**Intimate partner violence and suicide (4 December 2015)**

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Research has highlighted the varied and often severe consequences of domestic violence and abuse (DVA). Of particular concern, a number of studies demonstrate a strong association between DVA victimisation and both suicidal thoughts and behaviour. Individuals who have experienced DVA are significantly more likely to report a suicide attempt than those without such history, with an estimated 35-40% making a suicide attempt at some point during or after the termination of an abusive relationship (Devries *et al*. 2011, Reviere et al. 2007). Although few studies have included male samples, DVA appears to be of clinical relevance for both males and females (Heru *et al*., 2006; Siemieniuk *et al.*2010). Consequently, it is important that screening for DVA and risk of suicide take place regardless of an individual’s gender.

Several recent studies have investigated the specific elements of DVA associated with suicidal behaviour. McLaughlin and colleagues (2012) in their recent systematic review reported a dose-response effect between the severity of abuse experienced and suicidality (thoughts and/or behaviour), with more severe DVA being related to greater suicide risk. Thus, in addition to DVA screening, healthcare professionals should also assess the severity of abuse experienced and suicide ideation. The available literature also draws attention to the relevance of assessing the type(s) of abuse experienced, as different abuse types have been found to have differential effects on suicidal thoughts and behaviour (e.g., Blasco-Ros *et al*. 2010, Pico-Alfonso *et al.* 2006). Ishida *et al.* (2010), using data from a population-based sample of Paraguayan women found that, for abuse in the past 12 months, physical and sexual violence were more important risk factors for suicidal thoughts than emotional abuse. For abuse experienced greater than 12 months ago, however, sexual violence had the largest adverse effect, indicating that sexual abuse had a longer lasting negative effect on individuals than either of the other two forms of abuse.

Although previous research has established a strong and positive association between DVA victimization and suicidal behaviour, it is difficult to establish whether violence precedes suicidal behaviour, and that other factors do not cause the suicidal behaviour. Theoretically, it could be hypothesized that DVA victimization increases suicide risk through habituation: repeated exposure to painful and provocative stimuli increases the ability to inflict harm to oneself, as one habituates to these experiences (Joiner, 2005). Alternatively, DVA might be considered as one stressor that contributes to feelings of defeat and entrapment, thereby increasing suicide risk (O'Connor, 2011). Studies of exposure to CSA and later suicidal behaviour provide some plausible support for a directional relationship between DVA experiences and suicidal behaviour (e.g. Devries & Seguin, 2013).  
Available evidence highlights the relevance and importance of DVA screening in healthcare settings, and suggests that consideration of both the severity and type(s) of abuse experienced could be an important part of this process. It is important to identify all those at risk, and not to confine screening efforts to females. The strong association between DVA and suicidal behaviour that has been noted indicates that those who are identified as having experience of DVA should additionally be screened for suicidal thoughts and behaviours.  
  
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