

UNDEREXAMINED AND UNDERREPORTED

Suicidality and intimate partner violence:
Connecting two major public health domains

*A briefing by Agenda Alliance
with the VISION consortium*

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VISION
Violence • Health • Society

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A woman wearing a black niqab and a black and white striped headscarf stands in front of a stone wall. She is looking directly at the camera. The background shows a stone wall and a window frame.

About Agenda Alliance

Agenda Alliance exists to make a difference to the lives of women and girls who are at the sharpest end of inequality.

We are an alliance of over 100 member organisations – from large, national bodies to smaller, specialist organisations – working in collaboration to influence public policy and practice to respond appropriately to women and girls with multiple, complex unmet needs.

Executive Summary

- Suicide and intimate partner violence (IPV) are each recognised as major public health concerns; however, the links between them have been critically under-examined.
- This briefing establishes the relationship between IPV and suicidality (suicidal thoughts and suicide attempts) and self-harm, setting out the ways in which women are disproportionately impacted and at greater risk of IPV-related suicidality.
- Women who have experienced IPV are three times more likely than women who have not experienced IPV to have made a suicide attempt in the past year. Women who have experienced sexual IPV are seven times more likely than those who had not experienced sexual IPV to have attempted suicide in the past year.
- Furthermore, intersecting identities and experiences associated with systemic disadvantages, including poverty, disability, and ethnicity, exacerbate risks of both suicidality and IPV.
- We urge policy-makers, practitioners, funders, and commissioners to recognise the links between IPV, suicidality, and self-harm, using these findings as impetus to implement measures to reduce the prevalence of both in society.

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Introduction

In England and Wales, around three-quarters of suicides have been in men since the mid-1990s; consequently, the national suicide prevention strategy has focused on men at-risk.¹ However, rates of self-harm are higher in women than men and have been increasing steeply over time in women in England.² Despite this, there remains a paucity of research into the causes and context of this alarming trend. This briefing directly addresses this gap in the research by unpacking the link between intimate partner violence (IPV) and suicidality, and the ways in which this disproportionately impacts women.

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1. UK Government (2012) [Preventing suicide in England](#).
 2. This finding is based on analysis of the 2000, 2007, and 2014 Adult Psychiatric Morbidity Surveys. See McManus et al. (2019) [Prevalence of non-suicidal self-harm and service contact in England, 2000-14](#). The Lancet Psychiatry.

In addition to demonstrating the relationship between gender, IPV, and suicidality, this briefing explores the other vulnerabilities that compound this association. Notably, our findings show that women living in poverty and experiencing multiple unmet needs are at greater risk of experiencing IPV.³ Furthermore, evidence elsewhere shows that women who are disabled and/or Black, Asian, minoritised, and migratised are disproportionately impacted by poverty, which is a barrier to escaping IPV.^{4,5} By making clear the connection between IPV, domestic abuse, and suicidality and considering the impact across different subgroups within the population, this briefing constitutes an essential resource towards better understanding suicidality amongst women.⁶

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3. Women with multiple unmet needs grapple with interconnecting challenges, including homelessness, substance use, poor mental health, poverty, violence and abuse, and contact with the criminal justice system.
 4. We use the term 'migratised' to describe undocumented migrants, refugees, and asylum seekers. Using 'migratised' takes into account the ways in which many migrants are treated in society. See Migrants' Rights Network, [Words Matter: "Migratised"](#).
 5. This is supported by several studies, including Runnymede (2022) [Falling Faster amidst a Cost-of-Living Crisis: Poverty, Inequality and Ethnicity in the UK](#). Further, there is some literature on the linkages between domestic abuse and suicide, suicidality, and self-harm amongst Black, Asian, minoritised, and migratised women. However, there is a lack of up-to-date data on this connection, which needs to be examined. See Southall Black Sisters Trust (2010) [Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm Amongst Black and Minority Ethnic Women](#).
 6. This analysis of the 2014 Adult Psychiatric Morbidity Survey specifically looks at 'intimate partner violence', understood as physical, economic, sexual, and emotional violence and abuse from a boyfriend, girlfriend, husband, wife, or civil partner. The Domestic Abuse Act (2021) created a statutory definition of domestic abuse, which includes coercive control and abuse from relatives. See The Law Society (2022) [The Domestic Abuse Act 2021](#). Coercive control and abuse from relatives have not yet been much captured by APMS.

