

# Understanding Domestic Violence- Related Suicides: Prevalence, Nature, and Prevention Strategies



Tim Woodhouse,  
Kent County Council &  
University of Kent  
[tjw35@kent.ac.uk](mailto:tjw35@kent.ac.uk)



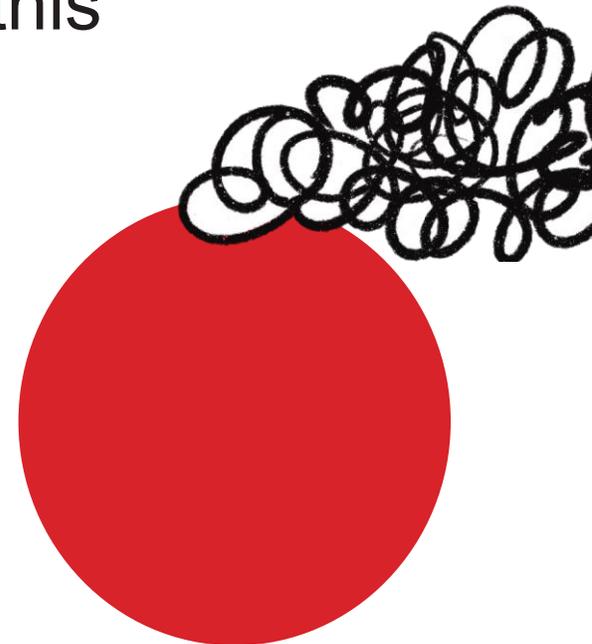
## Who am I?

- Kent and Medway Suicide Prevention Programme Manager
- 2023/24 Churchill Fellow – searching for global best practice to reduce DA related suicides
- 25/28 PhD Candidate at University of Kent studying this issue (NIHR Doctoral Fellow)

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

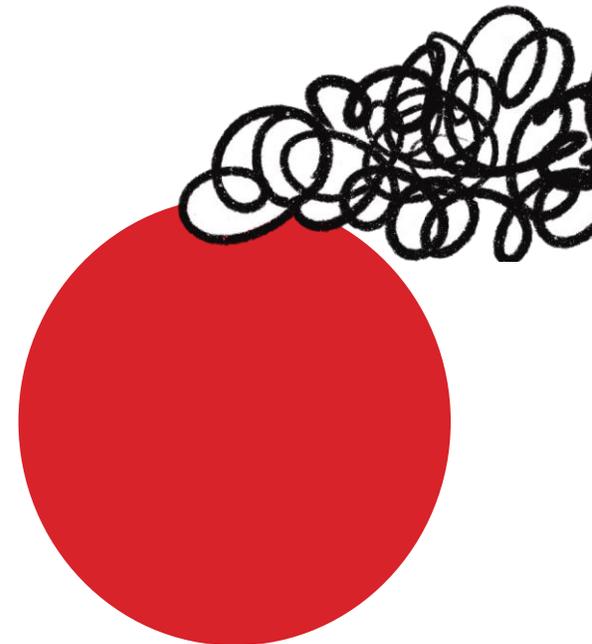
*It is distressing, so please look after yourself, and don't force yourself to listen.*

*24 hour mental health support is available for free. Just text SHOUT to 85258*



## Objectives

- To raise awareness of the link between domestic abuse and suicide
- To share some of my “66 ways to reduce domestic abuse related suicides” from my Churchill Fellowship
  - To highlight there are still lots of unknowns





UK Government

# FREEDOM FROM VIOLENCE AND ABUSE: A CROSS-GOVERNMENT STRATEGY TO BUILD A SAFER SOCIETY FOR WOMEN AND GIRLS

Volume 1

Strategy

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CP 1450-1

## Kiena Dawes

Kiena Dawes was a 23-year-old hairdresser, described as a happy-go-lucky girl, kind and bright. Kiena and Ryan Wellings (30 years old) met in 2020 and over their two-year relationship, Ryan subjected Kiena to repeated physical assaults, bullying and coercive control. Kiena took her own life in July 2022 and left a suicide note on her phone in which she described the abuse from Ryan.

This was the first trial considering unlawful killing of a partner who took their own life after domestic abuse; Ryan was subsequently convicted of assault and controlling and coercive behaviour.

