Knipe, D., Vallis, E., Kendall, L., Snow, M., Kirkpatrick , K., Jarvis, R., Metcalfe, C., Eisenstadt, N., & Bickham, V. (in press). Suicide rates in high-risk high-harm perpetrators of domestic abuse in England and Wales: a cohort study. *Crisis: Journal of Crisis Intervention and Suicide Prevention*.

Short report

Suicide rates in high-risk high-harm perpetrators of domestic abuse in England and Wales: a cohort study

Duleeka Knipe [1*], Emma Vallis [2], Luke Kendall [3], Martha Snow [2], Kyla Kirkpatrick [2], Rosie Jarvis [3], Chris Metcalfe[1], Nathan Eisenstadt [1], Viv Bickham [2]

[1] Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, BS8 2PS, UK

[2] SafeLives, Suite 2a, Whitefriars, Lewins Mead, Bristol BS1 2NT

[3] Respect, HubHub, 20 Farrindon St, London, EC4A 4AB

*Corresponding author

Dee.knipe@bristol.ac.uk ; +44 117 455 4583

Acknowledgements

The work was supported by the NIHR Biomedical Research Centre at University Hospitals Bristol and Weston NHS Foundation Trust and the University of Bristol (BRC-1215-20011**)**.

Conflicts of interest

EV, LK, MS, RJ, KK and VB are employed by Respect and SafeLives which were two of the partner organisation that developed the Drive partnership and project.

Funding sources

DK was supported by the Wellcome Trust through an Institutional Strategic Support Fund Award to the University of Bristol (204813) and the Elizabeth Blackwell Institute for Health Research University of Bristol

Publication ethics

Ethical approval was not obtained for this study as it utilised secondary data from a service and contained no identifiable data.

Authorship

DK, LK, VB conceptualised the study, EV curated the data, DK conducted the analysis supported by CM, all authors provided intellectual input, and critically reviewed the paper and approved the final version.

Abstract

Background: A limited amount of research indicates a high prevalence of mental illness in perpetrators of domestic abuse (DA)

Aims: Estimate the suicide rate in high-risk high-harm perpetrators of DA.

Method: We utilised data collected as part of Drive, which supports and challenges perpetrators of DA to reduce their harmful behaviours. Using routine anonymised data, we established a cohort of clients (n=3475) who were referred via Multi-Agency Risk Assessment Conferences to the service, and were followed up during service engagement.

Results: Most clients were male (92%), and White British (76%) with a median age of 32 years (IQI 27-39). There were 10 male suicide deaths recorded with an estimated male suicide rate of 461 per 100,000 (95% CI 248, 856).

Limitations: Analysis was restricted to those referred to the service and a specific group of perpetrators, limiting the generalisability to all perpetrators of DA.

Conclusion: The suicide rate in this high-risk high-harm DA perpetrator group is significantly higher than many other high-risk groups. Improving their mental health and outcomes is imperative to reduce the suicide deaths in this group and therefore reduce the impact such deaths would have on the victims of abuse.

Background

The prevalence of mental illness is high amongst domestic abuse (DA) perpetrator populations (Oram et al., 2022). These individuals are also significantly more likely to have been exposed to childhood trauma than the general population (Fulu et al., 2017). Amongst those in touch with mental health services a year before their death, 10% of middle-aged men were perpetrators of DA (NCISH, 2021). We don't know what the suicide rate is amongst DA perpetrator populations in the UK.

Amongst DA perpetrators, there is a subgroup of primarily male offenders, whose victims are at high risk of serious harm (i.e. injury or death), and who may have multiple victims. There are roughly 400,000 high/medium harm DA perpetrators in the UK, but only a small percentage are in touch with specialist support services (roughly 1%)(Drive project, 2022). Of those in touch with services, it is estimated that 62% have significant mental health problems, and 21% have planned or attempted suicide (Hester et al., 2019).The adverse consequences of surviving DA are likely to have lasting impacts. If DA perpetrators are also more likely to die by suicide, which in itself is a tragic loss of life, being bereaved by suicide is strongly associated with future suicidal behaviour (Pitman et al., 2014). Thus, further exposing victims and their families to risk factors which negatively impact on their mental health and increase the likelihood of premature death.

Using data from Drive, a service for high-risk high-harm DA perpetrators, we aim to estimate the rate of suicide in this group.

Method

Data source:

The data used in this analysis represents the client population within the Drive project. The Drive project began in 2016 to deliver an intervention to help high-risk high-harm DA perpetrators reduce their harmful behaviours and disrupt their abuse (Drive project, 2022) – see supplementary material for further details.

