



**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?**

**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](https://giveusashout.org).

*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.*

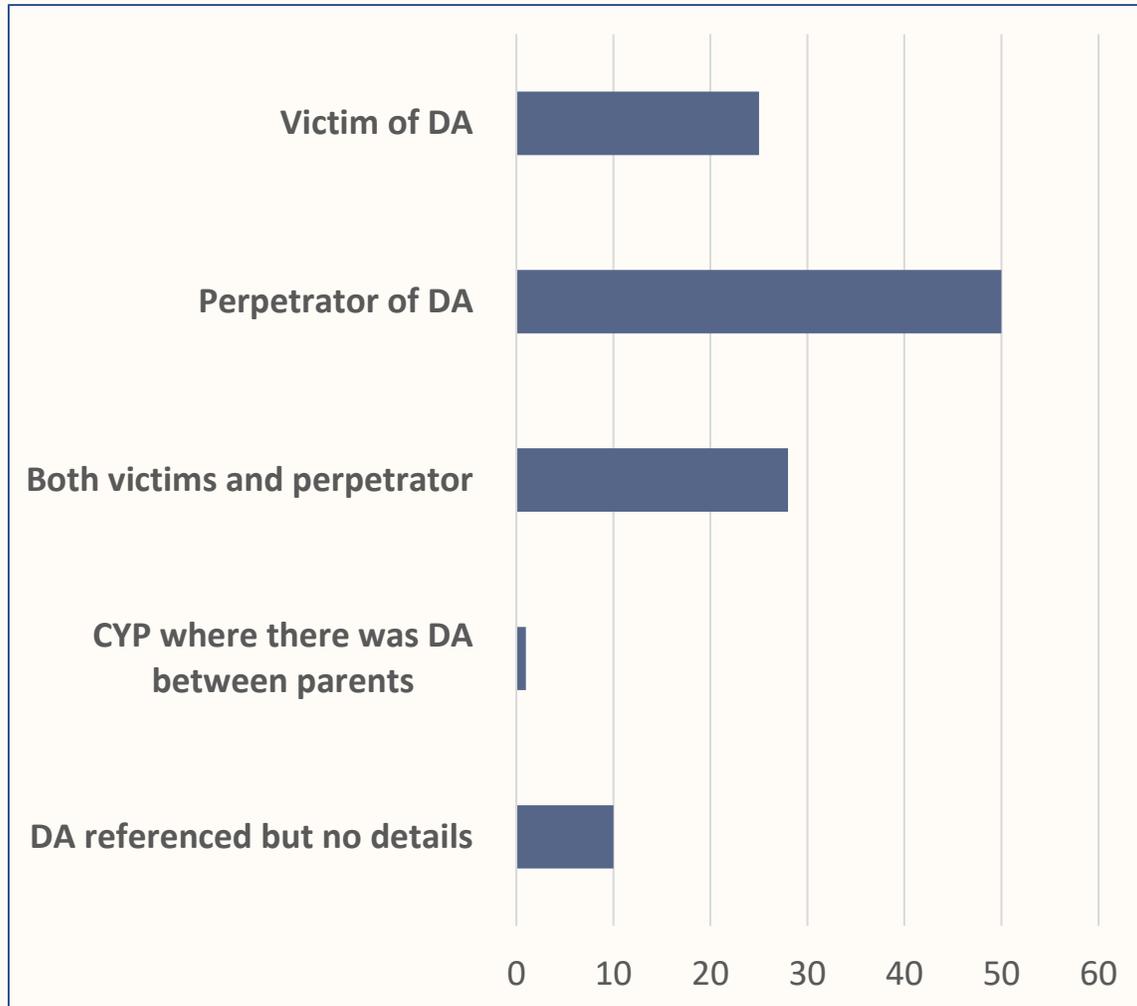
*We have invested over £200k into pilot projects and interventions designed to reduce the risk of suicide amongst people impacted by DA*

