# Highlighting the link between domestic abuse and suicide

This briefing paper has been prepared for front line professionals by the Kent and Medway Suicide Prevention Team.

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## Background and objectives

The Kent and Medway Suicide Prevention team have been conducting nationally unique research into the links between domestic abuse and suicide since 2019.

Using Real Time Suicide Surveillance data supplied by Kent Police, our research has shown that approximately 30% of all suspected suicides in Kent and Medway between Jan 2019 and Jan 2022 have been impacted by domestic abuse (either as a victim, perpetrator or as a young person experiencing the abuse).

These findings were the first time nationally that anyone had ever quantified the number of lives lost to suicide after being impacted by domestic abuse.

Our research has already led to many of the national organisations (including the Home Office and Dept of Health) to prioritise this issue for the first time.

This paper uses our research to provide frontline practitioners with the skills and knowledge to reduce the risk of suicide amongst people impacted by domestic abuse. It has been created for:

* Any professionals working with individuals who are either a victim or perpetrator of domestic abuse or child or young person living in a household where domestic abuse is happening.
* Any professionals working in a mental health setting.
* Any professionals working with at risk of vulnerable individuals or families.

In order to reduce the risk of individuals dying by suicide where domestic abuse has been a factor, the objectives where to:

* Raise awareness of the link, both on a local and national scale.
* Offer recommendations for practice.

## Key findings from local research

The key local findings have been taken from Real Time Suicide Surveillance data received from Kent Police from Jan 2019 – Jan 2022.

30% of suspected suicides in Kent and Medway had domestic abuse as a factor (114 out of 379 cases).

The breakdown of domestic abuse cohorts dying by suspected suicide is as follows:

* 11% - Domestic abuse was referenced but no details
* 1% - Children and young people experienced domestic abuse between parents
* 21% - Both victims and perpetrator
* 44% - Perpetrator of domestic abuse
* 23% - Victim of domestic abuse

Age and gender breakdown of victims who died of suspected suicide is as follows:

|  |  |  |
| --- | --- | --- |
| Age bracket  | Male  | Female  |
| 10-19 years | 7% | 0% |
| 20-19 years  | 36% | 18% |
| 30-39 years  | 14% | 45% |
| 40 -49 years  | 21% | 18% |
| 50-59 years  | 14% | 0% |
| 60-69 years  | 7% | 18% |
| 70-79 years  | 0% | 0% |
| 80+ | 0% | 0% |

Age and gender breakdown of perpetrators who died of suspected suicide is as follows:

|  |  |  |
| --- | --- | --- |
| Age bracket  | Male  | Female  |
| 10-19 years | 5% | 0% |
| 20-19 years  | 11% | 0% |
| 30-39 years  | 27% | 0% |
| 40 -49 years  | 36% | 33% |
| 50-59 years  | 14% | 67% |
| 60-69 years  | 5% | 0% |
| 70-79 years  | 2% | 0% |
| 80+ | 0% | 0% |

Age and gender breakdown of mutual couple abuse who died of suspected suicide is as follows:

|  |  |  |
| --- | --- | --- |
| Age bracket  | Male  | Female  |
| 10-19 years | 3% | 0% |
| 20-19 years  | 21% | 33% |
| 30-39 years  | 28% | 33% |
| 40 -49 years  | 21% | 33% |
| 50-59 years  | 24% | 0% |
| 60-69 years  | 3% | 0% |
| 70-79 years  | 0% | 0% |
| 80+ | 0% | 0% |

Please note: the above data has been turned into percentages, due to the small numbers and to protect anonymity, please take this into consideration when reviewing the above information.

## Key findings from local research

The key local findings have been taken from Real Time Suicide Surveillance data received from Kent Police from Jan 2019 – Jan 2022.

Type of abuse of those who died of suspected suicides:

* 38% - Multiple types of abuse
* 37% - Physical abuse
* 7% - Stalking and harassment
* 7% - Sexual abuse
* 4% - Coercive control
* 4% - Emotional/verbal abuse
* 2% - Witness to abuse
* 1% - Financial abuse

Please note, due to methodology changes, not every record of suspected suicides contains types of abuse, therefore this only reflect 84 cases.

