Screening and Safety Planning With Adults at Risk of IPV and Suicide: An Issue Brief for Clinicians

Introduction

Intimate partner violence (IPV) and suicide risk are two deeply challenging issues for survivors and clinicians alike. In clinical practice, IPV and suicide risk are often evaluated and addressed as separate challenges, yet survivors of IPV may have suicidal thoughts or behaviors.[1] Given this overlap, and because IPV is also a risk factor for suicide, it is important to address the problems jointly when they co-occur.

This issue brief identifies some of the challenges clinicians may encounter when working at the intersection of IPV and suicide risk and offers screening and safety planning strategies to consider when working with adult clients (i.e., patients) experiencing both suicide risk and a history of IPV.

Background

IPV refers to "abuse or aggression that occurs in a romantic relationship," such as physical and sexual violence, stalking, physical aggression, and domestic abuse.[2]

- **IPV impacts people of all age groups and genders**. Roughly 40% of women and 33% of men experience IPV during their lifetime.[2,3]
- **Men and women who are victims of IPV have increased risk of mental health problems**, such as depressive symptoms, anxiety symptoms, post-traumatic stress, substance use, and other health concerns.[4,5]
- In addition, **IPV and suicide share several risk factors**, such as a personal history of trauma and a history of depression. People who have experienced IPV may have a higher risk of suicide.[6,7]

Given the relationship between IPV and suicide, it is important for clinicians to screen and engage in safety planning with clients who report IPV and suicidal ideation.

Clinical Challenges

Research indicates that clinical graduate and professional programs do not adequately prepare clinicians to address IPV and suicide with their clients.[8,9,10] Mental health therapists have reported concerns about discussing suicide and IPV with their clients, including inadequate training, feelings of helplessness, and concern that discussing both IPV and suicide would damage the therapeutic relationship.[11]

Understandably, clinicians feel especially concerned when a client discloses imminent danger of suicide or violence. Responding appropriately to a disclosure of IPV or suicidal ideation can support the therapeutic alliance and reduce the potential for ethical or legal complaints. As such, **it is important that clinicians feel equipped to navigate these situations with confidence.**

Disclaimer

SPRC is not a direct service provider and does not endorse any particular screening tool or safety planning strategy. The content of this issue brief is intended for informational purposes only and does not constitute or substitute for medical or clinical advice, consultation, diagnosis, intervention, or treatment from a licensed health care professional.

SAMHSA/CMHS Grant No. 1H79SM083028

Screening and Safety Planning With Adults at Risk of IPV and Suicide: An Issue Brief for Clinicians

Considerations for Practice

Clinicians can tailor their clinical practice to help clients at the intersection of IPV and suicide risk. **Two important and complementary areas for consideration are screening and safety planning.** This section provides information on suicide and IPV screening tools and safety planning approaches that can be useful in clinical practice.

Suicide Screening

Screening for suicide risk can be a critical piece of suicide prevention in clinical settings.[12,13]

Screening can be completed either before or during a session. Clinicians should incorporate screening results into their conversation with the client during a session.

Examples of brief suicide screening tools include:

- Ask Suicide-Screening Questions **(ASQ)**
- Columbia-Suicide Severity Rating Scale **(C-SSRS)** Triage and Risk Identification Version
- Patient Health Questionnaire-9 **(PHQ-9)**
- Patient Safety Screener **(PSS-3)**

IPV Screening

It is important to identify clients who may be experiencing or at risk of IPV. [14,15,16,17,18]

Several IPV screening tools have been developed for use with men and women.[19] Similar to suicide screening, clinicians should incorporate screening results into their conversation with the client during a session.

Examples of brief IPV screening tools include:

Tools for screening women:

- Abuse Assessment Screen **(AAS)**
- Relationship Assessment Tool **(WEB)***
- Women Abuse Screen Tool **(WAST)**

Tools for screening men or women:

- Hurt, Insulted, Threatened, Screamed Tool **(HITS)**
- Ongoing Abuse Screen **(OAS)**
- Ongoing Violence Assessment Tool **(OVAT)**

*The Relationship Assessment Tool was originally named the Women's Experiences with Battering (WEB) tool. References in the literature and publications typically refer the original name and acronym. The Relationship Assessment Tool and the WEB are the same tool.

SAMHSA/CMHS Grant No. 1H79SM083028

Screening and Safety Planning With Adults at Risk of IPV and Suicide: An Issue Brief for Clinicians

Supporting the Therapeutic Alliance During Suicide and IPV Screening

People disclosing IPV or suicidal thoughts are likely to feel vulnerable. **The therapeutic alliance is essential to support the client during this vulnerable time.** The therapeutic alliance can influence the screening process in numerous ways, such as normalizing the process by letting clients know that all clients are screened, informing them about why they are being screened, and ensuring they understand what will happen based on the results of the screening. A clinician's capacity to communicate about these topics empathetically and comfortably can promote a sense of safety and openness. The "**LIVES**" strategy can be a helpful approach to build trust with the client.[20]

"LIVES" Strategy

- **Listen** with empathy and without judgment.
- **Inquire** about needs and concerns, including emotional, physical, social, and practical.
- **Validate** the person's experiences, emphasizing belief in and understanding of their experience.
- **Enhance** safety and discuss strategies for safety.
- **Support** the person by connecting them to services, information, and social support.

