

Domestic abuse and suicide risk support toolkit

Berkshire

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How to use this toolkit

This toolkit is designed to provide awareness and practical resources for any frontline professional who may suspect, or be working with, individuals affected by domestic abuse, suicidality or suicide risk.

It includes evidence-based guidance, practical tools and lived experience insights. You can refer to appendices for templates and resources and adapt tools to suit individual needs.

Foreword



Domestic abuse and suicide are among the most devastating issues affecting individuals and families across our communities.

In Berkshire, we are increasingly aware of the complex, often hidden links between experiences of domestic abuse and the risk of suicide or self-harm. As professionals working across health, social care, criminal justice, education and the voluntary sector, we each have a vital role to play in identifying, understanding and responding to domestic abuse and preventing suicide.

This toolkit has been adapted and developed¹ from a version originally produced in Cheshire East (with their kind permission) to equip practitioners with the knowledge, confidence and practical tools needed to help support individuals who may be at risk. It reflects local learning and policy, national evidence and the lived experience of those affected by domestic abuse and suicidality. Importantly, it recognises that suicide is never an inevitable outcome of domestic abuse and with the right support, people can survive, recover and rebuild their lives.

Across Berkshire, we are committed to a multi-agency, trauma-informed approach to domestic abuse that places the safety, dignity and wellbeing of individuals at its heart. Whether you are working directly with survivors, engaging with those who cause harm, or supporting families and communities, this resource is designed to support your professional judgement and strengthen your practice.

We hope you find this toolkit a valuable asset to your work. Together, through compassionate, coordinated and informed action, we can help prevent further tragedy and create safer futures for those affected by domestic abuse. Thank you for the crucial work you do and for your continued commitment to safeguarding the lives of those most at risk.



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**On behalf of the Berkshire Domestic Abuse and
Suicide Prevention Task & Finish Group**

¹ Contributors to the Berkshire toolkit: NHS Frimley ICB, Wokingham Borough Council, Bracknell Forest Council, the Royal Borough of Windsor and Maidenhead (RBWM), Slough Borough Council, West Berkshire Council, Reading Borough Council, The Dash Charity, BWA (Berkshire Women 's Aid), Hestia, Samaritans, Voices for Change Lived Experience Group (BWA).

Voice of lived experience

This toolkit uses the lived experiences voices from Voices for Change, BWA's lived experience group.

As part of developing this toolkit, the Berkshire Domestic Abuse and Suicide Task & Finish Group engaged in meaningful conversations with domestic abuse survivors with lived experience to gain insights into the intersectionality of mental health, domestic abuse and suicide.

Their voices are invaluable, offering first-hand experiences of what helps and hinders mental health recovery in the context of domestic abuse.



Effect of domestic abuse on mental health and wellbeing

My self-confidence and self-worth was at the bottom of a barrel.

My head was a mess. I didn't know what the truth was.

I was a shadow of my former self.

What helped me?

Asking more than once.

Listening, not judging.

Feeling valued.

What made things more difficult?

Being treated like a number.

No one to support you in court to help you.

Children's Social Care - you're looking at me like a bad person.

What advice would you give?

Join groups, be with others.

This can happen to anyone.

Remember you are having a normal reaction to an abnormal experience.

Keep helpline numbers handy.

Introduction

Living with suicidal thoughts and feelings is a challenge for many people. The Government's [Suicide Prevention Strategy for England: 2023 to 2028](#) identifies key priority groups and common risk factors linked to suicide, including domestic abuse, that can and should, be addressed to tackle this urgent public health issue.

The National Suicide Prevention Strategy identifies priority groups:

- **Children and young people**
- **Middle-aged men**
- **People who have self-harmed**
- **People in contact with mental health services**
- **People in contact with the justice system**
- **Autistic people**
- **Pregnant women and new mothers**

The National Suicide Prevention Strategy also identifies common risk factors linked to suicide:

- **Physical illness**
- **Financial difficulty and economic adversity**
- **Gambling**
- **Substance misuse**
- **Domestic abuse**
- **Social isolation and loneliness**

This toolkit has been developed in recognition of the critical intersection between domestic abuse and suicidal thoughts and/or feelings of distress or despair. It is designed to help professionals deepen their understanding of this relationship and strengthen their ability to identify and respond to suicide risk where domestic abuse is present.

Professionals should ask themselves, "Could domestic abuse be the driver of this despair?". When working with someone presenting with feelings of hopelessness, isolation, suicidal ideation or self-harm, the possibility of domestic abuse should be actively considered. Equally, where domestic abuse is known or suspected, the potential for suicidal thoughts or behaviours should not be overlooked.

We are especially grateful to the Kent & Medway Suicide Prevention team, whose work has significantly advanced national awareness of the links between domestic abuse and suicidality. Whilst important progress has been made, this remains a developing area of practice.

This toolkit is a 'live resource', and we welcome feedback, ideas and contributions.

Domestic abuse: any incident or pattern of abusive behaviour between two people that are personally connected to each other.

Behaviour is abusive if it consists of any of the following: physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse.

(Domestic Abuse Act, 2021)

Suicidality refers to a range of thoughts, feelings and behaviours related to suicide, from fleeting ideas to detailed plans.

Suicide risk refers to the likelihood that a person may attempt to take their own life, based on their thoughts, behaviours, circumstances, and level of distress.

What practitioners can do

(Explored in more detail throughout the toolkit)

- **Spot the connection** between domestic abuse, self-harm and suicide risk.
- **Ask directly and safely** about abuse and suicidal thoughts using a calm, trauma-informed approach.
- **Take immediate action** when someone is at risk, including rapid safety planning.
- **Use clear pathways** - know the referral routes, safeguarding processes and available domestic abuse and mental health support.

Local data and strategic context

Understanding local suicide rates and priority groups helps practitioners tailor their approach and identify individuals who may be at heightened risk.

Priority groups in Berkshire

Based on local data and what is happening locally, the [Berkshire Suicide Prevention Strategy 2021-2026](#) focuses on five priority areas:

1. Children and young people	<ul style="list-style-type: none"> • Experience of adversity or trauma • Recovery from the COVID-19 pandemic • Neurodiversity • Lesbian, gay, bisexual, transgender, queer, questioning and ace (LGBTQ+)
2. Self-harm	<ul style="list-style-type: none"> • Young people and self-harm • Understanding self-harm and its link to suicide risk • Hospital admissions for self-harm • Mental health and self-harm
3. Female suicide deaths	<ul style="list-style-type: none"> • Perinatal mental health • Domestic abuse • Parental or carer stress
4. Economic factors	<ul style="list-style-type: none"> • Impact of COVID-19 • Debt and poor mental health • Benefits • Socioeconomic disadvantage and suicidal behaviour • Gambling
5. Supporting those who are bereaved or affected by suicide	<ul style="list-style-type: none"> • Specialist Suicide Bereavement Support • Support for those impacted by suicide in the workplace

Suicide rates and surveillance data

The following data from the Department of Health & Social Care² shows suicide rates across Berkshire compared to regional and national averages.

