

How being professionally curious about domestic abuse related suicides led to changes in national policy



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20 presentation and 20 mins conversation on domestic abuse related suicides



1. Why I was curious on this issue
2. What my curiosity led to (evidence and impact)
3. Thoughts about how you can be curious on this issue too

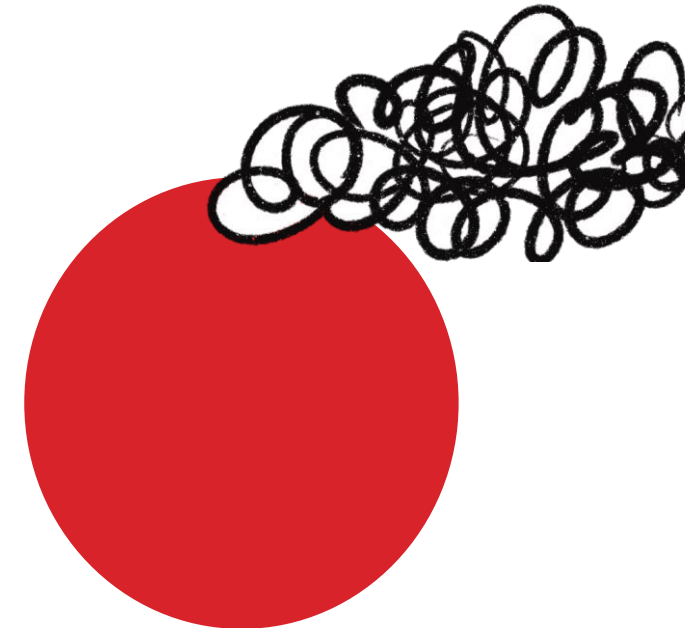
Please note - this presentation contains quotes from victims of domestic abuse who have attempted to take their own lives.

It is distressing, so please look after yourself, and don't force yourself to listen.



Who am I?

- Kent and Medway Suicide Prevention Programme Manager since 2014 (Kent County Council Public Health Team)
- Current National Suicide Prevention Alliance (NSPA) Steering Group Member
- 2023/24 Churchill Fellow – searching for global best practice to reduce DA related suicides
- 2023/24 NIHR Pre Doc Local Authority Fellowship – University of Kent





Let's go back to 2018...

A change in the DHR guidance led to a simple question from my Community Safety manager...

“How many domestic abuse suicides are there every year?”



Discussion

Not only do we believe the data demonstrates the link between domestic abuse and *feeling* suicidal.

- Analysis of DASH assessments in Kent found that 63% of victims had felt depressed or had suicidal thoughts.
- Data from Dad's Unlimited highlights that being a victim of DA was the highest risk factor amongst their suicidal clients.

We believe we have also demonstrated that *lives are being* lost by suicide after being impacted by domestic abuse

- The review of all nationally available DHRs found that 11% of all victim deaths were by suicide
- Perpetrator suicides were present in 15% of the DHRs nationally.
- The local Thematic Analysis of Suicide in Children and Young People has found that domestic abuse has been involved in the lives of some of the children that have died by suicide

We did some initial research...

Unanswered questions

1. *How many victims of domestic abuse die by suicide (both during the abuse, or in the months and years that follow)?*
 - *Are any groups at higher risk (gender? LGBTQ+? Age?)*
 - *Are there any high risk points within the abuse cycle?*
2. *How many perpetrators of domestic abuse die by suicide?*
3. *How many children living in households impacted by domestic abuse are dying by suicide?*

Data collated by the Kent Suicide Prevention Programme suggest that the numbers involved nationally may be substantial. Gaining a greater understanding of the scale of the issue, and learning more about the lives of the people that die by suicide, is fundamental to answering the final question.

4. *What interventions could reduce the risk of deaths by suicide?*

There is a lot we don't know, but the next few slides set out some of the things we think may help.





But no conclusive answer to the simple question...

“How many domestic abuse suicides are there every year?”



Next steps for Kent and Medway Suicide Prevention Team

Locally

- Deep dive with Kent Police on DA related suicides in 2020
- Academic analysis of local Real Time Surveillance System DA related suicides
- Trying to secure funding for County-wide roll out of Trauma Impact workshops for victims of DA where the abuse has stopped
- Action research how to provide bereavement support to families of DA perpetrators who die by suicide

Nationally

- Continue to meet with national and local partners to raise awareness
- Working with NSPA (12th May) for an initial roundtable discussion (which could lead into a national working group?)
- Encouraging the inclusion of Domestic Abuse as an explicit priority within the sixth annual progress report of the national suicide prevention strategy (due March 22)