Participants:

High-risk high-harm DA perpetrators who had been identified via the Multi-Agency Risk Assessment Conferences (MARAC) referral pathway for associated victims and referred onto Drive. MARAC are meetings where local agencies from a range of sectors including, but not limited to, police, health, child protection, housing, DA advisors, and probation, share information about high-risk DA victims. All open cases on the Drive case management system between 21/03/2016 and 11/04/2022 were included. Data on age, sex, ethnicity, sexual orientation, religion, nationality, and employment status were collected.

Suicide data:

The Drive service manager is informed of any suicide deaths that have occurred in their client population by the police or independent domestic violence advisors who work with the victims of the perpetrator.

Statistical analysis:

Follow-up time for each client was calculated from the date on which they were registered with the service until the date on which they left (e.g. due to suicide, loss of contact, or case closure) or the end of study data collection on 11/04/2022. We use the *strate* command in Stata 16 to calculate a suicide rate with 95% confidence intervals.

Results

Between 21/03/2016 and 11/04/2022 there were 3,475 cases on the Drive case management system with at least one day of follow-up. Most clients were male (92%) with an average age of 32 years (IQI 27-39; range 16-81) (Table 1). Of those with data on ethnicity (79%), the majority were White British (76%). Forty-two percent of clients were unemployed, while 18% were in full-time employment.

Clients were followed up for an average of 245 days (i.e., roughly 8 months; IQI 134, 324). There were 10 suicide deaths recorded in this population during the follow-up period, with all deaths occurring in male clients. The median age of those who died by suicide was 40.5 years (IQI 30, 50). The estimated male suicide rate was 460.7 per 100,000 person-years (95% CI 247.9, 856.2).

Table 1 – Basic descriptives of the study sample

	n (%)
Age (yrs)	
16-24	583 (16.8)
25-44	2404 (69.2)
45-64	464 (13.4)
65+	16 (0.5)
Missing	8 (0.2)
Sex	
Female	107 (3.1)
Male	3186 (91.7)
Missing	182 (5.2)
Ethnicity	
White-British	2081 (59.9)
White-Other	96 (2.8)
Mixed heritage	73 (2.1)
Indian	51 (1.5)
Pakistani	73 (2.1)
Asian other	50 (1.4)
Black-African	58 (1.7)
Black-Caribbean	130 (3.7)
Black-Other	89 (2.6)
Other	31 (0.9)
Missing	743 (21.4)
Employment status	
Full-time	628 (18.1)
Part-time	94 (2.7)
Self-employed	193 (5.6)
Unemployed	1448 (41.7)
Education or training	35 (1.0)
Missing	14 (0.4)

IQI – Interquartile interval

Discussion

To the best of our knowledge, this is the first study in the UK to estimate the rate of suicide in perpetrators of DA. In this population of high-risk high-harm DA perpetrators who are in touch with services, we estimate an annual male rate of suicide of 461 per 100,000 (95% CI 248, 856). The suicide rate in males in England and Wales is 16 per 100,000, with the highest suicide rate in males aged 45-64 years (20 per 100,000) (Office for National Statistics, 2022). The rate in high-risk high-harm perpetrators of DA is therefore 23 times greater than the highest age-specific suicide rate in the general population.

Previous research has also emphasised the higher annual rate of suicide in the England and Wales prison population (83 per 100,000)(Fazel et al., 2017) and those under probation supervision (118 per 100,000)(Phillips et al., 2018). Both these groups of individuals have been highlighted as being high risk and requiring targeted suicide prevention efforts in England and Wales (Department of Health, 2012; Health and Social Care, 2015). Our study shows how there is an additional DA perpetrator population, some of whom are not involved with the criminal justice system, who are four to five times more likely to die by suicide than those on probation or in prison. In suicide prevention strategies in both England and Wales, whilst there is a focus on victims of DA, there is no mention of the perpetrators responsible. These constitute a group of individuals who are more likely to have experienced many of the risk factors for suicide during their lifetime, but who are typically overlooked and often elicit unsympathetic responses from the public and services. Yet the needs of this population are complex, and the often chaotic nature of a perpetrator's life means that engaging with mental health care and support may be more challenging – making it even more important that they have access to appropriate services.

Scourfield et al. (2012) reported that 25% of suicide deaths in men were by perpetrators of abuse (Scourfield et al., 2012). Violence, against self or others, among a limited repertoire of other modes of emotional expression, may be a way of achieving/performing (hegemonic) masculinity(Chandler, 2019; River & Flood, 2021). Perpetrators of DA sometimes threaten suicide as a form of coercive control. This might lead to the dismissal of the expression of suicidal thoughts as 'fake', but many DA perpetrators who die by suicide have previously self-harmed (75%) or have expressed suicidal thoughts (73%) (Fitzpatrick et al., 2022). Suicide can also be seen as the ultimate form of control over a partner, which can make it hard to see DA perpetrators as a group worthy of support. This perception needs changing, as the death of a perpetrator will have lasting impacts on both the victim(s) of the abuse, and the perpetrator's children. Being bereaved by suicide is a significant risk factor for future suicidal behaviour (Pitman et al., 2014). This is coupled with the already elevated risk of suicide due to experiencing the abuse itself.