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Data and analysis

- The data source for this research is the 2014 Adult Psychiatric Morbidity Survey (APMS), which uses a large household sample (7000 adults, aged 16 and over) to provide the best available data on the rates of mental health conditions and distress in the general population of England. As such, when this research refers to 'women', this is inclusive of young women aged 16 and 17.
- Agenda Alliance has previously used APMS data to examine the lives and life chances of women and girls who have experienced extensive violence and abuse in order to examine the impact of violence, abuse and poverty, demonstrating the extent and severity of abuse on the lives of women.⁷
- IPV is defined by the World Health Organisation (WHO) as behaviour within an intimate relationship which includes acts of physical violence, sexual violence, emotional (psychological) abuse, and controlling behaviours. In 95% of cases, economic abuse occurs in the context of IPV and is in itself a legally recognised form of domestic abuse.⁸

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7. Agenda Alliance (2016) [Hidden Hurt: Violence, abuse and disadvantage in the lives of women](#); Agenda Alliance (2016) [Joining the dots: The combined burden of violence, abuse and poverty in the lives of women](#); Agenda Alliance (2020) [Often Overlooked: Young women, poverty and self-harm](#).
 8. Surviving Economic Abuse, [What is economic abuse?](#)

- In this briefing, suicidality refers to instances of suicidal thoughts and suicide attempts in the past year. We also show the links between IPV and non-suicidal self-harm (self-harm without suicidal intent, also referred to here as self-harm) within the past year.
- To identify which participants had experienced IPV, a self-completion module administered as part of a face-to-face interview asked all those who stated they had ever had a partner ('any boyfriend, girlfriend, husband, wife, or civil partner') about different types of violence and abuse they had experienced from a partner spanning physical, sexual, emotional, or economic IPV.⁹
- The associations between different types of IPV and suicidality were tested. This was also stratified by gender, allowing us to explore the differences and similarities between men and women, and examined in the context of different aspects of poverty and financial strain.
- Limitations of this briefing include that the data is from 2014. Additionally, as participants for the survey are recruited from households, people experiencing homelessness, or those detained in prison or mental health units, or living in refuges at the time of fieldwork, were not included.
- When the new APMS data is available in 2024/5, the trends and associations captured here should be re-examined.

9. Due to limitations of the APMS question design, we were unable to fully capture coercive control. For more information on coercive control, see Women's Aid, [What is coercive control?](#)

