

Summary of NSPA online discussion on domestic abuse and suicide prevention - 12th May 2021

UK Domestic Abuse Commissioner Nicole Jacobs:

Domestic Abuse Act recently passed – the act gives the Domestic Abuse Commissioner’s Office (DACO) specific powers public bodies have duty to cooperate with the office and respond to requests within 56 days. Nationally, domestic abuse support services are a ‘postcode lottery’ with disparities across the country.

Broader community based services are dealing with domestic abuse and signposting, giving initial advice – there are pockets of good practice and DACO plans to highlight these to try and improve and replicate across the country. DACO also intends to help support policy and mapping to drive consistent approach across the country. The DACO has an oversight of reviews into domestic abuse homicides and suicide reviews as part of this and plans to look at the actions coming from these to collate recommendations for change.

Tim Woodhouse and Megan Abbott from Kent and Medway STP: (slides attached)

Kent and Medway STP began investigating the link between domestic abuse and suicide but found that the data and national research into the number of people dying by suicide with a history of domestic abuse is limited. They ensured their local real-time suicide surveillance included specific questions on domestic abuse.

Analysis of local real time surveillance in 2020 and Q1 of 2021 showed 24% of all suicides in the Kent and Medway area were impacted by domestic abuse, including victims, perpetrators and children and young people who witness it. Also clear that for some it was not a current issue, but still having longer-term impact.

Challenges:

- There are many unanswered questions - What is happening in other parts of the country, how can we build a bigger national picture? Until this is known, it is difficult to understand what we can do to mitigate the risk.
- Bereavement support services exist in most areas of the country, however providing bereavement support to the victim or children when a perpetrator has died has very different challenges, as does support to a perpetrator when a victim has died.

Kent and Medway STP workplan includes:

- Working with Oasis (local domestic abuse support service) to provide support, including around PTSD
- Including additional data fields in local suicide surveillance systems
- Asking more detailed questions in suicide reviews
- Finding ways of collecting more data – tweaking methodology and guidance through working with other providers

What can other areas be doing locally?

- Gather your data, and include domestic abuse in real-time surveillance
- Ensure domestic abuse is included in the multi-agency suicide prevention strategy
- Make sure domestic abuse and suicide prevention training is in place for all teams
- Revise risk assessments to ask detailed questions.

Patrick Ryan from Hestia: (slides attached)

- Refuge services are low support services, staff are not mental health experts
- Poverty is a risk factor
- Lack of research on domestic abuse and incidents within the UK, and research that does exist sits in the domestic abuse sector, not suicide prevention or mental health
- Hestia has seen a 4 fold increase in incidents of suicide ideation among women in Hestia refuges during Covid, with some indicating that lockdown played a role, including the move to digital services and service delays
- More women with high mental health needs have been coming to refuges (staff didn't know about their mental health needs due to the way admissions happen)
- Health inequalities particularly impact BAME women
- Suicide risk factors in refuges include sleeplessness, noise in shared space, isolation

Discussion

Risk factors

- Generational trend – experience of domestic abuse as a child is a risk factor for perpetrator later in life
- Being moved to a new area to flee abuse leads to isolation which impacts on mental health and suicide ideation.
- Accommodation issues - placed in inadequate accommodation, difficulty in trying to adjust and adapt to move on.
- Covid situation is intensifying the challenges due to services being closed.
- Child removal is often found in suicide Domestic Homicide Reviews (DHRs) but is rarely analysed and considered as a risk factor . Agencies are looking at the risk from the perpetrator rather than a victim's risk of harming themselves.
- Historic abuse – while this may not be the trigger to suicide ideation, it is often in the background and part of the reason suicidal thinking is in place. Often only disclosed years later when something triggers the trauma.
- In some cases, victims are having to deal with going to court against perpetrator who is also taking them to family court re: custody of children.
- Children often identified as a `protective factor' – but different between men and women, and as children get older. Also the fear of children being removed from parent if domestic abuse is reported.

Challenges	Ideas/plans
<p>Data collection</p> <ul style="list-style-type: none"> • Need to collate data across the country in order to help requests to government for serious investment, resources and guidance that are needed to take this forward • Real-time surveillance: domestic abuse not listed explicitly on suicide surveillance system previous, but that is changing • Little/no research comparing women who stay, women who leave and make new relationship and women who leave and stay on their own. Would be useful to know what happens to these women long-term • What forms of abuse are linked to suicide ideation? How do emotional, physical and coercive control impact differently? 	<ul style="list-style-type: none"> • The National Police Chief's Council has recently started collating data which includes data around domestic abuse and contact with the police • Following real-time surveillance high-lighting domestic abuse as an issue, one area conducted a county-wide suicide audit for 2020 exploring range of issues including whether suicide ideation was picked up before the death • One area has established a small working group – if either DHR panel or suicide prevention panel identify link to domestic abuse, the teams come together to research into the case. Top level demographic analysis is included in the review – age, ethnicity, gender, occupation, method. They talk about situations around the

<ul style="list-style-type: none"> • National data gathering needed • Robust commissioning of Domestic Homicide Reviews is really vital 	<p>case and work with police and coroner to identify whether domestic abuse was a contributing factor.</p>
<p>Support/intervention</p> <ul style="list-style-type: none"> • Denial of services due to 'substance abuse' happens across the board and must be addressed • Families bereaved by domestic abuse related suicide can feel more closely aligned with domestic homicide-bereaved families than suicide-bereaved families when thinking about peer support because of the abuse and its impact on the victim before their death and on their family whilst the abuse is being perpetrated. 	<ul style="list-style-type: none"> • A probation service carried out research on deaths by suicide within criminal justice system and developed a six factor brief assessment tool and working on the 5 Cs in intervention: Communities, Collaborating with individuals, Community groups, Compassion and Connecting emotional and physical health. • If staff are better equipped with interventions and tools for assessment and increase relationship bond, more success in preventing death by suicide, particularly around upcoming 'stressor' events such as court cases • Benefits of domestic abuse services and suicide prevention services coming together, informing each other, providing training and awareness for each other • Safety planning
<p>Suicide prevention groups</p> <ul style="list-style-type: none"> • Exploring the link between suicide and domestic abuse is a priority in new Suicide Prevention Action Plan/Strategy • Include probation service in any working groups - key role supervising those convicted of domestic abuse and also offer victim liaison services • Bringing health and social care together will be crucial - more of a focus on the interface between mental health and domestic abuse, and integrated service delivery for benefit of victims 	