There were 50 perpetrators of abuse noted in the police records in relation to individuals who died by suspected suicide.

There contact with the criminal justice system was as follows:

* 61% were accused of domestic abuse but there was no known police contact
* 19% were on bail
* 14% were under police investigation
* 6% had been convicted of domestic abuse.

Please note, due to methodology changes, not every record of suspected suicides contains contact with CJS, therefore this only reflect available data for 36 cases.

## Key findings from local research

The key local findings have been taken from Real Time Suicide Surveillance data received from Kent Police from Jan 2019 – Jan 2022.

Abuse history in relation to those who died by suspected suicide:

* 34% there was both recent and historical abuse
* 31% was historical abuse
* 29% was recent abuse
* 5% there was an incident recorded 24 hours prior to the suspected suicide.

Recent abuse has been defined as the year prior to the suspected suicide and hence, historical abuse is anything recorded thereafter.

Please note due to methodology changes, not every record of suspected suicides contains abuse history, therefore this reflects 99 cases.

It is important to note that in some of these suspected suicides, DA appears to be the only recent risk factor; in others it is just one in a number of historical risk factors (e.g., substance misuse, homelessness, debt etc).

Some examples of cases in Kent media:

*“Kent mum-of-two, petrified of facing domestic abuser in court took her own life.”*

*“Kent man took his own life, following his wife applying for divorce due to domestic abuse incidents.”*

*“Kent domestic violence victim took her life after harrowing call.”*

The above examples demonstrate the increased risk where someone has multiple disadvantages.

The risk of these intersecting factors highlights the need for professionals to be trauma-aware and competent in building trusting relationships that enables those with complex lives to engage with services.

## Key findings from qualitative research

We commissioned independent research to help us understand the experience of suicidal feelings when being victimised by domestic abuse. The research is ongoing (due to be completed end of summer 2022) and will be based on accounts from 15 survivors and professionals. It is important that we hear their stories and share these with professionals and survivors. Some early themes from the research are listed below.

Trigger warning – these are real life stories and contain distressing content.

Theme 1 – how exhausting their experience of domestic abuse was:

* “Any bit of happiness had been sucked out of me like a hoover.”
* “It grinds you down until you’re so emotionally exhausted.”

Theme 2 – feelings of hopelessness and being a burden prior to their suicide attempts:

* “I thought I can’t put my kids through this anymore, I can’t do that to my kids, he’s gonna come and murder me.”

Theme 3 – a lack of understanding from the professionals, especially the complexity involved in domestic abuse relationships:

* “He made me feel really good, and he made me feel suicidal.”
* “(sometimes) the safest thing is to let him in.”

Theme 4 – feelings at the point of acting on their feelings of suicide:

* “You just go empty and numb, you feel soulless, you don’t feel human. I was like a battery car, and he had the remote control.”
* “You don’t really want to die, I just didn’t want to feel that pain anymore, I wanted someone to hold me to fix this, but you have to do that by yourself.”

Theme 5 – repeated attempts to get help prior to attempting suicide and what they wanted in support:

* “Someone to talk to, who understands and can say ‘this is not normal.’”
* “You need to have people around you to help you not feel that depression.”

Theme 6 – recovery from the impact:

* “He’s out of my head now... you’re used to them being in your head... I don’t get that ache in my heart, I get angry. Every woman deserves to get to that stage.”
* “That suicide attempt was my ‘this is not happening’ I’ve had enough.”

## Key findings from national research

Our local research has encouraged other organisations to look into the link between domestic abuse and suicide. Since 2021 several national articles have been published, further backing up our local findings. We are delighted that the Secretary of State highlighted our work before announcing in July 2022 that the new Suicide Prevention Plan will contact a section on domestic abuse for the first time. Please see more information, using this link [Health and Social Care Secretary of State speech on suicide prevention - GOV.UK (www.gov.uk)](https://www.gov.uk/government/speeches/health-and-social-care-secretary-of-state-speech-on-suicide-prevention#:~:text=As%20well%20as,the%20previous%20strategy)

The National Confidential Inquiry into Suicide and Homicide, published a report focusing on suicide by middle ages men which analysed 242 deaths by suicide in 2019 and found that 10% were perpetrators of domestic abuse and 7% were victims of domestic abuse (for 5% this had been recent victimisation).