## Learning from tragedy

Tragically, our Strategy must also confront the most severe and heartbreaking outcomes of violence and abuse. This includes domestic homicides, femicides, **suicides** and sudden or unexplained deaths that occur in the context of VAWG. The scale and nature of these deaths is intolerable and demands urgent, coordinated action.

Going forward, the Senior Investigating Officer training programme will also cover suspected victim **suicide** and deaths following domestic abuse. However, we understand that for the police to respond to these deaths effectively, we must ensure they have the tools they need to investigate **suicides** and unexpected deaths linked to VAWG.

# WHAT WE KNOW

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

**The local picture in Kent and Medway is sombre:** 33% (291 out of 890) of suspected suicides in Kent and Medway between 2018 – 2024 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.

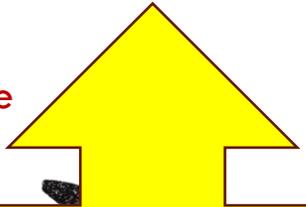


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**Very likely to be an underestimate given we know DA is under-reported**

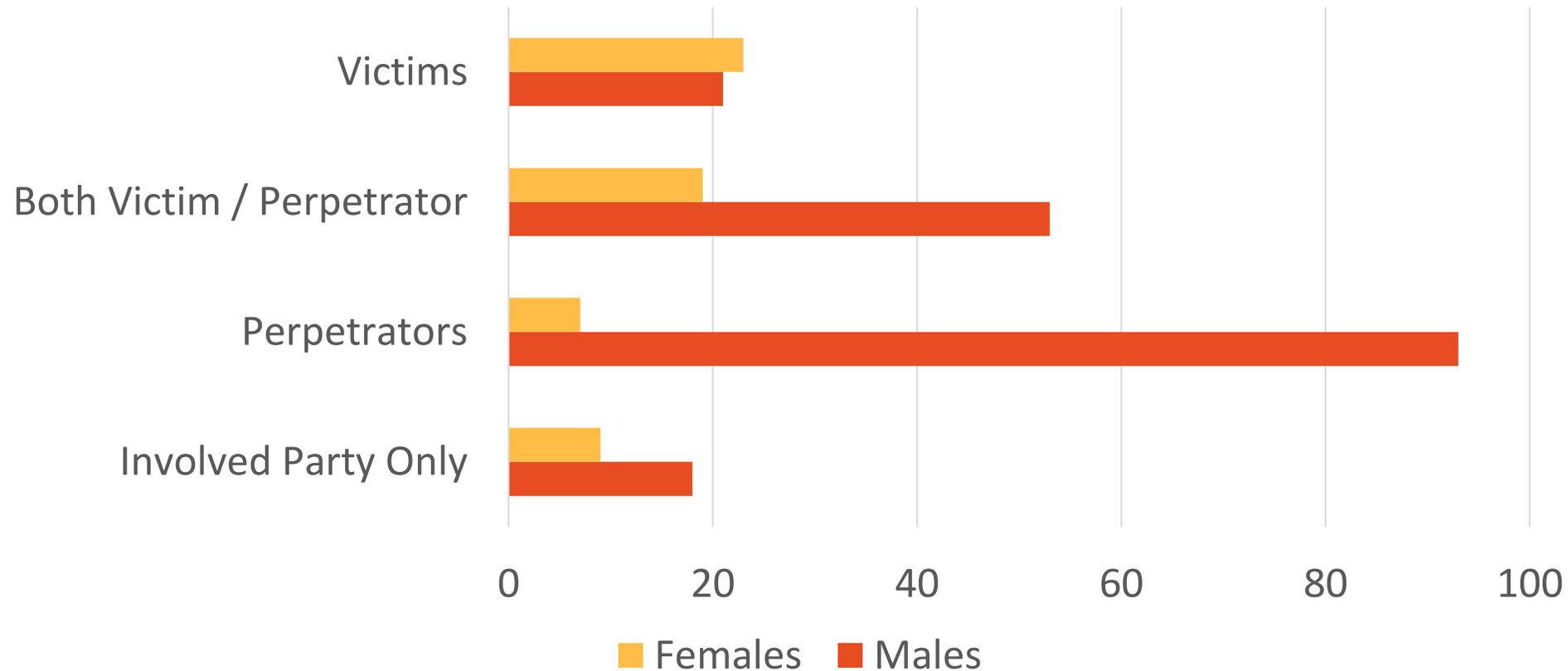


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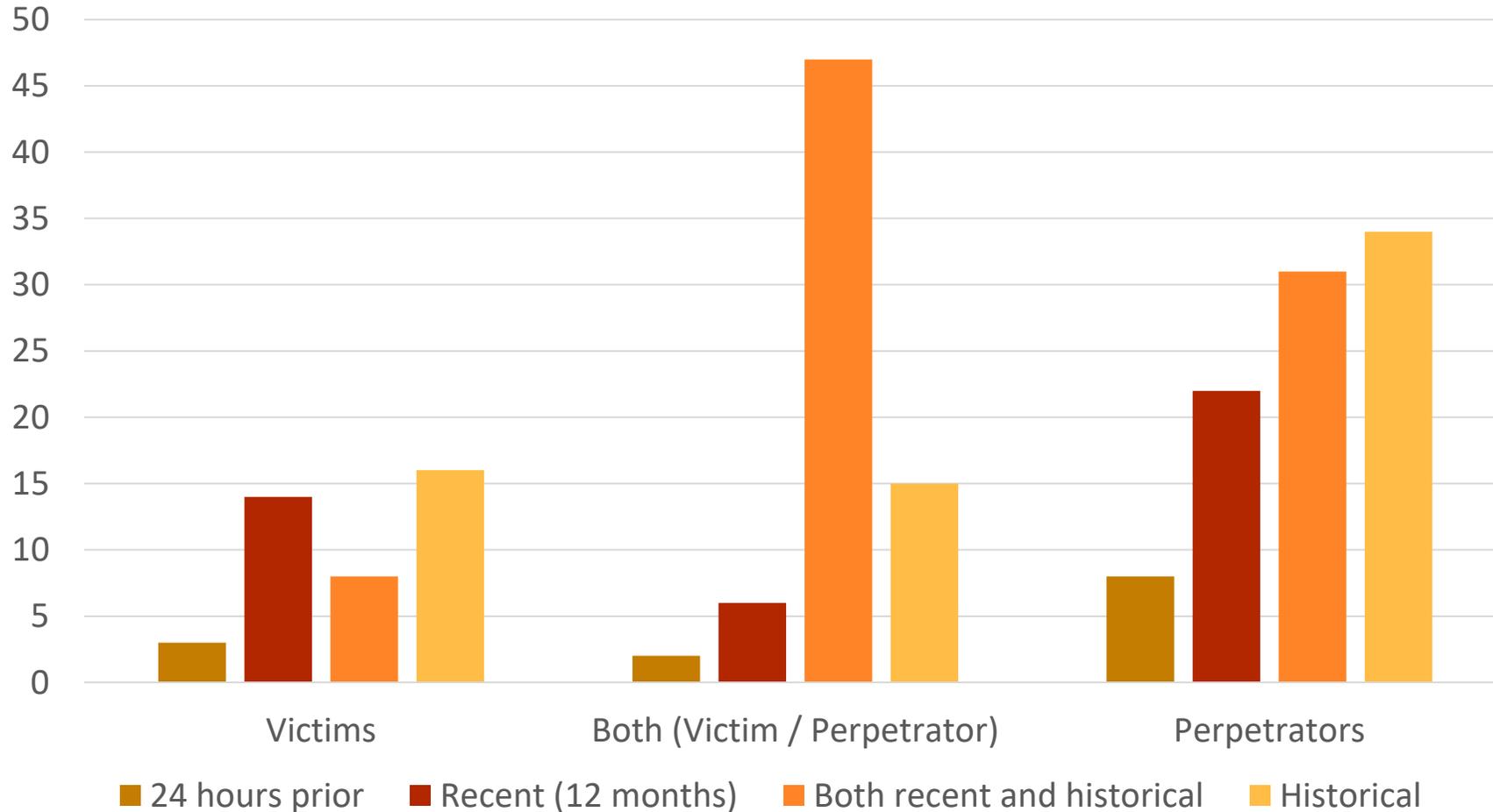


# What do we mean by **“impacted by”**?

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 data match with other studies?

??????? ..... We don't know.