Safety Planning

Safety planning is an effective type of intervention for individuals experiencing IPV or suicidal thoughts. A suicide safety plan can help individuals experiencing suicidal ideation or behaviors to de-escalate their own suicide risk. [21]

There are several suicide safety planning tools that can be incorporated into clinical practice, including the CAMS Stabilization Plan, the Crisis Response Plan, and the Stanley-Brown Suicide Safety Plan. For example, the Stanley-Brown Suicide Safety Plan is a tool that helps clients to identify their suicide warning signs, internal coping strategies, social distractions, trusted supportive contacts, and strategies for lethal means safety.

A *suicide safety plan* can help individuals experiencing suicidal ideation or behaviors to de-escalate their own suicide risk.[21]

SAMHSA/CMHS Grant No. 1H79SM083028

Similarly, an **IPV safety plan** can help individuals experiencing IPV to identify resources and strategies to keep themselves safe. There are safety planning tools available for individuals experiencing IPV.

For example, the National Domestic Violence Hotline has an interactive safety planning template that includes steps for safety in an IPV context, such as using code words for discreet communication with trusted people, alternative routes for necessary travel, rapid exit strategies, and emergency contacts.[22] The Domestic Violence Personalized Safety Plan from the National Coalition Against Domestic Violence (NCADV) provides steps and similar strategies for increasing safety and preparing in advance for further violence.[23]

An *IPV safety plan* can help individuals experiencing IPV to identify resources and strategies to keep themselves safe.

When clients are at risk for both IPV and suicide, the clinician can work with the client to develop both an IPV safety plan and a suicide safety plan that are suitable to the client's circumstances. For example, a clinician could work with the client to develop a **NCADV Domestic Violence Personalized Safety Plan** and a **Stanley-Brown Suicide Safety Plan**. When developing both plans, it is important for the information in each plan to be consistent and complementary. The two plans should not have contradictory information. The clinician can enhance the consistency and complementarity of the two plans by asking questions that are attentive to the client's unique circumstances, such as:

- Are the coping strategies identified safe and feasible for the client's living situation?
- What public spaces are safe from a violent partner?
- Are the supportive contacts who are listed on the plans appropriate for both safety plans?
- What professional resources can be included for both suicide-specific and IPV-specific support?
- How can the client keep their safety plans easily accessible yet hidden from a violent partner?

After completing screening and safety planning with the client, the clinician should document which tools they used and why they were appropriate for the client.

Moving Forward

Clinicians can seek out opportunities for targeted training or enhanced support, such as training to improve assessment skills or collaboration with co-workers to improve clinical outcomes in their practice. In addition, clinical consultation and supervision can be helpful. A clinical supervisor who has experience at the intersection of IPV and suicide risk can help the clinician to improve clinical effectiveness and reduce the risk of burnout and vicarious trauma. The resources section of this document lists crisis lines and other information that mental health professionals may find helpful for learning more about this topic.

SAMHSA/CMHS Grant No. 1H79SM083028

Screening and Safety Planning With Adults at Risk of IPV and Suicide: An Issue Brief for Clinicians

Resources

Crisis Lines

988 Suicide & Crisis Lifeline and Chat
A national network of local crisis centers that provides free and confidential support to people in suicidal crisis or emotional distress (available 24/7)

National Domestic Violence Hotline Hotline for people experiencing domestic violence (available 24/7)

Victim Support Hotline for crime victims (available Monday–Friday, 9:00 a.m. to 5:00 p.m. ET)

Intimate Partner Violence Resources

The National Child Traumatic Stress Network
Resources for families and children affected by IPV

The National Child Traumatic Stress Network
Resources for families and children with traumatic grief

The Tribal Resource Tool
A searchable directory of services for American Indian and Alaska Native survivors of crime and abuse in Indian Country

Training Resources

Intimate Partner Violence and Suicide: Intersections in Context and Practice
A webinar sponsored by the Suicide Prevention Resource Center

H.O.P.E: Suicide Prevention for Crime Victims
A training program designed to support crime victim advocates in preventing suicide

Stanley-Brown Safety Planning Intervention
Training videos on implementing the Stanley-Brown Safety Planning Intervention