² Office for Health Improvement and Disparities. [Suicide: Age-standardised mortality rate per 100,000 population. Fingertips Public Health Profiles.](#)

Table 1: Suicide rate per 100,000, Berkshire Local Authorities (2021-2023)

Area	Rate per 100,000 people
Bracknell Forest	7.9
Reading	8.8
RBWM	9.1
Slough	10.3
West Berkshire	6.8
Wokingham	7.3
South East region	10.4
England	10.7

Specific data on domestic abuse related suicides in Berkshire are limited; however, the Berkshire Suicide Prevention Strategy 2021-2026 identifies female suicide deaths (including domestic abuse as a key priority area) as well as the need to enhance data collection on domestic abuse and suicide for all gender identities.

The Berkshire Suicide Prevention Action Plan outlines specific actions related to data, including:

- improving data collection on domestic abuse in real-time surveillance systems
- adding domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.

Thames Valley Police collect near to Real Time (Suspected) Suicide Surveillance (nRTSS) data at a Berkshire level which includes, where it is known, where the individual was a previous or current victim of domestic abuse and where the individual had previous or current police involvement in connection with domestic abuse (perpetrator). This data is suspected suicide data, not post inquest data, with the purpose of prevention work and bereavement support so has not been included in this toolkit but is reviewed through the Berkshire Suicide Prevention Group.

Local strategies

The [Berkshire Suicide Prevention Strategy 2021-2026](#) highlights a number of population groups and risk factors across the life-course. The strategy is a refresh of the previous strategy, in that the priorities last time and the priorities of the national strategy are the guiding principles to how we work to prevent suicide across Berkshire.

Each local authority has published its Domestic Abuse Strategy, which can be found on the relevant local authority website listed in [Appendix 2](#).

Understanding the link between domestic abuse and suicidality

Domestic abuse is a significant risk factor for suicide and suicidal ideation. The following key points summarise the complex ways in which domestic abuse contributes to suicide risk and the considerations practitioners should bear in mind when supporting individuals affected by domestic abuse.

<p>Domestic abuse as a cross-cutting risk</p>	<ul style="list-style-type: none"> • Domestic abuse and suicide are closely linked public health and safeguarding issues. Individuals affected by domestic abuse face significantly elevated risks of suicide, self-harm and suicidal ideation. • Victims of domestic abuse frequently experience psychological abuse, coercive control, isolation and hopelessness, all of which increase suicide risk. • For some victims of domestic abuse, suicide may be perceived as the only means of escape from ongoing serious harm or the fear of being killed. This sense of entrapment can be particularly acute in cases involving stalking, coercive control, or so-called honour-based, where the perpetrator’s monitoring, threats, or control reinforce feelings of hopelessness and inevitability. • Perpetrators may also be at heightened risk of suicide, particularly during or after separation or the loss of control over the victim. Understanding perpetrator suicide risk is important for prevention but also for safeguarding victims, as escalating suicidal ideation in perpetrators can sometimes coincide with threats or actions of homicide-suicide.
<p>Domestic abuse, suicide and risk</p>	<ul style="list-style-type: none"> • The risk of suicide in the context of domestic abuse is not systematically assessed within current practice frameworks. • The <u>DASH (Domestic Abuse, Stalking, Harassment and Honour Based Abuse) Risk Identification Checklist (RIC)</u>, which is the only widely used national domestic abuse risk assessment tool, is not designed to assess risk of harm to self. It includes only a single, basic question on whether the individual currently feels depressed or is having any suicidal thoughts, without exploring current risk, intent, or protective factors in any meaningful depth. • As a result, assessing risk of suicide often depends heavily on the professional judgement and skills of individual practitioners, rather than being guided by a robust, standardised process. Targeted training to equip professionals to have safe conversations, assess risk holistically and develop safety plans (including escalating concerns) that address both domestic abuse and suicide risk would strengthen practice and potentially save lives. • This gap also extends to multi-agency forums such as MARAC (Multi Agency Risk Assessment Conference), which are focused primarily on managing risk from the perpetrator and safeguarding against further harm from abuse, rather than explicitly addressing risk of self-harm or suicide. <p>See further information in <u>‘Understanding risk’</u>.</p>
<p>Coercive control, manipulation and suicidal ideation</p>	<ul style="list-style-type: none"> • For some victims and survivors, coercive control and psychological abuse are more harmful than physical violence and abuse. Perpetrators may use sustained manipulation, isolation and degradation to erode a victim’s sense of self-worth and hope, deliberately driving them to a point of despair or suicidal thoughts. • In some cases, perpetrators may actively encourage self-harm or suicidal thoughts, or to enter a ‘suicide pact’ as a means of exerting control.³ • The use of technology and digital media can intensify this, enabling constant surveillance, monitoring and harassment.

³ www.dvact.org/post/domesticabuseandsuiciderisk

Isolation and erosion of support networks	<ul style="list-style-type: none"> Control tactics of perpetrators frequently isolate victims from family, friends and community, for example monitoring and restricting contact, physical prevention, sabotaging relationships, moving location, controlling resources such as money, transport and childcare. Even if the relationship has ended, control tactics have eroded social and family relationships, leaving someone without support networks, increasing vulnerability.
Mental health and trauma	<ul style="list-style-type: none"> Many survivors of domestic abuse have experiences of post-traumatic stress, depression and anxiety. 'More women affected by domestic abuse seek help from health services than the police. Yet most mental health practitioners and services do not understand the dynamics of abuse or its impact on mental health sufficiently, leading to responses that are often not trauma-informed and to no further referrals for much needed support.'⁴ Suicide risk often persists long after the relationship has ended. Substance misuse may develop as a coping mechanism or be encouraged through manipulation by the perpetrator.
Barriers created by systems and services	<ul style="list-style-type: none"> Language barriers (limited English or their first language may be another spoken, or signed language), lack of cultural sensitivity and inaccessible services can worsen isolation. Intersectional factors (e.g. race, disability, immigration status) can compound vulnerability and create unique challenges and risks. Cultural sensitivity and adaptations for interventions that take into account diverse beliefs and practice is essential.
Economic abuse and hopelessness	<ul style="list-style-type: none"> Restricting access to money or resources can leave a victim of domestic abuse feeling trapped with no escape route or resources to support themselves. Economic control can create profound helplessness and dependency.
Impact on psychological 'Space for Action'⁵	<ul style="list-style-type: none"> Domestic abuse diminishes the capacity of the victim to think clearly, make decisions and take action. Examples include decision paralysis - a victim doubting their own judgement and becoming afraid of making even small choices (e.g. what to cook, what to wear); fear-driven compliance; confusion and self-blame - from the perpetrator's gaslighting, leaving the victim unsure of what is real so they question their memory and perceptions; reduced problem-solving capacity - sleep deprivation, stress and surveillance undermines the victim's ability to concentrate, plan or act. This exacerbates suicide risk as someone comes to feel increasingly trapped. Victims may appear passive, but are often frozen by trauma, not unwilling to act. Trauma-informed care is crucial; it is important for practitioners to be aware of how trauma impacts decision-making.
Parenting and legal interference	<ul style="list-style-type: none"> Breaches to the parental relationship are also key risk points. Damage to parent-child relationships, whether by the perpetrator or a legal intervention, causes significant distress. Victims may feel deep guilt and hopelessness when unable to protect their children.
Risk post-separation	<ul style="list-style-type: none"> Leaving an abusive relationship does not equal safety; post-separation abuse is common and dangerous. Victims may feel there is no way out, which increases suicide risk. Risk assessments should consider dynamics, not rely solely on a scoring/grading system.