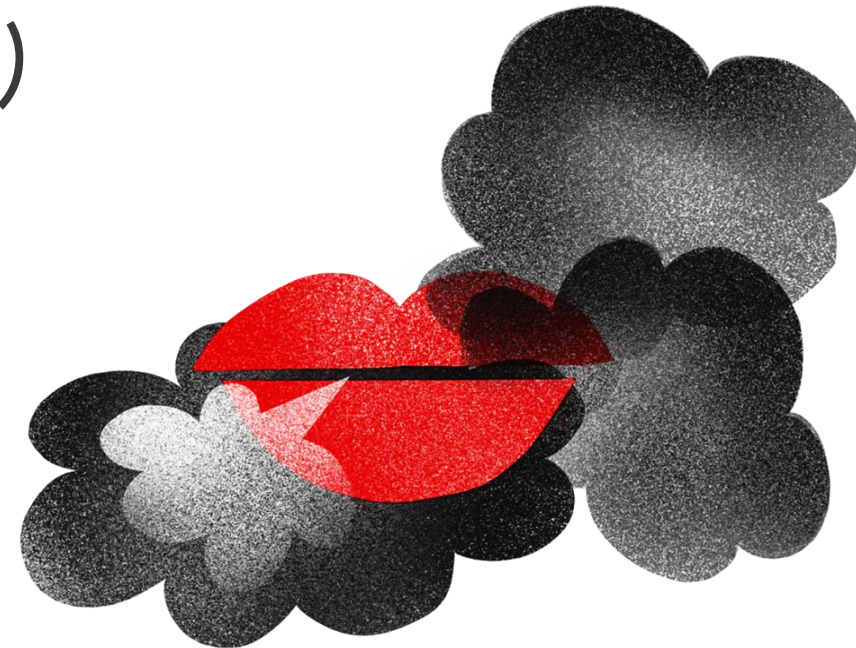
From
2021...





Fast forward to 2024

(its nearly 2025... yikes)



WHAT WE KNOW NOW

Suicide is devastating. Increasing evidence points to a link between domestic abuse and suicide.

The local picture in Kent and Medway is sombre: 32% (243 out of 754) of suspected suicides in Kent and Medway between 2018 – 2023 have been **impacted by domestic abuse.**

Real Time Suicide Surveillance data, Kent Police



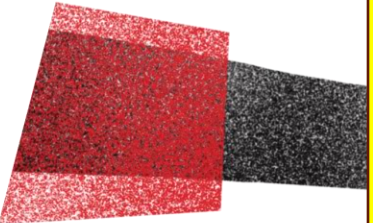
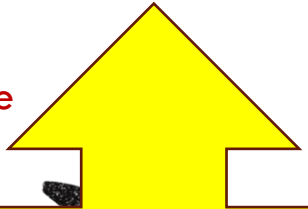
Please note – all data in this presentation are “**suspected suicides**” based on Police data, pre-coroner inquest.

WHAT WE KNOW

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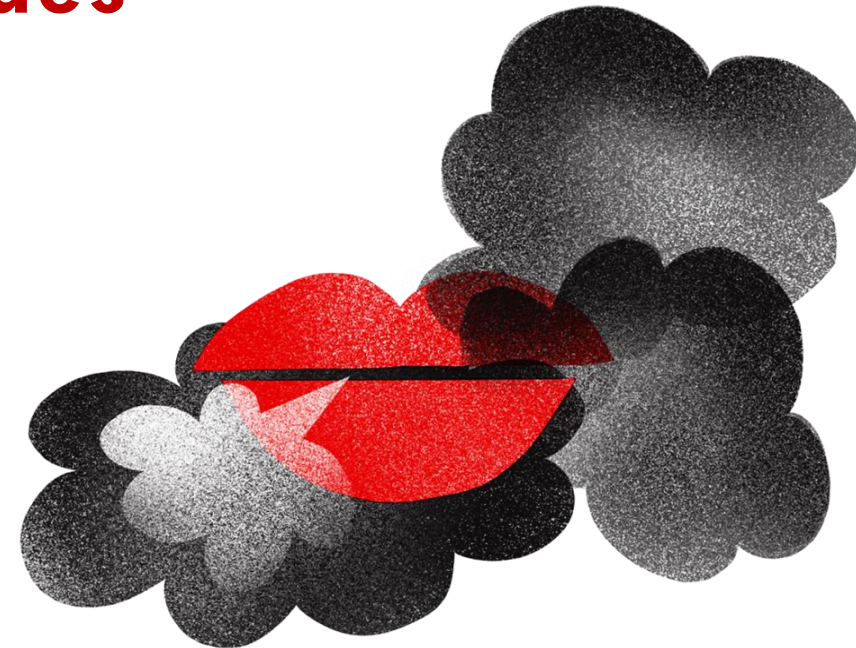
Very likely to be an underestimate given we know DA is under-reported



