

Suicide rates in high-risk perpetrators of domestic abuse

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A partnership between:

 Respect SOCIAL
FINANCE

Session content

- Who Drive is
- The scale of the issue (global & local)
- Our findings
- Our response



Why was Drive developed?

A serious gap in national systems to address the perpetrators of domestic abuse.

An innovative partnership between Respect, SafeLives and Social Finance. The partnership's combined and extensive expertise to change the responses to high-harm, high-risk perpetrators of domestic violence and abuse.

To deliver long term sustainable change and reduce the number of victims – we must challenge perpetrators to stop.

- Drive works with high-harm, high-risk and serial perpetrators of domestic abuse. High-risk, high-harm perpetrators are those who pose the greatest risk of serious harm or murder to people they are in intimate or family relationships with.
- The intervention incorporates:
- Intensive one-to-one work and case management. The Drive case manager works with the perpetrator to challenge and support changes in attitudes, beliefs and behaviour. This often also requires addressing additional needs that stand in the way of the change process, such as mental health, substance misuse and housing needs.
- A coordinated multi-agency response that disrupts opportunities for perpetrators to continue their abuse; and identifies and reduces risk.
- Independent Domestic Violence Advisor (IDVA) support for the victim/survivor to ensure joined up working and safety.

University of Bristol Evaluation

Drive has undergone a three-year independent evaluation conducted by the University of Bristol.

The University of Bristol concluded that Drive reduces abuse and the risk perpetrators pose.

DRIVE >

is making a difference

The University of Bristol's independent three-year evaluation findings, based on the analysis of over 500 cases, are telling us:

> Reduction of abuse

There is a **substantial reduction in the use of abuse**. The number of perpetrators using high levels of abuse reduced as follows:

- > **physical abuse reduced by 82%;**
- > **sexual abuse reduced by 88%;**
- > **harassment and stalking behaviours reduced by 75%;**
- > **jealous and controlling behaviours reduced by 73%.**

> Reduction of risk

- > **For the duration of the intervention, IDVAs reported the risk to the victim reduced in 82% of cases**

The scale of the issue

- Suicide is a major world-wide epidemic taking the lives of over 700,000 people a year (WHO, 2019).
- Estimates suggest that 10 to 20 times more individuals attempt suicide.
- Worldwide someone dies by suicide every 40 seconds (WHO, 2019).
- 5,583 people in England took their life in 2021 (ONS, 2021).
- For ages 10 to 34 suicide is now the second leading cause of death (Hedegaard, et al., 2018).
- 7% of children have attempted suicide by the age of 17 and almost one in four say they have self-harmed in the past year (Patalay & Fitzsimons, 2020)
- Suicide rate in prison populations 83 per 100,000 (Fazel et al., 2017).

Self-harm now takes more lives than war, murder, and natural disasters combined.



The scale of the issue in Drive

- 03/16 – 03/2022: 35 Critical Incidents or near misses
- 10 cases involved service user death by suicide
- 2 unexplained service user deaths
- 4 attempted suicide resulting in serious injury
- 1 threat of suicide.
- 3 victim/survivor suicide



What we learned from Drive cases

- History of suicide risk was known in all cases.
- 4 out of 6 cases had expressed thoughts about suicide in days/weeks prior to death.
- Other agencies were involved with all cases.
- Drive case management and information sharing was to the required standard in all cases.
- There were potential opportunities to minimise risk in most cases by addressing other needs.

Doing just enough may not be enough...

Drive & UoB research collab – data outline

21.03.16 – 11.04.22

	n (%)
n	3475
Sex	Male 3186 (92%)
Median age	32
Ethnicity	2081 (76%) white British*
Employment	1448 (42%) unemployed 628 (18%) full-time

*Missing ethnicity data 21%

The scale of the issue in Drive – UoB findings

To the best of our knowledge this is the first study in the UK to estimate the rate of suicide in perpetrators of domestic violence.

In this population of high-risk high-harm perpetrators of violence who are in touch with services, we estimate an annual rate of suicide of **461 per 100,000**.

In 2021 the rate of suicide in males in England and Wales was **16 per 100,000**, and the highest rate of suicide was observed in males ages 45-64 at **20 per 100,000** (Office for National Statistics, 2022).

The rate in high-risk high-harm perpetrators of violence is **23 times greater** than the highest age specific suicide rate in the general population (Knipe et al., 2023).

Abuser characteristics?

- Narcissistic
- Controlling
- Manipulative
- Sense of entitlement
- Abuses his children
- Psychopathic
- No empathy
- Cruel
- Predatory
- Charming
- Sexually abusive
- Patriarchal terrorist
- Jealous
- Minimises
- Denies
- Blames others
- Deceives
- 'Gaslighting'/psychological manipulation
- Lovebombing

(according to Bancroft & Stark et al.)

A misunderstood issue

A key motivator which drives people to suicide is **psychological pain, hopelessness.**

Self-harm often originates from feelings of intense emotional distress. Individuals who self-harm describe this behaviour as a way to release overwhelming emotions (RCPSYCH, 2020).

Preconditions for suicidality (Joiner, 2010).

- 1) a sense of not belonging, of being alone,
- 2) a sense of not contributing, of being a burden
- 3) a capability for suicide, not being afraid to die.

Language is powerful – it matters!

The language we choose reflects our attitudes and beliefs.

Shame & stigma: Not too far in the past, suicide was a crime and thus punishable – decriminalised in England in 1961.

Preferred terminology	Harmful terminology
Died of suicide	Committed suicide
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt
Person living with suicidal thoughts and/or behaviours	Suicide ideator or attempter
Suicide	Completed suicide
Describe the self-harm/suicidal behaviour	Manipulative, cry for help or suicidal gesture.

Protective factors

The factors that make suicide behaviours less likely and can contribute to the client's sense of **self-efficacy** and **resourcefulness** (Reeves, 2020).

Personalised safety plans can lower risk of death by suicide by almost half (Nuji, 2021).

- Quality of therapeutic engagement and the therapeutic alliance
- Capacity for emotional expression
- Informal support (friends, family) & formal support networks (mental health support, counselling)
- Involvement in interests and activities
- Established successful coping strategies
- A collaboratively agreed on crisis plan



Safety planning proforma

Safety plan

Step 1: identifying warning signs (thoughts, images, mood, situations, behaviours).

- _____
- _____
- _____

Step 2: identify internal coping strategies (relaxation, physical activity).

- _____
- _____
- _____

Step 3: Identifying support networks that provide distraction (people & social settings)

- Name _____ Phone _____
- Name _____ Phone _____
- Place _____
- Place _____

Step 4: Making contact with chosen support networks

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Step 5: Contacting professionals (Samaritans 116123 - NHS 111 - CALM 0800585858)

- Agency _____ Phone _____
- Agency _____ Phone _____
- Agency _____ Phone _____
- Agency _____ Phone _____

Step 6: Making the environment safe

- _____
- _____
- _____

Connection

Making a connection can be as simple as a smile: “If one person smiles at me, I won’t kill myself.” (Diamond, 2020).

Disrupt one of the risk circles and we buy ourselves more time to heal.

We can all reach out, in our own way, and touch someone who may feel disconnected, disrespected, and useless, just by being kind, offering hope and options – keeping them connected that they are enough.

Questions?



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