⁴ Woman's Trust. (2025). [Living without hope: The case for improving the mental health response for survivors of domestic abuse](#). Woman's Trust.

⁵ Kelly, L., Sharp, N., Klein, R. (2014). [Finding costs of freedom: How women and children rebuild their lives after domestic violence](#). Solace Women's Aid.

Childhood adversity and lifelong risk	<ul style="list-style-type: none"> • Those who have experienced complex stress in childhood may be at higher risk of suicide later in life. • Be mindful of children who witness abuse and are at a higher risk of developing mental health issues. This causes distress for both as the victim feels the inability to protect the child which can increase the risk of suicide (for parents and children).
Dynamic nature of suicide risk	<ul style="list-style-type: none"> • Risk is highly dynamic both when someone is feeling suicidal and in domestic abuse; it is essential to create responsive, individualised safety plans. • Focus on reducing isolation and building pathways to support.
The role of trauma informed care⁶	<ul style="list-style-type: none"> • Understand how trauma affects memory, communication and trust. • Be patient, non-judgmental and focused on building safety and empowerment.



⁶ www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Research overview

Research is increasingly recognising domestic abuse as a significant risk factor for suicidality, especially among women who are more likely to experience and report intimate partner violence (than men).

- Women who have experienced intimate partner violence (IPV) are three times more likely than women who have not experienced IPV to have made a suicide attempt in the past year ([Agenda Alliance, 2023](#)).
- Women who have experienced sexual IPV are seven times more likely than those who have not experienced sexual IPV to have attempted suicide in the past year ([Agenda Alliance, 2023](#)).
- 31% of under 18s who die by suicide were living in households where domestic abuse was present ([National Child Mortality database, 2021](#)).
- 7% of men who die by suicide had been victims of domestic abuse and 10% had been perpetrators ([National Confidential Inquiry into Suicide and Safety in Mental Health, 2021](#)).
- 47% of survivors of non-physical abuse experienced suicidal thoughts due to the psychological violence ([SafeLives, 2019](#)).
- 49% of survivors experienced severe psychological manipulation with a partner threatening to take their own life ([SafeLives, 2019](#)).

The fifth annual report from the national [Domestic Homicide Project](#), which works across England and Wales, was published in April 2026. The report examines all deaths identified by police as domestic abuse related to improve understanding of risk indicators, victims and perpetrator demographics.

The report found that a total of 347 deaths were recorded between 1 April 2024 and 31 March 2025 including:

- 150 suspected victim suicides following domestic abuse (SVDSA)
- 80 intimate partner homicides (IPH)
- 45 adult family homicides (AFH)
- 43 unexplained deaths
- 17 child deaths
- 12 'other' deaths (where the victim and suspect lived together but were not related or intimate partners).

For the third year in a row, suspected suicides following domestic abuse have overtaken other categories to become the most commonly recorded type of death. This reflects increased awareness and progress in identifying the links between domestic abuse and suicide.

Preventing domestic abuse related deaths, including domestic homicides and suicides, is a key priority for the [Domestic Abuse Commissioner](#).⁷ As part of this work, in 2023, the Domestic Abuse Commissioner published [four studies](#) conducted by the Homicide, Abuse, Learning, Together (HALT) research team at Manchester Metropolitan University, a leading research project focused on domestic homicide. Following establishment of an oversight mechanism, the Commissioner will publish annual reports setting out key findings from domestic abuse related death reviews, including recommendations for local agencies and national government.

The national online [DHR library](#) was launched in 2023 and acts as a national repository of completed DHRs from across England and Wales. Published Domestic Abuse Related Deaths (DARDRs) from Berkshire can be found on each local authority/Community Safety Partnership website:

[Bracknell Forest](#)

[Reading](#)

[Royal Borough of Windsor and Maidenhead \(RBWM\)](#)

[Slough](#)

[West Berkshire](#)

[Wokingham](#)

The Kent and Medway Suicide Prevention team have been conducting unique research into the links between domestic abuse and suicide since 2019. In February 2025, Tim Woodhouse (Suicide Prevention Programme Manager, Kent County Council) published his [Churchill Fellowship report](#) exploring how to reduce domestic abuse related suicides.

⁷ Established in the Domestic Abuse Act 2021, the office of the [Domestic Abuse Commissioner](#) is responsible for providing public leadership on domestic abuse issues and overseeing the provision of domestic abuse services in England and Wales.

Data from the Kent and Medway Real Time Suicide Surveillance system (a partnership between Kent Police and Kent County Council) shows 33% of all suspected suicides in Kent and Medway between 2018 and 2024 were known to have been impacted by domestic abuse at some point during their life.⁸

AAFDA (Advocacy After Fatal Domestic Abuse) and the University of Warwick published a [report](#) in 2022 which undertook a systematic review of DHRs that had been commissioned, completed and published in cases of domestic abuse suicide in England and Wales. It aimed to contribute to knowledge in respect of learning from within the DHR process and about abuse related suicide, as well as in respect of learning around the DHR process in this context.

Link to the National Suicide Prevention Strategy

The National Suicide Prevention Strategy notes that 2017 recorded one of the lowest suicide rates in England and Wales in recent history, with a low of 9.2 registered suicides per 100,000 people. However, in 2018 the suicide rate began to increase and while this was partly attributed to a change in the 'standard of proof' required for coroners to record a death as suicide, other contributing factors were also identified.

In 2023, the [Office for National Statistics \(ONS\)](#) reported 6,069 suicides registered in England and Wales, equating to a rate of 11.4 deaths per 100,000 people. This represents an increase from 2022 and marks the highest suicide rate since 1999.

The national strategy has informed the development of the [Berkshire Suicide Prevention Strategy and action plan](#), which is overseen by the Berkshire Suicide Prevention Group. Each local authority in Berkshire has a local multi-agency suicide prevention group to oversee activities and contribute to the delivery of the strategic objectives for Berkshire.

The Berkshire strategy identifies female suicide deaths (including perinatal mental health, domestic abuse, parental, or carer stress) as a priority area. The strategy also emphasises the need to enhance data collection on domestic abuse and include domestic abuse indicators in the Berkshire suicide audit to better understand the link between domestic abuse and suicide.

Research consistently shows that adult victims, child victims and perpetrators of domestic abuse may be at increased risk of self-harming and suicidal behaviours.⁹ This understanding is reflected in the inclusion of suicide risk questions included within the national DASH (Domestic Abuse, Stalking, Harassment and Honour Based) Risk Identification Checklist.