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Key findings

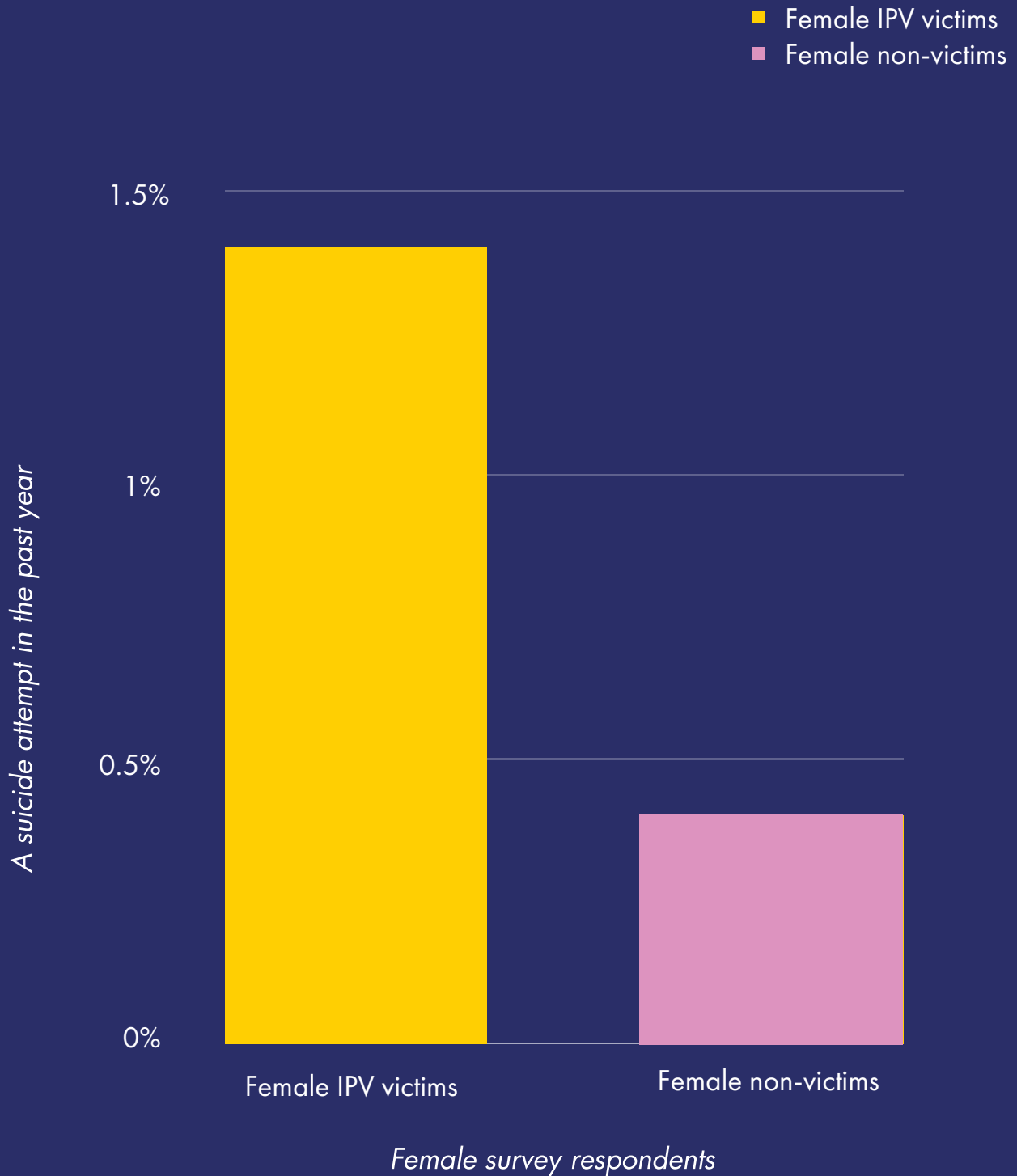
Over a quarter (27%) of women report experience of IPV in their lifetimes

- Women are three times more likely to experience multiple types of IPV compared to men.
- Overall, 16% of women experienced two or more types of IPV, compared with 5% of men.

Women who have experienced IPV are more likely than those who have not to have experienced suicidality

- Women who have experienced IPV are three times more likely to have made a suicide attempt in the past year compared to women who have not experienced IPV.
- Women who have experienced IPV are over three times more likely to have self-harmed without suicidal intent in the past year than women who have not experienced IPV.
- Women who have experienced IPV are more than twice as likely than those who have not experienced IPV to have had suicidal thoughts in the past year.