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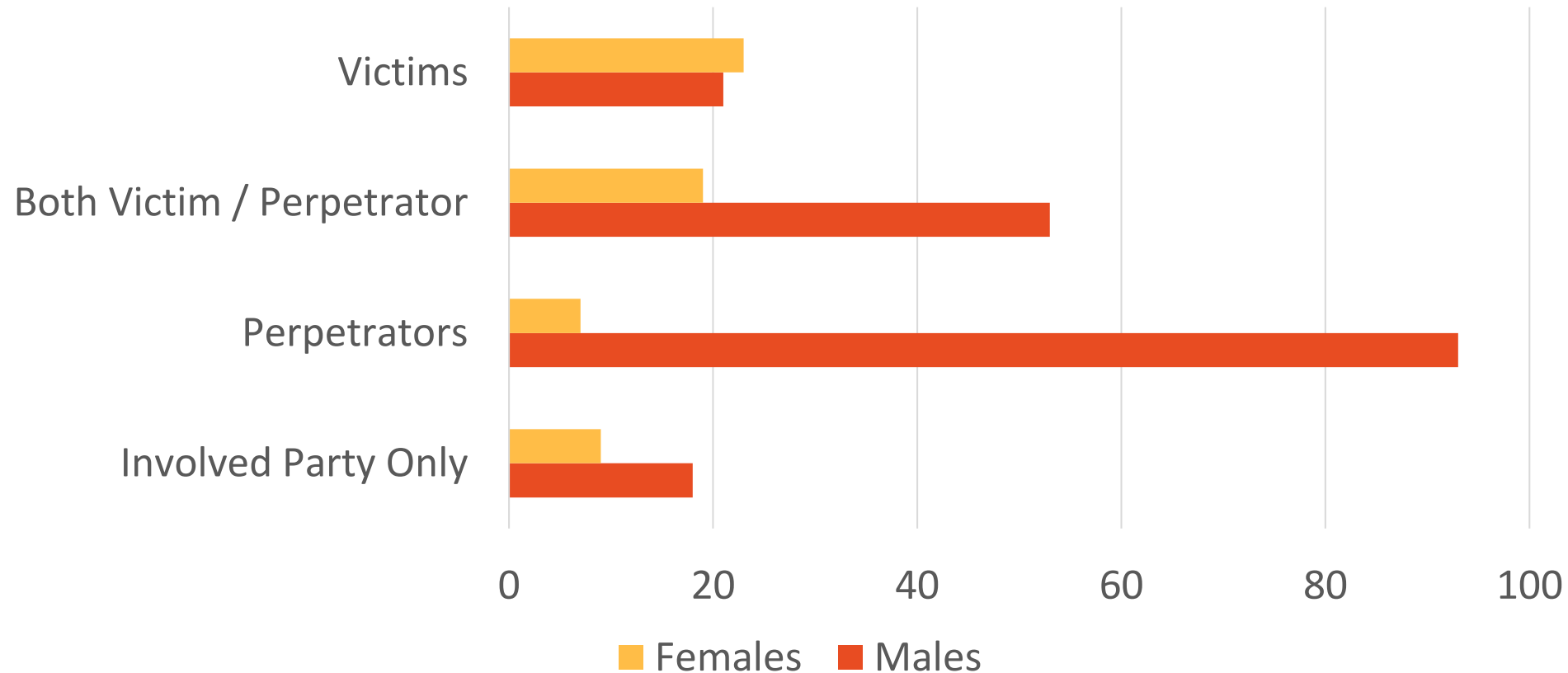
If that **32%** is replicated across **England...**
it would mean **over 1,600 suicides**
impacted by DA every year