The Road to Recovery: Meeting the Mental Health Needs of Domestic Abuse Survivors APPG report, highlighted that 60-70% of women who are seeking mental health support have experienced domestic abuse.

The National Child Mortality Database looked at 108 deaths that were assessed as highly or moderately likely to be due to suicide, between 2019 – 2020 and found that a third (31%) of children and young people who died by suicide were living in a household impacted by domestic abuse.

Another recent report published by the Lancet 2022 has found that among people who had attempted suicide in the past year 50% had experienced intimate partner violence.

## Key findings from national research

Professor Jane Monckton Smith from the University of Gloucestershire has created an eight-stage timeline that shows a potential and incremental escalation in risk towards suicide. Each stage should be considered separately in discussion to show how and why risk may be escalating:

1. Stage one: History of victim and perpetrator – many perpetrators had history of control, violence and abuse and many victims had history with vulnerabilities from past abuse.
2. Stage two: Early relationships – controlling relationships often form very quickly with early co-habitation, early pregnancy or early declarations of love being common.
3. Stage three: Relationship – the control and violence appear to begin in the early relationship, with some victims declaring dear and entrapment within the first couple of weeks.
4. Stage four: Disclosure – disclosing domestic abuse is more common than generally thought, it is important to recognise disclosure can represent a potential escalation in risk.
5. Stage five: Help seeking – help seeking often occurs when the victim considers things has become more serious, often after an escalation in abuse, or fears for the safety of children.
6. Stage six: Suicidal ideation – suicidal ideation many be identified in victims. Self-harm or suicidal ideation in perpetrators many also be a warning marker There are cases where perpetrators may encourage suicide of the victim.
7. Stage 7: Complete entrapment – victims feel trapped in a situation from which they felt there was no escape, and nothing would get better, for example “my life isn’t mine anymore.”
8. Stage 8: Suicide – this is a complex stage and does not necessarily happen while the direct abuse is ongoing. Our research locally has shown that many victims end their lives months or years after the abuse has stopped. We believe that this may be due to the long-lasting damage of the trauma.

To read the research in full, please use this link [Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide - Research Repository (glos.ac.uk)](https://eprints.glos.ac.uk/10579/)

## Co-occurring conditions

The term co-occurring conditions has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children and adults has occurred.

It is important to be aware of co-occurring conditions, because it is viewed as a key indicator of increased risk to children and young people. Studies such as Brandon et al (2012) have shown that in 86% of incidents where children were seriously harmed or died, one or more of the trio played a significant role.

Our local data also shows the impact of co-occurring conditions. The key local findings have been taken from Real Time Suicide Surveillance data received from Kent Police from Jan 2019 – Jan 2022.

Of the 114 domestic abuse cases seen out of 379 suspected suicides, 38% had reference to all three factors occurring (domestic abuse, mental ill-health and substance misuse.

Co-occurring conditions is an important concept to be aware of because it increases the risk of significant harm. Professionals should understand how the risk factors interlink and the immediate and long-term negative consequences. This should inform decision making at all times.

## Implications for practice

Our research in Kent and Medway has shone a national spotlight on this issue and has encouraged others to start conducting complementary research.

We may be only at the beginning of truing to understand the relationship between domestic abuse and suicide, but there are issues and trends which are already emerging, and which frontline practitioners should consider.

