

# Suicide and the Danger Assessment: Links Between Suicide, Intimate Partner Violence, and Homicide

by Jill Messing & Jacquelyn Campbell

*In this piece, two highly eminent experts on intimate partner violence and danger assessment discuss the worst-of-the-worst outcomes occurring in the most severe cases of IPV—that is, suicide of the victim and/or the perpetrator, or the death of both partners via murder suicide. While victims of IPV themselves have a greater risk of suicide, especially when the violence has been chronic, long-lasting, and severe, they also have a higher risk of being killed by their abuser. And, the authors add, among the predictors of lethality is the abuser’s own threats to kill himself, a threat that is commonly reported by survivors of IPV.*

**T**he Centers for Disease Control and Prevention (CDC) indicate that suicide is one of the 10 leading causes of death for women who are between 10 and 64 years of age.<sup>1</sup> Women who are survivors of intimate

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partner violence (IPV) are at higher risk for suicide threats, attempts, and death due to suicide. Indeed, in a study that we conducted with colleagues in 2011, we found that one in five female victims of IPV had threatened or attempted suicide in their lifetimes<sup>2</sup> and this risk for suicidal ideation and behavior among IPV survivors has been substantiated across multiple studies.<sup>3</sup> Among African-American women, IPV has been shown to more than double suicide attempts.<sup>4</sup> Younger women and those with chronic illness or a disabling disease may be at higher risk for suicide threats and attempts.<sup>5</sup>

Some characteristics of IPV increase the risk for suicide further, such as sexual abuse and severe IPV.<sup>6</sup> Risk for homicide has also been associated with women's suicide attempts and threats.<sup>7</sup> The Danger Assessment is an IPV risk assessment that is intended to predict risk for homicide among IPV survivors ([www.DangerAssessment.org](http://www.DangerAssessment.org)) and to be used for safety

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<sup>1</sup> Centers for Disease Control and Prevention (2015). Leading Causes of Death (LCOD) by Age Group, All Females-United States, 2015. Retrieved June 2, 2019 from <https://www.cdc.gov/women/lcod/index.htm>.

<sup>2</sup> Cavanaugh C.E., Messing J.T., Del-Colle M., O'Sullivan C. & Campbell J.C. (2011). Prevalence and correlates of suicidal behavior among adult female victims of intimate partner violence. *Suicide Life-Threatening Behavior*, 41(4), 372-383. doi: 10.1111/j.1943-278X.2011.00035.x.

<sup>3</sup> Afifi, T.O., Macmillan, H., Cox B.J., Asmundson, G.J.G., Stein, M.B. & Sareen J. (2009). Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. *Journal of Interpersonal Violence*, 24(8), 1398-1417. Available at <https://journals.sagepub.com/doi/abs/10.1177/0886260508322192>; Ellsberg, M., Jansen, H.A.F.M.H.L., Watts, C.H. & Garcia-Moreno C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *Lancet* 371, 1165-1172; McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E. & Hall, I. (2005). Intimate partner sexual assault against women and associated victim substance use, suicidality, and risk factors for femicide. *Issues in Mental Health Nursing*, 26, 953-967; Sato-Dilorenzo, A. & Sharps P. (2007). Dangerous intimate partner relationships and women's mental health and health behaviors. 28(8), 837-848. Available at <https://www.tandfonline.com/doi/abs/10.1080/01612840701493535>; Weaver, T.L., Allen, J.A., Hopper E., Maglione, M.L., McLaughlin, D.M. (2007). Mediators of suicidal ideation within a sheltered sample of raped and battered women. *Health Care Women Int.* 28(5), 478-489.

<sup>4</sup> Kaslow, N.J., Thompson, M.P., Meadows, L.A., Jacobs, D., Chance S. & Gibb, B., et al. (1998). Factors that mediate and moderate the link between partner abuse and suicidal behavior in African American women. *J. Consult. Clin. Psychol.*, 66(3), 533-540.

<sup>5</sup> Taft, C.T., Schumm, J.A., Marshall A.D., Panuzio, J. & Holtzworth-Munroe, A. (2008). Family-of-origin maltreatment, posttraumatic stress disorder symptoms, social information processing deficits, and relationship abuse perpetration. *Journal of Abnormal Psychology*, 117(3), 637-646.

<sup>6</sup> Coker A.L., Smith P.H., Thompson M.P., McKeown R.E., Bethea L. & Davis, K.E. (2002). Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health & Gender-Based Medicine*, 11(5), 465-476. Available at [https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1114&context=crvaw\\_facpub](https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1114&context=crvaw_facpub).