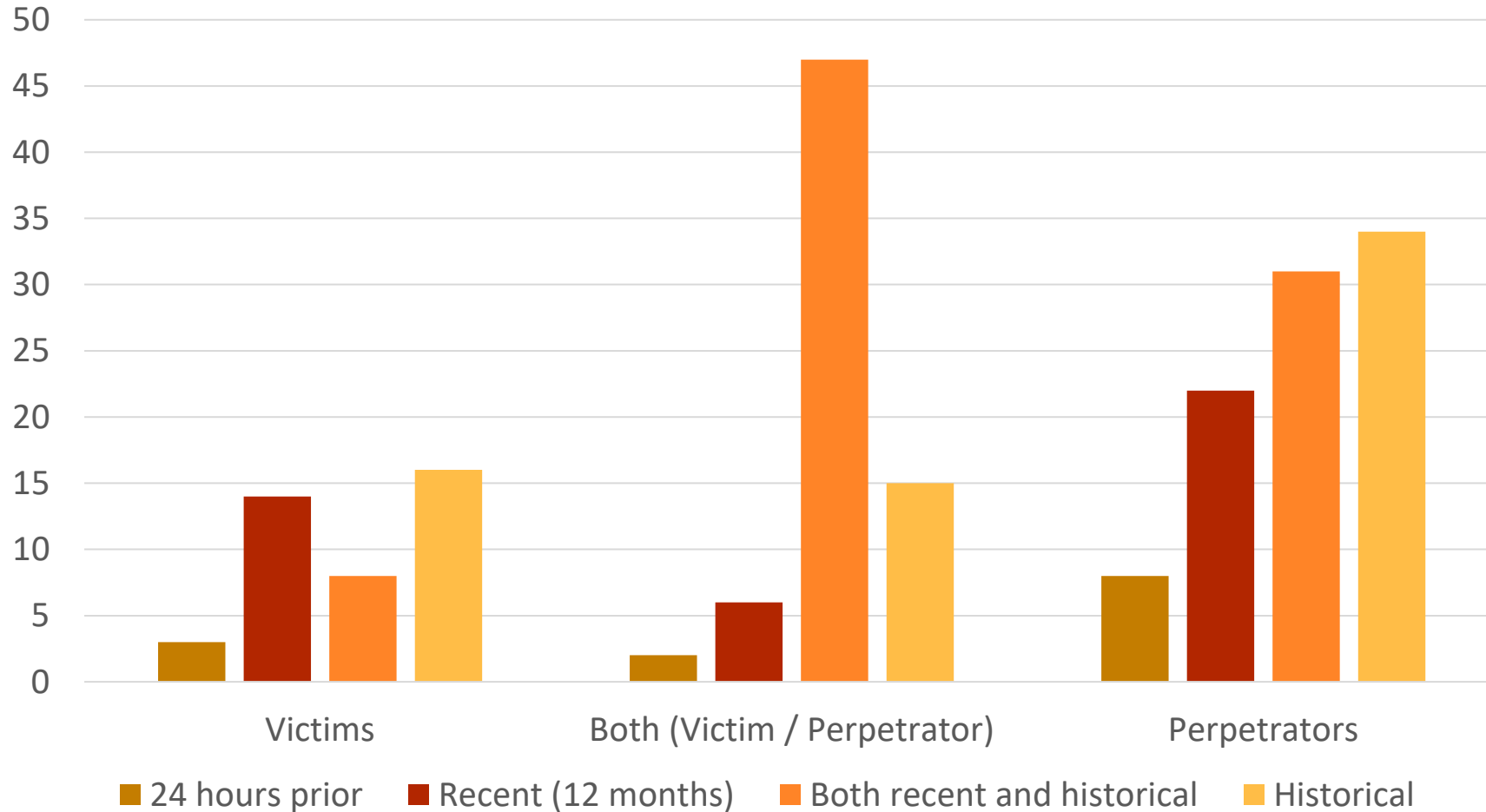


What do we mean by **“impacted by”**?

Victim / perpetrator split by **gender**.



Timeframe of abuse amongst people died by suspected suicide in Kent split by victim, people known as both victim and perpetrator, perpetrator

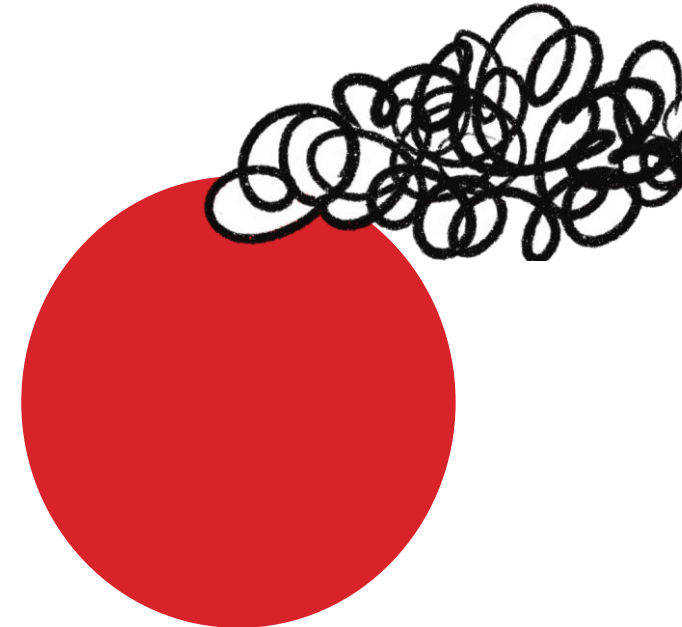


How does the Kent quantitative data match with other studies?

NCISH (Uni of Manchester, 2021) report into suicides amongst middle aged men identified that **7%** of the middle aged men who die by suicide had been **victims** of domestic abuse and **10%** had been **perpetrators** of abuse.

2024 Data from Victoria, Australia examined 4790 suicides between 2009 and 2016. 25% (1173) had been impacted by DA.

National Police Chiefs' Council (2024) - In 2023 there were more Suspected Victim Suicides following DA (93), than there were intimate partner homicides (80).



In 2023, the person most likely to kill a victim of domestic abuse...

... was themselves.