* Safe routine and enquiry – safe routine enquiry (where professionals ask questions about relationships and domestic abuse at every contact and record that they have done so) has long been promoted. It now needs to be extended by asking questions about individuals mental health, self-harm and suicide ideation. A suggested template for use is on page 8.
* Consider co-occurring conditions – our location research has shown intersectionality of domestic abuse, mental ill-health and substance misuse is often present in these deaths by suicide. Therefore, staff should pay particular attention to the suicide risk in cases where the co-occurring conditions are present. Page 6 discussed this in more detail.
* Professional curiosity at high-risk points – staff are encouraged to consider how individuals suicide risk may change at different moments. Particularly at some of the high-risk points that are emerging through the research, for example, when the victim tried to end the relationship, other major events in the relationship (pregnancy, house move), around the time of contact with the criminal justice system (e.g. arrests or court appearances). Professionals are encouraged to use past and current information to factor this into an overall assessment of risk. Essentially, we need to ensure that every time we speak to someone our intervention is underpinned by professional curiosity and respectful thinking, If we don’t dare to think the unthinkable and are so convinced that a person is a victim or perpetrator, we might mis the truth. Adopting a trauma informed, inquisitive approach will create more progress and go some way in protecting individuals being harmed where the person hurting them is hiding in plain sight.
* Abuse history – support is needed for victims of domestic abuse after the direct abuse has stopped. We are seeing tragic suicides amongst victims of domestic abuse many months of years after the direct abuse has stopped. We believe that this is because the trauma and emotional suffering doesn’t immediately stop when the abuse does. Therefore, staff should recognise the need to support DA survivors in the months and years after the abuse. The Understanding Trauma workshops delivered by Oasis and funded by the Suicide Prevention programme, on page 10discusses this further.
* Training for staff – professionals working in domestic abuse should undertake suicide prevention training. This should include how to ask someone if they are suicidal; how to develop basic suicide safety plans; how to access further support.
* Male victims appear to experience elevated risk – middle aged men have the highest suicide risk of all population groups. Additionally, evidence from our local research suggests that men who are victims of domestic abuse may be at increased risk of suicide. It is, therefore, important that professionals pay attention to the suicide risk for men victimised by domestic abuse.
* Consider the impact of language – the words victim and perpetrator evoke emotions within us that unconsciously or consciously generate the amount of empathy we feel towards that individual. Essentially, our thinking is sifting through who is more deserving of our time, input, and intervention. Language is powerful and we need to challenge our thinking when confronted with words that label people so definitively.
* Postvention support following a suicide – tragically, there will be cases when an individual takes their own life after being impacted by DA, despite support and intervention. What is crucial moving forward is that the family and friends of that individual are supporting timely and appropriately. Following a suicide of a loved one, family and friends can be referred into suicide bereavement service Amparo, for more information, see here – [www.amparo.org.uk](http://www.amparo.org.uk)

## Implications for practice cont.

Consider revising risk assessments to ask the following questions of both victim and perpetrators to ensure we understand the whole story, can identify risk and escalate if required.

|  |  |  |  |
| --- | --- | --- | --- |
|  | At any point in your life? | During your current relationship?  | Within the last 3 months? |
| Have you self-harmed?  |  |  |  |
| Have you felt suicidal?  |  |  |  |
| Have you made a suicide attempt? |  |  |  |

Identifying the risk – self-harming, having suicidal thoughts and making a suicide attempt are all very different things and all need addressing in different ways as each poses a different level of risk.

Time frame – providing a timeframe allows us to get more understanding around the individuals historical risk and also present risk and can therefore inform next steps and whether escalation in risk if required.

## The phrase ‘feeling suicidal’ can mean different things

All types and levels are valid. They do not dictate the level of pain, intensity or distress someone may be feeling. Much like with other mental health problems, suicidal ideation presents itself differently in different people. This means that this diagram doesn’t always move in a linear fashion. Someone could be at the bottom of the scale on one day and at the top of the scale the next day.

|  |  |
| --- | --- |
| No thoughts  |  |
| Random intrusive thoughts  | What if I just (took this action) right here right now? – Knowing that the consequences would likely be fatal. This is different to chronic suicidality.  |
| Thoughts of morbidity  | Thinking about own death and dying but not specifically by self, for example, I wish I wouldn’t wake up.  |
| Suicidal thoughts (no intent/plan)  | Thinking about killing self but no details and no intention to act, for example, I should just kill myself.  |
| Suicidal thoughts (method, no plan/intent) | I’m not planning to kill myself but if I was going to, I would do it by using this method.  |
| Suicidal intent (no plan)  | Intends to kill self but doesn’t have specific plan, for example, I want to kill myself, but I am not sure how I would do it.  |
| Suicidal with plan and intent  | I am going to end it all using this method on this date.  |
| Suicide attempt  |  |