In 2016, growing awareness of the link between domestic abuse and suicide led to the expansion of the criteria for Domestic Homicide Reviews (DHRs) to include domestic abuse related suicides. This change recognised the number of individuals who die by suicide in the context of domestic abuse and the need to learn from these deaths and prevent future ones from happening.

Following a consultation on the DHR statutory guidance in 2024, DHRs are to be renamed Domestic Abuse Related Death Reviews (DARDRs). This change reflects the inclusion of domestic abuse related deaths by suicide and neglect, reinforcing the commitment to understand and prevent all forms of fatal domestic abuse. The renaming is also intended to "...allow for a greater sense of justice for family and friends of victims of domestic abuse that took their own life as their loved one is being rightfully acknowledged."¹⁰

DARDRs aim to give a greater opportunity to understand suicides linked to domestic abuse, help to raise awareness of these deaths and ensure that reviews are commissioned to gain learning, improve practice and save lives.

⁸ Either known to police only as a victim of domestic abuse, known to police as both victim and a perpetrator of domestic abuse, known to police only as a perpetrator of domestic abuse, known to police only as an involved party, e.g. witness of where their role was unclear.

⁹ National Institute for Health and Care Excellence (NICE). (2014). [Domestic violence and abuse: multi-agency working \(PH50\)](#). NICE.

World Health Organisation (WHO). (2013). [Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence](#). WHO

SafeLives. (2019). [Safe and Well: Spotlight report on domestic abuse and mental health](#) SafeLives

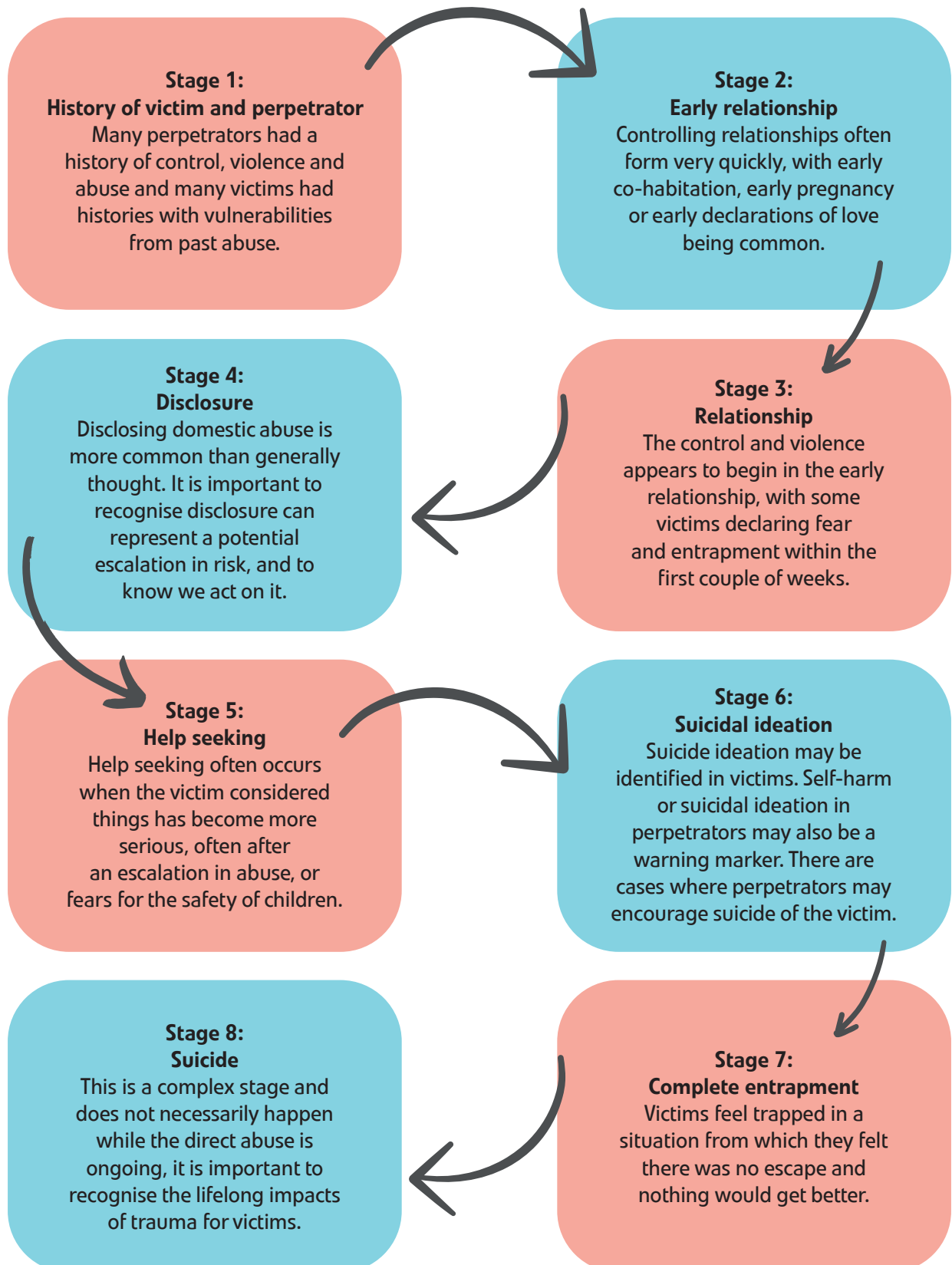
Monckton Smith, J. (2019). [Intimate partner femicide: Using Foucauldian analysis to track an eight-stage progression to homicide](#).

¹⁰ UK Home Office, [Domestic homicide review legislation consultation: government response](#) (GOV.UK, March 20, 2024)

The suicide timeline

Professor Jane Monckton-Smith from the University of Gloucestershire has created an eight-stage timeline that shows a potential and incremental escalation of the risk of suicide. Each stage should be considered separately in discussion to show how and why risk may be escalating.

[Read the research in full.](#)



