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The Resource Center Newsletter

Suicidality and Domestic Violence: Six Things Domestic Violence Providers Need To Know

Learning that a client is considering suicide is terrifying. Suicide refocuses all of our attention, restructuring the way we were thinking and communicating. For many domestic violence professionals this can actually be a good thing. The consequences of ignoring suicidal ideation in domestic violence cases can be catastrophic. On the other hand, this is precisely why abusers weaponize suicide threats to control victims. For providers who handle domestic violence, it is important to remember six key principles when thinking about suicidality and domestic violence.

(1) Domestic Violence is not about mental illness, it is about control.

Suicide goes hand in hand with discussions about mental illness, but it is critical to remember that mental illness does not *cause* domestic violence. Abuse is a choice made by the batterer. Many abusers will try to explain away their conduct by stating that the violence is a result of an undiagnosed mental illness or substance abuse, (i.e., "I was drunk" or "I was manic.") Survivors may also buy into an abuser's explanation and minimize violent conduct. However, a provider should remain cautious. Using mental illness as a rationalization for violence can appear as a mitigating factor during sentencing hearings or as a basis to remove a restraining order. A good rule of thumb is to remember that untreated mental illness will generally affect *all* aspects of a person's life; including work, social connections, finances, and education. If the only symptom of an abuser's "mental illness" is repeated violence toward an intimate partner, it is unlikely mental illness is the causative factor. Likewise, untreated substance abuse also tends to cause broad problems in a person's life such as unemployment and disruption of family and social connections. Neither mental illness nor drugs selectively manifest in violence toward an intimate partner.

(2) Abusers can use suicide threats to control victims.

Threats such as, "*If I kill myself, it will be your fault*" or "*You're going to make me kill myself*," can be powerful mechanisms of control. The message from the abuser is; "You are responsible for my actions…and if you leave, my death." Like any classical domestic violence situation where an abuser will set rules for a victim, suicidal threats terrify the victim and trap her in unwinnable situations. In addition, an abuser

may point out that if a victim discloses these threats to authorities, her children may be taken away, or her partner imprisoned or forcibly sent to a hospital. Neither of these assertions are true in all situations. Further, if an abuser layers suicide threats with other controlling mechanisms such as financial control, disclosing undocumented status or physical isolation, the victim feels immense pressure to remain with her abuser. Providers should recognize that suicidality increases the risk for violence in nearly all cases of domestic violence.

(3) Suicidality by the abuser does not mean that violence is off the table.

It is important to remember that the use of suicide threats to control victims does not mean the abuser is unwilling to use violence against himself, the victim, or the family. Quite the opposite, suicidal threats in domestic violence relationships can be a red flag that catastrophic violence is on the horizon. Familicide, where an abuser kills himself and the family, is mercifully rare, but is correlated with both firearms and past domestic violence.[1] It would be incorrect for a provider to assume that simply because a suicide threat comes from an abuser, that the threat itself is not credible. A better analysis would be to consider the suicide threat in the context of the domestic violence itself, and with the assistance of a trained victim advocate or clinician. Where, when and how did the suicide threat arise? Has the abuser told anyone else about his suicidality? Does it only occur when the abuser wishes to control the victim? In short, it would be incorrect to treat the suicide threat from an abuser as mere puffery or simple emotional abuse.

(4) Victims and children are also at risk for suicide.

Domestic violence dramatically increases suicidal risk in intimate partners[2] and the children of domestic violence victims. The World Health Organization found that one of the most "consistent risk factors for suicide attempts [for women] after adjusting for probable common mental health disorders" was intimate partner violence.[3] At least one study has shown that "36% of female survivors have considered suicide and 23% of domestic violence survivors" have attempted suicide.[4] All domestic

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[1] Bernie Auchter, National Institute of Justice (NIJ), Men Who Murder Their Families: What the Research Tells Us, available at, https://www.ncjrs.gov/pdffiles1/nij/230412.pdf.
[2] Center for Disease Control (CDC), Costs of Intimate Partner Violence Against Women in the United States (2003).
[3] K. Devries et.al., *Violence against women is strongly associated with suicide attempts: evidence from the WHO multi-country study on women's health and domestic violence against women*, 73 Soc. Sci. Med 79-86 (Jul. 2011).
[4] Nadine Kaslow, Marylouise Kelley and Carole Warshaw, Suicide Prevention Resource Center, Research Highlights Series: Intimate Partner Violence And Suicide Webinar (Sept. 27, 2013).

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violence providers should remember that victim-sensitive referrals to counseling and therapy could help mitigate trauma. Trauma includes exposure to violence as well as system-involvement, child-removal and the simple fact of being in a position of legal powerlessness. In addition, an abuser's disclosure of suicidal threats by the victim, while often intended as a controlling or shaming mechanism, may necessitate referrals to services. However, when referring survivors to counseling or mental health services, it is important to avoid shaming the victim. In general, it is not appropriate to coerce or 'force' a victim into therapy or counseling, and it is never appropriate to recommend couples counseling in a domestic violence case.

(5) Stigma affects everything.

Stigma is a catchall term that describes the negative effects of society's bias and prejudice about suicide and mental illness. Like the shame felt by many victims of domestic violence, stigma is important for providers to understand because it shapes victim behavior. Stigma about suicide is also interwoven with a victim's general confusion about the court system. In many circumstances victims may believe that if they reveal any information about suicidal ideation (whether their own or their abuser's) it could be harmful to their case. Victims may tend to overemphasize the mandated reporter duty of court professionals and believe that if they discuss suicide, their children may be automatically removed or that the court will be less inclined to grant them protection against an abuser. Abuser's may disclose or overemphasize a victim's suicidal statements to gain advantage in a custody case or worse, to wage a war of emotional attrition against victims with mental health needs. Therefore, it is important for providers to keep a nuanced perspective when analyzing evidence of suicidality.

(6) Tools aren't the answer, use context, clinical judgment and training.

There are many screening tools and questionnaires associated with domestic violence risk. However, no tool can perfectly grasp the risk of suicide or familicide in domestic violence cases. Nor is there any mental health tool, which can accurately assess whether domestic violence has happened or is happening. This is ultimately because domestic violence is not a mental health problem, and suicide is only one dimension of domestic violence. What is very important for providers to remember is that viewing a victim's reaction to domestic violence as solely a mental health or substance abuse problem is incorrect, and is sometimes referred to as *pathologizing*

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intimate partner violence.[5] This sort of professional minimization can be highly detrimental to domestic violence efforts. Rather, providers can advocate for courts to appoint experts who are trained in domestic violence, and can examine suicidality in the nuanced context of the relationship. (See, AFCC Guidelines on Examining Intimate Partner Violence).

For more information, please contact the Resource Center on Domestic Violence, Child Protection and Custody (RCDV:CPC), the Suicide Prevention Resource Center, or the National Resource Center on Domestic Violence, Trauma and Mental Health.[6]

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[5] Denice Wolf Markham, *Mental Illness and Domestic Violence: Implications for Family Law Litigation*, J. of Poverty Law and Policy (2003)
[6] Suicide training is available through courses such as SafeTalk, Mental Health First Aid, and ASIST.
[7] The opinions expressed herein are solely those of the author and do not reflect the official policy of the County of Imperial or the Department of Social Services.

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