The Link Between Intimate Partner Violence and Suicide: Recommendations for Improving Suicide Prevention

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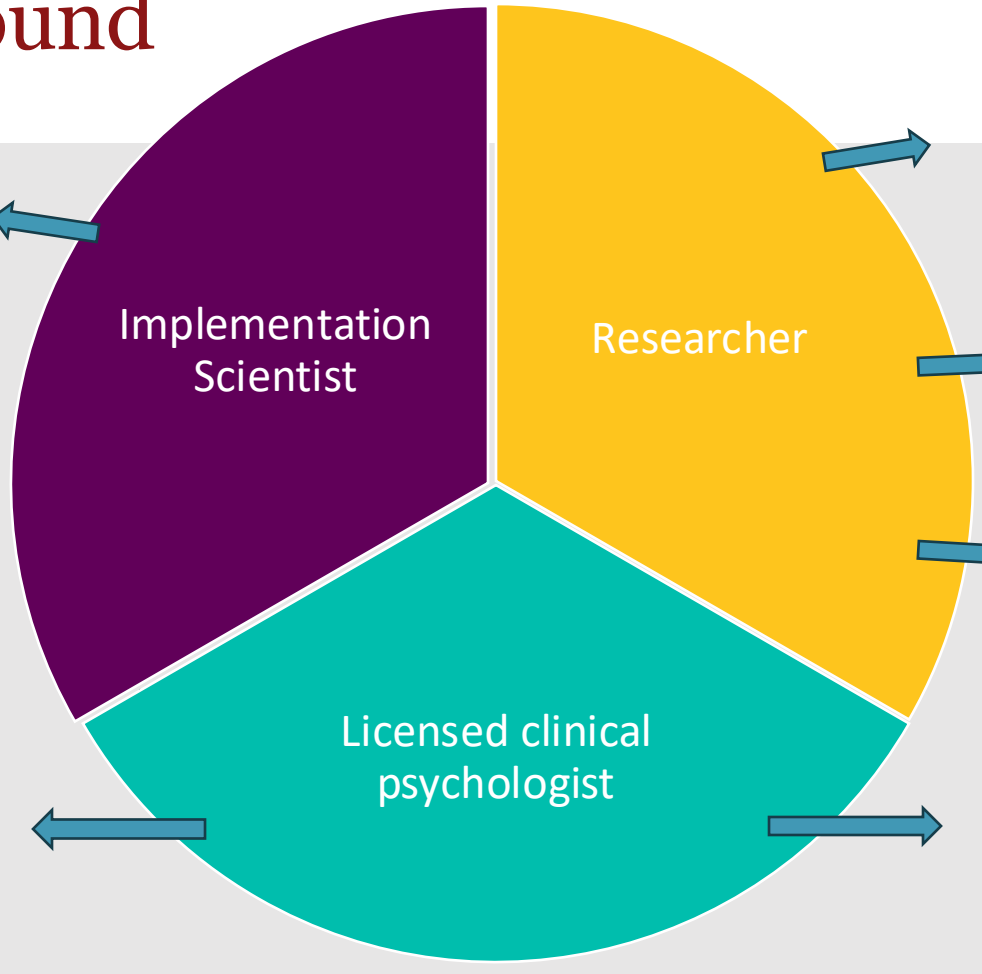
Roadmap

- My background
- Intimate Partner Violence (IPV) Overview
- IPV and Suicide
- Recommendations
- Conclusions
- Questions/Comments

My Background



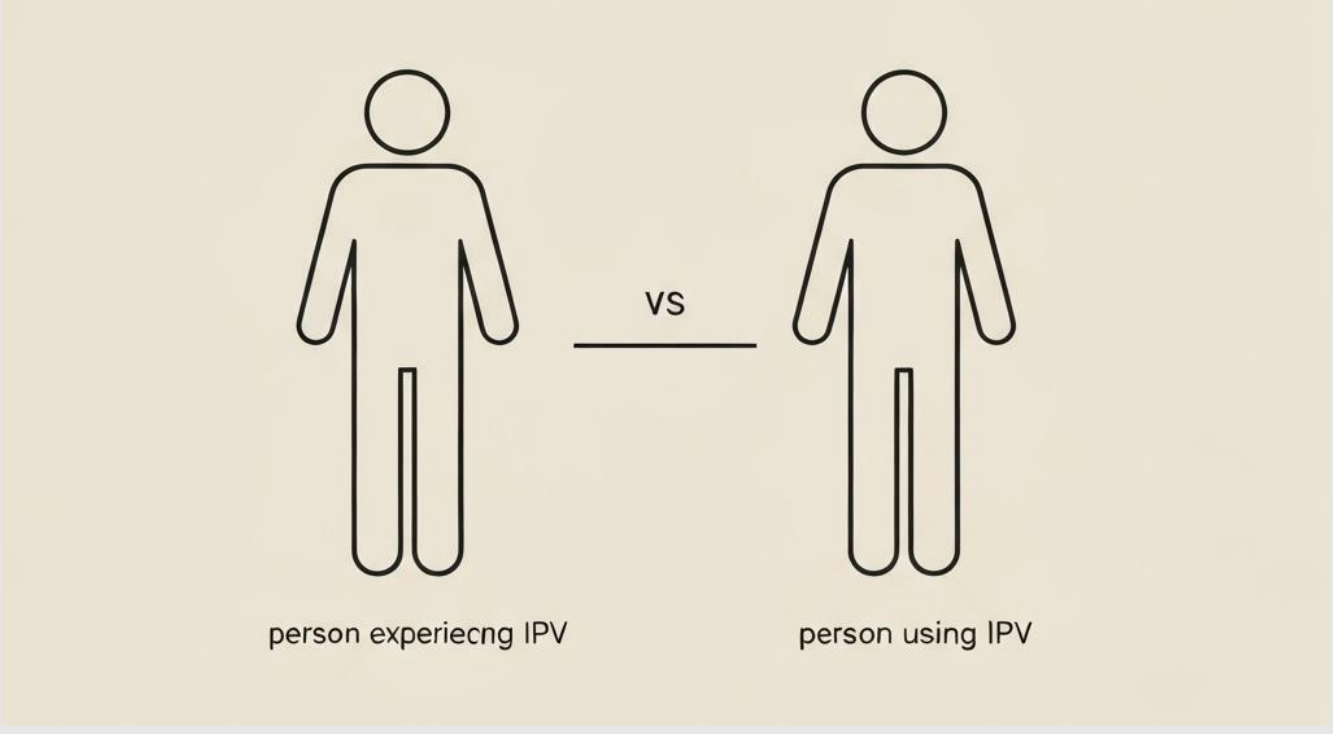
Intimate Partner Violence (IPV)

- Abuse or aggression that occurs in a romantic relationship (CDC)
- Physical violence, sexual violence, stalking, psychological aggression, coercive control, and threats of violence

Intimate Partner Violence (IPV)

