



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

**“We don’t know a lot, but we know enough to be
seriously concerned”**

**Highlighting the links
between domestic abuse and lives lost to suicide**

Tim Woodhouse, Suicide Prevention Programme Manager, Tim.Woodhouse@kent.gov.uk

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?

Text KENT to 85258
for free and confidential support

shout
85258
here for you 24/7

Shout 85258 won't appear on a phone bill and does **not** require data, an app, registration or password. For more information, visit giveusashout.org.

In 2019 we were asked “How many people impacted by domestic abuse die by suicide?”

It turned out to be impossible to answer.

There is virtually no* academic, charity, national or local government evidence to look at.

** The evidence that does exist is many years old and most of it looks at “feelings of suicidality” rather than “deaths by suicide”.*

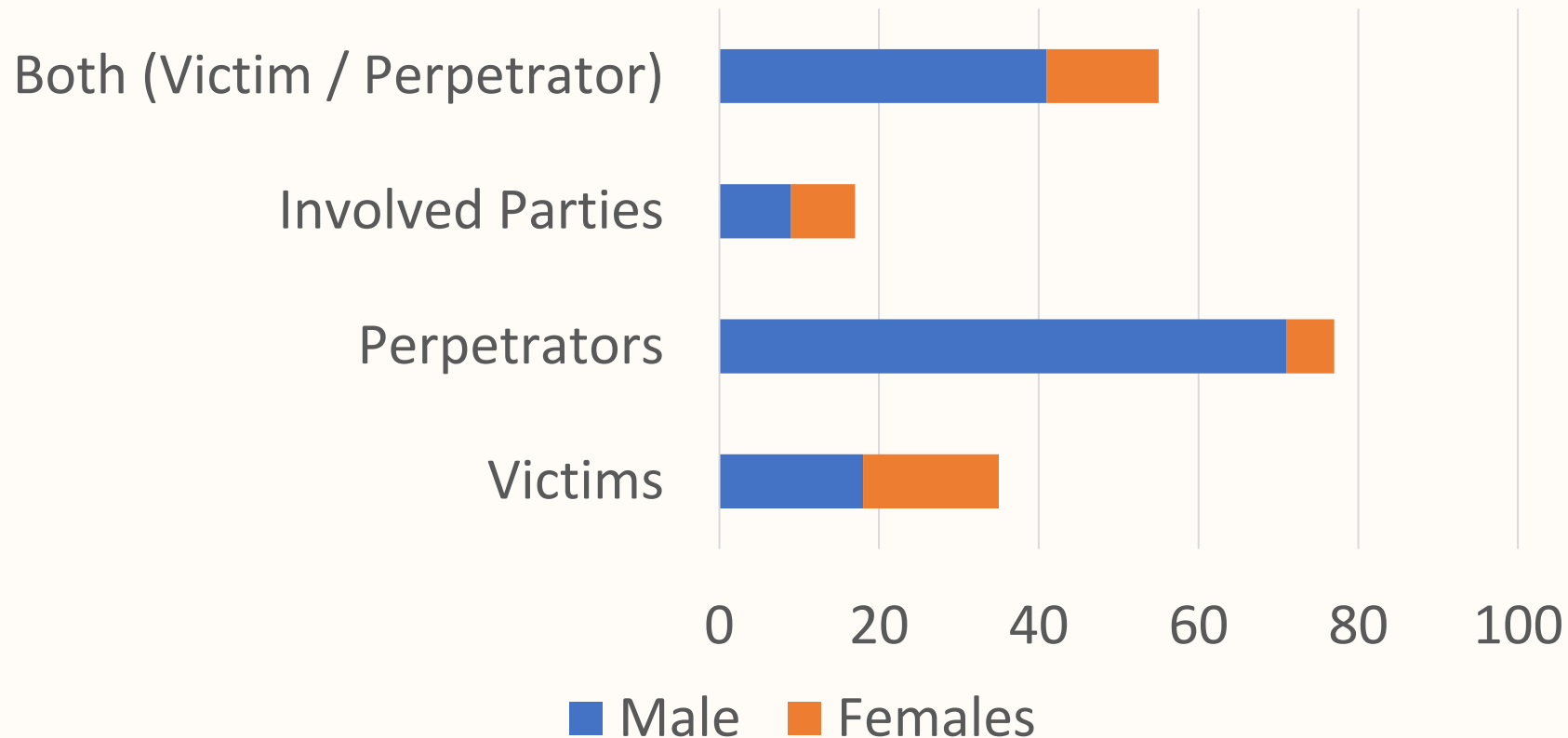


Our professional curiosity led us to undertake a number of research projects...