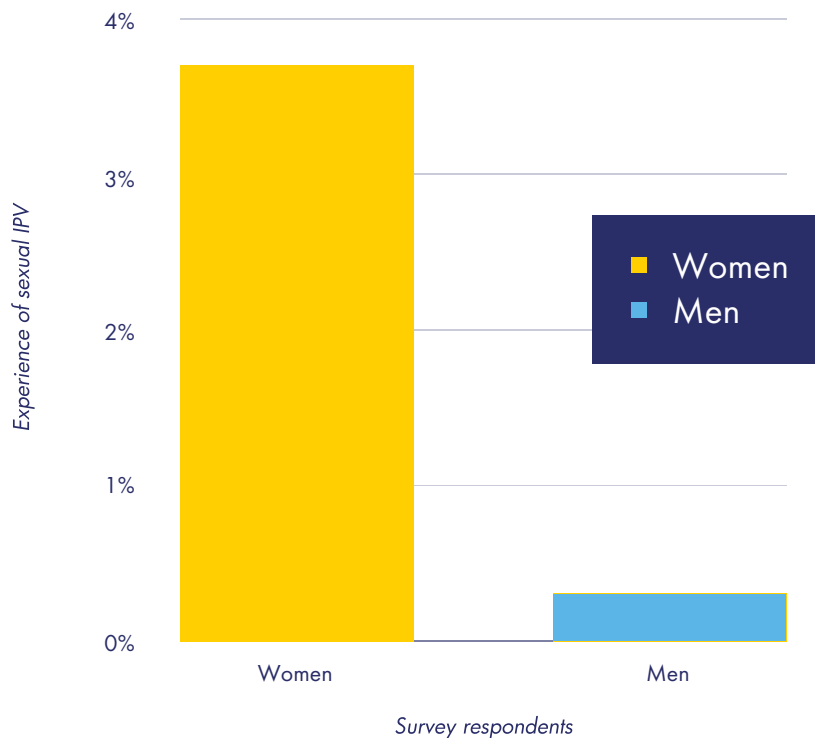
Female victims of IPV are three times more likely to have made a suicide attempt in the past year compared to female non-victims



Sexual IPV is ten times more common in women than men and is an IPV type particularly associated with self-harm and suicidality

- Women are ten times more likely than men to have experienced sexual IPV.
- This type of IPV is associated with especially high chances of self-harm and suicidality amongst victims.
- Women who have experienced any sexual IPV are seven times more likely than those who had not experienced sexual IPV to have attempted suicide in the past year.
- Experiencing more types of IPV can indicate greater pervasiveness of abuse, and is also associated with greater likelihood of suicidality and self-harm.

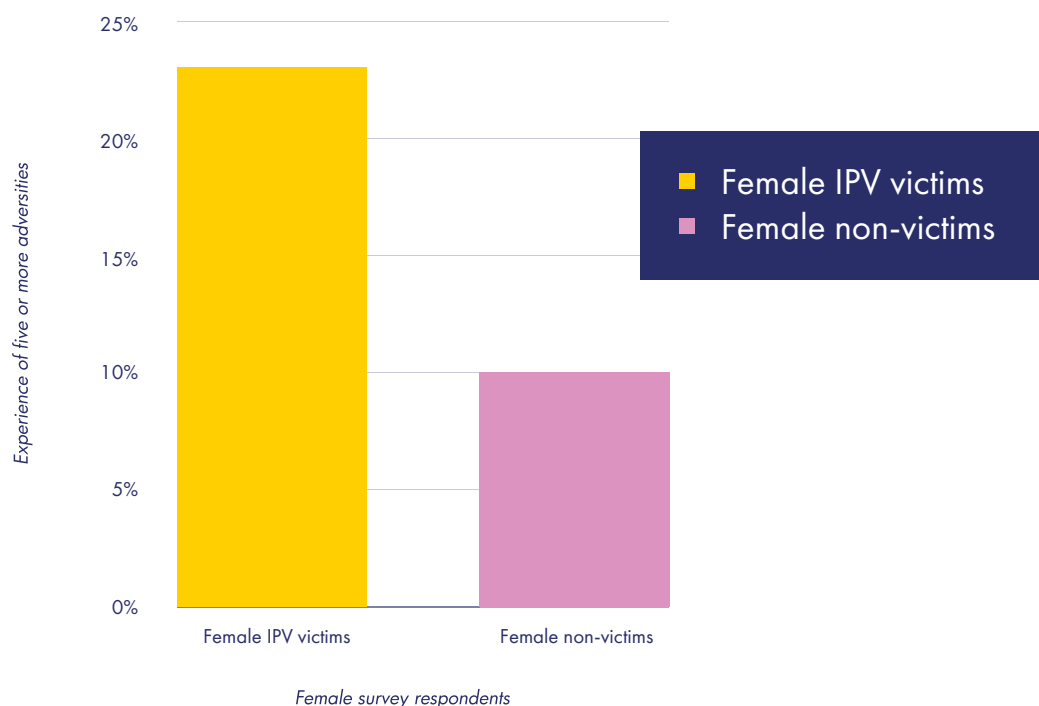
Sexual IPV is ten times more common in women than men