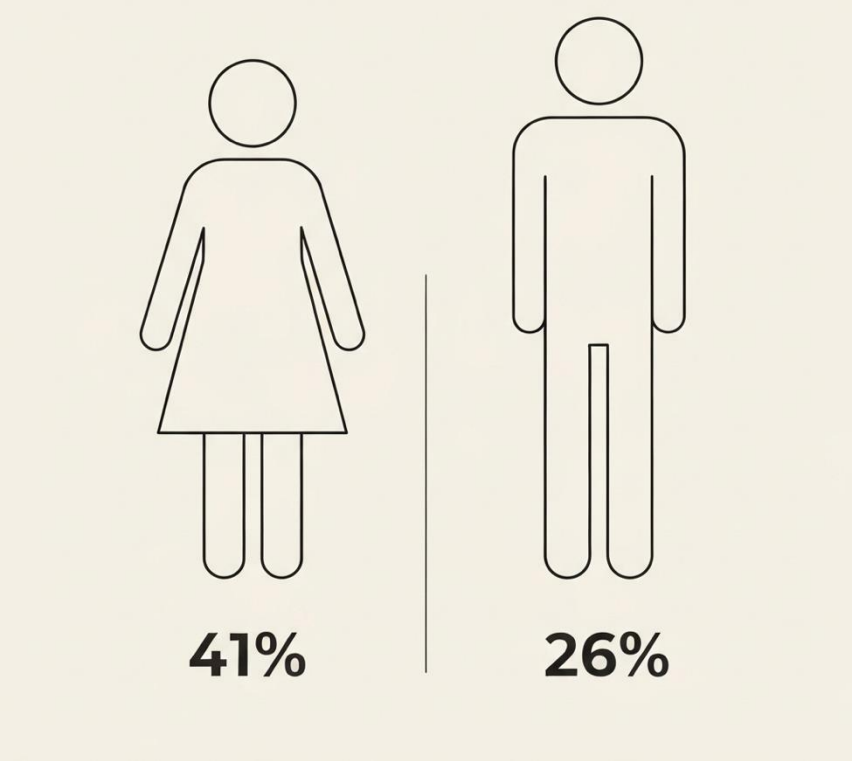
IPV = a type of domestic violence

Intimate Partner Violence (IPV)



Intimate Partner Violence (IPV)

- U.S. lifetime prevalence of sexual violence, physical violence, or stalking (Leemis et al., 2022)

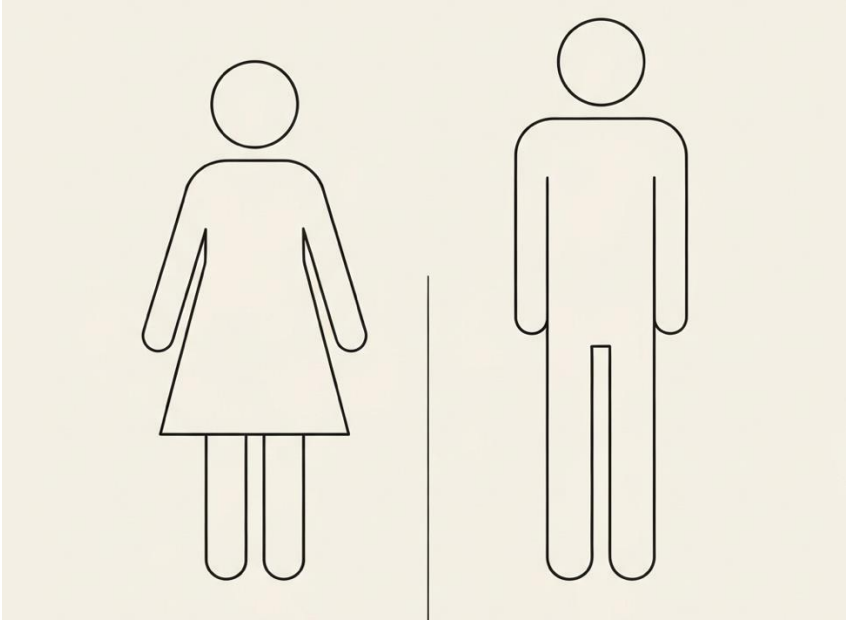


Intimate Partner Violence (IPV)

- U.S. lifetime prevalence also high for psychological aggression (Leemis et al., 2022)

Intimate Partner Violence (IPV)

- Lifetime prevalence of IPV in Oregon (Smith et al., 2023)



42% **39%**

Intimate Partner Violence (IPV)

- IPV does not discriminate

Intimate Partner Violence (IPV)

- Bidirectional IPV is most common (Rossi et al., 2019)
  - Usually primary victim and primary perpetrator
  - IPV as self-protection

Intimate Partner Violence (IPV)

- Average of 7 attempts for person experiencing IPV to leave the person using IPV and stay separated
- Why doesn't the person experiencing IPV just leave?

