



## Domestic abuse and suicide

What can we learn from the voices of victims of domestic abuse who have tried to take their own lives?

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**Transforming  
health and social care**  
in Kent and Medway

# The voices of people who have attempted suicide or experienced suicidal feelings whilst living with domestic abuse

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*Transforming health and social care in Kent and Medway* is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.



## Trigger warning...

Please be aware that this presentation contains statistics, quotes and discussion related to domestic abuse and suicide.

**Please look after yourself and seek help if you need support.**



**Anxious?**

**Stressed?**

**Need support?**

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*Since 2019, the Kent and Medway Suicide Prevention Team has undertaken nationally unique research highlighting the link between domestic abuse and suicide.*

*We were the first area in the country to ever quantify the number of people dying by suicide after being impacted by domestic abuse. In June 2022 the Sec of State quoted our work when announcing that Domestic Abuse will be included in the new national Suicide Prevention Plan for the first time.*

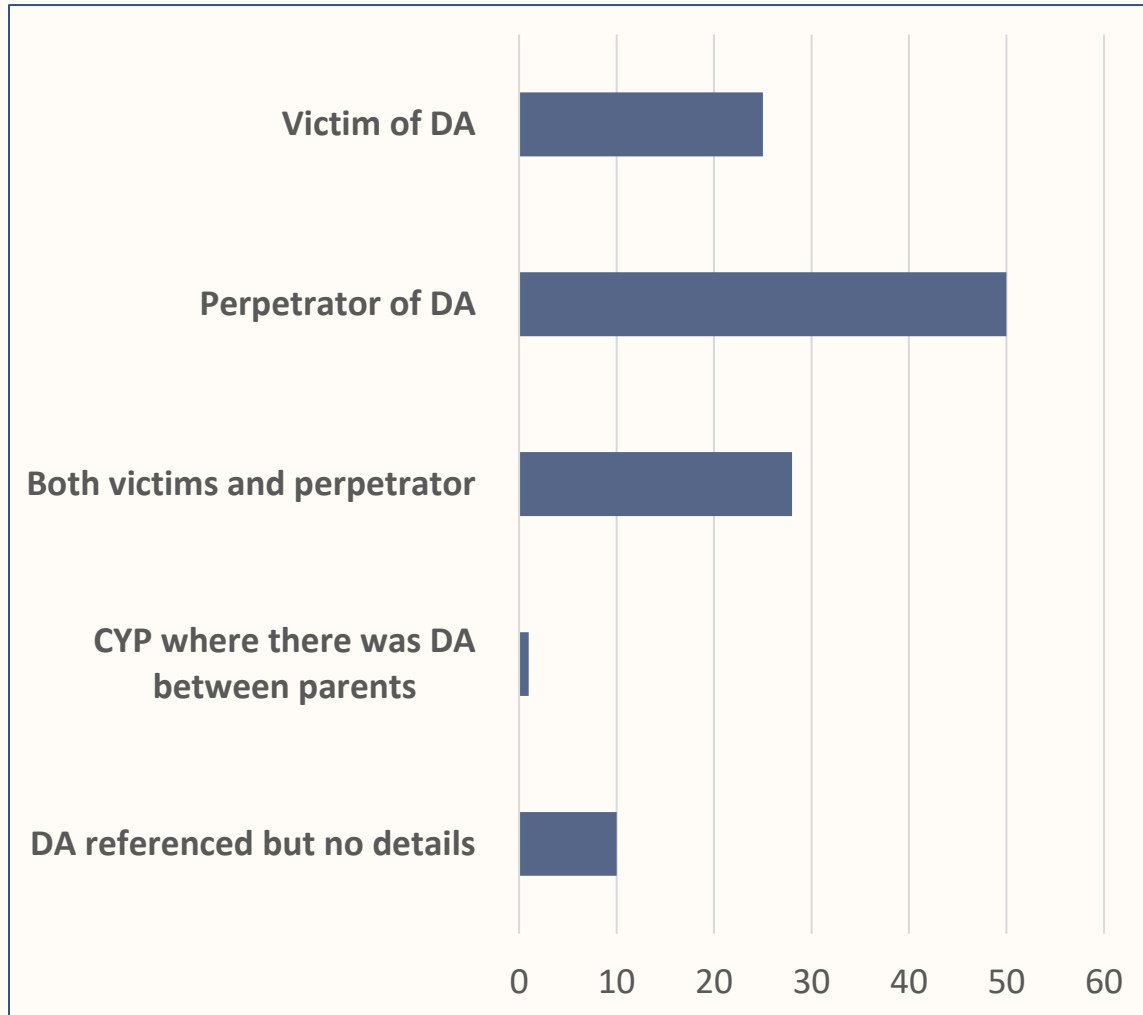
*We have invested over £200k into pilot projects and interventions designed to reduce the risk of suicide amongst people impacted by DA*

*We have developed a briefing paper full of tips and advice for front line professionals*

*We have completed detailed qualitative research to understand more about the links*



30% (114 out of 379) of suspected suicides in Kent and Medway's Real Time Suicide Surveillance (RTSS) system between 2019 – 2021 had been impacted by domestic abuse



Much more detail is available in relation to our quantitative research (which is being constantly added to through our Real Time Suicide Surveillance). If you would like more information please email [tim.woodhouse@kent.gov.uk](mailto:tim.woodhouse@kent.gov.uk)

Further information is available on...