IPV often occurs in a context of poverty and multiple unmet needs, trapping women with fewer resources for escape

- Women living in the most deprived neighbourhoods are more likely to experience IPV than those living in more affluent areas.
- Around half (47%) of women who are unemployed or unable to work due to sickness or disability have experienced IPV, compared to one quarter of other women (26%).
- Around half (53%) of women seriously behind with debt repayments have experienced IPV, compared with a quarter of other women (25%).
- Female victims of IPV are more than twice as likely as non-victims (23% vs 10%) to have faced five or more other adversities in their life, such as financial crises, redundancy, bereavement, and serious physical illness.

Female victims of IPV are more than twice as likely as non-victims to have faced five or more adversities in their life



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Implications for society, services, and policy

While this briefing does not establish a causal relationship between IPV and suicidality, it demonstrates that experiencing IPV can act as a precursor to suicidality. Our data shows that at least one quarter of women will experience IPV during their lifetime and evidence elsewhere shows that women and girls are more likely to experience more severe, sustained, and frequent forms of abuse than men.¹⁰ Moreover, sexual IPV – the type of IPV with a particularly high likelihood of self-harm and suicidality – is ten times more common in women than men. Despite this, links between IPV, suicidality, and self-harm have been systemically overlooked, with fatal consequences.

Whilst the government Violence Against Women and Girls (VAWG) strategy (2021) acknowledges the complex nexus between violence, trauma, and mental health, it makes no reference to an increased risk of suicidality and self-harm amongst victims and survivors of abuse and violence.¹¹

10. Women's Aid, [Domestic abuse is a gendered crime](#)

11. UK Government (2021) [Tackling violence against women and girls](#)

Furthermore, the suicide prevention strategy for England (2012) makes only limited reference to domestic abuse and fails to identify those experiencing domestic abuse as a higher risk group of suicide.¹² This strategy is currently in the process of being refreshed with a new strategy due this year, presenting a vital opportunity to reassess and identify these connections.

It is significant that the Government's Tackling Domestic Abuse Plan (2022) expressly acknowledges these linkages, pledging to reduce rates of domestic abuse, domestic homicides, and suicides linked to domestic abuse.¹³ Moreover, the National Police Chiefs' Council (NPCC) and the College of Policing, working with the national policing Vulnerability Knowledge and Practice Programme (VKPP), developed the Domestic Homicide project (2021-2022), which also brings specific attention to the issue of suicides following domestic abuse.¹⁴ These developments are positive and the commitments within both documents must be implemented as part of an iterative and productive dialogue between the Government and the specialist organisations supporting and advocating for women and girls.

12. UK Government (2012) [Preventing suicide in England](#)

13. UK Government (2022) [Tackling Domestic Abuse Plan](#)

14. Bates et al (2022) [Vulnerability Knowledge and Practice Programme \(VKPP\): Domestic Homicides and Suspected Victim Suicides 2021-2022, Year 2 Report](#)

It is concerning that some who die by suicide may be 'hidden victims' of domestic abuse, left uncounted and unrecognised. In 2022, a coroner made the explicit link between domestic abuse and suicide, concluding that the lack of understanding about this interplay led to multiple failings in the care of one woman, Jessie Laverack, who died by suicide following abuse from her former partner.¹⁵ There is currently a serious lack of data or systems available to track and record the number of domestic abuse-related suicides in the UK. While it is challenging to calculate this number - in part because domestic abuse is not always identified in coroners' reports - it is likely that this inclusion would significantly increase current estimates. Greater training for the police and emergency responders is needed to ensure where there is a history of domestic abuse in suspected victim suicides that this is adequately investigated and recorded.¹⁶