power and control

children
n

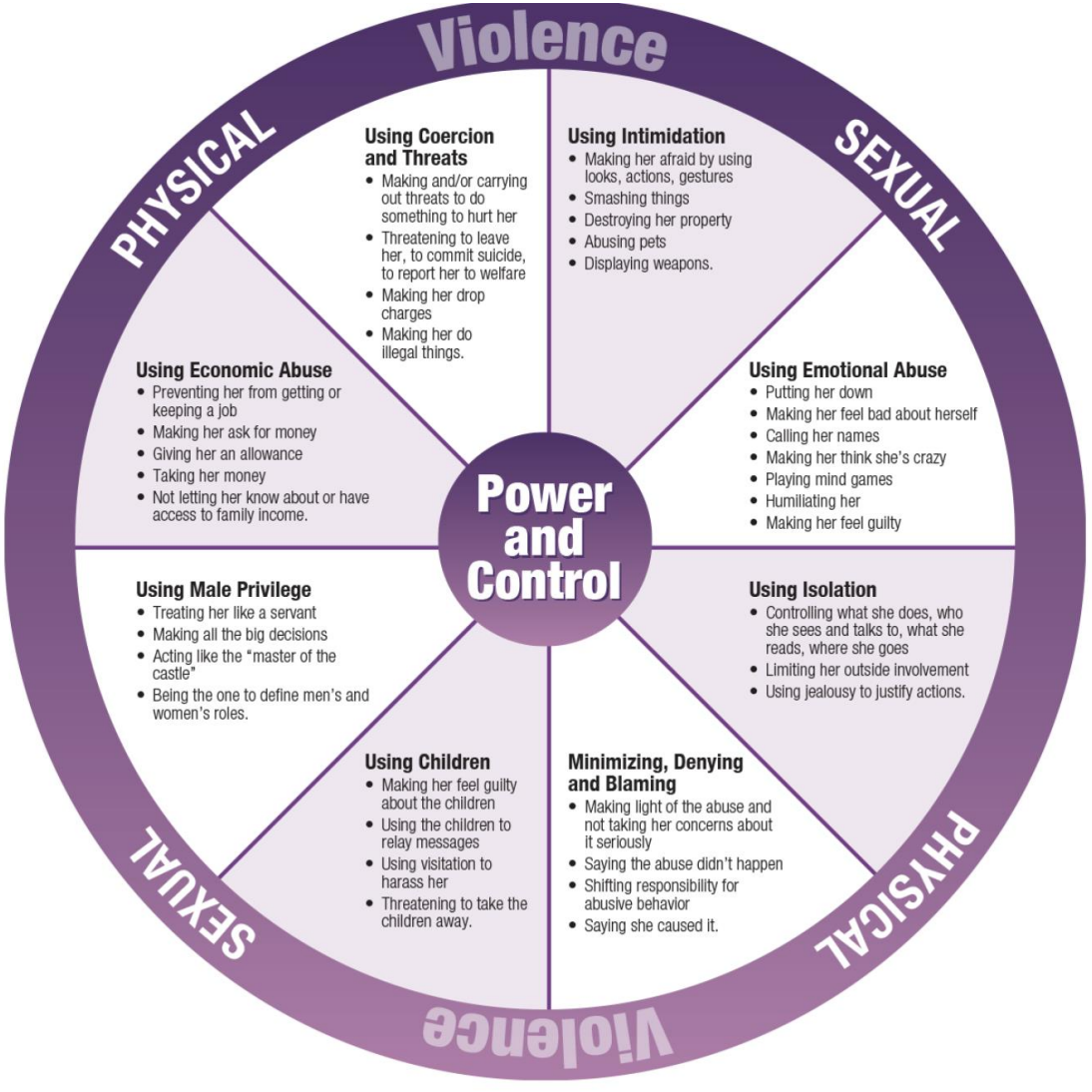
economic restraints
restraints

threats
s

Abuse does not occur 24 hrs/day, 7
7 days/week

hope
e

Power and Control Wheel



Intimate Partner Violence (IPV)

- Immediate consequences:

fear

injury

femicide/homicide

Each day in the U.S., 3 women are murdered by a current or former intimate partner
(Violence Policy Center, 2017)

Intimate Partner Violence (IPV)

- Long-term impact on individuals experiencing IPV

Physical Health:

Conditions affecting the heart, muscles and bones, and digestive, reproductive, and nervous systems

Mental health:

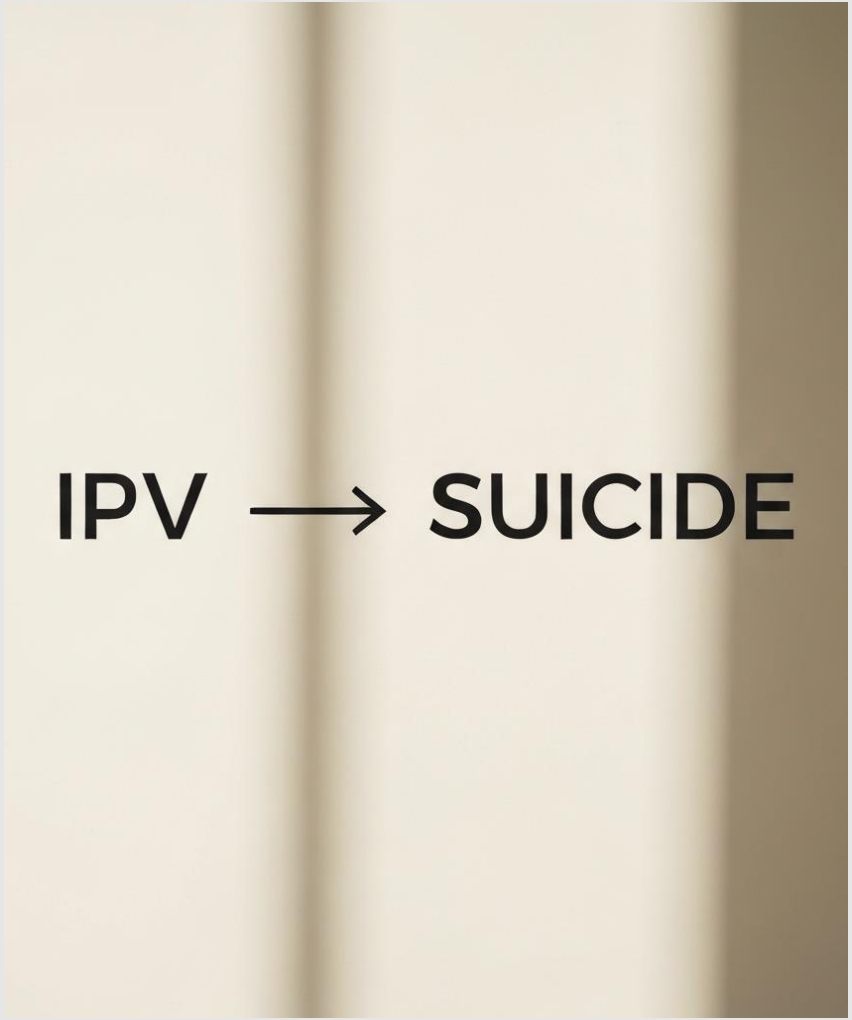
Anxiety, depression, PTSD, substance use, suicidal behavior

Intimate Partner Violence (IPV)

- U.S. lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs, is $3.6 trillion (Peterson et al., 2018)