Very few other areas are counting or publishing DA related suicides

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

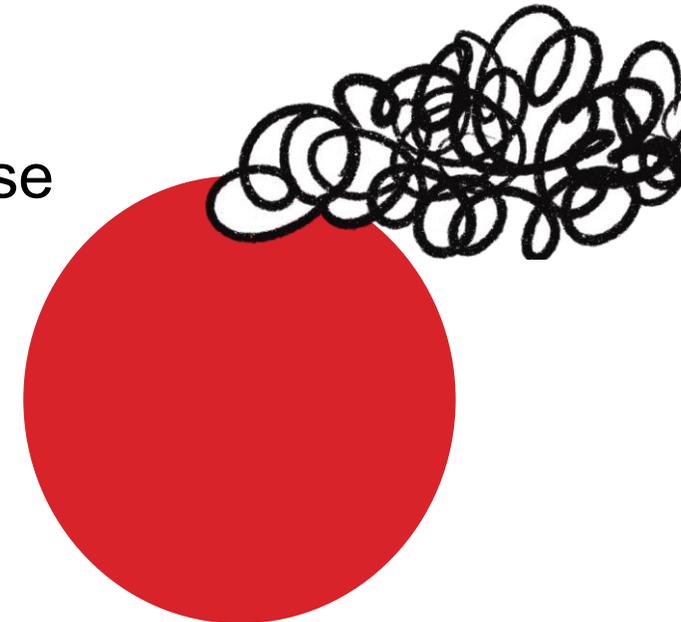
<https://theconversation.com/new-data-reveals-rates-of-family-violence-among-those-who-died-by-suicide-239090>

26% of all women known to specialist mental health services in the UK, who died by suicide, had been a victim of domestic abuse

[Domestic violence and suicide in women under the care of mental health services in the UK, 2015–2021: a national observational study The Lancet June 2025](#)

National Police Chiefs' Council (2024 & 2025) - In 2023 and 2024, there were more Suspected Victim Suicides following DA, than there were intimate partner homicides.

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



Or to put it another way...

...in the UK in 2023 and 2024, **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**.

**Health warning** – quotes from victims of DA who attempted suicide



# 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.”



# It's not just female victims that are at risk of suicide

“The way she abused me was very different to the way abuse is traditionally depicted. It wasn't violent, but if you can drive someone insane to the point they want to take their own life then that's just as damaging.”





**These typologies are really important...**

**Understanding why someone wants us to die helps us to design effective interventions**

**My Churchill Fellowship also attempted to be solutions focused**

The person most likely to kill a  
victim of domestic abuse...

... is themselves

66 ways to reduce domestic abuse  
related suicides.