## How to talk about suicide

If someone feels suicidal, talking to someone who can listen and be supportive may be their first step towards getting help. If you feel able to listen, below are some dos and don’ts to have in mind:

* Ask open questions – these are questions that invite someone to say more, such as ‘how have you been feeling?’
* Give them time – you might feel anxious to hear their answer, but it helps if you let them take the time they need.
* Take them seriously – people who talk about suicide do sometimes act on their feelings – it’s a common myth that they don’t. It is best to assume that they are telling the truth about feeling suicidal.
* Try not to judge – you might feel shocked, upset or frightened, but it is important not to blame the person for how they are feeling.
* Don’t skirt around the topic – there is still a taboo around talking about suicide which can make it even harder for people experiencing these feelings to open up and feel understood. Direct questions about suicide can help someone talk about how they are feeling, for example: ‘Are you having suicidal thoughts?’ or ‘Have you felt like you want to end your life?’

Myth buster – asking someone if they feel suicidal or are planning to end their life may not feel like the right thing to do but in fact, professionals recommend asking direct and simple questions about suicide. Talking openly about suicide will not put the idea in their head and research shows that speaking openly and honestly decreases the likelihood of the person acting on their feelings.

**If life is in immediate danger then always call 999.**

## Creating a safety plan

A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis. Anyone in a trusting relationship with the person at risk can help draft the plan; they do not need to be a professional. Below shows an example of a safety plan (taken from the Stay Alive app).

1. Start your safety plan – complete a quick plan to help you keep safe; estimate time to complete 1 minute
2. If I feel I cannot stay safe from suicide, I will talk to …
3. I will seek help from …
4. I will calm myself by trying … (e.g. breathing exercises, music, walking).
5. I will go to my safe place … (e.g. my friend’s house).
6. My ideas for staying safe …

This Safety Plan template can be used so an individual knows what to do in case of crisis and they can refer back to the plan to help keep them safe from suicide.

For more information on safety planning, please see [www.stayalive.app](http://www.stayalive.app)

## Understanding trauma programme – funded by the suicide prevention team to reduce suicide risk amongst people impacted by DA

A 6-week psychoeducation programme delivered by Oasis domestic abuse service. It is designed for survivors of domestic abuse and has been developed to explore trauma. It consists of 6 workshops, each 2 hours long. The programme helps participants to better understand the trauma as well as offering practical self-care mechanisms.

There are 20 elements covered in the programmes content, which includes: post traumatic growth, understanding the brain, compassion, affirmations, celebrating survival, core beliefs, core values, automatic negative thoughts, exploring trauma, self-care, tolerance, boundaries, calming the brain, mindfulness, goal setting, emotional trauma triggers, trauma responses, pain and psycho-somatic reactions, empathy and neuroplasticity.

The impact – significant increase in coping self-efficacy. Significant increase in mental wellbeing scores at the end of the programme. Some qualitative examples are below:

“All the information in the sessions was really good and the grounding techniques were excellent” – participant of the workshop.

“I really don’t think there were any negatives. It was amazing. One of the best things I’ve done.” – participant of the workshop.

“We see clients walk away with a little bit more confidence at the end of the sessions.” – facilitator of the workshop.

The programme also saw a reduction in suicidal ideation, self-harm and self-harm behaviours. The programme has been academically evaluated, please see here - [Oasis Understanding Trauma Programme Evaluation Report | LJMU Research Online](http://researchonline.ljmu.ac.uk/id/eprint/17161/)

## Examples of projects funded by the Suicide Prevention team to reduce suicide risk amongst people impacted by DA

Protection against stalking – project objectives were for joint working between DAVSS and PAS, improved knowledge, confidence and interventions supporting clients with mental heath needs / suicide ideation. 62 individuals access this support. 36 staff and volunteers upskilled. Qualitative feedback is below:

“I found the counselling extremely helpful and very useful. I managed to change and improve my way of thinking and understand why I was feeling the way I was more clearly.” – client of the project.

“I always struggled talking directly about suicidal thoughts with clients, this training has been so useful, and I feel more confident now.” – caseworker of the project.