Agenda Alliance's research focuses on women and girls with multiple unmet needs, mapping how different forms of adversity reinforce one another, perpetuating a cycle of harm and disadvantage. Data within this paper shows that - while the links are complex - poverty can be a factor in the lives of those experiencing IPV and is itself associated with greater rates of suicidality and self-harm. This is supported by Agenda Alliance's previous finding that 38% of women living in poverty have experienced violence and abuse, compared with 27% of women not living in poverty.¹⁷

15. Channel 4 News (2022) [Urgent need to act on domestic abuse and suicide link](#)

16. Adequate police investigations are essential because they allow coroners to carry out an effective inquest; however, too often, these investigations are not carried out. It follows that police guidance and training needs to ensure that domestic abuse indicators are considered in cases of suspected victim suicides. This has to be routinely implemented to change practice.

17. Agenda Alliance (2016) [Joining the dots: The combined burden of violence, abuse and poverty in the lives of women](#)

It is also well established that poverty can enable and exacerbate abuse, in part because victims have reduced financial means to leave abusive partners or family members and often become poorer upon leaving.¹⁸ It is significant that Universal Credit currently requires couples to nominate a single bank account, which can reduce the financial autonomy of victim/survivors and increase the risk of financial abuse.¹⁹ In addition, the fallout from the COVID-19 pandemic and the ongoing cost-of-living crisis, both set against the backdrop of over a decade of austerity measures, mean that there is an urgent need to identify women living in poverty as a particular at-risk group and prioritise their needs.

Significantly, these risks can be exacerbated by other factors, including systemic disadvantages associated with ethnicity, disability, and immigration status. Evidence shows that Black, Asian, minoritised, and migratised women are particularly vulnerable to cuts to benefits, tax credits, and public services. Indeed, it is projected that racially minoritised households will be among the hardest hit by the cost-of-living crisis.²⁰ Moreover, disabled women have also been disproportionately impacted by austerity cuts since 2010 and face additional barriers in seeking help and support.²¹

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18. Child Poverty Action Group (2019) [Domestic abuse is an economic issue – for its victims and for society](#).
 19. Surviving Economic Abuse, Women’s Budget Group & End Violence Against Women (2018) [Universal Credit and Financial Abuse: Exploring the links](#)
 20. The Runnymede Trust (2022) [Ethnic minority households will be among the hardest hit by the cost of living crisis](#)
 21. Women’s Budget Group (2018) [Disabled Women and Austerity](#).

Meanwhile, migratised women and women with No Recourse to Public Funds cannot access social security, leaving them economically vulnerable to domestic abuse.²² This system can leave them vulnerable as the abuser takes advantage of dependency.

Women who have faced multiple unmet needs, poverty, and adversity are more likely to experience IPV and the associated risks of suicidality and self-harm. These issues are intertwined and mutually reinforcing. Existing Agenda Alliance research shows that women with experience of intimate partner violence and domestic abuse are more likely to experience disadvantage in other areas of their lives. Our findings show that women have higher rates of depression and anxiety disorders than men in the overall population; women's greater exposure to violence and abuse may go some way to explaining their higher rate of mental illness.²³ In addition, rates of self-harm are increasing, and this rise is more prominent in women than men.²⁴ Disproportionate experiences of adversities – including violence and abuse, poor health, homelessness, and poverty – are associated with this growth.²⁵ It is vital that these inequalities are urgently acknowledged and tackled by government to break the links between these issues and improve life chances for women and girls at-risk.