TIM WOODHOUSE  
2023 CHURCHILL FELLOW

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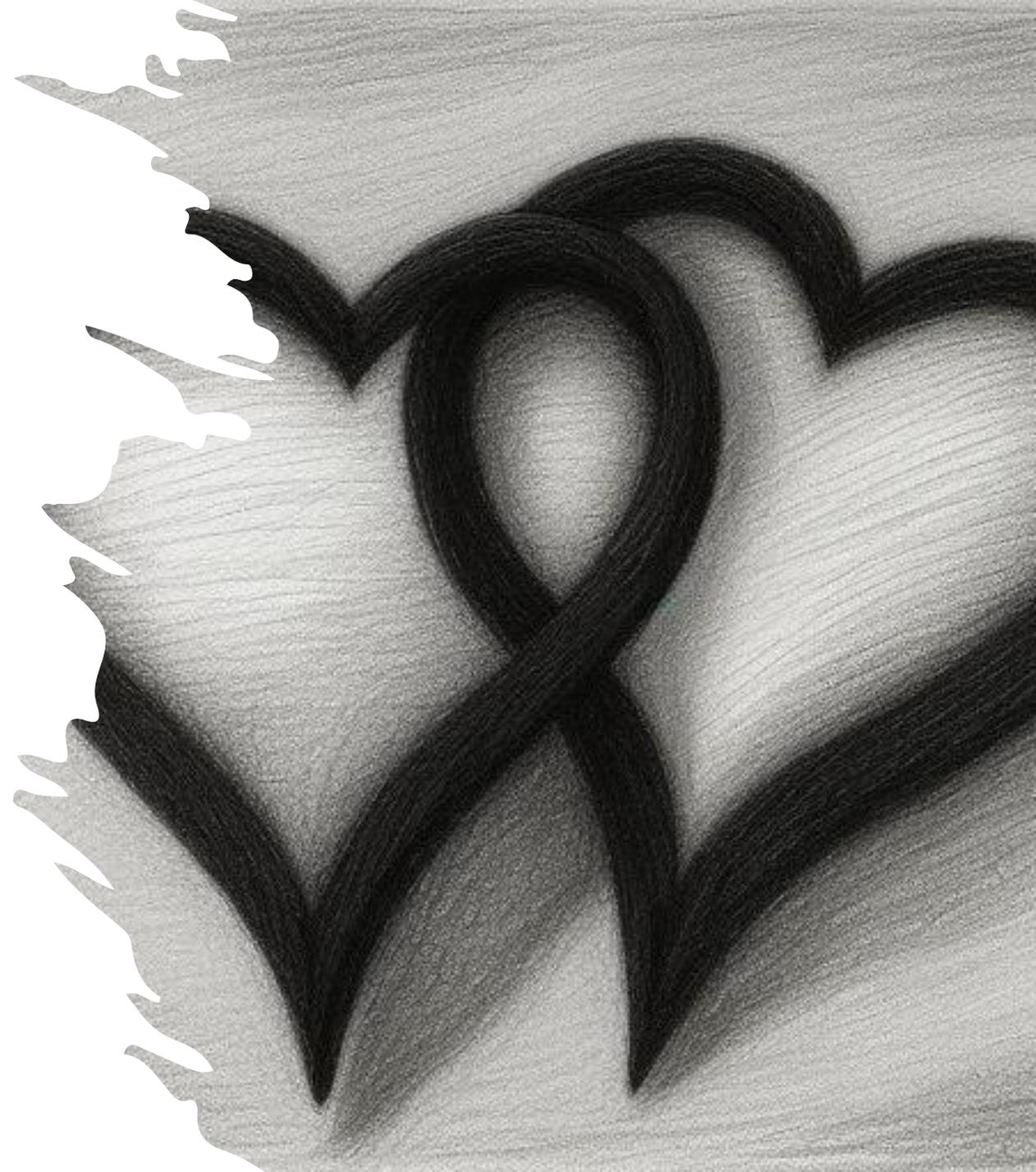