But it was only when we included specific questions relating to domestic abuse in our local Real Time Suicide Surveillance System that we began to get detailed and comprehensive data



30% (184 out of 608) of suspected suicides in Kent and Medway's Real Time Suicide Surveillance (RTSS) system between 2018 – 2022 had been impacted by domestic abuse

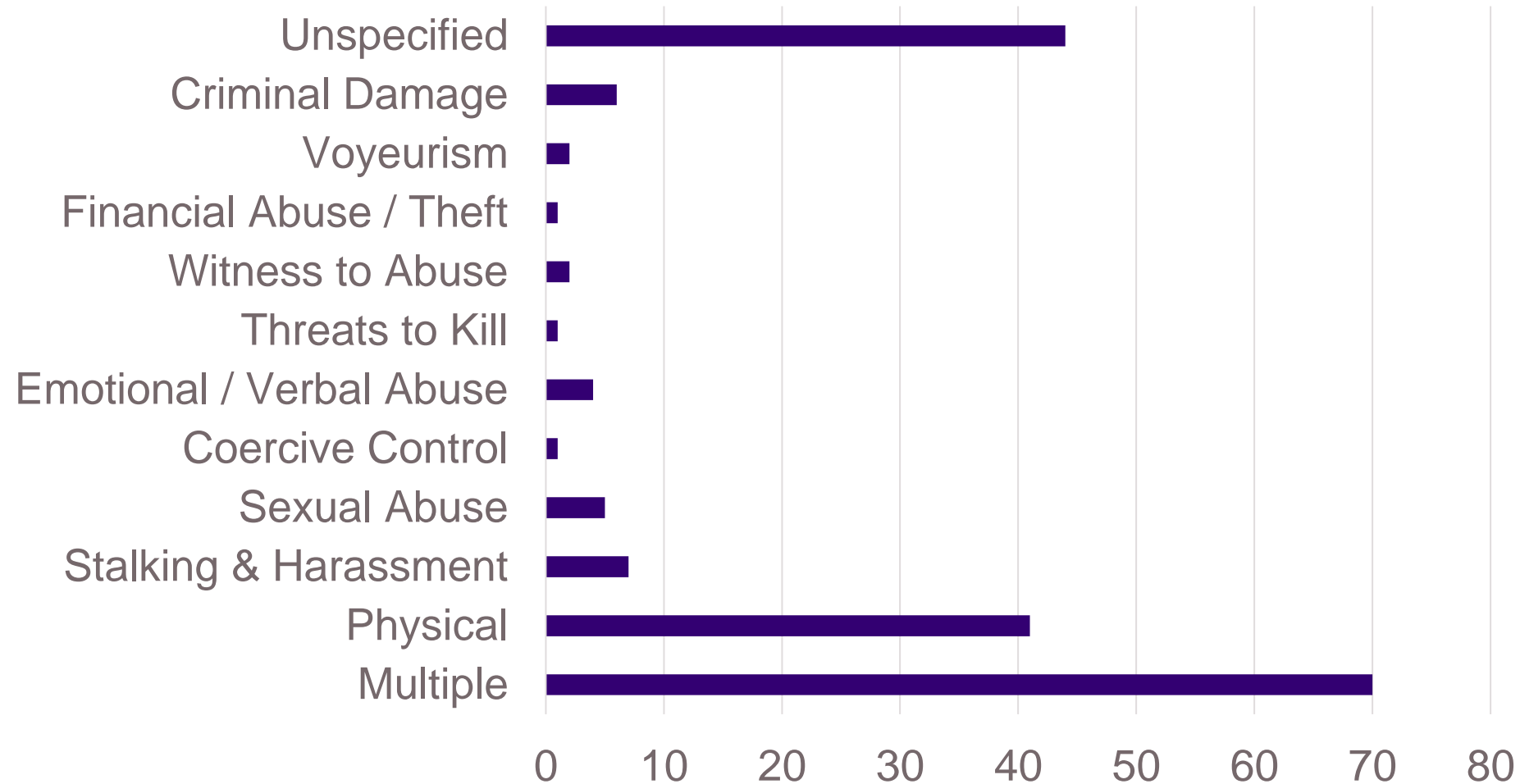


Both – Individuals who are known to the Police as both victims and perpetrators of domestic abuse.

Involved Parties – These individuals have been involved in a domestic abuse incident reported to the Police, but the Police were not able to distinguish whether they were the victim or perpetrator due to conflicting reports and counter-claims.