- Gender and age splits
- How recent the abuse was
- The type of abuse that was involved
- Contact with the criminal justice system
- Intersectionality with issues such substance misuse, financial distress etc

# Methodology and participant safety

14 semi-structured interviews with professionals and survivors.

Ranging between 60 minutes and 3.5 hours.

These short slides are a very inadequate attempt to do justice to the experiences of the survivors.

## Survivors were only considered for interview if...

- They were no longer being abused in any form
- Being interviewed wouldn't increase risk of further abuse
- They were no longer feeling suicidal
- Their previous experience of abuse has been acknowledged and addressed
- They have an existing relationship with a local support organisation

**There is no one size fits all experience**

**No two people told us the same story.**

**Everyone's experience has been different.**

**But there were some emerging themes.**

## Theme 1 – 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.

[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

### Notable point

Some people felt that dying by suicide they would take back control of a terrifying situation where their life felt at risk every day





## Theme 2 – For others it wasn't the physical violence that drove them to feeling suicidal, it was the manipulation and coercive control tactics the perpetrator employed

It was getting more violent, but that wasn't what was driving me to thoughts of suicide. It was the emotional and psychological abuse which was far more insidious and far more in terms of damage and injury. Far deeper and longer lasting than physical injuries.

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

### Notable points

Some people said that they felt there was no way to change the situation other than suicide.

Some perpetrators would actively encourage their victims to kill themselves – even writing suicide letters for them



### Theme 3 – While others felt so depleted, trapped, lonely and exhausted they felt suicide was the only way out

I'm sick of fighting,  
I'm sick of  
surviving... I knew  
when I woke up  
that day [that I  
would attempt  
suicide].

When we were shopping I  
would stare at my feet so I  
didn't run the risk of getting  
caught glancing at another  
woman. It becomes a learnt  
behaviour, they talk about  
victims being isolated as if its  
something active that the  
perpetrator does but its far  
more insidious than that.  
You end up isolating  
yourself.

#### Notable points

*One person said  
that the idea of  
suicide was a  
coping  
mechanism to  
help get them  
through bad  
days.*

*People talked  
about feeling;  
'numb'  
'dead inside'  
'alone'  
'worthless'  
'in-human'*



## Theme 4 – For some survivors of abuse – the suicidal feelings came after the direct abuse stopped

It wasn't so much the direct impact of the abuse that was giving me suicidal thoughts, it was the resulting action. The losing everything.

I felt broken. I felt so many emotions, shame, hurt, fear, grief... I felt like damaged goods. I was broken, I couldn't sleep at night. I was having flashbacks and he was on tinder finding the next victims. I was a shell of myself.

### Notable points

The long term impact of DA related trauma is felt differently by different people.

Many were angry, some spoke of being emotionally depleted, some felt grief for the relationship they had lost and some felt a very strong trauma bond with their perpetrator.



## Messages to other survivors – recovery is possible

Just keep going. Phone the helplines every day if you need to. It takes time... you have to ride the waves but it does get better. You need people around you for when it doesn't feel like that though.

You'll feel like you can't live or breath without [them]. We've all been there, its fucking hard.

The bad days will get less, and further apart.

### Notable points

Grieving the relationship is okay and for many people really important

Recovery is possible but will take time

Having people around you can share feelings with will speed up the recovery



## Messages to professionals

If they'd have just asked me at that point [about suicidal ideation]. I didn't have the words even though it was the only thing I was thinking about, but if someone had spoken it, it might have broken the spell, I might have come back to earth.

You don't have to be physically strong or use violence to kill someone. I'd bet all the money I've got that there are a significant number of male victims who end up taking their own lives as a result of the abuse they've suffered.

### Notable points

People often reach out for support but are not believed or responded to too quickly enough

Sometimes just listening is enough

DA is really complicated – sometimes the safest thing is to be with the perpetrator

Greater awareness of coercive control is needed



## Other possible themes to explore

*The perpetrator's threats of their own suicide (and potential death by suicide)*

*A feeling that services only assess and signpost rather than actually listening or helping*