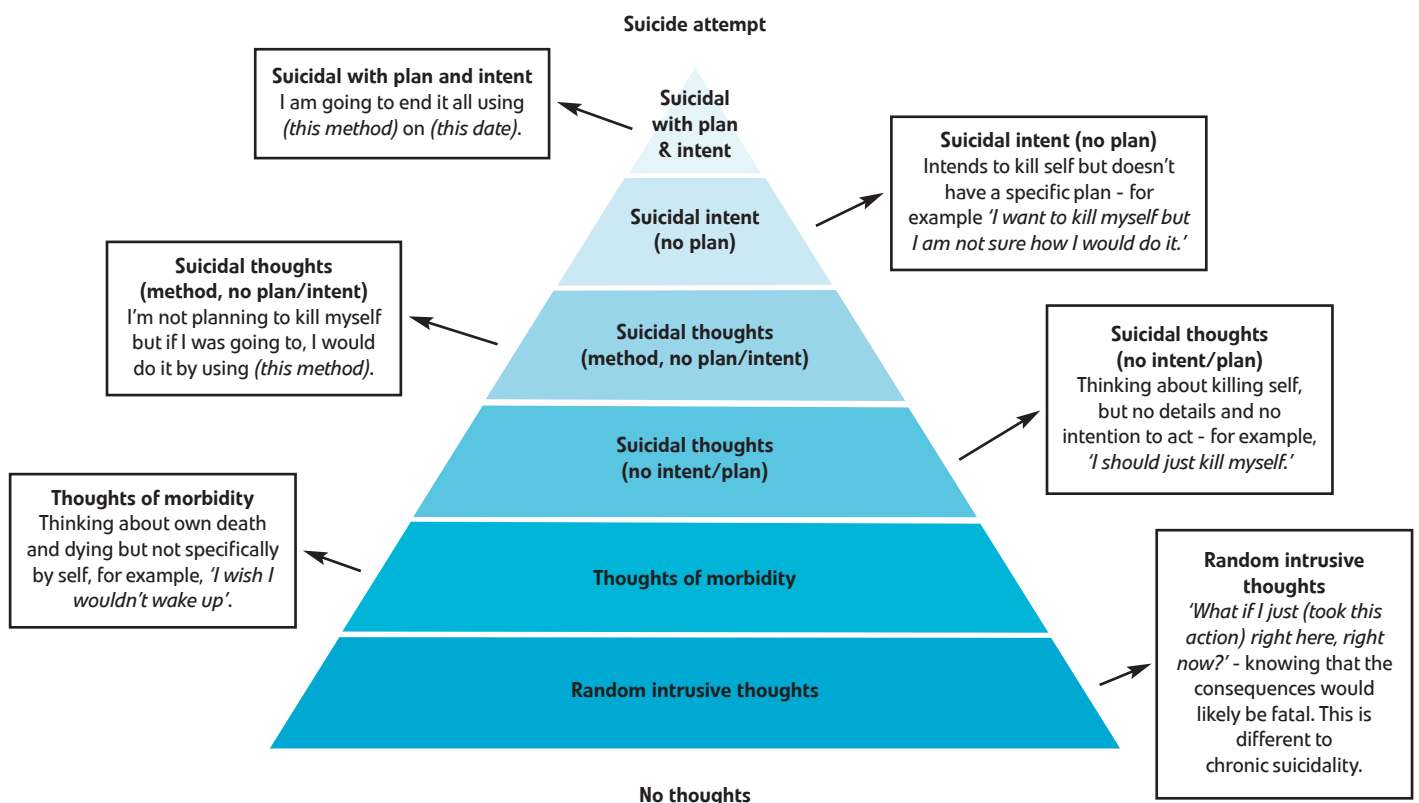
What does feeling suicidal mean?

The phrase 'feeling suicidal' can mean different things. Suicide is the act of intentionally taking your own life. Suicidal thoughts (also sometimes referred to as ideation) can mean having abstract thoughts about ending your own life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life. The expression 'suicide attempt' means when a person harms themselves with the intention of dying and survives.

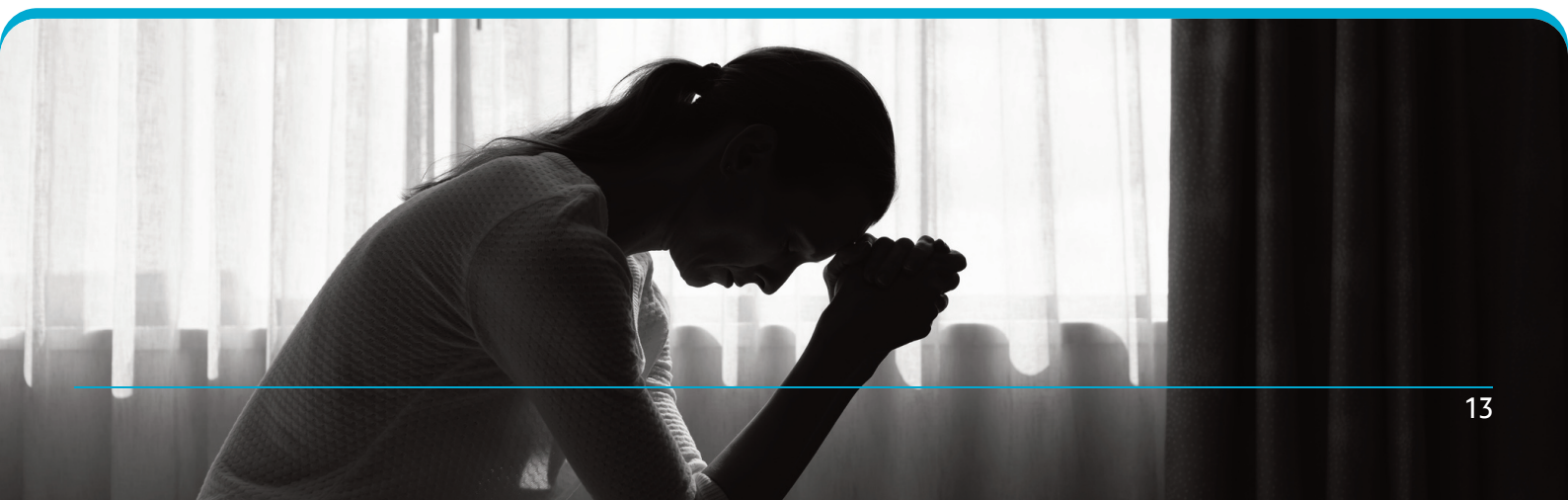
Important to note:

All types and levels in the graphic below are valid. They do not dictate the level of pain, intensity, or distress someone may be feeling. Much like with other mental health problems, suicidal ideation presents itself differently in different people. This means that this diagram does not always move in a linear fashion. **Someone could be at the bottom of the scale one day and at the top of the scale the next.**

Figure 1: Combination of lived experience and data from the Columbia suicide severity rating scale



Taken from: [Briefing Paper - Highlighting the link between domestic abuse and suicide resource](#) from Kent and Medway Suicide Prevention Team.



Understanding risk

The [SafeLives DASH \(Domestic Abuse, Stalking, Harassment and Honour Based\) Risk Identification Checklist](#) is a comprehensive and validated national risk checklist for IDVAs (Independent Domestic Violence Advocates) and other frontline professionals to identify and assess risk when a victim discloses domestic abuse, 'honour' based violence/abuse or stalking.

Question 5 of the DASH checklist asks, "Are you feeling depressed or having suicidal thoughts?".

When a victim answers 'yes' to this question, it is a critical opportunity to explore their emotional wellbeing in greater depth and assess the severity and immediacy of any suicide risk.

[NICE guidance](#) states that risk assessment is not a predictor of future suicide or repetition of self-harm.¹¹ [NHS England guidance \(2025\)](#) goes further to state that risk assessment tools and scales should not be used to predict future suicide or repetition of self-harm. Practitioners are recommended to explore risks collaboratively, understand changeable safety factors and co-produce safety plans.¹²

Professionals should be aware of the victim's history and lived experience, including any previous trauma, mental health challenges, or experience of loss or abuse. This awareness supports a person-centered approach, where empathy, choice and emotional safety are prioritised.

