Last summer I had the privilege of participating in a SAMHSA-sponsored Technical Expert Panel on Intimate Partner Violence (IPV) and Suicide Prevention. It was both enlightening and inspiring to share ideas and experiences with colleagues dedicated to preventing IPV and to treating the physical, emotional, and spiritual harm it causes. The paramount issue for people working to intervene in IPV is the immediate safety of victims. But research has shown that exposure to IPV, whether as a victim or as a child witnessing violence in the home, can continue to manifest itself years later in violence towards others or self.

Drs. Catherine Cerulli and Wendi Cross along with their community partners at the Injury Prevention Research Center for Suicide Prevention are currently evaluating a project that assists domestic violence hotline advocates in learning to recognize and respond to suicide risk among callers. Dr. Cerulli’s preliminary data reveal that almost one-third of women seeking protection orders have experienced suicidal thoughts or behaviors. Those of us working to prevent suicide can help our colleagues working to prevent IPV ensure that victims and perpetrators – and children who are exposed to this violence – are assessed for the mental health consequences of trauma, including suicidal behavior.

The relationship between suicide prevention and IPV prevention should not be a one-way street. We in the field of suicide prevention may need to learn when and how to screen people experiencing suicidal behaviors for involvement in IPV or other forms of domestic violence. This is critical since most IPV never comes to the attention of police, courts, or social service systems but still can raise the risk of suicide among those affected.

Practitioners in the fields of suicide prevention and IPV prevention may have to negotiate some cultural differences – notably in our perspectives on the role of the perpetrator. Behavioral health practitioners, as well as those in the criminal justice system, who work to prevent and treat the consequences of IPV tend to focus most of their efforts on its victims. But a substantial percentage of IPV perpetrators may also be at elevated risk for suicide – sometimes as a result of their own exposure to IPV or other forms of domestic violence (such as child abuse) earlier in their lives. As with bullying, comprehensive programming to address self-directed violence among
perpetrators may also help reduce their involvement in violence against others.

Dedicated researchers, practitioners, and advocates have made great strides in understanding and preventing suicidal behaviors. Similar progress has been made on other behavioral health challenges including substance abuse, domestic violence, and mental illness. But a narrow focus on a single issue can sometimes isolate us from sources of new insight. The promising work that has begun at the intersection of suicide and IPV is a great example of what can be accomplished when different prevention communities intentionally and systematically seek ways to serve our mutual goal of promoting the behavioral health of the nation.

Resources


Suicide & intimate partner violence [3]: An archived two-part webinar from the Substance Abuse and Mental Health Services Administration.

The intersection of suicide research and public health practice: Suicide and domestic violence [4]: An archived webinar from the Injury Control Research Center for Suicide Prevention.

Links within this resource
[1] http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm