



Domestic Abuse and Suicidality

What you need to know

Death by suicide is devastating. Societal understanding and acknowledgement of the links between DA and suicide remain under-developed. Improving professionals' ability to identify the risk of suicidality and intervene to prevent suicide amongst victims of DA is vital.



The aim of this POLICY BRIEF is to help you:

- Understand the links between domestic abuse (DA) and suicidality
- Identify factors that are likely to increase the risk of suicidality
- Implement interventions for more effective suicide prevention

The reality



The **link between DA and suicide** is no longer a matter of debate¹.



However, **further research is needed** to better understand its prevalence, and the **factors that increase or reduce the risk of suicidality** amongst victims of domestic abuse. Without this, appropriate interventions and effective suicide prevention cannot be developed.



This requires an **effective mechanism for identifying and recording domestic abuse related suicides by police and coroners**; and the application of specialist knowledge across mental health, criminal justice and social services, as well as domestic abuse services, to **develop more complex understandings** of trajectories to suicide.



Our work, which analysed a sample of **Domestic Homicide Reviews** conducted in **England and Wales** in cases that involved death by suicide, provides key insights.

¹See Appendix for more details about the evidence base to date for the link between domestic abuse (DA) and suicidality.

Identifying and Managing Risk Factors for Suicide

Our data gives clear insight regarding risks associated with suicide, which are often intrinsically linked to victims' experiences of being 'ground down', both by long periods of abuse/control and by systemic failures across services to address that abuse and victims' associated vulnerabilities.

These victims were often struggling in plain sight of services.

Prior Failures by Services in Responding to Abuse

It was clear across our DHR sample that patterns of prior adult domestic abuse and/or historic child abuse had a significant impact on a victim's well-being. Failures by services in recognising indicators of such abuse and/or ineffective responses when complaints were made also significantly increased the risk of victims being targeted by other perpetrators in later life.

As shared by Family Member 8, when her daughter made a complaint against a paternal figure who had sexually abused her as a child, she was failed by the criminal justice system. This experience can undermine a victim's confidence in agencies to seek help in respect of subsequent domestic abuse and contributed to the sense of hopelessness that preceded her suicide: "when she did finally press charges, they didn't take it any further. I will never understand that; they completely let her down".

Across our sample, just under half of victims had prior relationships that were documented as involving domestic abuse before their final known relationship (n=15 out of 32).

Family members often described their loved ones as falling into cycles of harmful relationships: "[she] seemed to fall into the trap of another perpetrator...I think these perpetrators seem to choose the victims, that somebody is vulnerable to their attention, love, and emotion" (Family Member 1). Family Member 6 shared how her daughter was targeted by a perpetrator in a time of particular distress: "she didn't have an ounce of confidence and he picked her out because she was vulnerable."

Previous perpetrators were also parents of dependent children, creating further risks even where relationships had ended. Such cycles of recurring abusive relationships were a strong indicator of deteriorating mental ill-health and subsequent suicidal ideation.



Long-term mental ill-health

Though suicidality should not automatically be allied to mental ill-health, where there was evidence of long-term mental health diagnoses in our sample, and this was frequent, there were evident failures from services to acknowledge how domestic abuse could aggravate mental health symptoms.

In DHR15, for example, the victim, who had been living with a diagnosis of Borderline Personality Disorder and Bipolar Affective Disorder, had been stalked and harassed by her abusive ex-partner. Reasonable adjustments ought to have been made to support her in engaging with services. Too often, efforts to ensure the safety of victims in respect of domestic abuse are deprioritised by mental health crisis management teams or there is a perception by mental health crisis management teams that such victims are 'difficult to engage'.



Alcohol and substance misuse

Evidence of alcohol and/or substance misuse by victims was often documented in conjunction with signs of self-neglect, deteriorating mental health, and a prior history of abuse. In some cases, previous or current partners had introduced victims to different drugs, leading to additional levels of control by perpetrators.



Financial and housing instability

Financial and housing instability created additional obstacles for victims in seeking to leave abusive relationships, and/or increased the risk of future domestic abuse. Where victims in our DHR sample left abusive homes, there were often challenges in finding stable accommodation, as well as an associated increasing risk of dependent children being removed by social services.



Immigration status

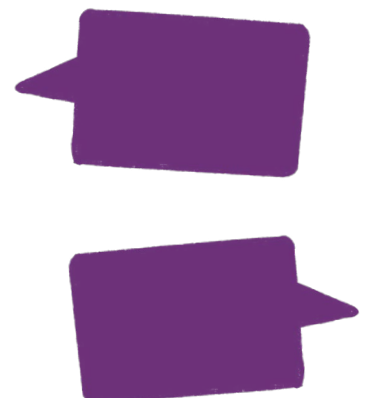
Immigration status precarity can create particular challenges for victims of domestic abuse who may feel unsafe approaching services. Victims without access to public funds will also face acute financial and housing stressors which may further entrench cycles of abuse.



