

Suicide Risk in Domestic Violence Victims

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Domestic violence fosters suicide risk and suicidal behavior. Some victims of domestic violence make suicide threats and plans. Others make attempts and some die by suicide. The suicide risk present in those exposed to domestic violence does not get the attention that it warrants. Dying by their own hand must be regarded as much a danger to domestic violence victims as dying at the hands of their abusers.

There is little data on suicide mortality associated with domestic violence. We do know that some suicide victims have histories of interpersonal violence. Data from the National Violent Death Reporting System (NVDRS) cites 54 suicides in 2005 and 43 in 2010 where the decedents had experienced interpersonal violence in the 16 states participating in those years.¹

Women who experience intimate partner violence are at risk for suicidal ideation.² Women seeking refuge from violent relationships in a shelter show a high risk for suicidal ideation and suicide attempts.³ Domestic partner violence accounts for suicidal behavior in a sample of community living adults.⁴ Female victims of intimate partner violence with chronic illness or disability are likely to threaten or attempt suicide.⁵ Physically abused women presenting to emergency departments are likely to have histories of suicidal behavior.⁶ Interpersonal violence more than doubles the risk of suicide attempts in low-income African-American women.⁷

Elder abuse too is suicidogenic. Koreans older than age 65 exposed to abuse within their families are at higher risk of suicide than those never abused.⁸ Strong suicidal ideation is found in mistreated Chinese elders.⁹ Abused elderly Chinese women in the Chicago area also report suicidal ideation.¹⁰

Suicide risk accrues to very young children who are primary or secondary victims of domestic violence. Violence in the home promotes suicidal ideation in nine and 10 year old children.¹¹

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In-home conflict, aggression, and abuse gives rise to suicidal behaviors in children under age 12.¹² Parental violence may cause a child to believe that he or she is worthless and expendable.¹³ Parental abuse may produce suicidal behavior in children as young as age five.¹⁴

Homicide-suicide is a rare type of domestic violence most often carried out by men against a spouse or partner. The murderer then takes his life immediately or later. A history of domestic discord characterized by interpersonal violence is a major predisposing risk factor. NVDRS data for 2010 cites 173 incidents (1.8%) of homicide-suicide in the

not cared for by relatives and friends. Compromised self-efficacy and feeling unsupported raised suicide risk in African-American women victimized by intimate partner violence.¹⁷ Weakened feelings of belonging were a suicide risk factor in women seeking shelter from interpersonal violence.¹⁸ Humiliation, ridicule, and shaming deplete self-worth and drive social isolation. The pervasiveness of victim-blaming and self-blaming may add to suicide risk with domestic violence.¹⁹

Domestic violence readily contributes to the emergence of a capability for suicide in its victims by overcoming the instinct for self-preservation.

Suicide risk growing out of interpersonal violence persists. Domestic abuse confers a capability for lethal self-harm that remains long after the abuse ends. All persons experiencing domestic abuse must be screened for suicide risk and monitored for risk going forward.

20-64 age group and 27 incidents (1.4%) among those age 65 and over.¹⁵

How do many victims of domestic violence acquire suicide risk, and why do some come to attempt or die by suicide? The "Interpersonal Psychological Theory of Suicide" (IPPT) proposes two prerequisites to a potentially fatal suicide attempt: (i) an extremely strong desire to die; and (ii) the capability for lethal self-harm.¹⁶ Exposure to mistreatment may make one indifferent to living. Resistance to both thoughts and acts of self-harm may weaken as abuse worsens.

Intent to die arises from a strong belief that one is a burden to others and/or the belief that one does not belong. Both may be byproducts of domestic violence. Burdensomeness follows from thinking that one's death may be more valued than one's life. Failed belongingness flows from an unmet need for social relationships and a perception that one is

The IPPT posits that the ability to act on the desire to die may result from exposure to violence and pain.²⁰ It may also come about by persistently dwelling on intensifying thoughts of suicide and ruminating on a suicide plan.

The psychological pain and hopelessness that accompany domestic violence are fertile ground for suicidal thoughts. Moderate suicidal ideation may occur when both are present.²¹ The progression to stronger suicidal ideation takes place when connectedness to other people, social roles, interests, and sense of purpose in life fail. A weakened social network, poor social functioning, decreased self-sufficiency, and increased dependence are associated with domestic abuse. Connectedness is easily lost as abuse victims become isolated and autonomy decreases. At the same time, the increasing severity of suicidal ideation

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coupled with psychological pain and hopelessness may drive a domestic violence victim to a clear desire to die.

Suicide risk may be far from self-evident. The priority is to protect the victim from immediate harm resulting from abuse. Suicide risk may be a secondary concern. Suicide risk screenings are not universal; self-reports of such risk are rare. An abuse victim may not bring up suicidal ideation because it may deter admission to a shelter, lead to a psychiatric evaluation, and perhaps hospitalization. Nonetheless, abused women seeking help and manifesting suicidal behavior will talk about it if asked.²² Suicide risk growing out of interpersonal violence persists. Domestic abuse confers a capability for lethal self-harm that remains long after the abuse ends. A victim who arrived at

Domestic violence professionals must add their voices to suicide prevention.

End Notes

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Personal suicide prevention safety and self-help plans must be used with abuse victims.

a doable suicide plan may fall back on the plan if suicidal intent returns.

All persons experiencing domestic abuse must be screened for suicide risk and monitored for risk going forward. All who have contact with domestic abuse victims should know the basic etiology of suicide risk in this population. Suicide prevention should be embedded in the protective service systems. Personal suicide prevention safety and self-help plans must be used with abuse victims. Resources such as the National Suicide Prevention Lifeline (800-273-TALK) and local crisis services must be included.

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