

Intimate Partner Violence and Suicide: Intersections in Context and Practice

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Funding and Disclaimer



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About SPRC

The Suicide Prevention Resource Center (SPRC) is the only federally funded resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is supported through a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

SPRC builds capacity and infrastructure for effective suicide prevention through consultation, training, and resources for state, tribal, health/behavioral health, and community systems; professionals and professional education programs; and national public and private partners and stakeholders.

Land Acknowledgement

We acknowledge that the land that now makes up the United States of America was the traditional home, hunting ground, trade exchange point, and migration route of more than 574 American Indian and Alaska Native federally recognized tribes and many more tribal nations that are not federally recognized or no longer exist.

We recognize the cruel legacy of slavery and colonialism in our nation and acknowledge the people whose labor was exploited for generations to help establish the economy of the United States.

We honor indigenous, enslaved, and immigrant peoples' resilience, labor, and stewardship of the land and commit to creating a future founded on respect, justice, and inclusion for all people as we work to heal the deepest generational wounds.



CME Credit

This activity is being accredited and implemented by the American Psychiatric Association (APA) as part of a subaward from the Suicide Prevention Resource Center (SPRC).

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education. The APA is accredited by the ACCME to provide continuing medical education for physicians.

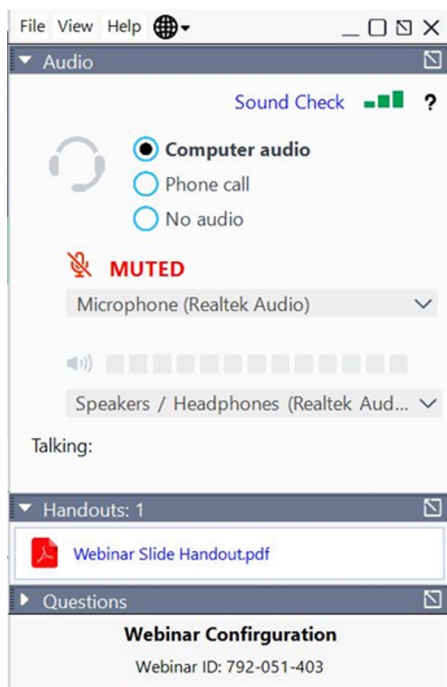
The American Psychiatric Association designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Suicide Prevention Resource Center is the sole owner of the activity content, including views expressed in written materials and by the speakers.

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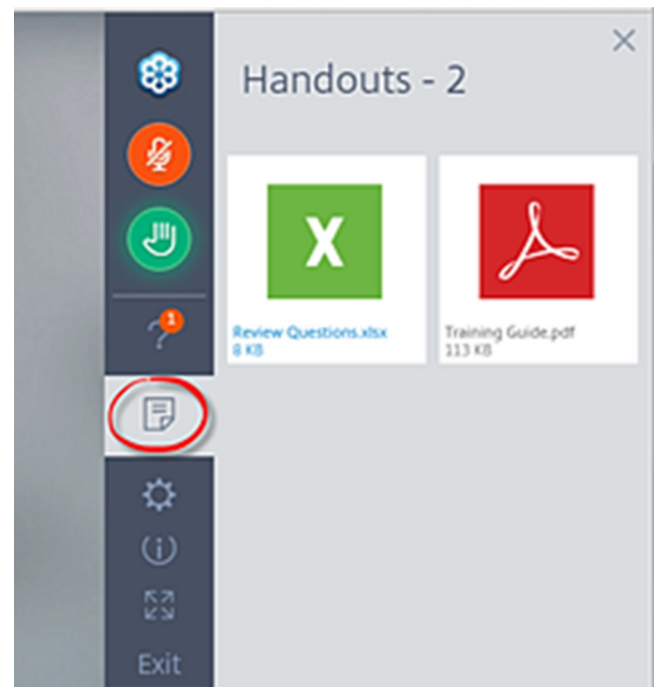
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Use the “Handouts” area of the attendee control panel.



Instant Join Viewer

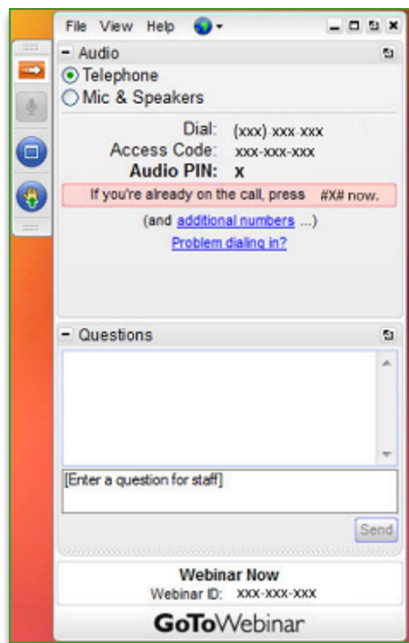
Click the “Page” symbol to display the “Handouts” area.