The prompts in the tool below are not meant to replace clinical risk assessment. They are designed to support professionals in having sensitive, empathetic and effective conversation, helping to:

- Understand the extent of the person's distress
- Determine whether there is an immediate risk of harm or suicide
- Identify appropriate safeguarding actions and support pathways
- Respond in a trauma-informed way, recognising how past experiences, coercive control and fear can shape current feelings of hopelessness or entrapment.

If you are worried, talk to your safeguarding lead.



¹¹ [Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

¹² [NHS England » Staying safe from suicide](#)

Timeframe				
Risk		At any point in your life?	During your current relationship?	Within the last three months?
	Have you self-harmed?			
	Have you felt suicidal?			
	Do you currently or have a history of using drugs or alcohol?			
	Have you used mental health services?			
	Have you made a plan to end your life?			
	Have you made a suicide attempt?			

Identify the risk: Self-harming, having suicidal thoughts and making a suicide attempt are all quite different things and all need addressing in different ways as each poses a different level of risk.

Timeframe: Providing a timeframe allows us to get more understanding around the individual's historical risk and also present risk and can therefore inform next steps and whether escalation in risk is required.

Supporting conversations around suicide and mental health

Instigating conversations about suicide and mental health can be challenging but they are necessary for preventing suicide and supporting those in need. Conversations need to be supportive and non-judgmental.

If you are working with someone experiencing domestic abuse who has self-harmed or had suicidal thoughts, you can use this model: **Connect; Understand; Assist.**

Connect

Establish trust and create a safe and supportive space for the person to open up about their feelings and feel heard.

- Build rapport and approach the conversation with empathy and understanding.
- Find the right time and place, allowing them to share their story at their own pace.
- Practice active listening - give your full attention to what the person is saying, avoiding interruptions and acknowledging their feelings.
- Pay attention to non-verbal cues such as changes in tone, posture, or eye contact.
- Talk about non-threatening topics to ease the conversation.
- Be alert to invitations to understand - for example, *"I can't continue like this," "Nothing is worth it anymore," "I can't see a way out," "Everyone would be better off without me."*

Understand

Explore thoughts and feelings carefully. Try and see the situation from their perspective and validate their feelings. Avoiding judgement or dismissing what they are saying will help the person feel heard and understood and encourage them to want to confide in you.

- Use open-ended questions to encourage them to talk about their feelings.
- *"Do you have thoughts of suicide? Have you had these in the past too?"*
- *"Have you thought about ending your life?"*
- *"Let's focus this call on making you safe. Have you made any plans?"*
- *"You have had a hard time, and I don't want to deepen your upset."*
- Listen for turning points in their language: *"I just don't know...," "I suppose so..."*
- Make sure you have a shared understanding: *"Okay, so are we agreed that we are talking about your thoughts and feelings about suicide and what we can do about them?"*

Assist

Let the person know you are there to support them and they are not alone. Support the individual to identify options, safety steps and sources of help.

- Work together to create a plan for different scenarios.
- *"Tell me about the people around you. Who can you turn to?"*
- *"Are there things that make you feel better? Activities, distractions?"*
- Identify if the person needs immediate help (e.g. to go and be with someone or visit A&E).
- Encourage, do not push: *"Would it help to talk things through in a safer space right now?"*
- Offer a calm, hopeful response: *"I hear how hard this all is. Shall we talk and see if it becomes clearer together?"*
- Be prepared and gather information about available support services: *"Do you want to speak to another service? If so, can I help you to do that?"*
- Follow up after the initial conversation, to check on the person's wellbeing.



Safety planning

Safety planning for someone experiencing suicidal thoughts

If in immediate danger, always call 999.

Safety planning is a valuable intervention for individuals experiencing suicidal thoughts. It helps identify their protective factors (personal strengths, coping skills and supportive relationships or resources that help manage distress) and risk factors (characteristics or circumstances that increase the likelihood of harm or suicidal behaviour).

A safety plan template can be found below. By working through a safety plan, individuals are equipped with a practical and empowering tool to support their mental wellbeing, especially during times of emotional crisis.

In moments of acute distress, our ability to think rationally and clearly can become impaired. Having a pre-prepared safety plan that can be easily accessed and followed provides a vital focus, something tangible to ground the individual, reduce risk and promote a sense of control.

Notes for professionals

- Create this plan collaboratively, using non-judgmental and supportive language.
- Review and update the plan regularly, especially if circumstances change.
- Ensure the person has a physical or digital copy of the plan they can easily access and discuss ways to store or disguise it to prevent the perpetrator from finding it.
- In cases of immediate risk, follow safeguarding protocols and consider an emergency mental health referral.



Safety plan template

This plan is a personal tool to help you stay safe when you are feeling overwhelmed or at risk. It is designed to help you recognise warning signs, use coping strategies and reach out for support. This can be adapted to be more accessible for those with neurodivergent needs as required.

Warning signs What are the thoughts, feelings, behaviours, or situations that signal I may be heading into crisis?	
Reasons for living... <ul style="list-style-type: none"> • What keeps me going when things feel really hard? • Why do I want to stay safe? • Are there people or animals that make me want to stay safe? • Do I have hope that things might change? • Am I afraid of dying? • Do I want to stay alive just for right now? 	Internal coping strategies/Lifting my mood... <ul style="list-style-type: none"> • What things can I do which may help me feel better? • What has worked in the past? • What things could I try? (e.g. listening to music, walking, grounding techniques)
Distractions and safe activities/Making my situation safer... <ul style="list-style-type: none"> • What activities can I do that help distract me or bring comfort? (e.g. watch a favourite film or show, do something creative such as drawing) • How can I make it harder to act on any plans I might have for suicide? • Where can I put things I could use to harm myself so they are harder to get if I feel overwhelmed? 	People and places that help me feel safe / Informal support... <ul style="list-style-type: none"> • Who can I talk to or spend time with when I need support? • Where can I go that feels safe?
Mood stability... <ul style="list-style-type: none"> • Do I use any drugs, alcohol, or medication to cope? • These can make it harder to stay safe if they make me more impulsive or lower my mood. What can I do to make these safe? 	Strengths... <ul style="list-style-type: none"> • What gives me strength? • What or who helps me get through difficult times? (Children/family/pets/faith/goals) • What personal strengths do I have? (e.g. resilience, creativity) • What would others say about this? • Do I have faith or a positive statement I can use? • Can I be kind and gentle with myself?
Mental health stability... <ul style="list-style-type: none"> • Do I have mental health concerns/symptoms that make it harder? • How can I help these? 	Distractions... <ul style="list-style-type: none"> • How can I distract myself? • If I feel frozen, what unfreezes me? • If I feel too high, what calms me? • Does reading, walking, or TV help me to distract?
Relationships... <ul style="list-style-type: none"> • Are there relationships in my network/personal life that make me feel unstable? • How can I plan to avoid people that cause me to feel bad? 	Professional help... <ul style="list-style-type: none"> • If I can't stay safe, who is available to help me? • Who has helped me in the past? • What helplines or emergency contacts can I use?
Steps I will take when I feel at risk List your personal steps in order, e.g. use coping skills, contact someone, remove means of harm etc. <ol style="list-style-type: none"> 1. 2. 3. 	