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- 22.** NRPf restricts access to much of the welfare safety net for almost 1.4 million people, including around 175,000 children. This includes vital benefits like Universal Credit and child benefit and a range of other support like homelessness assistance or access to refuges that rely on public funds to operate. Citizen's Advice (2022) [No Recourse to Public Funds](#).
- 23.** Agenda Alliance (2016) [Hidden Hurt: Violence, abuse and disadvantage in the lives of women](#), p.3
- 24.** Between 2010 and 2014, rates of self-harm increased among women from 2.7% to 7.9%. Meanwhile, rates of self-harm among men increased from 2.1% to 5.0%. Agenda Alliance (2020) [Often Overlooked: Young women, poverty and self-harm](#).
- 25.** *ibid*

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Conclusion

This briefing demonstrates the interrelationship between IPV and suicidality, establishing how women are at greater risk of IPV-related suicidality and self-harm. This disproportionality is reinforced and exacerbated by experiences of multiple unmet needs and poverty, while systemic disadvantages associated with race, disability, and immigration status further intersect and compound these links. The data within this briefing shows that it is reductive to consider these issues in isolation: each form of inequality reinforces and augments the other. We urge policy-makers, practitioners, funders, and commissioners to respond to our recommendations and take immediate action in order to reduce the risk of domestic abuse, make clear the connections between domestic abuse and suicidality, and ultimately better support those most at-risk.



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Recommendations

As a matter of priority, we urge policy-makers, practitioners, funders, and commissioners to:

Ensure that all relevant strategies make explicit the connections between gender, domestic abuse, and suicidality.

- At the national level, this should include the anticipated National Suicide Prevention Strategy 2023, and future changes to the Tackling Violence Against Women and Girls Strategy, the Domestic Abuse Act 2021 Statutory Guidance, and The Women's Health Strategy.²⁶

²⁶ The Tackling Domestic Abuse Plan makes explicit the link between suicide and domestic abuse. UK Government (2022) [Tackling Domestic Abuse Plan](#).

- These refreshed strategies should highlight the higher risks of suicidality and self-harm facing women who experience domestic abuse, including those with experience of poverty; Black, Asian, minoritised, and migratised women, and women with multiple unmet needs. Strategies should provide solutions to tackling these interconnected challenges.
- At the local level, Local Health Partnerships must acknowledge and respond to these connections within their local suicide prevention strategies. Local suicide prevention partnerships should include a wider range of representatives, including public health teams, domestic and sexual abuse charities, and specialist 'by and for' services.²⁷

Carry out trained enquiry into domestic abuse and provide support for survivors across public services.

- A statutory duty should be placed on public authorities to ensure staff make trained enquiries about domestic abuse and respond appropriately with proper pathways into support.

27. This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led 'by and for' Black, Asian, minoritised, and migratised women, LGBTQ+ women, and disabled women.

- ‘Routine enquiry’ - asking women and girls whether they have experienced violence and abuse - should become standard practice across a range of health and support services.²⁸ Any enquiries into abuse must be accompanied by robust training and support for staff to identify and respond to disclosures in a safe and supportive way. This should follow sensitive enquiry guidelines.²⁹
- All Government departments, and relevant arm's length bodies, should fund and incentivise public services to invest in training and accompanying practical guidance on how to recognise and respond to disclosures in a gender-, age-, trauma-, and culturally- responsive way.
- As part of this training, practitioners must be supported to understand the links between domestic abuse and suicidality, and the ways in which violence, abuse, and trauma can drive multiple unmet needs, often compounded by race, poverty, age, disability, and immigration status.
- Safe reporting mechanisms for survivors accessing vital public services must be established so that women can disclose without fear of immigration enforcement: No Recourse to Public Funds conditions must be lifted; and the Domestic Violence Rule and the Destitution Domestic Violence Concession (DDVC) must be extended to ensure migrant survivors can safely report and access support.

28. Agenda Alliance (2020) [Ask and Take Action, Why public services must ask about domestic abuse?](#)

29. For an overview of sensitive enquiry guidelines, see IRISi, [What is IRIS?](#)

Ensure that the links between domestic abuse and suspected victim suicides are recorded and adequately investigated.