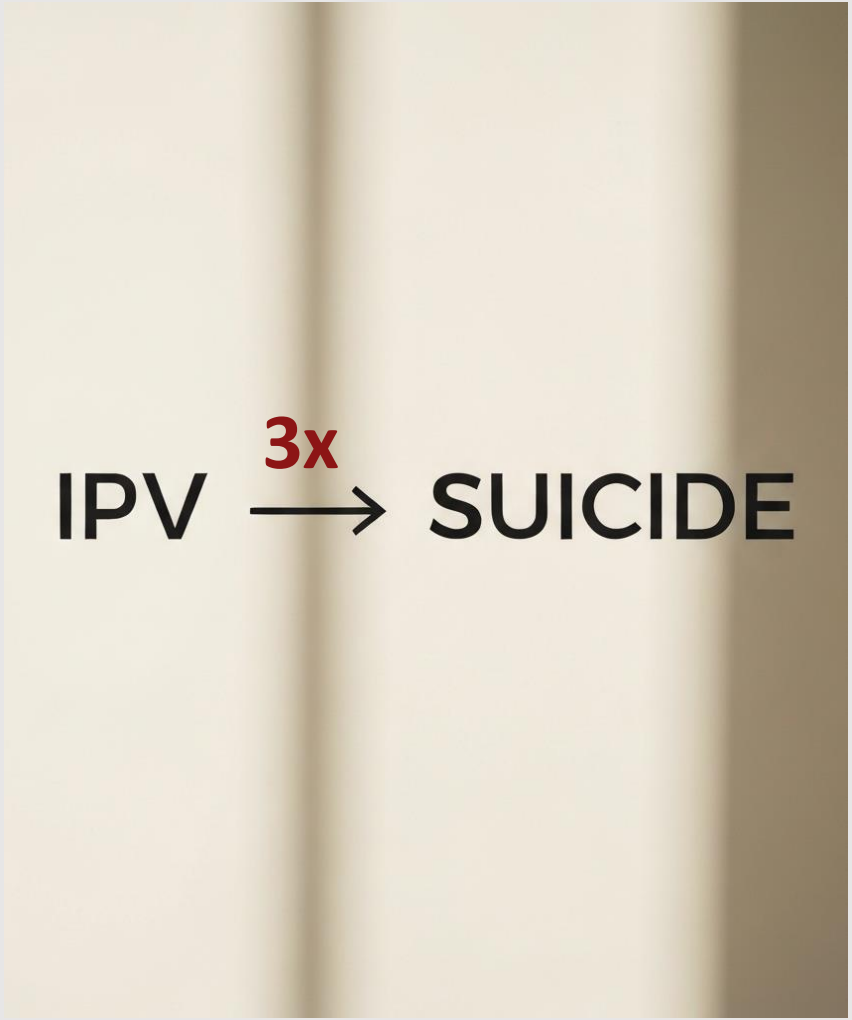
IPV and Suicide

- IPV risk factor for suicidal behavior
  - For people who use IPV
  - For people who experience IPV (today's focus)



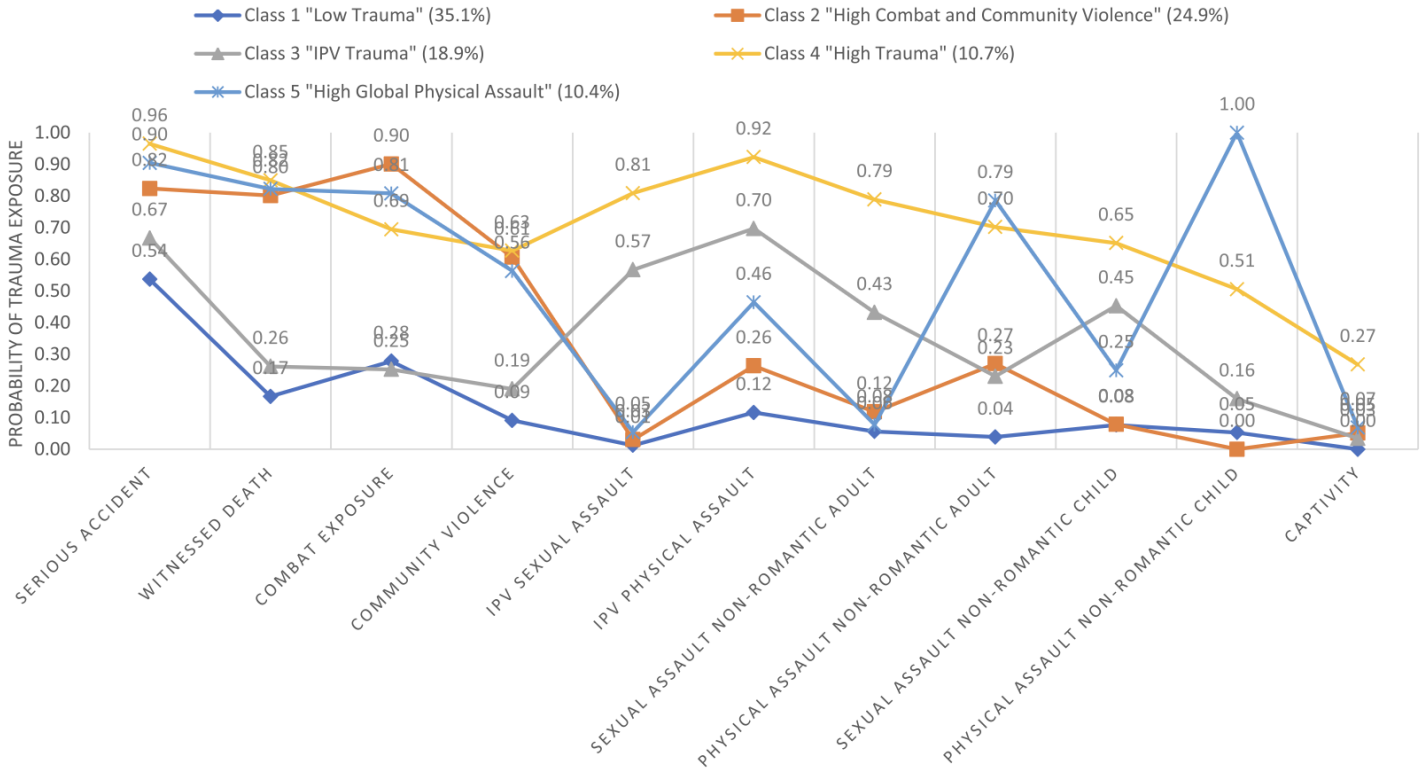
IPV and Suicide

- People who experience IPV nearly 3 times as likely to attempt suicide (McManus et al., 2022)
  - Study of 7058 adults in England



IPV and Suicide

- 1 in 5 women experiencing IPV had threatened or attempted suicide (Cavanaugh et al., 2011)
  - 1307 US women seeking a protective order against their male partner



- Among veterans for whom IPV was a main source of trauma (n=667), 15.9% attempted suicide;
- 7x more likely to attempt suicide than those with no or low trauma (Rossi et al., 2023)
  - 3,544 US veterans

IPV and Suicide

- Why is there a link?
  - IPV can:
    - Erode self-worth
    - Create feelings of shame
    - Create deep sense of helplessness and entrapment
    - Lead to isolation
    - Lead to profound loneliness and perceived burdensomeness
    - Increase substance misuse, which can worsen impulsivity and lower inhibition
- What can we do about it?