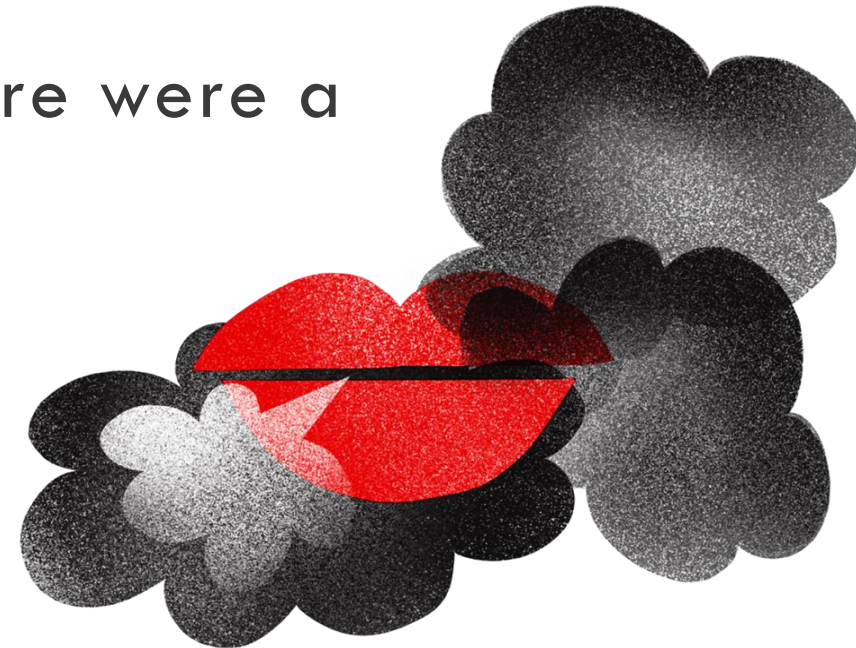
<https://news.npcc.police.uk/releases/report-reveals-scale-of-domestic-homicide-and-suicides-by-victims-of-domestic-abuse>





To **understand more (and to aid intervention design)** we conducted semi-structured interviews with 10 survivors who had attempted to take their own life and 4 DA support professionals across **Kent and Medway**.

No two people told the same story, but there were a number of **emerging themes**.



1. Survivors have different reasons for wanting to die

Some victims attempt to take their own lives to avoid being killed by their perpetrator

“I knew that he was going to kill me, so it wasn’t a matter of choosing to die, just who was going to do it.”





For others it wasn't physical violence that drove them to feeling suicidal, it was the manipulation and coercive control tactics the perpetrator employed

“I thought I was worthless, like I didn't deserve to be alive and that everything they said was true. I was horrible and that the only way out was for me to die.”



**While others felt so depleted,
trapped, lonely and exhausted
that dying was the only way out**

“You go into survival mode. You’re hyper vigilant. It’s exhausting and tiring. I was sick of fighting, I was sick of surviving... I knew when I woke up that day that I would attempt suicide.”





For others, their suicide attempt came after the direct abuse had ended when the long term impact of the trauma was felt

“I felt broken, I felt so many emotions, shame, hurt, fear, grief... I felt like damaged goods, I couldn't sleep at night. I was having flashbacks and he was on Tinder finding the next victim.”





To include a positive... the 2023 national SP strategy included Domestic Abuse for the first time

Policy paper

Suicide prevention in England: 5-year cross-sector strategy

Published 11 September 2023

Domestic abuse

Since the 2012 strategy, [more evidence on a link between domestic abuse and suicide](#) has emerged. [Research on intimate partner violence, suicidality and self-harm](#) showed that past-year suicide attempts were 2 to 3 times more common in victims of intimate partner violence than non-victims. It highlighted deaths in male and female victims, children and young people in households impacted by domestic abuse, and among perpetrators. [Research by the Kent and Medway Suicide Prevention Programme and Kent Police](#) found around 30% of all suspected suicides in that area between 2019 and 2021 were impacted by domestic abuse.



To include a positive... the 2023 national SP strategy included
Domestic Abuse for the first time

Policy paper

Suicide prevention in England: 5-year cross-sector strategy

Published 11 September 2023

The strategy didn't include any new money or interventions, but did provide a commitment to consider the link in more detail through new research and DHR reviews.



Research / evidence gaps



Everywhere really – but particularly...

National and methodically consistent quantitative data

Demographic deep dives – ethnicity, sexuality, disability, age, perinatal women etc

Co-occurring conditions – autism, substance misuse, learning disabilities, mental health, long term physical health condition

Type of abuse – Do rates differ between coercive control, sexual abuse, financial abuse, physical abuse etc etc

Perpetrators

Male victims

People known to Police as both victims and perpetrators

Postvention – How does suicide bereavement support need to change when the death has been impacted by domestic abuse

Timescales – How does the long term impact of trauma impact suicide risk?