How to Participate in Q&A

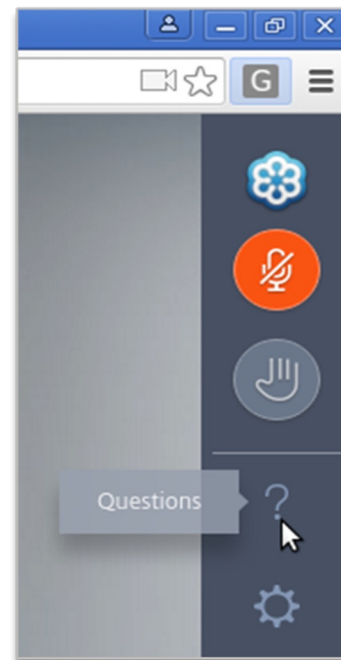
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Use the “Questions” area of the attendee control panel.

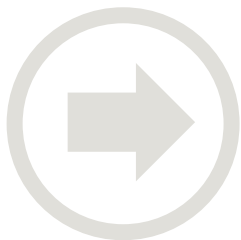


Instant Join Viewer

Click the “?” symbol to display the “Questions” area.



Overview

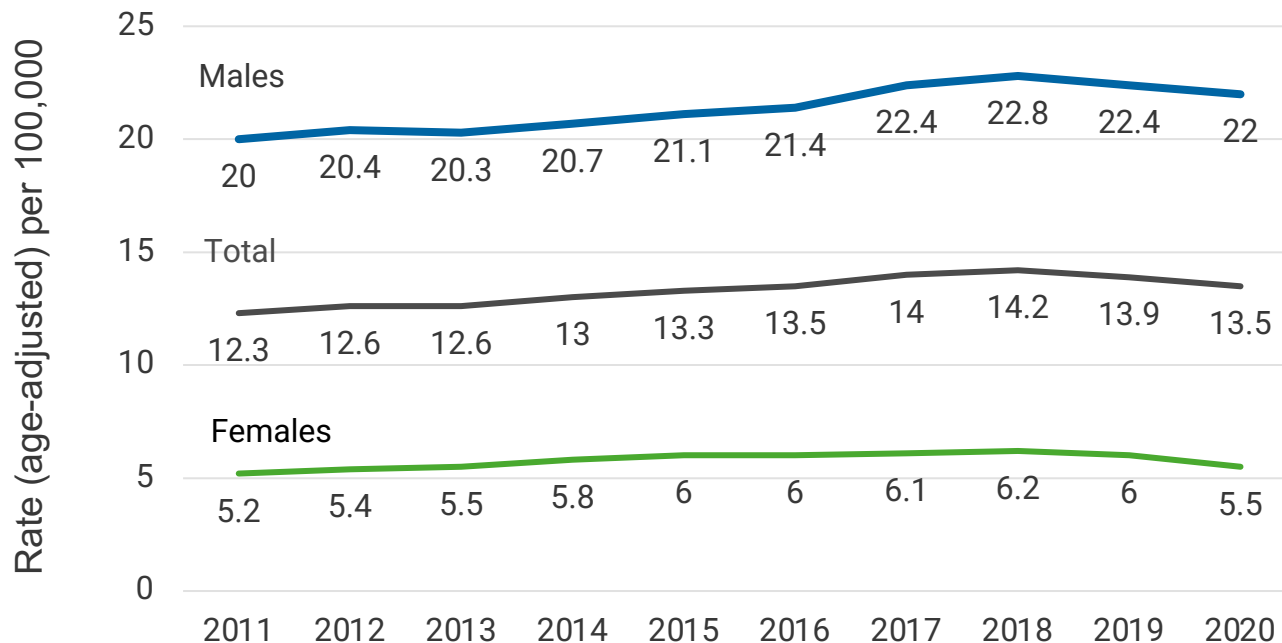


- Suicide and Intimate Partner Violence (IPV): Background and Context
- Assessing for IPV in a Mental Health Context
- Intervening After an IPV Disclosure