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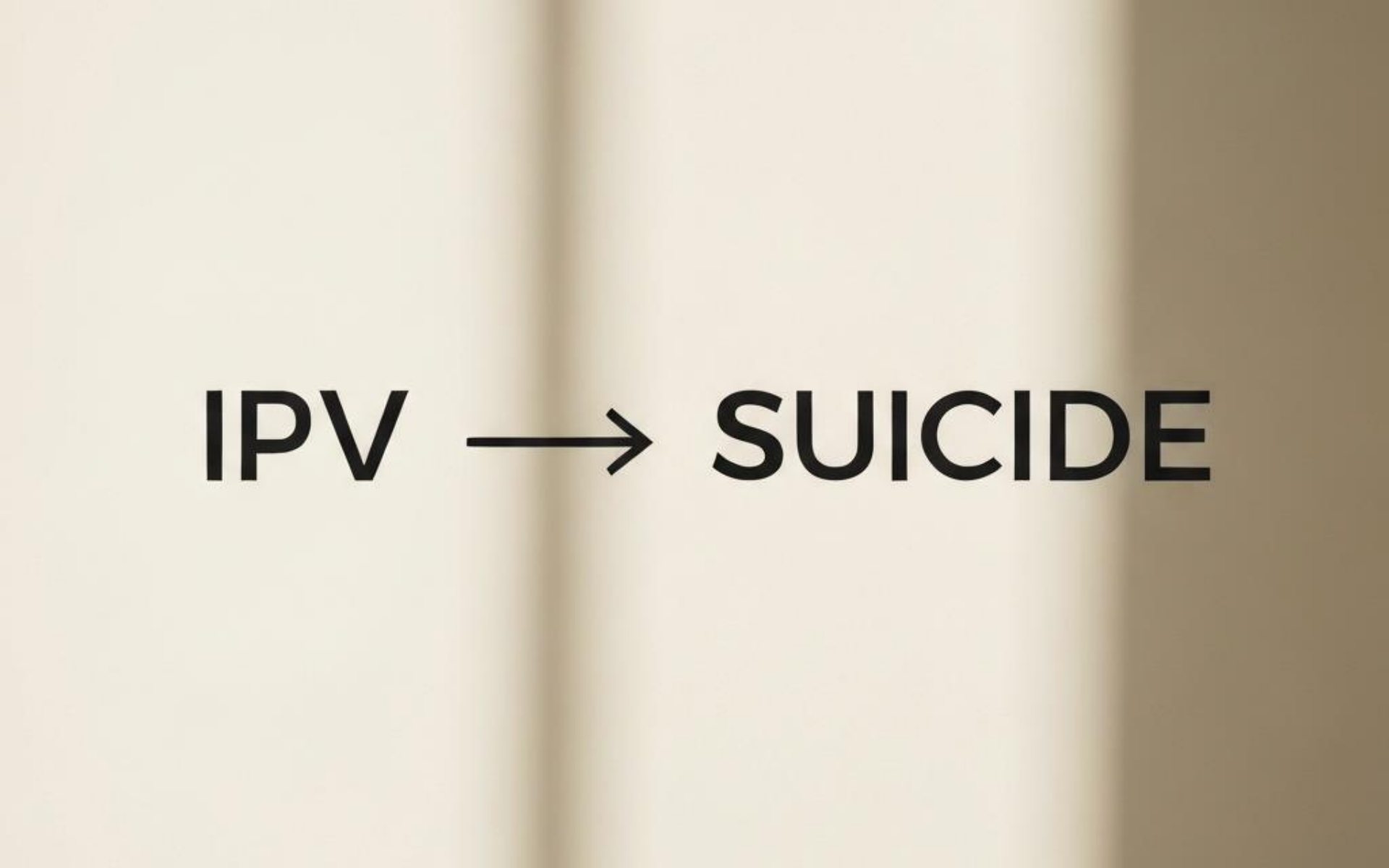
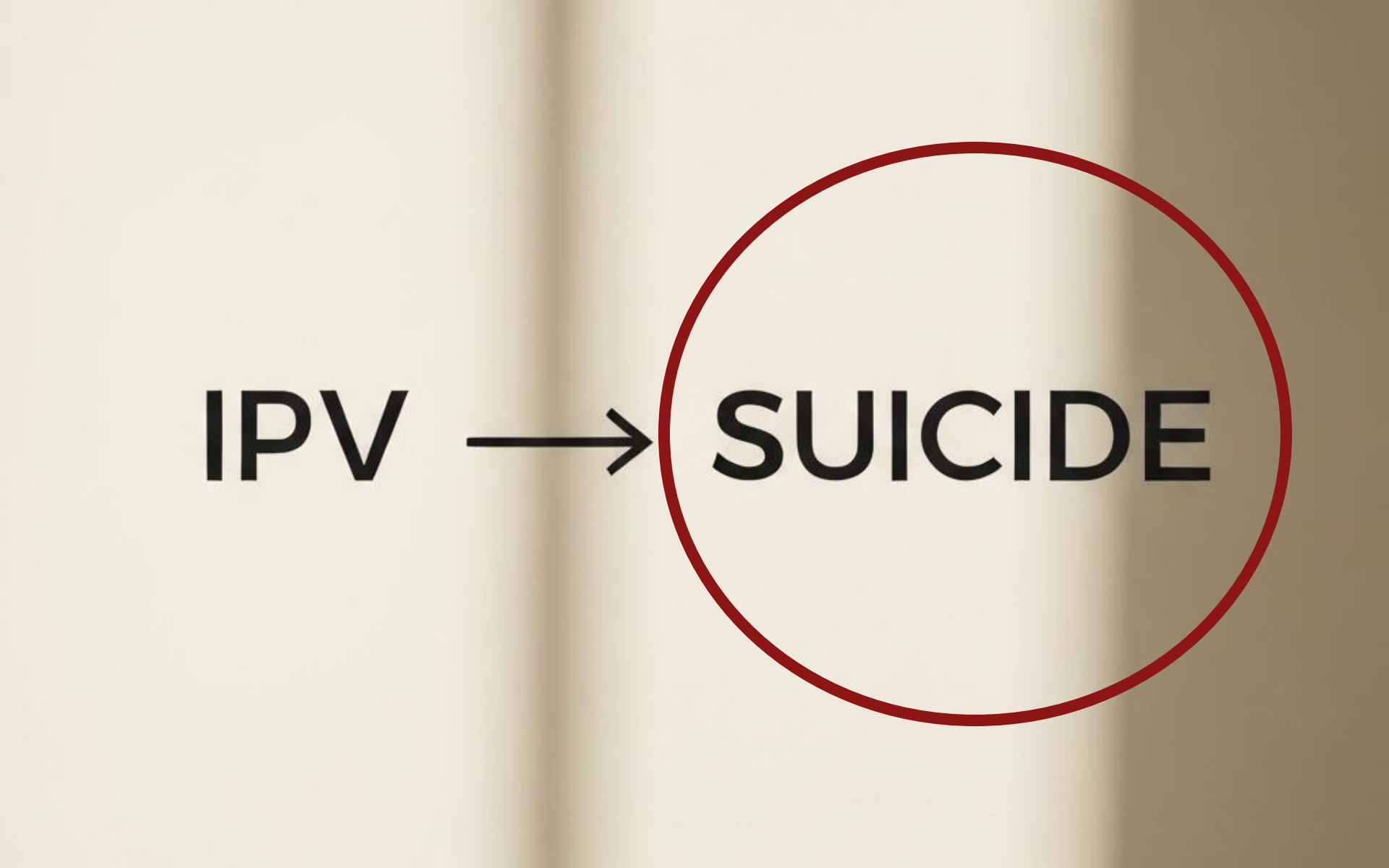
Three Recommendations

To prevent suicide, IPV must be part of the solution


IPV → SUICIDE


IPV
SUICIDE

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

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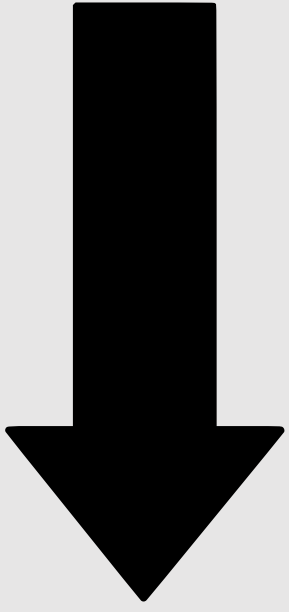
- Suicide safety planning intervention (Stanley, Brown)
  - Brief (20 to 30 minutes)



suicidal behavior by 43%

(Nuij et al., 2021)