*The long-term impact of trauma bonding*

*Male victims being not believed or treated as perpetrators*

*The need for support long after victims are no longer considered "high risk"*

## Appendix – other useful resources

Jane Monckton Smith – Stages towards a suicide

Channel 4 video on Coroner Prevention of Future Death Report – Jessica Laverack

Kent and Medway Briefing for Front Line Professionals



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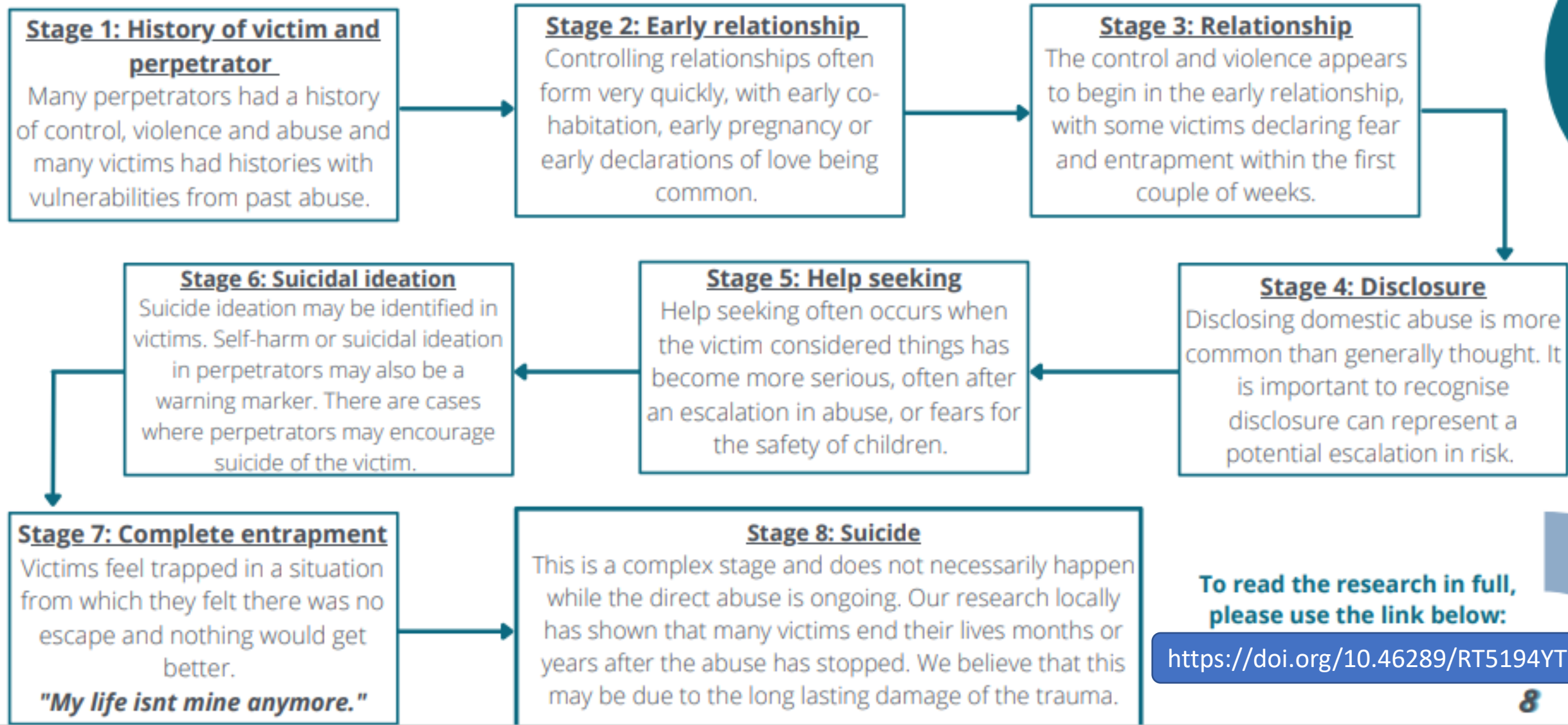
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# Key findings from national research

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.



To read the research in full,  
please use the link below:

<https://doi.org/10.46289/RT5194YT>



Coroner names domestic violence in woman's suicide verdict for first time - YouTube  
<https://www.youtube.com/watch?v=S3zk6Q5is88>



“Jessie reported on multiple occasions she thought suicide was the only way out.”

“Services completely failed to understand Jess, to actually hear her when she told them she felt suicidal BECAUSE of her abuser.”



# Highlighting the link between domestic abuse and suicide

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

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Megan Abbott, Senior Project Officer.

For more information, please email; [suicideprevention@kent.gov.uk](mailto:suicideprevention@kent.gov.uk)



[Full briefing paper available here](https://nspa.org.uk/resource/link-domestic-abuse-and-suicide/)

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# 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 trying 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 enquiry and initial risk assessment

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 individual's mental health, self harm and suicide ideation. A suggested template for use is on the page 12.

## Consider co-occurring conditions

Our local 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 9 discusses this in more detail.

## Professional curiosity at high risk points

Staff are encouraged to consider how an individual's 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 tries to end the relationship
- other major events in the relationship (eg pregnancy, house move)
- around the time of contact with the criminal justice system (eg 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 miss 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.



## Implications for practice cont.

### 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 or years after the direct abuse has stopped. We believe that that 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 Suicided Prevention programme on page 15 discusses 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.

### Post-vention 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 supported 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; [amparo.org.uk](https://www.amparo.org.uk)

# 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?
<b>Have you self-harmed?</b>			
<b>Have you felt suicidal?</b>			
<b>Have you made a suicide attempt?</b>			

## 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.