*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

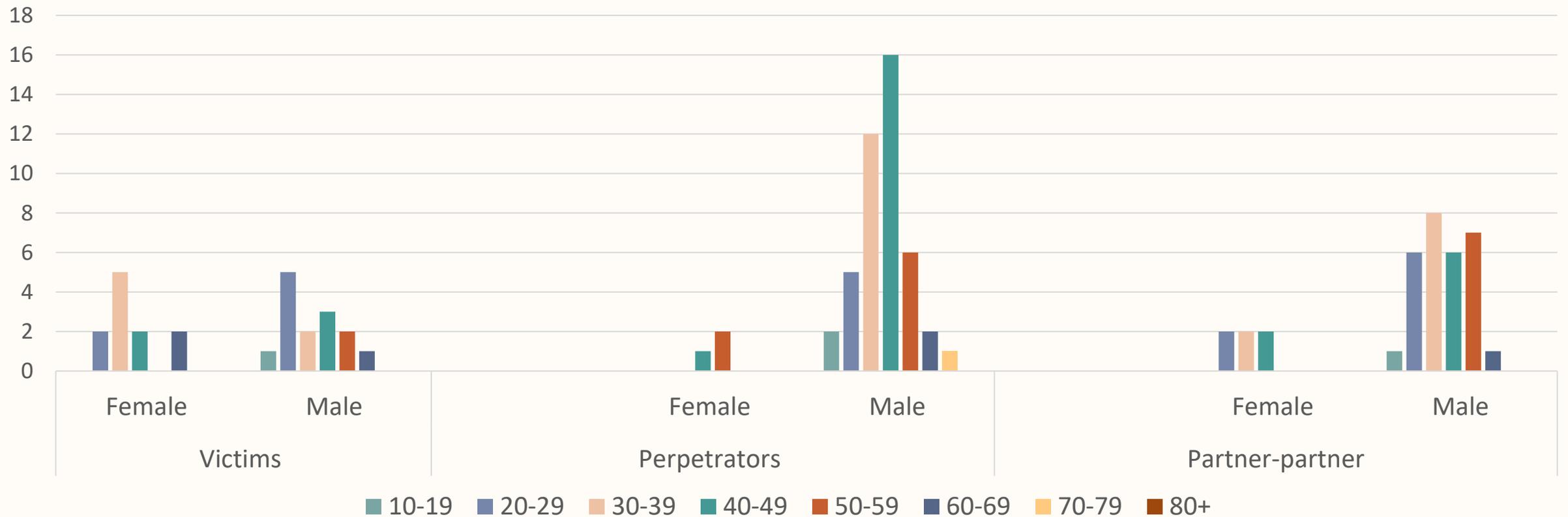


**Further analysis of these suicides show that there are five main cohorts:**

1. **Victims** who are dying by suicide in the **middle of the abuse**
2. **Victims** who are dying by suicide **months or years after the abuse has ended.**
3. **Victims** who are also thought to have been perpetrators of DA at some point in their relationships or lives
4. **Perpetrators** of domestic abuse. Including individuals who have been **convicted, accused** or who are **under investigation** for domestic abuse.
5. **Children and young people** living in households impacted by domestic abuse.

More male victims of domestic abuse are dying by suicide than female. This is also true for perpetrators.

Age and gender of people who died of suspected suicides after being impacted by DA in 2019-2021 in Kent and Medway (taken from RTSS)



# Methodology and participant safety

14 semi-structured interviews with professionals and survivors.

Ranging between 60 minutes and 3.5 hours.

## 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 has an existing relationship with a local support organisation

# There is no one size fits all experience

Life is complex.

It's beautiful.

And ugly.

And everything in between.

No two people told us the same story.

Everyone's experience has been different.

But there were some emerging themes.

## Theme 1 – Feeling suicidal is not a rare feeling for victims of domestic abuse

It's so common for us to hear that [someone is suicidal]. You want it to be shocking on a human level, but you hear it so often, that its almost normal.

That link is there, and it happens more than we think. If he hadn't been around then she wouldn't have felt like that and she wouldn't try to do what she did.

## Theme 2 – Some victims attempt to take their own lives to avoid being killed by their perpetrator

It was the dark side of her that really scared me... I spent my life walking on eggshells or having panic attacks. I was so exhausted, alone and trapped

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



**Theme 3 – 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.**

**He would literally tell me that what I saw with my own eyes was me imagining things and he would make me believe he was right.**

**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.**



## Theme 4 – While others felt so 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.

I felt so drained, he pushed me over the edge, I felt useless and like I was dead inside. He treated me like an animal, told me I was worthless. I was completely alone, no help, no family. I wanted to kill myself, I wanted to get out.



## Theme 5 – 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.

I [was] suicidal [after the relationship ended]. I didn't trust anyone and was terrified, I didn't think I'd cope alone. I was with him for twenty years... he'd made me think I was mad.



## 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.

For the first time I can say I know what true love is, it's respectful, and there's no harmful words or accusations.



## 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.



# 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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[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.