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

- Suicide safety planning intervention
  - Requires providers to guide patients in creating a safety plan that prevents suicide by identifying
    - Warning signs of a suicide crisis
    - Coping strategies, distractions
    - Personal and professional support persons
    - Strategies for making the environment safe
  - Widely used in various clinical settings, like emergency departments and mental health clinics

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: _____ Address: _____
4. Place: _____ Address: _____

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 PROFESSIONAL SERVICES I CAN CONTACT DURING A CRISIS:

1. Professional/Services Name: _____ Phone: _____
   Emergency Contact: _____
2. Professional/Services Name: _____ Phone: _____
   Emergency Contact: _____
3. Emergency Department: _____
   Emergency Department Address: _____
   Emergency Department Phone: _____
4. Crisis Line Phone (e.g. 988): _____

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

1. _____
2. _____

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

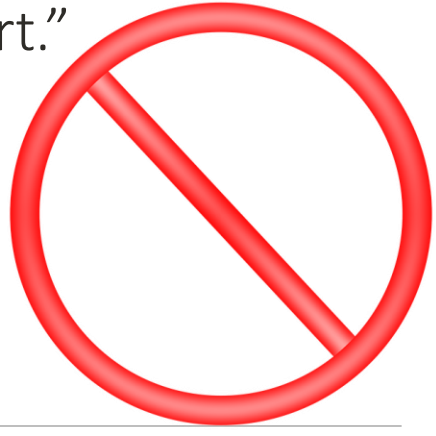
- Suicide safety planning is most effective in reducing suicide when personalized to the individual's psychosocial characteristics (Kearns et al., 2024)

- Suicide safety plans that do not consider IPV when IPV is a factor are less effective

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

- Standard suicide safety plans assume the person is living in a safe and supportive environment.
- Safety plan can unintentionally increase suicide risk rather than reduce it.

1. “Contact your partner or someone at home for support.”
2. “Remove or lock away lethal means.”
3. “Use your phone or computer to reach out for help.”
4. “Call 911 or go to the emergency department.”



Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

- Examples of an IPV-informed suicide safety plan

1. Warning Signs

- What are the personal warning signs that tell you a suicidal crisis or unsafe situation may be building?
  - Thoughts, feelings, or sensations that signal distress (e.g., "I feel trapped," "I can't stop crying," "I start blaming myself")
  - Changes in partner's behavior that increase fear or danger (e.g., stalking, verbal threats, monitoring, increased control)

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

2. Internal Coping Strategies (Safe, Private Options)

- What can you do on your own to take care of yourself or lower your distress in ways that don't put you at risk of your partner finding out?
  - Quiet grounding or relaxation exercises
  - Journaling on paper that can be hidden or destroyed later
  - Brief walks, music, or other private calming routines
  - Imagery or affirmations that help you reconnect with hope or purpose

  (Avoid strategies that require partner awareness or permission)

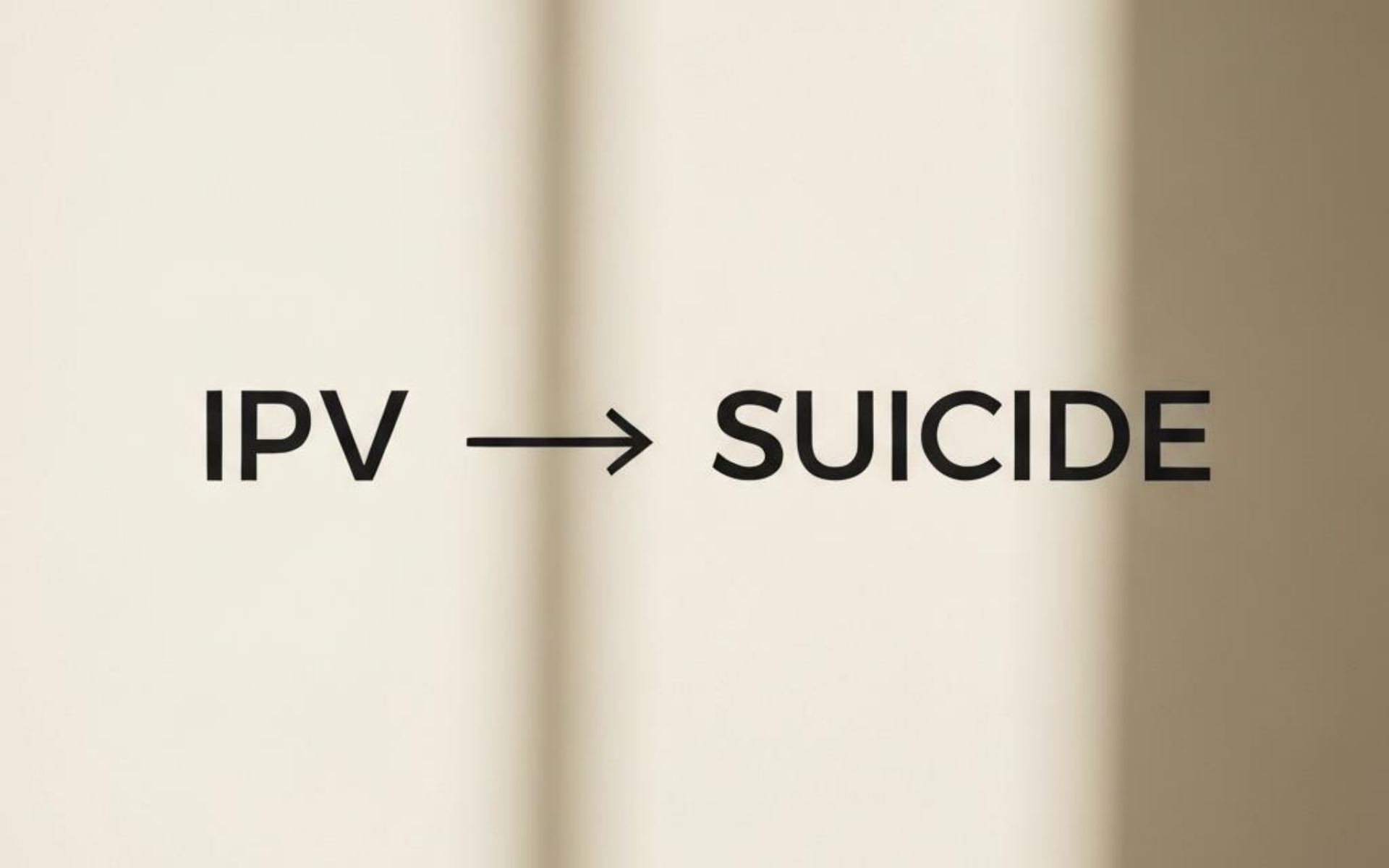
Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

3. Safe People and Safe Communication

- Who can you safely reach out to when you're feeling unsafe or suicidal?
- Guidelines:
  - Choose people the person using IPV does not monitor or control.
  - Consider code words (e.g., "Can you drop off the recipe?" = I need help).
  - Use a second phone, prepaid phone, or public computer if needed.