- The College of Policing must consult with the Home Office and the National Police Chiefs' Council to develop training on domestic abuse for the police that addresses the links between domestic abuse, coercive control, economic abuse, and suicide.
- In instances of unexpected deaths or suspected suicide, the attending police officer and officers working within initial enquiries should make reasonable checks for a known history of domestic abuse crimes and non-crime incidents. This should include checks on all police databases in relation to the name of the victim, the name of the partner, the address, as well as enquiring with family members if they have any concerns about domestic abuse.
- The Chief Coroner should produce further guidance on how Coroners conduct inquests in instances of unexpected deaths or suspected suicides where there is reason to suspect that domestic abuse was a contributing factor. This should include examining reports made by the victim to statutory agencies about domestic abuse, as well as all actions that were taken as a result.

- The National Police Chiefs' Council should explore with Coroners whether there is scope for standardising unexpected death investigations undertaken by the police. This might include standardising all unexpected death reports across police services and adding a routine prompt about domestic abuse history.

Prioritise reducing the likelihood of economic abuse by improving women's opportunities to leave abusers.

- Household Universal Credit (UC) payments must be separated by default as a matter of urgency by either: a percentage split; the child element being paid to the main carer; elements paid to the person qualifying for them; or removing child elements from UC and paying these separately.³⁰
- Individual benefits should continue to increase annually in line with inflation to ensure that poverty is not a barrier to those leaving abusers.

30. A comprehensive list of possible Universal Credit division can be found here: [Surviving Economic Abuse, Women's Budget Group & End Violence Against Women \(2018\) Universal Credit & Financial Abuse, Exploring the links.](#)

Develop the body of evidence to increase knowledge and understanding of the links between gender, domestic abuse, and suicide.

- The Department of Health and Social Care (DHSC) should develop a national research base for increased knowledge and understanding of the links between domestic abuse, self-harm, and suicide.
- The Office for Health Improvement and Disparities (OHID) should gather further data for its Suicide Prevention Profile, including disaggregating data by race, deprivation, age, and gender.

Provide sufficient and long-term funding for domestic and sexual abuse charities and service providers.

- Funding should be ring-fenced, core, multi-year, and unrestricted for domestic and sexual abuse charities and service providers to meet needs across the UK.

- This should include ensuring provision is appropriate for and responds to the needs of women and girls with multiple unmet needs, Black, Asian, minoritised, and migratised women and girls, LGBTQ+ survivors, and those with disabilities. It must also include provision for access to services for migrant women with No Recourse to Public Funds.
- Annual and multi-year ring-fenced funding should be made available for Independent Domestic Violence Advisers (IDVA) provision to meet the needs of victims at the highest risk, as well as to support victims below the high-risk thresholds.

Collect the data needed to ensure that the factors that drive inequalities are better understood, monitored, and responded to.

- The Department for Health and Social Care must collect population-wide data that spans poverty, mental health, self-harm, and violence and abuse, in both England and Wales, to understand the factors that drive inequalities in health and wellbeing.

- This should include continuing the Adult Psychiatric Morbidity Survey (APMS) series in England, and an equivalent survey being commissioned in Wales. It is important that future survey samples are large enough or boosted to support disaggregated analysis across gender, ethnicity, and age at a minimum, and that people experiencing homelessness and who are in the criminal justice and mental health systems are included in specific surveys of those populations.

Acknowledgements

- Agenda Alliance wishes to thank all the women and men who participated in the Adult Psychiatric Morbidity Survey (APMS) and shared their experiences, thereby making this research possible.
- This briefing extends a 2022 Lancet Psychiatry article with new analyses by Sally McManus (of the Violence, Health and Society - VISION - consortium) providing further gender disaggregation and new attention to poverty and financial strain.³¹
- Agenda Alliance also wishes to thank Ellie Butt at Refuge, Hermione Greenhalgh at Safe Lives, Cherryl Leach at Advocacy After Fatal Domestic Abuse, Sophie Naftalin at Bhatt Murphy, Nogah Ofer at the Centre for Women's Justice, and Nicola Sharp-Jeffs at Surviving Economic Abuse for supporting us in the production of this briefing and providing valuable guidance on our policy recommendations.

31. McManus et al. (2022) [Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England](#). The Lancet Psychiatry.

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