Washington State Domestic Violence Fatality Review

Summary of Recommendations, 2000 – 2010
Suicide & Mental Health

In over 15 years, the Washington State Domestic Violence Fatality Review has consistently found that about 1/3 of domestic violence homicides are followed by the abuser's suicide death. Even more involve suicide attempts or threats.

Based on in-depth reviews of 84 domestic violence homicide and murder-suicide cases, the DVFR identified 11 key goals to improve the response to domestic violence in Washington State. Among these key goals: **Integrate understanding of domestic violence into mental health, suicide, and substance abuse interventions.**

The following is a summary of recommendations related to suicide and mental health from the six DVFR reports issued 2000-2010.Page numbers (in parentheses) indicate where each recommendation can be found in the full report, along with victim stories and relevant findings from review teams. Full reports are available at: dvfatalityreview.org/fatality-review-reports/

2010 *Up to Us*

Mental health, health care, and domestic violence experts: Collaborate to develop model screening tools for mental health and health care providers to routinely assess depressed and suicidal men for perpetrating domestic violence, and protocols for referrals, treatment, and disclosure to family members. (28)

Funders, researchers, mental health professionals, and domestic violence experts: Support and conduct research into effective interventions for men who are both abusive and suicidal, and develop a pilot treatment program. (28)

Substance abuse treatment providers: Routinely screen participants for domestic violence. Refer abusers to certified domestic violence batterer's intervention and victims to domestic violence advocacy programs. (28)

Family therapy and mental health counselors: Screen clients for domestic violence. Help victims identify options for safety and refer them to domestic violence advocacy programs. Refer abusers to certified domestic violence batterer's intervention. (28)

Health care and mental health providers should routinely screen men who disclose depression or suicidal thoughts for violent and controlling behavior toward partners and learn about the increased risk to partners when abusive men are depressed or suicidal. (67)

All branches of military service and the Veterans Health Administration should routinely screen returning troops and veterans for post-traumatic stress, depression, suicidal thoughts, and domestic violence and should educate service members and their partners about the risks of untreated depression and post-traumatic stress disorder. (67)

Suicide prevention programs should develop specific interventions for men who are abusing or controlling their partners. (67)

Suicide prevention programs should target outreach, community education efforts, and prevention messages to partners, friends, and family members of suicidal, abusive men. (68)

Counselors providing therapy to couples should have protocols in place that direct them to consider that domestic violence may be an issue for any couple seeking therapy; establish criteria for when to refuse joint counseling based on the risk of further violence; and routinely meet with each individual separately to screen for coercive control, threats of violence, and severity and frequency of violence. (69)

Counselors should consult local domestic violence programs to identify high-quality, state-certified batterer's intervention programs. Counselors should refer their clients who exhibit a pattern of abusive control over a partner to such programs and refer victims to the local domestic violence program. (69)

Churches and other religious institutions should require their clergy and counseling staff to receive ongoing training about domestic violence and should have protocols in place to address domestic violence among congregants. (69)

Professional associations of social workers, mental health counselors, marriage and family therapists, psychologists, and psychiatrists (e.g., National Association of Social Workers, American Mental Health Counselors Association, American Association for Marriage and Family Therapy, American Psychological Association, American Psychiatric Association) should include domestic violence education in licensing and accreditation requirements. (70)

Counselors and therapists should not assess a domestic violence victim's risk of harm based solely on a victim's or abuser's self-report when results will inform charging or sentencing decisions. (70)

2006 *If I Had One More Day…*

Mental health professionals should partner with domestic violence programs to connect domestic violence victims to advocacy and safety planning in addition to mental health services. (36)

All domestic violence programs should have relationships with mental health care providers who are well trained in domestic violence and can provide appropriate services to victims. (36)

Mental health professionals, suicide specialists, and domestic violence programs should collaborate to provide cross-training to each other and to increase their ability to provide the appropriate range of services to domestic violence victims who are suicidal or have other mental health concerns. (36)

Domestic violence advocates and everyone working with domestic violence victims should receive training on how to routinely screen for suicidality, how to recognize suicide warning signs, and what to do when these signs are identified. (36)

Domestic violence programs should incorporate suicide prevention into community engagement strategies for domestic violence prevention, and should include information about suicide and depression in outreach to victims. (37)

Suicide specialists should work collaboratively with domestic violence experts to develop suicide prevention strategies and public awareness campaigns specifically directed at victims of domestic violence. (37)

Suicide prevention efforts should include prevention strategies and outreach campaigns specifically directed at men who abuse their partners. (39)

Mental health providers and treatment developers should collaborate with domestic violence batterer's intervention and victim service experts to develop a best practice model for simultaneously addressing suicidality and domestic violence perpetration. (39)

Those in the criminal legal system who have ongoing contact with domestic violence abusers, such as probation officers and defense attorneys, should screen offenders for suicidal behavior or intention, and refer suicidal abusers to appropriate mental health and batterer's intervention programs. (39)

Law enforcement should immediately contact mental health professionals when a domestic violence abuser threatens suicide. Officers should provide the victim with information regarding the increased risk of homicide when an abuser is suicidal, and offer referrals to a domestic violence program for intensive safety planning. (39)

2004 *Every Life Lost Is a Call for Change*

Domestic violence programs should develop policies and procedures that maintain safety for all program participants while providing services to substance-abusing domestic violence victims. (49)