High risk clients were seen with 48 hours and 7 clients have competed 1-2-1 sessions.

Dads Unlimited – project objectives were to design a male victims recovery programme pilot and raise awareness that not all perpetrators are men and not all men are perpetrators. 94 individuals have accessed this support. Qualitative feedback is below:

“I would definitely recommend the Dads Unlimited service to anyone.”

“I didn’t know which was to turn when I first called you for help. Your service and support have been amazing and has really helped build by confidence.”

* 62% of males said they feel better about their situation.
* 87% of males said they feel less frightened than they did before
* 81% of males said they feel safer at work or home
* 86% of males said they feel better able to cope.

SATEDA – project objectives were to improve feelings of isolation, to have greater awareness of the support available and to engage survivors of domestic abuse. 23 individuals accessed this support. Qualitative feedback is below:

“I was taught a lot of useful tools to help me relax and change small habits that have made a big difference. It has helped me reassess and tackle life’s challenges.”

“I feel stronger and know I can achieve more when I use the techniques I learnt in the sessions.”

The project also provided, yoga sessions, coaching sessions and equine therapy.

## Where to go for local support

There are different forms of help and support available for both individuals experiencing domestic abuse and/or menta-ill health / suicidal crisis. The below services are not an exhaustive list but rather act as a starting point for help seeking.

* Domestic abuse support services – if in immediate danger, call the police on 999. Otherwise, to access specialist domestic abuse support, call 0808 168 9111, or visit this website for the best help in your area [Get help now – Domestic Abuse (domesticabuseservices.org.uk)](https://www.domesticabuseservices.org.uk/get-help-now/)
* Release the Pressure – for free 24 hour help and support you can, call 0800 107 0160 or text KENT to 85258 or visit [Release the pressure - Kent County Council](https://www.kent.gov.uk/social-care-and-health/health/release-the-pressure)
* Stay Alive app – pocket sized suicide prevention resource full of useful information and tools to keep you safe in crisis. For more information, visit [StayAlive - Essential suicide prevention for everyday life](https://www.stayalive.app/)
* Suicide Prevention training – for free 3 hour training, provided by MIND, visit [FREE Adult Suicide Prevention Training - Mid Kent Mind (maidstonemind.org)](https://www.maidstonemind.org/free-digital-suicide-prevention-training/) for free e-learning visit - [Course details - Kent and Medway Safeguarding (melearning.university)](https://kscb.melearning.university/course_centre/course_details/33)

## References and other useful links

* National Confidential Inquiry into Homicide and Suicide, Suicide by Middle Aged Men; <https://documents.manchester.ac.uk/display.aspx?DocID=55305>
* An Inquiry into Domestic Abuse and Mental Health by the All-Party Parliamentary Group on Domestic Violence and Abuse, Meeting the Mental Health Needs of Domestic Abuse Survivors; The Road to Recovery; <https://www.womensaid.org.uk/wp-content/uploads/2022/01/Womens-Aid-APPG-Report-Final.pdf>
* National Child Mortality Database, Suicide in Children and Young People; <https://www.ncmd.info/wp-content/uploads/2021/11/NCMD-Suicide-in-Children-and-Young-People-Report.pdf>
* McManus, S (et al) 2022, Intimate Partner Violence, Suicidality and Self-Harm: A Probability Sample Survey of the General Population in England;https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=4052660
* Jane Monckton-Smith (2022), Building a Temporal Sequence for Developing Prevention Strategies, Risk Assessment and Perpetrator Intervention in Domestic Abuse Related Suicide, Honour Killing and Intimate Partner Homicide; <https://eprints.glos.ac.uk/10579/>
* Local Domestic Abuser support services available in Kent and Medway: <https://www.domesticabuseservices.org.uk/get-help-now/>
* Release the Pressure webpage and additional mental health support organisations: <https://www.kent.gov.uk/social-care-and-health/health/release-the-pressure>
* Additional suicide prevention services and resources listed here: <https://www.maidstonemind.org/support-someone-now/>
* Further information for supporting someone who feels suicidal: <https://www.mind.org.uk/information-support/helping-someone-else/supporting-someone-who-feels-suicidal/talking-about-suicidal-feelings/>