To ensure consistency with national best practice, you can refer to further safety planning advice that can be found in [Appendix 2](#).



Safety planning for someone experiencing domestic abuse

If in immediate danger, always call 999.

Safety planning in the context of domestic abuse should always be trauma-informed and survivor-led, prioritising the person's autonomy and sense of control. Each safety plan looks different and should be tailored to the individual.

A safety plan will not stop the abuse but can help someone think about how they can increase their (and their children's) safety either within the relationship or if they decide to leave.

A safety plan should be put into place in every case where domestic abuse is identified, even if the individual is not ready to leave. Remember, separation is a high-risk time for victims of domestic abuse and can often lead to post-separation abuse.

Local domestic abuse specialist support services can help advise on safety planning.

When creating a safety plan for individuals experiencing domestic abuse, additional considerations are essential to ensure their physical and emotional safety. These include:

- **Perpetrator surveillance and control tactics:** The perpetrator may monitor phone calls, messages, social media, physical movements. Avoid including sensitive details that could be discovered.
- **Keeping the safety plan hidden or disguised:** Discuss safe ways to store the safety plan. If electronic, use neutral file names, password protected files or secure cloud storage. Consider whether a physical copy is safe to keep - hide them in everyday items, avoid leaving them in shared spaces. If the perpetrator monitors devices, consider apps with disguised icons or storing the plan on a trusted person's device.

- **Identify safe places and trusted contacts:** Encourage the individual to identify multiple safe locations such as a trusted friend or family member's home, local community (libraries, GP surgeries, pharmacies, banks) and specialist services such as refuges. Ensure these spaces are accessible without alerting the perpetrator, considering transport options and the location's opening hours. Identify places where the individual's presence will not be disclosed. Safe spaces should ideally have access to a phone, Wi-Fi and emergency contacts. If using online safe spaces (support forums, helplines), ensure devices are secure and not monitored and teach the individual [how to delete browsing history](#) and clear app logs.
- **Planning for emergencies:** Include escape routes from home, transport options (public transport, taxi numbers) and preparing an emergency bag with essentials such as ID, medication, money, keys and important documents. Store the bag in a discreet but accessible location or with a trusted person. Consider adding a spare phone or charger if possible.
- **Using code words for help:** Agree on simple phrases or signals with trusted contacts to indicate the need for immediate help without raising suspicion. Examples include texting a pre-agreed emoji, saying a neutral phrase like "I need the recipe for the cake," or using a colour code during calls.
- **Adapt for children and vulnerable adults:** Teach children how to call 999 in an emergency and practice what to say. Identify safe rooms in the house (away from kitchens or bathrooms) and safe spaces outside the home. For younger children, use visual prompts or simple instructions. For vulnerable adults, ensure they know who to contact and how to access help quickly.

To ensure consistency with national best practice, you can refer to further safety planning advice that can be found in [Appendix 2](#).

Appendix 1: Help and support

If your life (or someone else's life) is in imminent danger, please call 999 or go straight to your nearest A&E.

For non-immediate support, call the police on 101, speak to your GP, or call 111 for medical advice.

Children and Young People

Berkshire

Daisy's Dream: supporting bereaved children
0118 934 2604
www.daisysdream.org.uk

PACT (Parents And Children Together): building and nurturing adoptive families to rebuild after trauma and embrace a positive future, including Bounce Back 4 Kids (BB4K) a domestic abuse recovery service for children 3-11 yrs and their victim survivor parent
0300 456 4800
www.pactcharity.org.uk

Safe!: supporting children and families in the Thames Valley who have been affected by crime
0800 133 7938
www.safeproject.org.uk

National

Childline
0800 1111
www.childline.org.uk

Papyrus UK: charity dedicated to the prevention of suicide and the promotion of positive and emotional wellbeing in young people
HOPELINE 24/7: 0800 068 4141
www.papyrus-uk.org

Winston's Wish: providing information, advice and support for young people in the UK grieving the death of someone important to them. Advice for adults caring for young grieving people including parents, school staff and healthcare professionals
08088 020 021
www.winstonswish.org

Domestic Abuse and Sexual Assault

Local

BWA (Berkshire Women's Aid) (Bracknell, Reading, West Berkshire): support all genders
0808 801 0882 (24 hours)
www.berkshireromensaid.org.uk

Domestic Abuse Support Service (DASS) Cranstoun (Slough): 01753 251218 (Mon-Fri, 9am-5pm)
cranstoun.org/help-and-advice/domestic-abuse/slough-dass

Domestic Abuse Support Service (DASS) Cranstoun (Wokingham): 0118 402 1921 (Mon-Fri, 9am-5pm)
www.cranstoun.org/service/dass

Free Legal Advice Group for Domestic Violence (FLAG DV): providing access to free legal advice and support
www.flagdv.org.uk

Kaleidoscopic UK: supporting children and adults who have been exposed to domestic abuse (survivor led)
www.kaleidoscopic.uk

Project Hope (Thames Valley): mental health text service to support the mental health of those impacted by domestic abuse across the Thames Valley. 24/7 text-based mental health support service
Text 'HOPE' to 85258
www.reducingtherisk.org.uk/project-hope

Solace Thames Valley - Sexual Assault Referral Centre (SARC): offering free, confidential healthcare and compassionate support to anyone in Thames Valley that have experienced sexual assault including rape
0330 223 0099 (24/7)
www.solacesarc.org.uk

The Dash (Domestic Abuse Stops Here) Charity (RBWM):
01753 549865 (Mon-Thurs, 9.30am-3pm and Fri 9.30am-12noon) www.thedashcharity.org.uk

Victim's First: providing free emotional and practical support to victims and witnesses of crime, as well as family members of victims, living in the Thames Valley
0300 1234 148
www.victims-first.org.uk

National

24-hour national Domestic Violence helpline:
the freephone, 24-hour national domestic abuse helpline
0808 2000 247
www.nationaldahelpline.org.uk

Advocacy After Fatal Domestic Abuse (AAFDA):
offering specialist and expert Advocacy and peer support after fatal domestic abuse
07887 488 464
www.aafda.org.uk

Domestic Violence Assist: specialising in arranging Non-Molestation Orders, Prohibited Steps Orders and Occupation Orders
0300 04 03 75
www.dvassist.org.uk

Forced Marriage Unit: leading on the government's forced marriage policy, outreach and casework
020 7008 0151
www.gov.uk/guidance/forced-marriage

Galop: the LGBT+ anti abuse charity
0800 999 5428
www.galop.org.uk

Karma Nirvana: the national Honour Based Abuse helpline, training, policy and campaigning
0800 5999 247
www.karmanirvana.org.uk

Men's Advice Line: help for male victims of domestic abuse
0808 8010327
www.mensadvice.org.uk

National Centre for Domestic Violence (NCDV):
free, fast emergency injunction service
0207 186 8270/0800 970 2070
www.ncdv.org.uk