Evidence gaps



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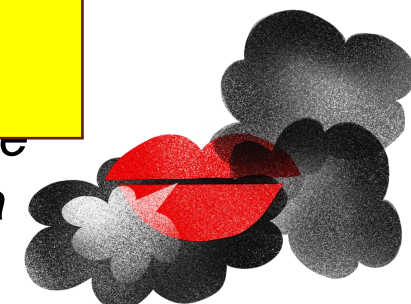
People known to Police as both victims and

But we can't wait to know everything before we try something – so my Churchill Fellowship report highlights actions for people to take nationally and locally which may reduce DA related suicides

abuse, financial abuse, physical abuse etc etc

Perpetrators

timescales – How does the long term impact of trauma impact suicide risk?

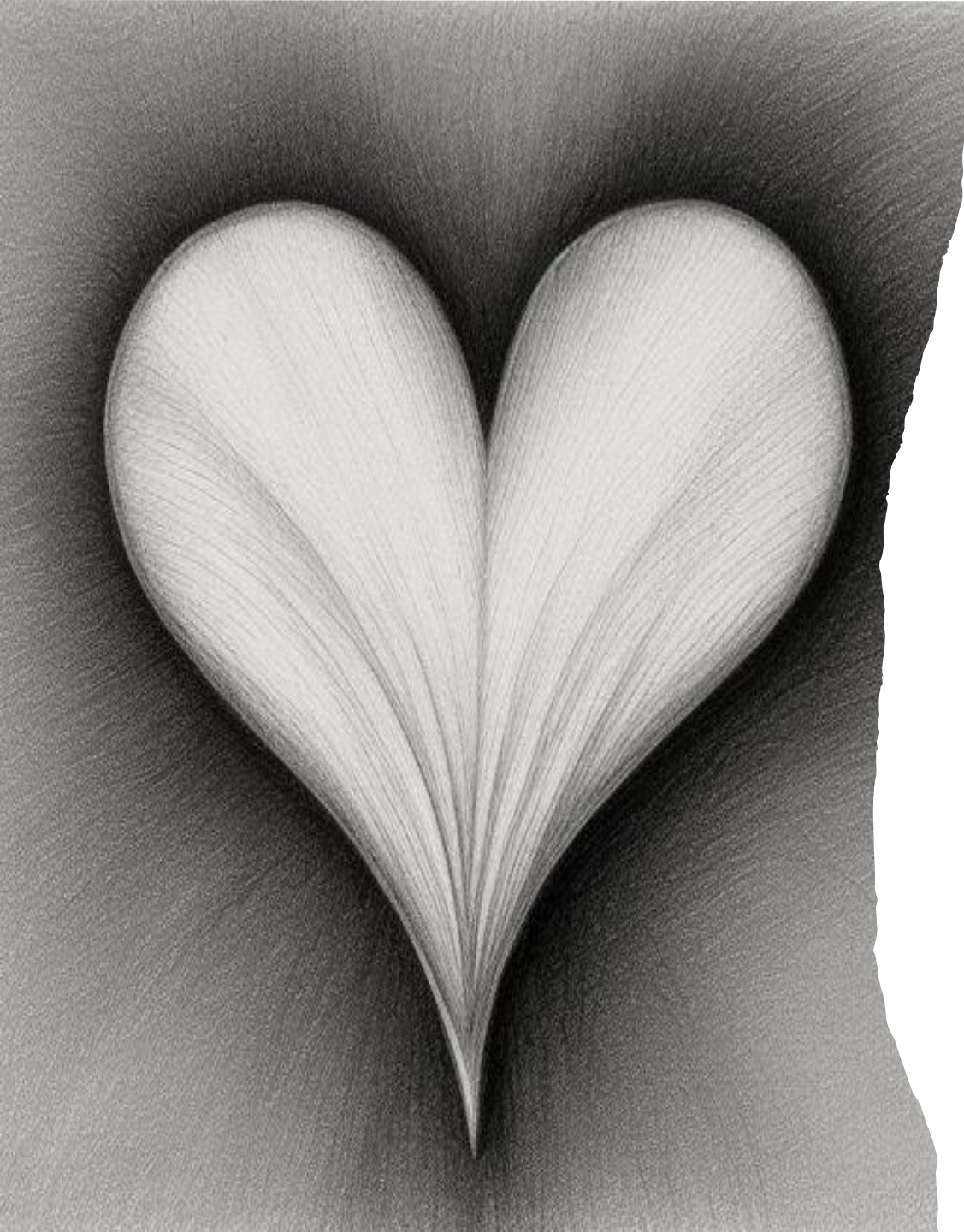


“More victims of domestic abuse kill themselves, than are murdered by their perpetrator.”

101 ways to reduce domestic abuse related suicides.