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

- To improve suicide safety planning, providers need to:
  - Assess for IPV
  - Understand the dynamics of IPV and its overlap with suicide
  - Help patients create IPV-informed suicide safety plans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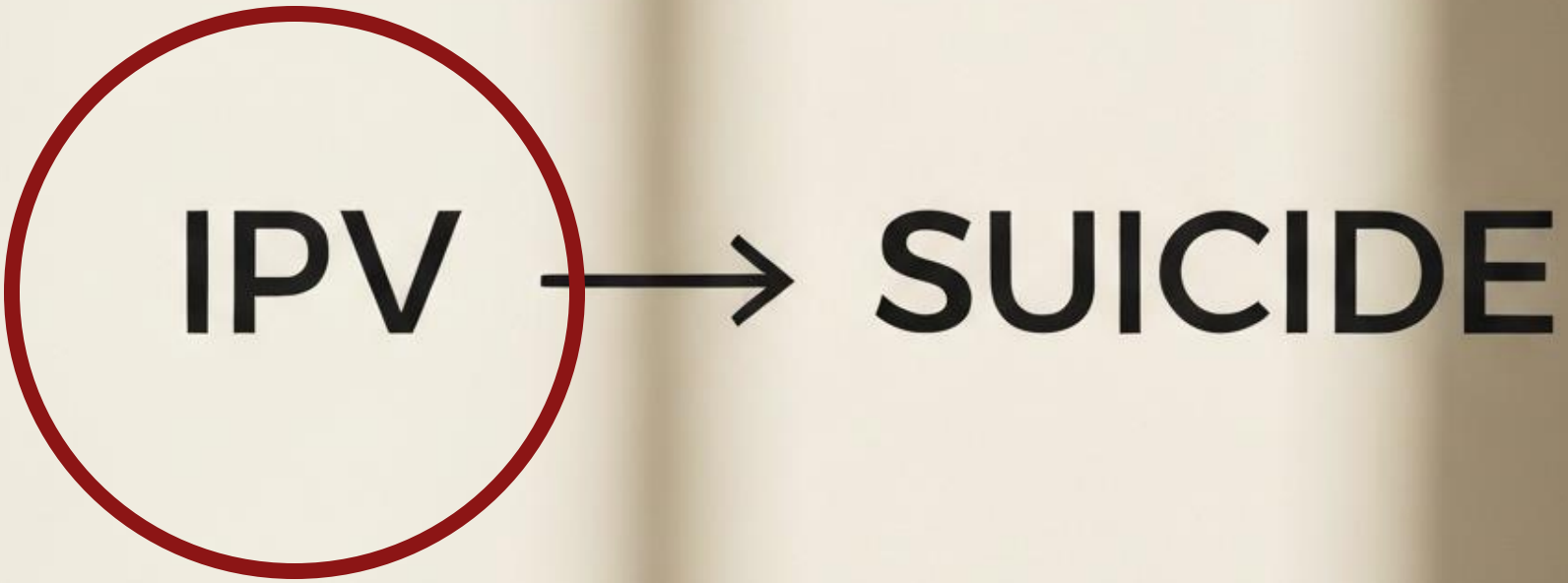
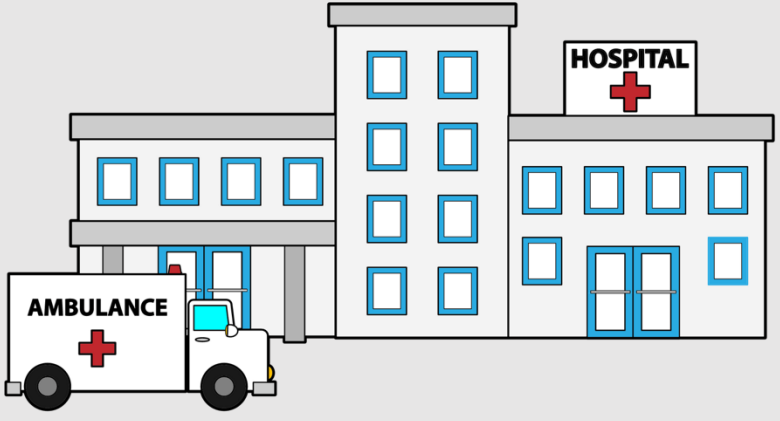

IPV
SUICIDE

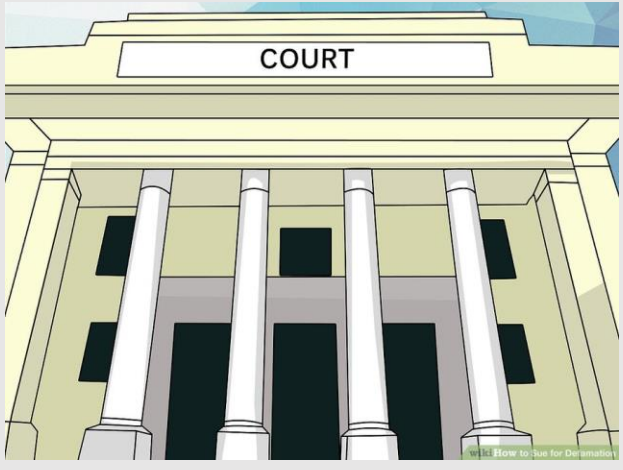
Recommendation 2: Improve IPV Care

Recommendation 2: Improve IPV Care

- Intervene in opportune moments



Healthcare system



Legal system

Recommendation 2: Improve IPV Care

- Healthcare system
  - IPV identification and intervention-> reduced IPV risk
  - US Preventive Services Task Force recommends that clinicians screen for IPV in women of reproductive age (2025)
  - IPV screening rates are low (e.g., Perone et al., 2022)

- IPV screening implementation barriers:
  - Providers' inadequate IPV training, competing demands, time constraints, discomfort addressing IPV, and making decisions about the appropriate type or level of intervention (Rossi et al., 2024)

Recommendation 2: Improve IPV Care

- IPV Clinical Decision Support Tool (Rossi et al., 2024)
  - Computerized
  - Helps primary care providers with IPV screening and intervention
  - “smart” algorithm

Recommendation 2: Improve IPV Care

- Legal setting
  - Family court
  - IPV prevalence is high in a divorcing/separating sample (>50% physical violence, >80% psychological abuse) (Rossi et al., 2022)
  - Two common divorce resolution processes:
    - Family Mediation (joint)
    - Traditional court-based litigation

Recommendation 2: Improve IPV Care

1st problem: Offer safer dispute resolution processes that create an even playing field