This study provides important insights and exploits routinely collected data from a third sector organisation which supports a group who are difficult to research and are often overlooked. The findings need to be interpreted considering their limitations. Firstly, the DA perpetrators included in this dataset are only a subset of the total DA perpetrator population, and the rate of suicide in the total DA perpetrator population is likely lower, as 'lower' harm DA perpetrators are likely to have fewer of the risk factors for suicide. Secondly, it is possible that informative censoring has occurred, which would remove those at greatest risk of suicide from this high-risk high-harm DA perpetrator dataset (i.e. those who were imprisoned). This is likely to lead to an underestimate of the rate. Lastly, suicide death data were recorded in the cohort only if it was reported to the service manager, it is possible that suicide deaths were missed which would mean that the estimated rate of suicide is an underestimate.

The risk of suicide in high-risk high-harm perpetrators of DA is high in England and Wales, much higher than many groups identified as priority populations. Perpetrators of DA can easily be overlooked as being unworthy of support – this must change. Without supporting desistance and improving mental health outcomes in these perpetrators, we are missing an important opportunity to reduce the risks for victims (partners, family members and children). This study highlights the importance of similar research in the wider DA perpetrator population.

Chandler, A. (2019). Boys don't cry? Critical phenomenology, self-harm and suicide. *The Sociological Review*, *67*(6), 1350-1366. https://doi.org/10.1177/0038026119854863

Department of Health. (2012). Preventing suicide in England. Retrieved 19/12/2022, from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf

Drive project. (2022). Drive Project: Briefing for interested sites. Retrieved 02/02/2023, from http://driveproject.org.uk/wp-content/uploads/2023/01/Drive-Briefing-for-interested-sites-160622-003.pdf

Fazel, S., Ramesh, T., & Hawton, K. (2017). Suicide in prisons: an international study of prevalence and contributory factors. *Lancet Psychiatry*, *4*(12), 946-952. https://doi.org/10.1016/S2215-0366(17)30430-3

Fitzpatrick, S. J., Brew, B. K., Handley, T., & Perkins, D. (2022). Men, suicide, and family and interpersonal violence: A mixed methods exploratory study [https://doi.org/10.1111/1467-9566.13476]. *Sociology of Health & Illness*, *44*(6), 991-1008. https://doi.org/https://doi.org/10.1111/1467-9566.13476

Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *Lancet Glob Health*, *5*(5), e512-e522. https://doi.org/10.1016/s2214-109x(17)30103-1

Health and Social Care. (2015). Talk to me 2: suicide and self harm prevention strategy for Wales 2015 to 2022. Retrieved 19/12/2022, from https://www.gov.wales/suicide-and-self-harm-prevention-strategy-2015-2020

Hester, M., Eisenstadt, N., Ortega-Avila, A. G., Morgan, K. J., Walker, S.-J., & Bell, J. (2019). valuation of the Drive Project: – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse. Retrieved 02/02/2023, from http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf

NCISH. (2021). Suicide by middle-aged men. Retrieved 08/09/2022, from https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/

Office for National Statistics. (2022). Suicides in England and Wales: 2021 registrations. Retrieved 08/09/2022, from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2021registrations

Oram, S., Fisher, H. L., Minnis, H., Seedat, S., Walby, S., Hegarty, K., . . . Howard, L. M. (2022). The Lancet Psychiatry Commission on intimate partner violence and mental health: advancing mental health services, research, and policy. *Lancet Psychiatry*, *9*(6), 487-524. https://doi.org/10.1016/S2215-0366(22)00008-6

Phillips, J., Padfield, N., & Gelsthorpe, L. (2018). Suicide and community justice. *Health & Justice*, *6*(1), 14. https://doi.org/10.1186/s40352-018-0072-7

Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry*, *1*(1), 86-94. https://doi.org/10.1016/S2215-0366(14)70224-X

River, J., & Flood, M. (2021). Masculinities, emotions and men's suicide. *Sociol Health Illn*, *43*(4), 910-927. https://doi.org/10.1111/1467-9566.13257

Scourfield, J., Fincham, B., Langer, S., & Shiner, M. (2012). Sociological autopsy: An integrated approach to the study of suicide in men. *Soc Sci Med*, *74*(4), 466-473. https://doi.org/https://doi.org/10.1016/j.socscimed.2010.01.054