Tim Woodhouse
Churchill Fellowship 2023/24 Report
To be published Oct / Nov





Headline domains to reduce domestic abuse related suicides

1. Support young people to recognise and value healthy relationships

2. Provide much better support for women and girls who are being (or have been) abused

3. Better much support for men and boys who are being (or have been) abused

4. Develop better understanding of, and support for, people known (damagingly) as both victims and perpetrators

5. Increase the expertise and capability within MH and DA workforces

6. Provide specialist bereavement support for families after a DA related suicide

7. Deliver a more effective criminal justice and statutory response

8. Provide behaviour change programmes (& better access to MH support) for people abuse others

9. Demand much greater attention on this issue from policy makers, practitioners and the public

10. Conduct much greater quantity and depth of academic research

The 101st recommendation. The game changer.



Detailed recommendations
to reduce domestic abuse
related suicides

1. Ask every domestic abuse victim two questions...
i) are they thinking about suicide? ii) have they ever made a suicide attempt in their lives

2. Every domestic abuse safety plan should include a section which considers how to keep victims safe from suicide

3. Mental health clinicians should be embedded in every commissioned domestic abuse service

4. Specific interventions need to be designed for people known as both victims and perpetrators

5. Extensive domestic abuse training (including the suicide risk) must be included in University curriculum for all health and social care staff

6. Behaviour change programmes (& better access to MH support) should be provided for all perpetrators of abuse

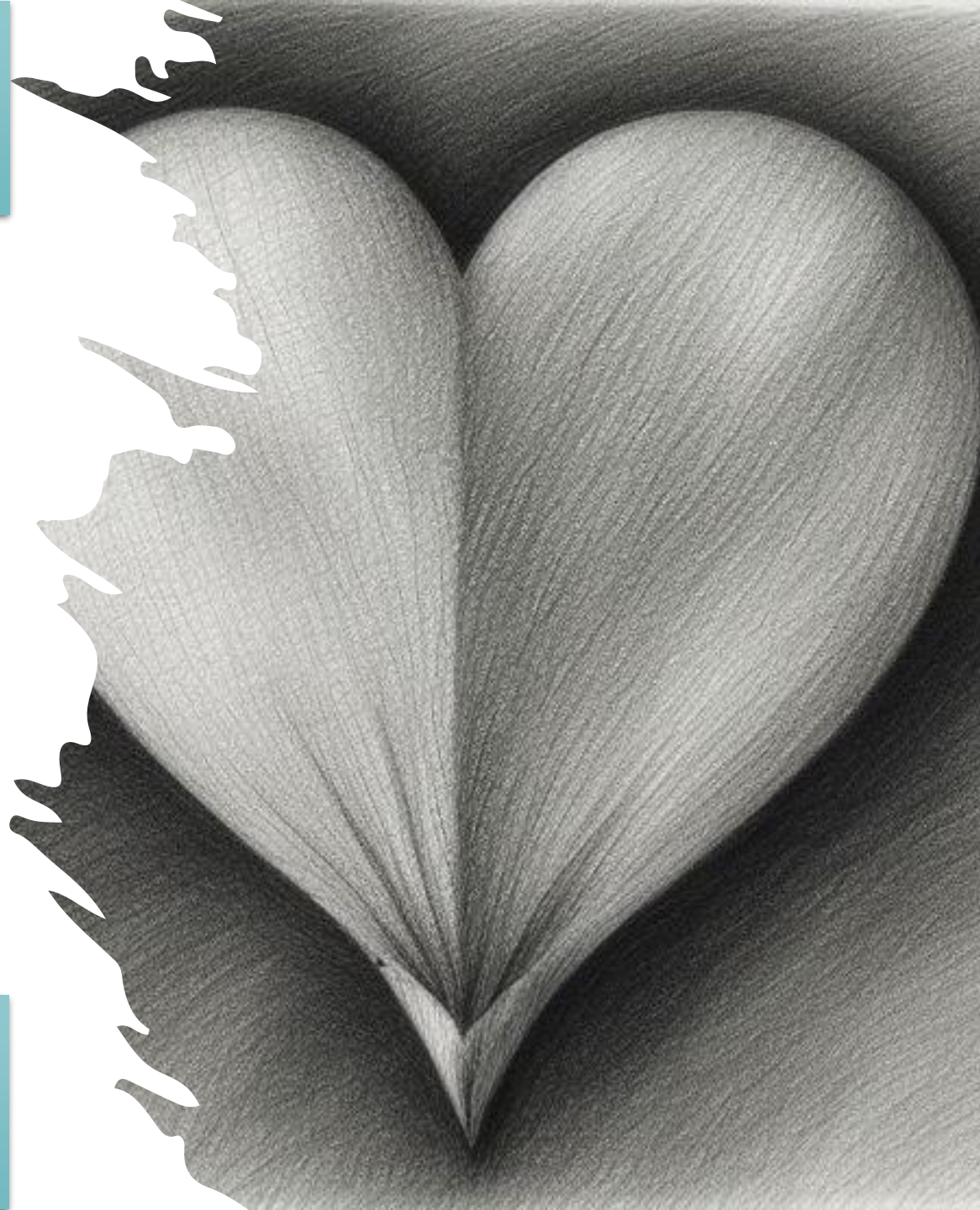
7. Police and CPS should consider charging perpetrators with unlawful act manslaughter where victims of domestic abuse take their own lives

8. Specialist bereavement support for families must be provided after every DA related suicide

9. Every local area suicide prevention strategy should include a focus on domestic abuse (and vice versa)

10. A national measurement tool needs to be designed to identify true number of lives lost

11. The game-changer
A national task force needs to (urgently) be brought together to explore every aspect of domestic abuse related suicides and collectively agree a national action plan.



