

## The Link Between Suicide Risk and DV

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There is a documented link between suicide risk and domestic violence – two major public health crises that must be addressed in a coordinated fashion. Persons who suffer interpersonal violence usually report a range of negative mental and physical health outcomes, and survivors of intimate partner violence are twice as likely as the general public to attempt suicide multiple times.

Studies show that survivors of domestic violence have higher-than-average rates of suicidal thoughts, with as many as 23 percent of survivors having attempted suicide compared to 3 percent among those who have not experienced domestic violence.

This includes not only exposure to repeated physical or sexual abuse, but also exposure to psychological or emotional abuse. Such abuse may cause victims to experience depression, hopelessness and other forms of psychological distress, sometimes to the point of considering or attempting suicide.

Reasons for this correlation are complex and variable, but almost certainly include the severe and sustained stress that goes hand in hand with experiencing abuse, often encompassing humiliation, being controlled, isolation, and lack of access to money or other basic resources.

Protective factors that keep people from considering suicide include a sense of belonging and a sense of purpose, and these can often be disrupted in an abusive relationship where the victim is isolated from friends, family, and other social networks. Individuals may perceive that they are dependent on their abuser and as such, may perceive themselves as burdensome and purposeless. The act of suicide may also be seen as a means of taking back control in a situation when one feels extremely helpless and powerless.

If an individual at risk for suicide because of interpersonal violence does not receive help, the risk of suicide may not abate even after the abuse ends. But there are things we can do increase safety from suicide among those who have experienced and are experiencing abuse.

One solution is to further connect the fields of mental health and domestic violence, who have historically worked in isolation, but are increasingly becoming more coordinated. When each field isn't educated about the other, grave outcomes can occur. For example, domestic violence workers may minimize suicide threats made by perpetrators of violence as simply attempts to manipulate partners. Such threats, however, indicate a genuine risk of harm to both perpetrators and their victims. Or, when someone makes a suicide attempt, their mental health worker may not ask about violence, and the person at risk may be too ashamed to bring it up, so no intervention is provided to mitigate the situation.

These are missed opportunities that can be bridged by more awareness that can literally save lives. Cross training to ensure that those working in suicide prevention don't miss signs of domestic violence and those working in domestic violence don't miss suicide warning signs is one step that can help. The Mental Health Association in Delaware and the Delaware Coalition Against Domestic Violence have been working in partnership to cross train individuals working in these two fields.

Some survivors may come forward with information about violence, but they may not mention the suicide ideation that accompanies it. Other survivors may talk about or even attempt suicide, but might not connect their feelings of hopelessness with abuse. This is why it's so important to recognize the link between domestic violence and suicide, and to ask clearly and directly about both risks. This can be done anywhere these concerns arise, whether at an emergency

room, on a crisis line, in a doctor's office, or simply during a conversation with a friend or neighbor. Once the topic is bridged, strategies for coping, safety, and positive changes can be discussed.

Empathy is key in such discussions, with the caregiver seeking to understand the other person's situation and feelings first and foremost. In situations of interpersonal violence, suicidal thinking, or both, moving toward safety planning will often only occur once the individual at risk feels they have been heard and understood.

If you encounter such a situation, some things you can do that can help are the following:

- Call the **National Suicide Prevention Lifeline at 1-800-855-TALK (8255)** or text them at **741-741**. Or, call the **Domestic Violence Hotline at 1-800-799-SAFE (7233)** or chat with them at [thehotline.org](https://thehotline.org).
- Help the person at risk connect with support groups and other community resources such as the Mental Health Association in Delaware (302-654-6833) or the Delaware Coalition Against Domestic Violence (302-658-2958)
- Encourage the person at risk to seek help from a professional caregiver, and connect with supportive friends and family members
- Encourage the person at risk to reduce dependency on drugs or alcohol, if these factors are present, since these substances can increase suicidal urges
- Build a strong social bond with them and help them build solid relationships with others outside of an abusive relationship
- Keep in touch—if you know someone is struggling, check in with them regularly to make sure they are okay and show them that you care