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 or sophie.kemsley@kent.gov.uk

Type of abuse noted in Police records in relation to individuals who died by suspected suicide after being impacted by DA in Kent and Medway 2018-2022

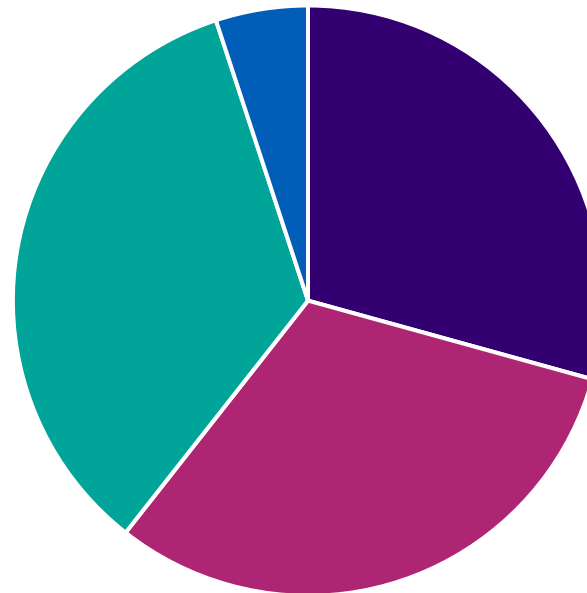


Abuse history in relation to individuals who die by suspected suicide after being impacted by DA in Kent and Medway

Recent / historial recordings of abuse of those who died of suspected suicides in 2019-2021 in Kent and Medway (taken from RTSS)

Please note – due to methodology changes, not every record of suspected suicides contains abuse history, therefore this only reflects available data of those **99 cases.*

**Recent abuse has been defined as the year prior to the suspected suicide taking place and hence historial abuse is anything thereafter.*



- Recent abuse
- Historial abuse
- Both recent and historial abuse
- Incident recorded 24 hours prior to suspected suicide

It is important to note that in some of these deaths, the DA appears to be the only **recent** risk factor; in others it is just one in a number of **historical** risk factors (eg *substance misuse, homelessness, debt*)



Following this statistical research we wanted to understand more about the links in order to understand to reduce the risk of suicide

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. Full 60 page report is available on request.

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.

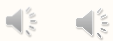
Theme 1 – Some victims attempt to take their own lives to avoid being killed by their perpetrator

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 they said 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

All the interviewees wanted to tell others that recovery is possible (but will take time)

Grieving the relationship is okay and for many people really important

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 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



What have we done locally in response?

1. Developed a briefing paper for front line professionals
2. Commissioned specific “Domestic Abuse and Suicide Prevention” training.
3. Funded community level innovation projects
4. Lobbied nationally for Government action and further research

What are we going to do next?

1. Strengthening relationships with Probation to help them work with perpetrators
2. Designing next stages of academic research including NIHR Funding proposal

Our research and advocacy around domestic abuse and suicide is shaping national policy and improving front line practice

Health and Social Care Secretary of State speech on suicide prevention

We know that the causes of suicide are complex and intertwined but the data does show that there are some areas where we can have a big impact.

For example, there is a project in Kent that found that 30% of all suspected suicides in a 2 year period were linked to domestic abuse.

Our new plan will look at risks like domestic abuse and gambling, as these weren't looked at in the previous strategy.

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.

Tim Woodhouse, Suicide Prevention Programme Manager.
Megan Abbott, Senior Project Officer.

For more information, please email; suicideprevention@kent.gov.uk



We were cited in a Dec 2022 British Medical Journal article

Domestic abuse is important risk factor for suicide



Free Domestic Abuse and Suicide Prevention training Identifying and Supporting People at Risk

This course is aimed at professionals who support people who have experienced – or are experiencing – domestic abuse. It provides knowledge and understanding about the links between domestic abuse and risk of suicide. You will learn how to recognise the signs that someone might be thinking about suicide, develop confidence in knowing how to ask them about it, and learn how to listen and understand how they may be feeling. This will help enable you to provide an effective response that will help them in a crisis.

To book your place, click on the date and complete your details on Eventbrite.

Learning Outcomes

- List at least five risk and protective factors related to suicide and domestic abuse
- Identify the barriers that might prevent any of us from talking openly about suicide
- Identify and ask a person at risk about suicide clearly and directly
- Have a supportive conversation with someone who is having suicidal thoughts, by telephone, on-line and in person.
- Support safety planning including seeking further sources of help/support
- Know when to request emergency services
- Identify and meet your own support needs and ways to increase your resilience

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[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?
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.

