comfort levels with:

- Sensory stimulation (noise, touch, light, mess, activity/chaos around her),
- Emotional conversation,
- Space or privacy,
- Being alone or around others, especially strangers ,
- Regular parts of a safehouse stay, like locked doors, curfews, and certain 'rules' (these may feel constricting or overwhelming),
- Expectations about their participation (e.g some may feel intense panic at feeling observed or accountable to someone, being given chores, or being expected to participate in programmes),
- Spending long periods of time in a house with children,
- Separation from key support people, and
- Limitations on their freedom to cope in the same ways they normally would (including through using substances).

Asking about these and working with these can be the deciding factor in whether wāhine feel safe to continue accessing support.



Look at suicide risk... AFTER looking at the family violence

Prepare:

Build good relationships with mental health teams in advance

Train each other and get on the same page about violence and suicide

Plan together for how services could work best if a client needs both

Ask:

“I can hear that you really want it all to stop. Do you have a plan for acting on those thoughts?”

“That sounds really overwhelming. Have you ever had thoughts about ending your life? Are you having those thoughts at the moment?”

Asking about it (with empathy) lowers the risk

Ask at intake and ask regularly after that

Ask about the ‘why’ - what is the biggest barrier to living?

Ask for details - whether they have a plan and a timeframe

Ask about the ‘why not’ - what’s keeping them here and safe?

Follow up:

“How can I best support you? What would be most helpful for you right now?”

“It sounds like some extra support around safety from suicide might be important right now. How would you feel about me referring to [mental health organisation] to support you at the same time? Is there anything you’d like me to say or not say to them?”



Suicide prevention through... Great advocacy WITH them

Mana-enhancing practice

Focusing on who she is and what she brings with her: whakapapa, tikanga, identity

Responding with empathy and upholding her dignity

Earning her trust and helping her to feel okay

Family violence-informed practice

Acknowledging the way she copes with, manages, and stays safe from the violence

Seeing the violence as the problem, rather than seeing her as the problem

Recording her story in ways that link her needs back to the perpetrator's violent actions

Oppression-informed practice

Doing the opposite of what was done to her in the past by prioritising her right to self-determination, and giving different options

Making sure she is always informed, has input, and has genuine choices about her own support (with barriers to access removed)



‘When we see it as part of family violence mahi, we can always find ways to help.’

Suicide prevention through... Great advocacy FOR them

Mana-enhancing practice

Making sure all conversations about her acknowledge who she is, her strengths, and her resistance to the violence

Meeting her practical needs by getting her things she wouldn't be able to get by herself

Doing the things she wouldn't be able to do alone (e.g advocating with banks, IRD, schools, Work and Income)

Family violence-informed practice

Making sure others understand the cause (i.e the violence) of the challenges she faces now

Helping other agencies to use a family violence lens (e.g normalising alertness to risk instead of using terms like 'hypervigilance')

Maintaining support no matter what other agencies are involved

Oppression-informed practice

Fighting for systems to uphold her dignity, mana, and self-determination, and naming institutional failures to provide good support

Standing up for her right to make decisions for herself, and challenging inaccurate information recorded about her

"Lots of our wahine have been let down over and over again, so we make sure they're not going to be let down again."



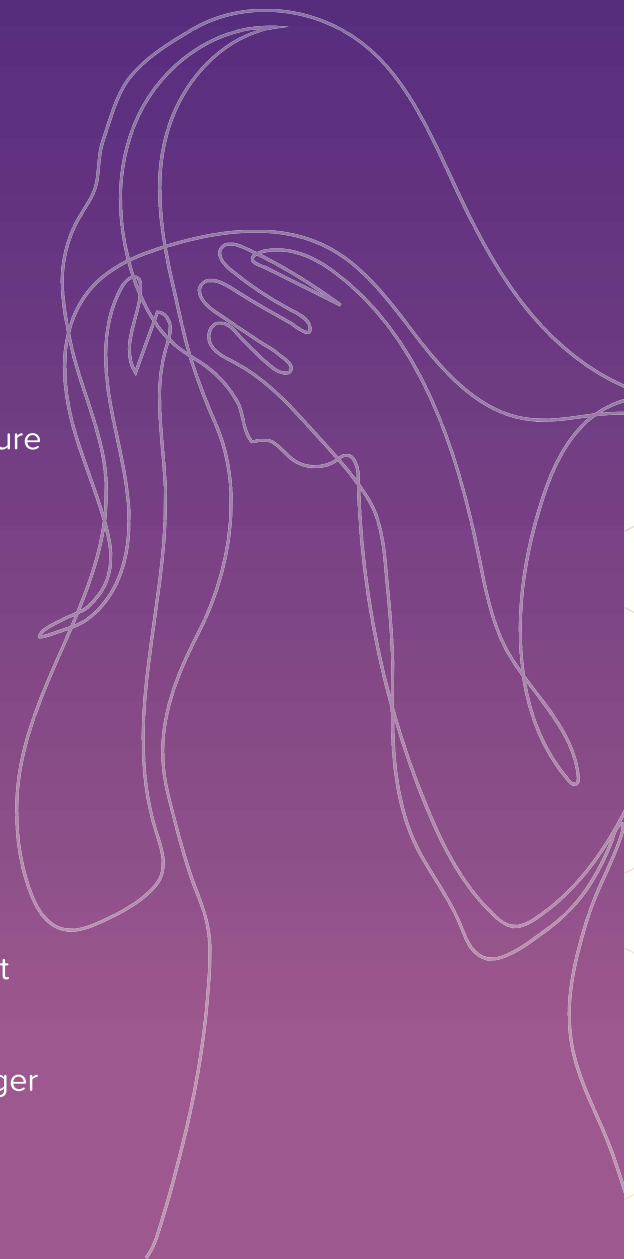
"If we refer, we can at least make sure she's not just getting assessed again, she's actually getting the kind of support she wants."



Safety from suicide begins with safety from family violence.

When a victim tells us she has thoughts of suicide, we can:

- Assume the reasons behind her thoughts and feelings are important and valid,
- Respond with care and empathy,
- Show her we can handle her distress,
- Normalise her needs and comfort levels,
- Talk about common responses to violence and ask about discomfort and distress,
- Find out what makes her feel most safe and comfortable and cater to that,
- Increase her sense of belonging, and make sure she doesn't feel like a burden,
- See the choices she's making as oriented by survival, coping, and self-protectiveness (and make sure others see them that way too),
- Explore her thoughts of suicide openly and without judgement, while also focusing on the things that keep her here,
- Increase, rather than restrict, her freedom, autonomy, and power over her own life,
- Do everything possible to help build a life that she can imagine herself living, and
- Walk alongside her until she feels she no longer needs support.







WOMEN'S REFUGE

Made with the generous support of Contact Energy.

For more information about the risk and safety project, contact Natalie Thorburn (Natalie@refuge.org.nz) or Cleo Arathoon (Cleo@refuge.org.nz).

womensrefuge.org.nz

National Collective of Independent Women's Refuges
Ngā Whare Whakaruruhau o Aotearoa
2024