Suicide and Intimate Partner Violence: Background and Context

Suicide in the United States



Intimate Partner Violence in the United States



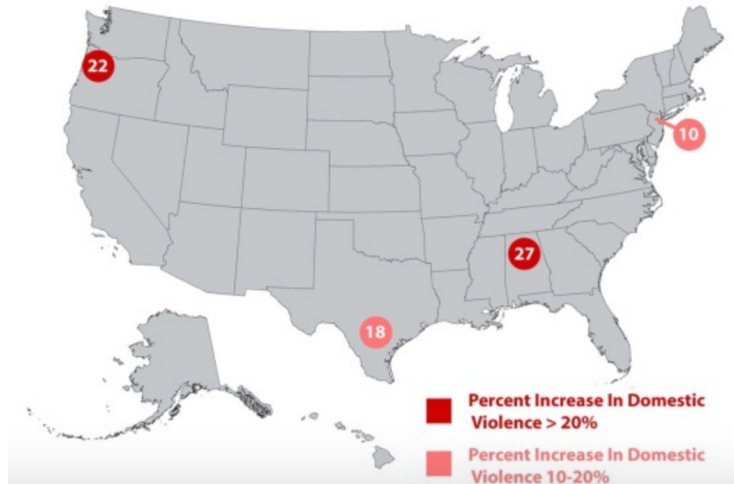
Source: CDC, 2021

Over **43 million women** and **38 million men** have experienced psychological aggression by an intimate partner in their lifetime.

Source: CDC, 2021

IPV During COVID-19 Pandemic

B



Source: Boserup et al., 2020



Source: UN Women, 2020

Trauma and Suicide

- Research has shown a correlation between many types of trauma and suicidal behaviors.
- Trauma and its impacts have been shown to be risk factors and precipitating factors to suicidal thinking and behaviors across age groups.
- Persons who have experienced adverse childhood experiences, such as child abuse, have been shown to be at greater risk for suicidal ideation and attempts in adulthood.
- Posttraumatic stress disorder has been significantly associated with suicidal thinking and attempts.

Intersections of IPV and Suicide:

Among those who experience violence by a partner

- IPV is connected to other forms of violence, including suicide. *(CDC, 2017)*
- Teens who experience dating violence are at higher risk for suicidal ideation than those who do not. *(CDC, 2017)*
- Women exposed to IPV are nearly five times more likely to attempt suicide than women who are not. *(CDC, 2017)*
- “Intimate partner problem” indicated as precipitating factor in 25.66% of suicides with known circumstances. *(NVDRS, 2019)*

Intersections of IPV and Suicide: Among those who use violence against a partner

- People who engage in IPV are also at higher risk for suicide than people who do not.
 - While some people who engage in IPV will talk about suicide to exert control over partners, the risk of suicide is also real.
- People who engage in IPV experience high rates of suicidal ideation.
(Wolford-Clevenger et al., 2017)
- A recent study of state-level data found that most IPV-related suicides were among male perpetrators of IPV. *(Kafka et al., 2022)*
 - Often disclosed intent to die by suicide prior to making a suicide attempt.



Assessing for IPV in a Mental Health Context

IPV and Mental Health

Panel 5: A survivor's account of pathologisation by mental health services

"I wish mental health practitioners would stop judging us as survivors and see us for how strong and resilient and courageous we are. I fought the hardest to protect myself and my family from being murdered, and I should be seen as a hero for that—not pathologised by a mental health system that sees me as a problem and a victim."

Cina

IPV and Mental Health

Because violence experience increases the risk of mental health problems, all patients in mental health settings should be asked about IPV as part of mental health assessment.

IPV and Mental Health Providers

Despite longstanding recommendations for IPV screening in primary care and mental health settings, many providers do not screen for IPV.

- 50% of medical providers did not screen for IPV at all
- 23% of behavioral health providers did not screen for IPV at all
- Lack of preparation to assess for IPV and respond to IPV disclosures was related to failure to screen for IPV

Red Flags for IPV Victimization

- Noticeable physical injuries that appear non-accidental, repeated, or inconsistent with stated reason for injury
- Rationalization, minimization, or excuses around partner's behavior or injuries
- Confusion, fear, self-blame, shame about being abused
- Guilt about self-defense, exaggeration of their own "abusiveness"
- Client speaking from partner's point of view instead of their own

Red Flags for IPV Victimization

- Life that has “shrunk” over course of involvement with partner
- Describing partner as having a “bad temper” or “drinking problem”
- Involvement in a protracted divorce or custody case
- Partner’s abuse of children, pets, or other people
- Restricted access to family finances
- Sudden absences or changes in plans for care

Screening for IPV

CDC has published information on IPV screenings that can be used in healthcare settings

**Intimate Partner Violence
and Sexual Violence
Victimization Assessment
Instruments for Use in
Healthcare Settings**

Source: Basile et al, 2007

www.sprc.org

Suggested Questions to Ask

- “How are things at home?”
- “It’s important for me to understand my patient’s safety in close relationships.”
- “Have you felt humiliated or emotionally harmed by your partner or ex-partner?”
- “Do you feel safe in your current or previous relationships?”
- “Have you ever been physically threatened or harmed by your partner or ex-partner?”
- “Have you ever been forced to have any kind of sexual activity by your partner or ex-partner?”
- “Do you feel your partner over-controls you in your relationships with family, friends or in financial matters?”