- One option: shuttle mediation (Holtzworth-Munroe…Rossi et al., 2021a, 2021b)

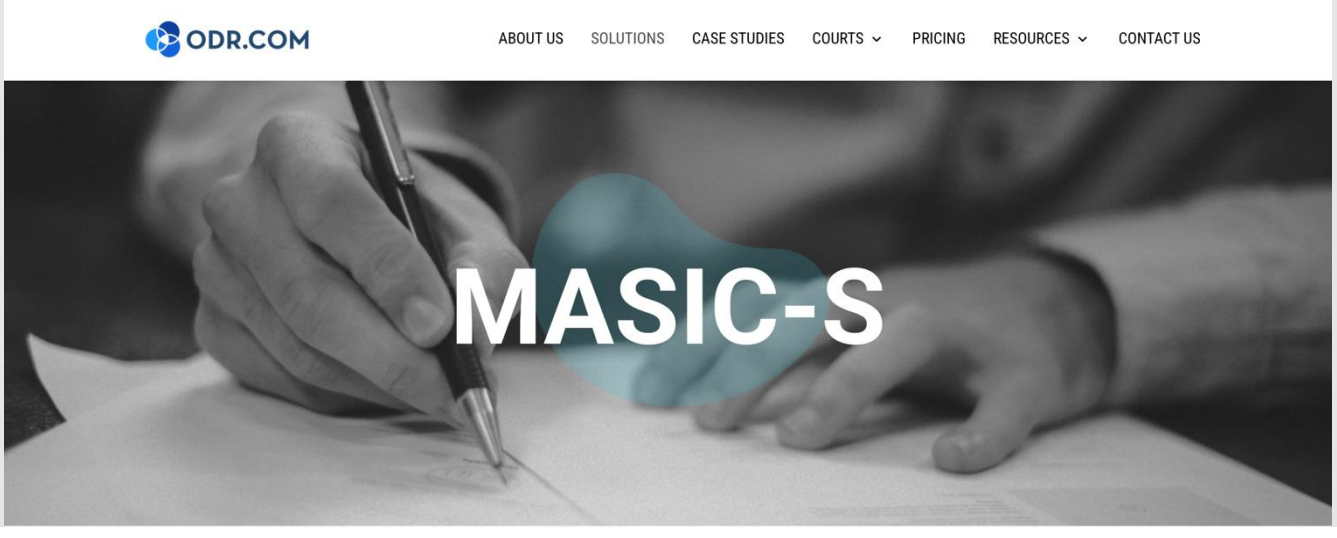
Recommendation 2: Improve IPV Care

2nd problem: Need IPV screening in family court contexts

- Screening rates are low
- When screening is done, many times inappropriate screening methods/tools (Rossi et al., 2015)
  - Records review misses ~50% of IPV cases (Ballard et al., 2011)

Recommendation 2: Improve IPV Care

- 2nd problem: Need IPV screening in family court contexts
  - One option: Mediator's Assessment of Safety Issues and Concerns-Short (MASIC-S) (Rossi et al., 2024)
    - https://odr.com/masic-s/



Recommendation 2: Improve IPV Care

3rd problem: Provisions of the divorce can perpetuate abuse

- Child exchanges, parenting time, etc. (Rossi et al., 2015)
- One option: Provisions must be specific and IPV-informed

Recommendation 2: Improve IPV Care

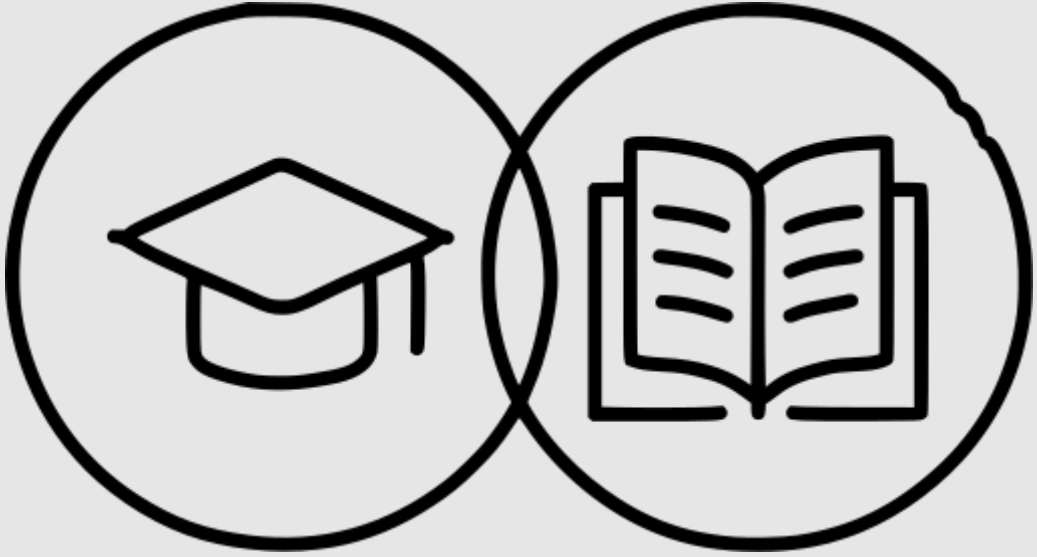
4th problem: System can often favor the person who uses IPV

- Person using IPV = more resources, better financial position, appears mentally stable
- Person experiencing IPV = worse financial position, less social support, appears less mentally stable, feel wronged/blamed by partner and system
- One option: educate court personnel on IPV

Recommendation 3: Improve IPV Education

Recommendation 3: Improve IPV Education

- Especially on IPV dynamics
- Across different settings, fields, and professionals



Recommendation 3: Improve IPV Education

- Gabby Petito Case (2021)

https://www.youtube.com/watch?v=GEU90P4thoY

Recommendation 3: Improve IPV Education

- Provide appropriate support and care
- Reduce IPV-related stigma

Conclusions

- Experience of IPV increases suicide risk
- Need to improve suicide prevention
- Need to improve IPV care
- Important to also consider other overlapping issues (e.g., substance use, overdose)

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Questions and comments?

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Thank You

Recommendation 1: Improve Suicide Prevention to Acknowledge IPV

Component	Adaptation for IPV Context
Identify safe and unsafe people	Explicitly discuss who not to contact (e.g., abusive partner, partner's friends/family). Identify trusted individuals outside the abusive network (e.g., friend, advocate, therapist).
Safe places	Include places away from home, like a library, workplace, or domestic violence shelter.
Crisis communication	Use safe communication methods: code words, a second phone, or prearranged messages with trusted supports.
Means safety	Focus on what the survivor can safely control, not what's controlled by the abuser. May involve temporary relocation of medications or staying elsewhere.
Professional and community supports	Include IPV-specific resources (e.g., National Domestic Violence Hotline: 1-800-799-SAFE), not just suicide hotlines.
Planning for escalation	Help the survivor identify early warning signs that the partner's violence is increasing and develop parallel plans for physical safety and suicidal crisis.