Suggestions for other local areas

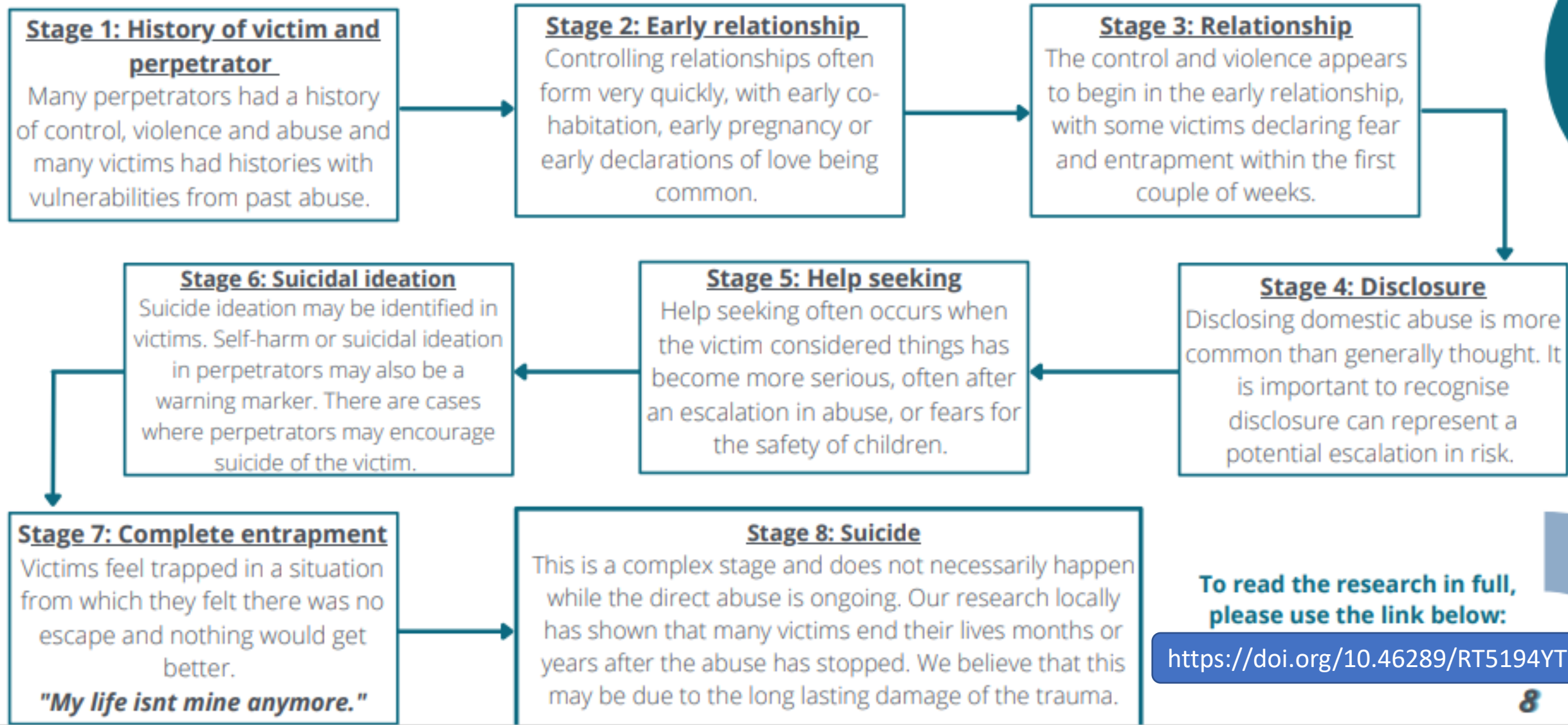
1. Ensure your Real Time Suicide Surveillance includes specific and detailed questions on domestic abuse
2. Ensure that domestic abuse is highlighted as a priority within your suicide prevention strategy
3. Establish a task and finish group to scope the issue locally and develop an action plan
4. Circulate a briefing paper for front line professionals who work with people impacted by domestic abuse (you are welcome to adapt ours if that helps – but it would have more buy-in if it is developed locally)
5. Consider commissioning specific “Domestic Abuse and Suicide Prevention” training.

Other resources

1. Jane Monckton Smith research paper
2. C4 news report on You-Tube
3. University of Birmingham paper 2023

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>

December 2022

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.”



Domestic Abuse links to Suicide: Rapid Review, Fieldwork, and Quantitative Analysis Report.

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<https://osf.io/4t9ab/>