Safety Planning Resources

Stanley-Brown Suicide Safety Plan

CAMS Stabilization Plan

National Domestic Violence Hotline interactive safety planning template

Crisis Response Plan

SAMHSA/CMHS Grant No. 1H79SM083028

References

1. Kafka, J. M., Moracco, K. B. E., Taheri, C., Young, B., Graham, L. M., Macy, R. J., Proescholdbell, S. (2022). Intimate partner violence victimization and perpetration as precursors to suicide. *SSM Population Health, 18*. doi:10.1016/j.ssmph.2022.101079
2. Centers for Disease Control and Prevention. (2022). *Fast facts: Preventing intimate partner violence.* https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html
3. Centers for Disease Control and Prevention. (2020). *Intimate partner violence, sexual violence, and stalking among men.* https://www.cdc.gov/violenceprevention/intimatepartnerviolence/men-ipvsvandstalking.html
4. Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., Smith, P. H. (2021). REPRINT OF: Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventative Medicine, 61*(6), 777-786. doi:10.1016/j.amepre.2021.10.001
5. Dicola, D., Spaar, E. (2016). Intimate partner violence. *American Academy of Family Physicians, 94*(8), 646-651.
6. Centers for Disease Control and Prevention. (2022). *Facts about suicide*. https://www.cdc.gov/suicide/facts/
7. Capaldi, D. M., Knoble, N. B., Shortt, J. W., Kim, H. K. (2012). *A systematic review of risk factors for intimate partner violence. Partner Abuse, 3*(2), 231-280. doi:10.1891/1946-6560.3.2.231
8. McColgan, M. D., Cruz, M., McKee, J., Dempsey, S. H., Davis, M. B., Barry, P., Yoder, A. L., & Giardino, A. P. (2010). Results of a multifaceted intimate partner violence training program for pediatric residents. *Child Abuse & Neglect, 34*(4), 275–283. doi.org/10.1016/j.chiabu.2009.07.008
9. Warrener, C., Postmus, J. L., McMahon, S. (2013). Professional efficacy and working with victims of domestic violence or sexual assault. *Affilia, 28*(2), 194-206. doi:10.1177/0886109913485709
10. Moscardini, E. H., Hill, R. M., Dodd, C. G., Do. C., Kaplow, J. B., Tucker, R. P. (2020). Suicide safety planning: Clinician training, comfort, and safety plan utilization. *International Journal of Environmental Research and Public Health, 17*(18), 6444. doi:10.3390/ijerph17186444
11. Wilson, J. L., Uthman, C., Nichols-Hadeed, C., Kruchten, R., Thompson Stone, J., Cerulli, C. (2021) Mental health therapists' perceived barriers to addressing intimate partner violence and suicide. *Family, Systems, & Health, 39*(2), 188-197. doi:10.1037/fsh0000581
12. Suicide Prevention Resource Center. (2014). *Suicide screening and assessment.* https://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf
13. National Action Alliance for Suicide Prevention: Transforming Health Systems Initiative Work Group. (2018). *Recommended standard care for people with suicide risk: Making health care suicide safe.* Education Development Center, Inc. action_alliance_recommended_standard_care_final.pdf
14. American Medical Association. (2016). *AMA code of medical ethics.* https://code-medical-ethics.ama-assn.org/
15. Benavides, M. O., Berry, O. O., Mangus, M. (2019). *Intimate partner violence: A guide for psychiatrists treating IPV survivors.* American Psychiatric Association. https://www.psychiatry.org/psychiatrists/diversity/education/intimate-partner-violence
16. Health Resources & Services Administration. (2022). *Women's preventive services guidelines*. https://www.hrsa.gov/womens-guidelines-2016/index.html
17. Ramaswamy A., Ranji, U., & Salganicoff, A. (2019). *Intimate partner violence (IPV) screening and counseling services in clinical settings [Issue Brief]*. Henry J. Kaiser Family Foundation. http://resource.nlm.nih.gov/101767797
18. Women's Preventive Services Initiative. (2022). *Interpersonal and domestic violence.* https://www.womenspreventivehealth.org/recommendations/interpersonal-and-domestic-violence/
19. Basile K. C., Hertz, M. F., Back, S. E. (2007). *Intimate partner violence and sexual violence victimization assessment instruments for use in healthcare settings: Version 1.* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf
20. World Health Organization. (2014). *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*. https://www.who.int/publications/i/item/WHO-RHR-14.26
21. Nuij, C., van Ballegooijen, W., de Beurs, D., Juniar, D., Erlangsen, A., Portzky, G., O'Connor, R. C., Smit, J. H., Kerkhof, A., Riper, H. (2021). Safety planning-type interventions for suicide prevention: Meta-analysis. *British Journal of Psychiatry, 219*(2), 419-426. doi:10.1192/bjp.2021.50
22. National Domestic Violence Hotline. (n.d.). *Interactive guide to safety planning*. https://www.thehotline.org/plan-for-safety/create-a-safety-plan/#gf_1
23. National Center on Domestic and Sexual Violence. (n.d.). *Domestic violence personalized safety plan.* https://ncadv.sitewrench.com/personalized-safety-plan

SAMHSA/CMHS Grant No. 1H79SM083028