Professionals weren't asking the right questions

Across our sample, there were repeated examples of professionals not asking questions about domestic abuse when engaging with victims, including in the health/mental health context. Conversely, when engaging with victims in regard to experiences of DA, professionals often failed to properly consider the risk of suicidality. Professionals must be appropriately resourced, trained in suicide risk identification and encouraged to share information across agencies more effectively.

When professionals ask questions and get answers that indicate cause for concern, they must also be empowered to help by knowing where risk and responsibility lies within their services and how to collaborate with other services to provide holistic and trauma-informed support to victims.



Key Messages:



Suicide and self-harm risk assessments need to be under consistent review in cases of domestic abuse.



Professional curiosity across services needs to be encouraged to appropriately assess the risk that victims may be facing. Risk assessments need to draw the links between domestic abuse and suicide more than they are doing at present.



Risks associated with domestic abuse also need to inform broader suicide prevention and policy.



Services need to be appropriately resourced, with skilled personnel, so they can provide support not only at points of mental health crisis, and can work beyond the silos of their specialism.



The links between domestic abuse and suicide are made more complicated by any intersecting victim vulnerabilities. Service provision requires trauma-informed and holistic responses to domestic abuse and mental health.



Holistic, trauma-informed, and sustainably funded support is imperative for the facilitation of suicide prevention in cases of domestic abuse.

Interventions that might assist in suicide prevention

There is a positive duty on the state to protect citizens' right to life and their right not to be subjected to inhuman and degrading treatment. This includes an obligation to take steps to keep victims of domestic abuse safe: DA suicide prevention should be recognised, therefore, as an issue of public protection.

Service improvements

- Policy and practice urgently need to be developed for services to provide consistent and effective frontline support for victims.
- There are inconsistencies in the ways in which services are approaching domestic abuse and suicide. As a result, there are challenges in identifying the learning that is necessary in order to consistently provide support for victims who are struggling with suicidal ideation and self-harming behaviours.
- Sustained funding and investment into services is imperative to increase the capacity and resources for frontline services.



Work together

- Currently, the DA and suicide prevention worlds don't speak to each other sufficiently to be able to learn from one another about the risk and responses required.



Further research

- More research is needed in the area of service provision to better monitor and understand what works for victims in their support, as well as to more reliably document the role of domestic abuse in suicides.



Information used to produce this policy brief.



More details about the team and methodology mentioned.

To find out more - read our policy briefs and toolkit.



This is document: 1/3

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Appendix

In the early 2000s, research started to indicate that more work was needed to understand the links between domestic abuse and suicidality (Chantler et al 2001) (Walby, 2004) (see further, Devries et al, 2011). This issue was brought to the forefront in the Court of Appeal case of *R v Dhaliwal* ([2006] EWCA Crim 1139), in which there was a failed attempt by the Crown Prosecution Service to bring manslaughter charges against an abusive husband who had subjected his wife to sustained psychological abuse prior to her suicide. Although the case fell at the first hurdle, with bodily harm being defined to exclude psychological forms of injury, this case has been significant in bringing further light to the devastating consequences for victims subjected to domestic abuse. In the aftermath of this case, Siddiqui & Patel produced the 'Safe and Sane Report' for Southall Black Sisters (2011), which found that across a sample of 409 women that had been subjected to domestic abuse working with the organisation, 44% had contemplated suicide or self-harm and a further 18% had made attempts to do so. Further, during the 8-year period reviewed, 8 women sadly lost their lives to suicide.

To further explore the causal links between domestic abuse and suicidality, Aitken & Munro produced a report that had analysed 3,519 case files of clients who had interacted with REFUGE between April 2015 and March 2017, all of whom had completed a CORE-10 psychological distress questionnaire as part of that interaction. Across these questionnaires, it was found that 18.9% of clients reported feeling suicidal currently or recently, and 18.3% confirmed having made plans to end their lives, with 3.1% declaring that they had made at least one attempt to do so previously. Overall, the findings in this research indicated that suicidality was particularly heightened where victims had been subjected to abuse over a long period of time, or perpetrated by more than one person. In addition, clients who had expressed suicidality scored higher than peers in measures tied to despair, hopelessness, depression and / or isolation in particular (Munro & Aitken 2018) (Munro & Aitken 2020).

More recently, a Home Office funded Domestic Homicide Project reported there were 39 victim-suicides following domestic abuse in England and Wales in the year to March 2021; and work between Kent and Medway Suicide Prevention Programme and Kent Police found that 20% of all suspected suicides in their region between 2019 to 2021 were linked to domestic abuse (2021).

Researchers and campaigners have emphasised that the number of deaths through suicide in domestic abuse contexts are likely to substantially exceed deaths caused by violent perpetrators. In response to this, the Government's most recent Domestic Abuse plan has expressed "concern" about the effects of domestic abuse on suicides (2022:7), stating that "it is devastating to know that those trapped by domestic abuse, can feel so hopeless that they believe that the only way out is suicide" (2022:60).