Domestic violence advocates should always ask victims about abusers' suicidal threats or behaviors. If victims reveal a history of suicidal ideation, advocates should inform and educate them about the risk of homicide and intensify safety planning. (49)

Law enforcement officers should always document threats of homicide and suicide in their reports. When domestic violence and suicide threats co-exist, officers should recognize the increased danger to the victim and should provide the victim with information about the increased risk of homicide and refer to a community-based domestic violence program for safety planning and other services. (68)

Officers should attempt to remove guns from the home when the abuser has a history of homicidal or suicidal threats. Domestic Violence Supplemental Forms should include questions that prompt officers to ask suspects about access to, location of and use of weapons. (70)

Judges, attorneys, advocates and court staff should ensure that Protection Order petitioners who mention an abuser's homicide or suicide threats are connected to advocacy services, made aware of their increased danger given these threats and supported to engage in immediate and detailed safety planning. (62)

2002 *"Tell the World What Happened to Me"*

Every professional (Child Protective Services, mental health, law enforcement, prosecutors, probation, medical personnel, substance abuse treatment providers, domestic violence advocates, housing advocates, Temporary Aid for Needy Families workers) who may come in contact with domestic violence perpetrators or victims should understand the increased risk of homicide when suicide and domestic violence coexist and be prepared to accurately identify this combination, as well as respond to it in ways that increase victim safety. (50)

Health professionals, psychologists, counselors, suicide specialists, batterer's treatment providers, medical providers, law enforcement, prosecutors, mental health professionals and domestic violence advocates should examine their institution's/discipline's policies and practices to identify: Barriers to identifying the combination of suicide and domestic violence; Barriers to taking concrete steps to increase victim safety when the combination is identified; Barriers to collaboration with other professionals when responding to suicidal abusers. (50)

Professionals across disciplines should work together to establish protocols for: Identifying the combination of suicide and domestic violence; Responding in ways that minimize the danger that suicidal domestic violence abusers pose to intimate partners, children and others. (50)

Advocates should always ask a victim about the abuser's suicidal behaviors. If there is a history of suicidal ideation, they should inform/educate women about the risk of homicide and intensify safety planning. (50)

Judges should use all the tools at their disposal to ensure the removal of firearms when abusers are suicidal. (50)

Courts should ensure that the minority of petitioners who mention homicide threats, and the even smaller number who mention suicide threats, are connected to advocacy, made aware of their increased danger given these threats and supported to engage in immediate and detailed safety planning. (53)

Protection Order advocates should inquire specifically about homicide and suicide threats, inform women of their increased danger if these are being made and safety plan accordingly. (53)

Safety plans for women reporting homicide and suicide threats should include getting weapons out of the house and car. (53)

Substance abuse and mental health providers should always screen individually for domestic violence and avoid offering couples counseling when it is identified. (57)

Judges should examine mental health providers' qualifications when weighing their recommendations regarding domestic violence. They should consider whether the mental health provider has received training on domestic violence, whether they are qualified to make recommendations in this area, and what information the mental health professional gathered prior to making the recommendation. (57)

2000 *Honoring Their Lives, Learning from Their Deaths*

Public education should indicate that intimate partner violence combined with suicidal threats indicates increased danger to the suicidal person's family. (33)

Professionals in all fields should understand that when domestic violence and a history of suicidal behaviors (e.g., prior suicide attempts, communication of intent or desire to kill oneself) coexist, this dramatically increases the risk of homicidal behavior toward an abuser's intimate partner and her loved ones. (34)

Professionals should act on their duty to warn the current or former intimate partner of the increased risk of homicide when they come into contact with an individual whose history of suicidal behaviors co-exists with a history of violence. (34)

Law enforcement officers should immediately call in mental health professionals when the primary aggressor in a domestic violence situation threatens suicide. (35)

Criminal justice system professionals should ensure that partners of suicidal abusers receive information regarding the danger of homicide, safety planning, and referrals to domestic violence programs. (35)

Judges should use all the tools at their disposal to ensure the removal of weapons when abusers are suicidal. (35)

Suicide specialists (on crisis lines, in hospitals, and mental health settings) should receive training on the relationship between suicidal behaviors and homicide risks when domestic violence is present. (36)

Domestic violence advocates, suicide and batterer's intervention specialists should work together to create strategies for responding to suicidal batterers, and recommend legislative changes if necessary. (36)

Advocates should always ask a victim about the abuser's suicidal behaviors. If there is a history of suicidal ideation, they should inform/educate women about the risk of homicide and intensify safety planning. (37)

Training for CPS workers, judges, and court evaluators should emphasize that when fathers have a history of abusive and controlling behaviors towards the child's mother, combined with a history of suicidal behaviors, children may be in danger. (38)

Geriatric providers should be especially alert to screening for domestic violence when older men become depressed or suicidal. (54)

Protection Order forms should ask about the history of homicidal or suicidal thoughts, threats, or behaviors. (60)

Officers should routinely ask victims about the abuser's history of making homicidal or suicidal threats. If suicide or homicide threats have been made, officers should educate the victim as to the increased risks the abuser poses to her and her children, and urge the victim to call a domestic violence program for help with safety planning. If the abuser is actively suicidal, officers should transport that person to the nearest appropriate hospital for evaluation. (65)