<sup>7</sup> Sato-Dilorenzo & Sharps, supra note 3.

planning.<sup>8</sup> Women who score in the two highest categories of homicide risk (“severe danger” or “extreme danger”) on the Danger Assessment were more likely to have ever threatened or attempted suicide than women in the lowest risk assessment category, even after taking into account other predictors of suicide.<sup>9</sup>

There are multiple theories that attempt to explain these associations between suicide, severe IPV, and homicide risk. It may be that increased homicide risk or greater danger in a violent intimate relationship has more acute impacts on mental health (for example, increased posttraumatic stress disorder, anxiety, and depression) and it is these mental health effects that increase the risk for suicide.<sup>10</sup> In the interpersonal theory of suicide, it is theorized that one aspect of suicide risk is acquired capability, when an individual develops a lower fear of death and elevated physical pain tolerance.<sup>11</sup> Risk of severe or lethal violence from an intimate partner may result in a decreased fear of death and elevated physical pain tolerance among women abused by a male intimate partner and, as such, may be one indicator of acquired capability.<sup>12</sup> Finally, women with limited feelings of self-efficacy are likely to perceive that they have limited social support from family and friends which, in turn, was associated with suicide attempts after controlling for IPV and depression.<sup>13</sup>

Suicide is preventable.<sup>14</sup> The Danger Assessment includes a question on the IPV survivor’s suicide ideation and threats (Question 20: “Have you ever threatened or tried to commit suicide?”) in order to assess for the IPV survivor’s suicidal ideation as a mechanism for intervening and preventing suicide. This is the only question on the Danger Assessment that is not a risk factor for intimate partner homicide (and is not included in the weighted scoring of the Danger Assessment); this question is asked because IPV survivors are at high risk for suicide, particularly when they have experienced severe IPV or are at high risk for homicide. For survivors who indicate that they have

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<sup>8</sup> Messing, J.T. (2019). Risk-informed intervention: Using intimate partner violence risk assessment within an evidence-based practice framework. *Soc. Work, 64*(2), 103–111. doi:10.1093/sw/swz009.

<sup>9</sup> Cavanaugh et al., supra note 2.

<sup>10</sup> Johnson, D.M., Delahanty, D.L. & Pinna, K. (2008). The cortisol awakening response as a function of PTSD severity and abuse chronicity in sheltered battered women. *J. Anxiety Disord., 22*(5), 793–800; Taft, C.T., et al., supra note 5.

<sup>11</sup> Van Orden, K.A., Witte, T.K., Cukrowicz, K.C., Braithwaite S.R., Selby, E.A. & Joiner, T.E.J. (2010). The interpersonal theory of suicide. *Psychol. Rev., 117*(2), 575–600.

<sup>12</sup> Cavanaugh, C.E., Messing, J.T., Eyzerovich, E. & Campbell, J.C. (2015). Ethnic differences in correlates of suicidal behavior among women seeking help for intimate partner violence. *Crisis, 36*(4), 257–266. doi:10.1027/0227-5910/a000321.

<sup>13</sup> Thompson, M.P., Kaslow, N.J., Short, L.M. & Wyckoff, S. (2002). The mediating roles of perceived social support and resources in the self-efficacy-suicide attempts relation among African American abused women. *J. Consult. Clinical Psych., 70*(4), 942–949. doi:10.1037/0022-006X.70.4.942.

<sup>14</sup> World Health Organization (2004). Suicide huge but preventable public health problems, says WHO. Available at <https://www.who.int/mediacentre/news/releases/2004/pr61/en/>.

threatened or tried to die by suicide, the practitioner should explore whether these suicidal thoughts or attempts were recent, whether the client has a plan, and, if so, whether the client has the means to carry out that plan.<sup>15</sup> As with all questions on the Danger Assessment, this question should be used for safety planning with the survivor. Safety planning should be conducted within an evidence-based practice framework, wherein practitioner expertise is used to provide suggestions for safety planning and intervention while respecting a client's autonomy and self-determination.<sup>16</sup>

Women are more likely to experience IPV, including severe IPV, and they are more likely than men to be killed by an intimate partner.<sup>17</sup> As such, the majority of research on the association between survivor suicide and IPV has been conducted with women. However, male veterans are a population that faces particularly high rates of suicide. In a limited sample of male veterans from a single state, 17.9% reported IPV involvement (victimization, perpetration, or both). Veterans who reported IPV involvement were three times more likely than those who did not report IPV involvement to report suicidal ideation and were twice as likely to have attempted suicide.<sup>18</sup>

Most research on men's suicidal threats in the context of IPV focuses on the perpetrator's threats of suicide. Between 19% and 26% of men who kill their partners later die by suicide, compared to 3% of women (who often kill in self-defense because of a partner's abuse).<sup>19</sup> The Danger Assessment asks (Question 16): "Has he ever threatened or tried to commit suicide?" because the suicide threats or attempts of the person who uses violence are associated with risk for homicide-suicide.<sup>20</sup>

In the 12-city femicide (*i.e.*, homicide of women) study, suicide threats/attempts distinguish femicide-suicide perpetrators from perpetrators who killed their partners without killing themselves and from men who abused their partners but did not kill them. Additional risk factors specific to femicide-suicide in this study were prior IPV and the perpetrator and victim having been married.<sup>21</sup> Other researchers have identified perpetrator depression and unemployment, as well as prior IPV, and a perceived rejection by the

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<sup>15</sup> Centers for Disease Control and Prevention (2018). Suicide rising across the U.S.