Suicide Risk Assessment with IPV Survivors

The American Psychiatric Association recommends screening all IPV survivors for suicide risk.

- Conduct the assessment in a private, confidential space.
- Provide interpreters as needed.
- Discuss the reasons for assessment with your patients.
- Describe with as much detail as possible what is happening or going to happen. This will increase a sense of control and decrease fear and anxiety.
- Debrief with staff involved in the process.
- Work with the patient on a safety plan. This will increase a sense of control and collaboration.
- Focus on coping strategies for risky situations. It will help the survivor's sense of identity as well as reinforce strengths, social supports and motivations to seek help.

CSSRS: Screen Version – Recent

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

| SUICIDE IDEATION DEFINITIONS AND PROMPTS | Past month | |
|---|------------|----|
| | YES | NO |
| Ask questions that are bolded and <u>underlined</u> . | | |
| Ask Questions 1 and 2 | | |
| 1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> | | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> | | |

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

- Low Risk
- Moderate Risk
- High Risk

CSSRS: Screen Version – Recent (Cont.)

| | Past month | |
|--|------------|----|
| | YES | NO |
| <p>3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."</p> | | |
| <p>4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."</p> | | |
| <p>5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p> | | |

- Low Risk
- Moderate Risk
- High Risk

CSSRS: Screen Version – Recent (Cont.)

| 6) <i>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</i> | YES | NO |
|--|-----|----|
| <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> | | |
| <p>If YES, ask: <i>Was this within the past three months?</i></p> | | |

- Low Risk
- Moderate Risk
- High Risk



Intervening After an IPV Disclosure

Things to Remember After a Disclosure

It is essential not to increase person's risk of violence.

- Non-judgment is key.
- Ask client about immediate safety.
- Do not ask questions like “Why don’t you just leave?”
- Recognize and empathize with the challenges of the situation.
- Provide resources.

Intervention: **LIVES**

Listen empathically and non-judgmentally.

Inquire about needs and concerns (emotional, physical, social, and practical).

Validate to show you believe and understand the victim.

Enhance safety and discuss how to protect against further harm.

Support to help connect to services and social support.

Suicide Safety Planning Intervention

1. Warning signs
2. Internal coping strategies
3. Places/people that provide distraction
4. Family members or friends who can offer help
5. Professionals and agencies for crisis support
6. Making the environment safe

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
 2. _____
 3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
 2. _____
 3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
 2. Name: _____ Contact: _____
 3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
 2. Name: _____ Contact: _____
 3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
 Emergency Contact : _____
 2. Clinician/Agency Name: _____ Phone: _____
 Emergency Contact : _____
 3. Local Emergency Department: _____
 Emergency Department Address: _____
 Emergency Department Phone : _____
 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
 2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD © Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Stanley-Brown
Safety Planning Intervention

IPV Safety Planning

- An IPV safety plan is a set of actions that can help lower someone's risk of being hurt by their partner.
- People can develop safety plans at thehotline.org
- There are also online templates for paper safety plans.

Plan for Safety

Your safety is our first priority.

 You deserve a future without fear.



Source: The National Domestic Violence Hotline

Suicide Safety Planning with IPV Survivors

- A suicide safety plan needs to be consistent with an IPV safety plan.
 - Do not add information to the safety plan that could increase the level of IPV risk.
- Are there places or people that might otherwise be safe, except in this case?
- Are there activities that might not be safe?
- How might the person store or keep their safety plan if they are monitored?
- Safety planning for lethal means may look different if the survivor feels they need protection and/or cannot ask their partner for help.



Questions?

How To Claim Credit

Simply follow the instructions below. Email LearningCenter@psych.org with any questions.

1. Attend the virtual event.
2. Submit the evaluation.
3. Select the CLAIM CREDITS tab.
4. Choose the number of credits from the dropdown menu.
5. Click the CLAIM button.



COURSE CONTENT

CLAIM CREDITS

Next >

Home 

Claimed certificates are accessible in My Courses > My Completed Activities

Resources

Suicide Prevention Resource Center:

www.sprc.org

Substance Abuse and Mental Health Services
Administration:

www.samhsa.gov

National Action Alliance for Suicide
Prevention:

www.actionallianceforsuicideprevention.org

Education Development Center:

www.edc.org



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