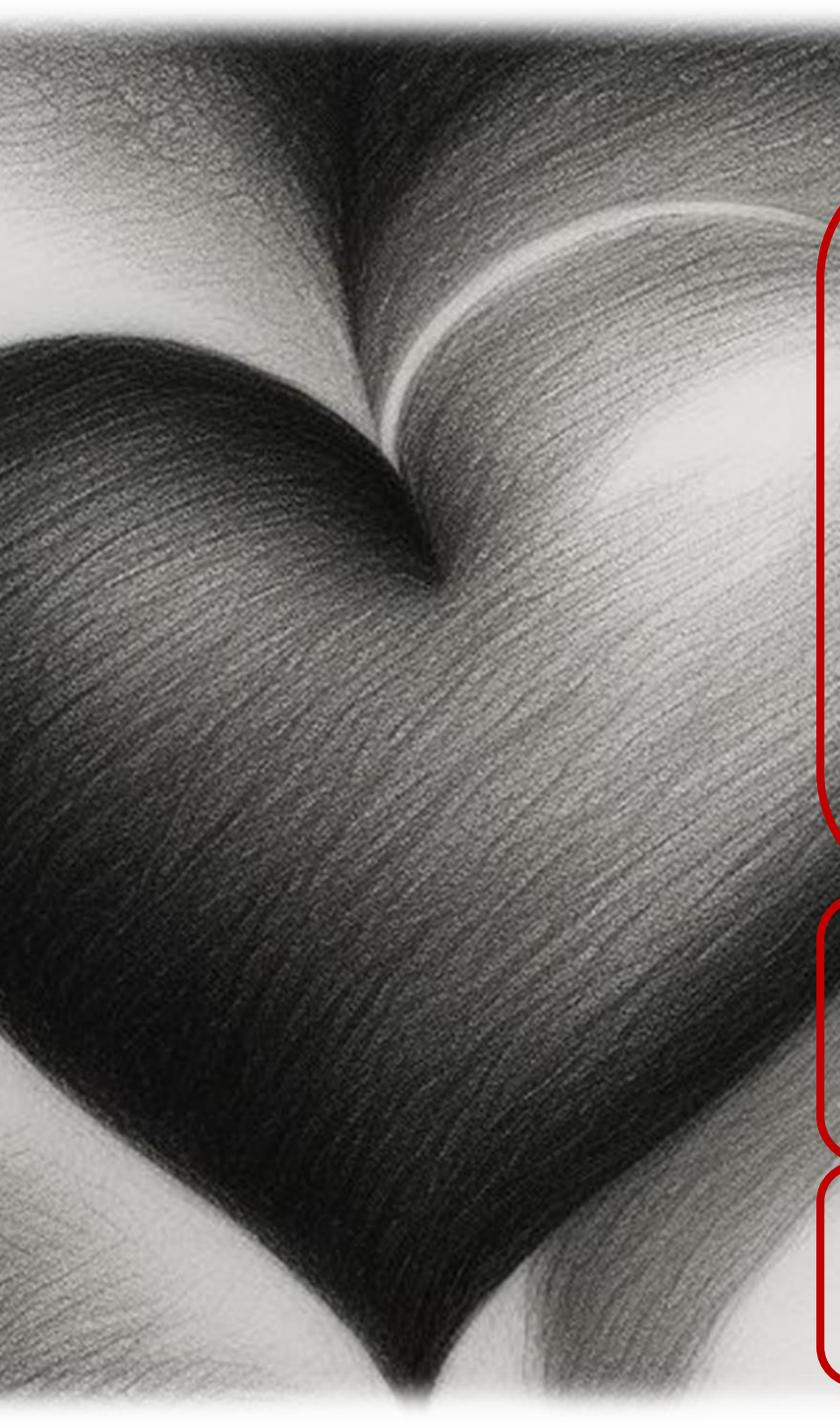
## **My overarching recommendation.**

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.

This task force needs to include politicians, policy officials, academics, national charities, people with lived experience, local services and commissioners of local services.

Crucially, *it needs people from both the domestic abuse sector and the suicide prevention sector* in each of those categories.





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

**8.** Ensure that during the initial contact with a woman who is being abused, domestic abuse professionals should always ask two questions;

Is she feeling suicidal now?

Has she ever made a previous suicide attempt?

Without knowing the answers to these two questions it is impossible to create a suitable safety plan. (See next recommendation).

*Inspiration = [NCDVTMH](#) and [Kent and Medway Suicide Prevention Programme](#)*

**9.** Every Domestic Abuse safety plan should contain a section on keeping the woman safe from suicide as well as sections on keeping them safe from the perpetrator.

*Inspiration = [NCDVTMH](#) and [Kent and Medway Suicide Prevention Programme](#)*

**10.** Ensure survivors are supported for the long-term impact of trauma after the direct abuse has stopped.

*Inspiration = [Oasis, Understanding Trauma](#)*

**11.** Every domestic abuse service should have an embedded mental health clinician.

*As also recommended by = [NCDVTMH](#)*



## Provide much better support for women and girls who are being (or have been) abused **CONTINUED**

**12.** Every mental health service should have an embedded domestic abuse support worker.

*Inspiration = [NCDVTMH](#) and [KMPT's Hospital IDVA](#)*

**13.** Ensure that the risk of death by suicide is included as a criteria for victims of DA to access MARAC (Multi Agency Risk Assessment Conferences).

*Inspiration = [Conversations with UK based domestic abuse leads](#)*

**14.** Ensure that every MARAC action plan has a mandatory section on reducing the risk of death by suicide.

*Inspiration = [Conversations with UK based domestic abuse leads](#)*

**15.** Use strengths-based frameworks to promote resilience and support women's recovery from abuse and violence.

*Inspiration = [The Resilience Portfolio Model by Sherry Hamby](#) and [Own My Life by The Women's Liberation Collective](#)*



# Some things I think I think

- Many victims of domestic abuse are not mentally ill (although some are)
- Their emotional distress is a natural response to the trauma they experienced (*Dr Gibbons, Royal College of Psychiatrists – “suicide is a human condition not a mental health condition”*)
- Many abusers will fabricate evidence and attempt to persuade clinicians that their victims are mentally ill
- We need to ensure every ward, of every Trust, has easy access to an Independent Domestic Violence Advisor to ensure the DA is addressed and clinicians don't rely too heavily on anti-depressants or other treatments.
- Is there a role for “peer support workers” here?



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

**27.** Ensure all frontline professionals are trained in how to identify (and respond to appropriately) counter allegations / dual allegations particularly when the perpetrator presents as a victim in order to further control and isolate their (ex-)partner.