<sup>16</sup> Messing, *supra* note 8.

<sup>17</sup> Campbell, J.C., Glass, N., Sharps, P.W., Laughon, K. & Bloom, T. (2007). Intimate partner homicide: Review and implications of research and policy. *Trauma, Violence, Abuse*, 8(3), 246–269. doi:10.1177/1524838007303505.

<sup>18</sup> Cerulli, C., Stephens, B. & Bossarte, R. (2014). Examining the intersection between suicidal behaviors and intimate partner violence among a sample of males receiving services from the Veterans Health Administration. *American Journal of Men's Health*. doi:10.1177/1557988314522828.

<sup>19</sup> Marzuk P.M., Tardiff K. & Hirsch C.S. (1992). The epidemiology of murder-suicide. *JAMA*, 267(23), 3179–3183.

<sup>20</sup> Koziol-McLain J., Webster D., McFarlane J., et al. (2006). Risk factors for femicide-suicide in abusive relationships: Results from a multisite case control study. *Violence and Victims*, 21(1), 3–21. doi:10.1891/vivi.21.1.3.

<sup>21</sup> Koziol-McLain, et al., *supra* note 20.

intimate partner (such as the ending of the relationship or sexual jealousy) as common precursors to homicide-suicide.<sup>22</sup>

Homicide-suicide is the cause of a significant number of lives lost. In Campbell's 2003 femicide study, approximately one-third of intimate partner femicides ended in perpetrator suicide.<sup>23</sup> Researchers estimate that homicide-suicide accounts for 1,000-1,500 deaths/year in the U.S.<sup>24</sup> This is consistent with an analysis conducted by the Violence Policy Center (VPC) finding that there were 663 deaths that were the result of 296 murder-suicides over six months in 2017 (Jan. 1 – June 30).<sup>25</sup> In these data, 253 of the victims were identified as female and 263 of the offenders were identified as male.

In addition to the 2017 data, the VPC collected these same data in 2001, 2005, 2007, 2011, and 2014. Across these years, 65%-74% of homicide-suicides were perpetrated in the context of intimate partnerships. Specifically, in 2017, 65% of the homicide-suicides involved intimate partners; of these, 96% were females killed by males and 94% of perpetrators used a firearm. This is consistent with other research on intimate partner homicide-suicide.<sup>26</sup> Furthermore, in the VPC data, between 42 and 55 children were killed and an additional 44-46 children were witnesses to the homicide-suicides per year across the years for which these data were collected.<sup>27</sup>

Some of the offenders in the VPC data killed more than one person before taking their own lives; as such, there were 367 people killed by 296 offenders over the six month period studied in 2017. Over half (55%) of the multiple homicide-suicide incidents with three or more victims were familicides (*i.e.*, men killing their families and then themselves).<sup>28</sup> Familicides are committed almost exclusively by men and are generally carefully planned.<sup>29</sup>

Everytown for Gun Safety compiled records of mass shootings (with four or more victims) from 2009-2017 and identified IPV as a "driving factor" in these killings as well. Indeed, 54% of identified incidents were related to domestic or family violence and 86% of child fatalities committed in mass shootings were related to domestic violence. Further, over 40% (70/173) of perpetrators in mass shootings died by suicide with another 17 murderers being killed by the police.<sup>30</sup>

Across research on homicide-suicide, familicide, and mass shootings, intimate partner violence is a common element. Perpetrator suicide threats

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<sup>22</sup> Felthous, R. & Carolina, N. (1995). Combined homicide-suicides: A review. *J Forensic Sci.*; 40(5), 846-857.

<sup>23</sup> Koziol-McLain, et al., *supra* note 20.

<sup>24</sup> Marzuk et al., *supra* note 19.

<sup>25</sup> Violence Policy Center (2018). *American Roulette: Murder-Suicide in the United States* (4th ed.), Washington, D.C.

<sup>26</sup> Koziol-McLain, et al., *supra* note 20; Felthous, *supra* note 21.

<sup>27</sup> Violence Policy Center, *supra* note 25.

<sup>28</sup> *Ibid.*

<sup>29</sup> Marzuk et al., *supra* note 19.

<sup>30</sup> Everytown for Gun Safety (2017). *Mass shootings in the United States 2009-2017*.

are a risk factor for homicide-suicide, and consistent themes include the use of firearms, dissolution of a marital relationship, perpetrator depression, and unemployment. When combined with suicide threats, explicit or implicit threats to kill a partner and/or threats to kill children may indicate an increased likelihood for familicide. Removing firearms from perpetrators of IPV is a strategy that is suggested for reducing these tragedies, although Everytown for Gun Safety points out that at least one-third of mass shooters were prohibited from possessing firearms, indicating an additional need for enforcement of laws prohibiting the possession of firearms.<sup>31</sup>

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<sup>31</sup> Marzuk et al., note 19. Everytown for Gun Safety, *supra* note 30.



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