Implications for practice cont.

Consider revising risk assessments to ask the following questions of both the victim and the perpetrator 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?			

Identify the risk

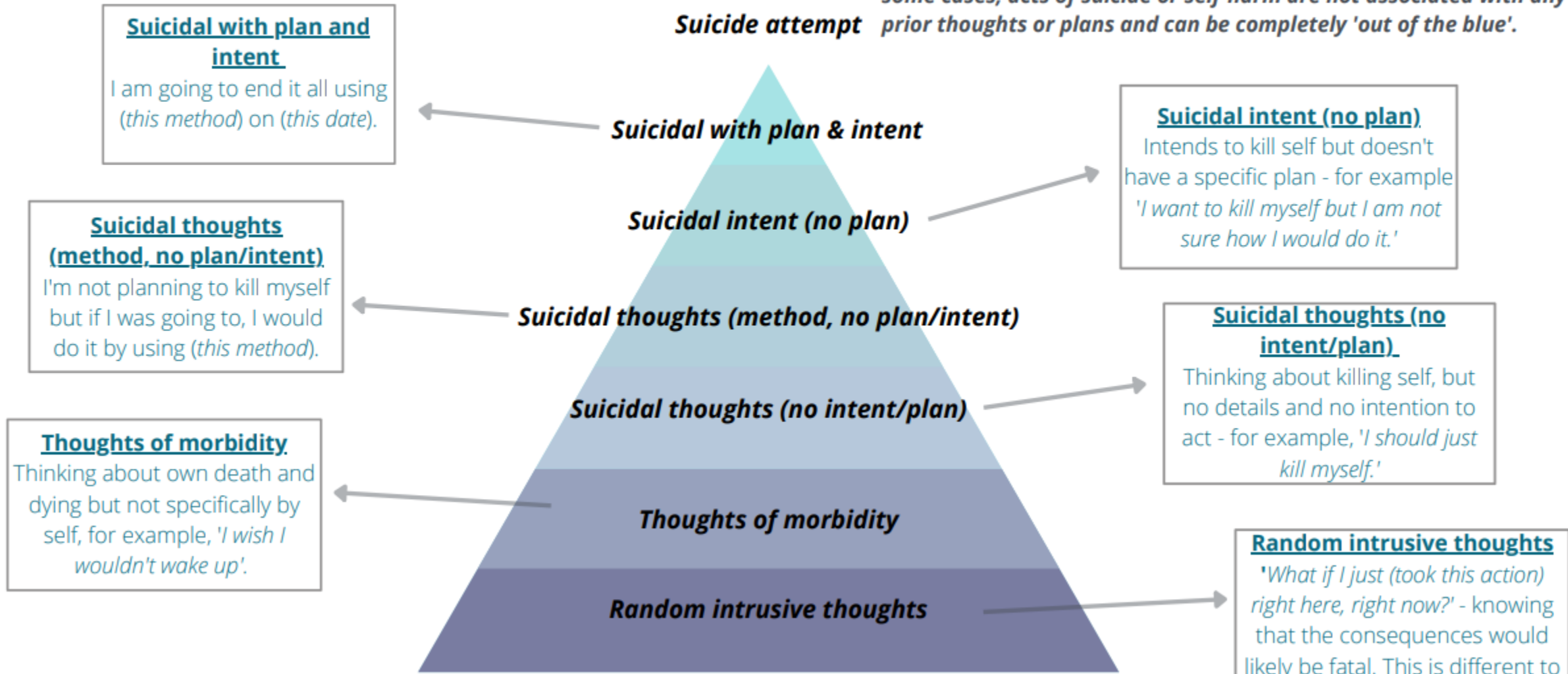
Self-harming, having suicidal thoughts and making a suicide attempt are all very different things and all need addressing in different ways as each poses a different level of risk.

Timeframe

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 is 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. It is also important to note that in some cases, acts of suicide or self-harm are not associated with any prior thoughts or plans and can be completely 'out of the blue'.*



Graphic credit: combination of lived experience and data from the Columbia suicide severity rating scale (@ALYSERURIANI)

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 do's 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 answers 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 - its a common myth that they dont. 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.



Dont 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.

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Free to access, 20 minute online suicide prevention training is available 24/7
www.zerosuicidealliance.com

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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).



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 Stay Alive (stayalive.app).

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