*Inspiration = [SafeLives UK, Responding to Counter Allegations and Who Does What to Whom, Prof Hester University of Bristol](#)*

**28.** Honour the resistance of victims and further empower it where possible through compassionate based practice. Individuals who are abused never experience mistreatment passively. Even when they only resist the abuse in their thoughts, their resistance is still vital in order to keep their own dignity.

*Inspiration = [Calgary Women's Shelter, Honouring Resistance](#)*

**29.** Try (where possible) to move away from binary language such as “victim” and “perpetrator” as it reduces individuals to just one element of their identity. It limits their recovery and can have significant implications on both the level and type of support they received. See **[HERE](#)** for more of my thoughts on the importance of language.

*Inspiration = [Broken by Lisa Young Larance](#)*

## In her words – Lisa Young Larance talking about Essence.

“Take Essence for example, she was being choked and pinned against the wall by her former partner who had abused her for months. After the incident, she called the Police but because he had a visible scratch on his chest from where she had tried to defend herself, *she* was the one arrested. “I asked him to please leave me alone... it was the only time I stood up for myself...”

She was convicted and court ordered to attend, and pay for, a 30-week anti-violence intervention. Her attendance was mandatory and clashed with her work, so she lost her job.

Essence’s single act of (self-defence) violence eclipsed her entire history of victimisation and led to an entirely disproportionate systems response.

This was exceptionally damaging to her physical, financial and emotional wellbeing.”



# Professional Reflection and Summary of the Risk Assessment Questionnaire – For use where there are counter allegations

## Survivor/Perpetrator Power Dynamic Profile Checklist

Name of Assessee:

Date:

Common Survivor Characteristics		Usual Perpetrator Characteristics		Comments
Fearful of partner / Fear of abuse		Does not express or show fear of partner or fear of abuse		
Questions their own understanding about why the abuse is happening		Presents as confident, in the right, assertive,		
Has attempted to leave / end the relationship		Their partner recently left, is trying to leave, or ended the relationship		
Has tried to repair the relationship under pressure from partner		Stalking and harassment to stop partner leaving or to return		
Feels empathy for partner's current problems or past experiences		Little or no empathy with partner, focussed on their own needs		
Accepts your line of questioning despite feeling uneasy about them		Openly objects to your questions about your line of enquiry		
Minimises the severity of their partner's abuse		Assertively blames partner, minimises their own behaviour		
Feels ashamed, embarrassed of the abuse, and of being a victim		Assertively claims victim status / finds no self-fault		
Feels remorse for having retaliated, feels obligation to defend partner		Feels aggrieved and in the right, uses gendered negativity		
Finds excuses for partner's abuse, takes responsibility for the problems		Blames partner and presents them as an unstable or unreasonable		
Worries about how it is effecting the children, or if it might affect them		No consideration of children's experiences or feelings		
Isolated from friends but partner has busy social and carefree life		Has good friendship network/social life, does what they want		
Their partner controls decisions, movements and choices		No restriction on choices, movements and decisions		
Friendship network appears protective or concerned		Assertively feels people are against them, out to get them		
You sense by what they say that they are sexually exploited/controlled		Matter of fact and assertive about being sexually abused by partner.		
Bullied by partner on gender/sexual identity issues e.g. fear of 'outing'		Uses sexually degrading and discriminatory language		
<b>Totals</b>		<b>Totals</b>		<b>Checklist Conclusion:</b>



## Conduct a far greater quantity of high-quality academic research

Conduct academic research into the nuances and intricacies of the relationship between suicide and domestic abuse including:

**60.** The suicide risk among victims of DA.

**61.** The suicide risk among perpetrators of DA.

**62.** The suicide risk among people known as both victims and perpetrators of DA.

**63.** The longitudinal suicide risk among children impacted by DA.

**64.** Whether different types of domestic abuse (physical, sexual, financial, coercive control etc) have different suicide risks.

**65.** How intersectionalities (such as gender, ethnicity, sexuality, gender identity, religion and age) and co-occurring conditions (such as substance misuse, mental ill-health and physical ill-health) impact DA related suicides.

## 3 key takeaways

1) The person most likely to kill a victim of domestic abuse... is themselves

2) People labelled as both a victim AND a perpetrator are at particular risk (malicious counter allegations + violent resistors)

3) We need to be asking every DA victim whether they are thinking about suicide. Without knowing the answer to that question, we can't keep them safe effectively.