National Stalking Helpline: advice for victims of stalking
0808 802 0300
www.suzylampugh.org

Rape Crisis: working to end sexual violence and abuse
0808 500 2222 (24 hours)
www.rapecrisis.org.uk

Respect Phonenumber: offering help for domestic abuse perpetrators who want to change
0808 8024040
www.respectphonenumber.org.uk

Mental Health and Suicide

Berkshire

ARC Counselling: counselling for young people and adults in Wokingham and surrounding areas
arcweb.org.uk

Berkshire West Breathing Space: a safe, welcoming and supportive space for anybody aged over 18, living in Wokingham Borough, Reading and West Berkshire, experiencing emotional distress and struggling to cope
0800 002 9091
www.together-uk.org/service-finder/berkshire-west-breathing-space

Crisis Resolution and Home Treatment Team (CRHTT):
providing safe and effective home assessment for anyone suffering from an acute mental health problem or crisis
0800 129 9999 or via 111
www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/crisis-resolution-and-home-treatment-team-crhtt

East Berkshire Safe Haven: offers free mental health support in a welcoming, comfortable, non-judgmental and non-clinical environment
07790 772 863 (5-11pm)
www.mhm.org.uk/east-berkshire-haven

NHS Berkshire Talking Therapies: service for people aged 17+ with low mood, anxiety, or stress
0300 365 2000
talkingtherapies.berkshirehealthcare.nhs.uk

National

Amparo: emotional and practical support to people affected by suicide
0330 088 9255
www.amparo.org.uk

CALM (Campaign Against Living Miserably)
0800 58 585 85 + webchat
www.thecalmzone.net

Cruse Bereavement Support: bereavement support, information and campaigning
0808 808 1677
www.cruse.org.uk

Every Mind Matters: expert advice to help improve wellbeing, as well as practical tips on sleep, coping with money worries and self-care
www.nhs.uk/every-mind-matters

Hub of Hope: a UK mental health support database. People can find support within their local area by entering their address/postcode on the search bar on the website
www.hubofhope.co.uk

Mental Health Mates: A nationwide network of volunteer-led, peer support groups that encourage people to get moving and talking for their mental health
www.mentalhealthmates.co.uk

Mind: information, support and campaigning for people with mental health problems
0300 102 1234
www.mind.org.uk

Samaritans: a safe place to talk anytime you like
116 123
www.samaritans.org

Shout 85258: free, confidential 24/7 text mental health support service
Text 'Shout' to 85258
giveusashout.org

SOBS (Survivors of Bereavement by Suicide): peer-led support to adults impacted by suicide loss
0300 111 5065
www.uksobs.com

SOS (Silence of Suicide): suicide prevention and emotional wellbeing helpline
0808 115 1505
silenceofsuicidesos.org.uk

Stay Alive app: free suicide prevention self-help app (replacing Samaritans self-help app)
prevent-suicide.org.uk/stay-alive-app-grassroots-suicide-prevention

Tellmi: a safe, anonymous app where you can talk about absolutely anything
www.tellmi.help/what-is-tellmi

Safeguarding

Berkshire

If you have **concerns about a child or young person** being harmed, contact:

Bracknell Forest: 01344 352005

Reading: 0118 937 3641

Royal Borough of Windsor and Maidenhead (RBWM):
01628 683150

Slough: 01753 875362

West Berkshire: 01635 503090

Wokingham: 0118 908 8002

Pan Berkshire Safeguarding Children Procedures

If you are **concerned that an adult may be at risk of harm or neglect**, contact:

Bracknell Forest: 01344 351500

Reading: 0118 937 3747

Royal Borough of Windsor and Maidenhead (RBWM):
01628 683 744

Slough: 01753 475111 (option 1)

West Berkshire: 01635 503090

Wokingham: 0118 974 6863

Berkshire Safeguarding Adults Policies and Procedures

Emergency Duty Team

For out of hours social care and safeguarding emergencies for vulnerable adults and children
01344 351999



Appendix 2: Additional Resources

Reports

- Agenda Alliance. (2023). [Underexamined and underreported](#). Agenda Alliance.
- Aitken, R. and Munro, V. (2019) [Domestic abuse and suicide. Exploring the links with Refuge's client base and work force](#). The University of Warwick and Refuge.
- Danger, S., Munro, V., Andrade, L. (2022). [Learning legacies: An analysis of domestic homicide reviews in cases of domestic abuse suicide](#). Advocacy After Fatal Domestic Abuse and the University of Warwick.
- Domestic Abuse Commissioner. (2023.). [Domestic homicide and suicide and Homicide Abuse Learning Together \(HALT\) research](#). Office of the Domestic Abuse Commissioner.
- Domestic Homicide Project. (2026). [Domestic homicides and suspected victim suicides 2020-25 report](#). Vulnerability Knowledge and Practice Programme (VKPP).
- Home Office. (2024). [Quantitative analysis of domestic homicide reviews: October 2022 to September 2023](#). Home Office.
- Institute For Addressing Strangulation (IFAS) [Response to the VKPP domestic homicides and suspected victim suicides report 2025](#). IFAS.
- Kent County Council. (2023). [Highlighting the link between domestic abuse and suicide: Resource briefing papers](#). Kent County Council.
- Kelly, L. (2003). The Wrong Debate: Reflections on Why Force Is Not the Key Issue with Respect to Trafficking in Women for Sexual Exploitation. *Feminist Review*, 73, 139–144. www.jstor.org/stable/1396003
- Kelly, L (n.d.). [Let's change how we talk about suicide](#) [Blog post].
- SafeLives. (2019). [Psychological violence: Exploring mental health impacts and recovery](#). SafeLives.
- SafeLives (2019) [Safe and well: Spotlight report on domestic abuse and mental health](#). SafeLives.
- Kelly, L., Sharp, N., Klein, R. (2014). [Finding costs of freedom: How women and children rebuild their lives after domestic violence](#). Solace Women's Aid.
- Woodhouse, T. (2025). [The person most likely to kill a victim of domestic abuse...is themselves](#). The Churchill Fellowship.
- Woman's Trust. (2025). [Living without hope: The case for improving the mental health response for survivors of domestic abuse](#). Woman's Trust.

Guidance

- NHS England. (2025). [Staying safe from suicide: Best practice guidance for safety assessment, formulation and management](#). NHS England.

- National Institute for Health and Care Excellence (NICE). (2014). [Domestic violence and abuse: Multi-agency working](#). NICE.
- National Institute for Health and Care Excellence (NICE). (2022). [Self-harm: assessment, management and preventing recurrence](#). NICE.
- www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

Toolkits/Safety Planning

- BWA (Berkshire Women's Aid) website which includes a downloadable [safety planning leaflet](#) as well as information about [how to stay safe online](#).
- Grassroots Suicide Prevention [A Suicide prevention resource](#) (includes a safety plan template)
- Mankind's [template safety plan](#).
- SafeLives. (2009). [DASH Checklist](#).
- Thames Valley Police [How to hide this visit from your web history](#)
- Women's Aid [Making a safety plan](#)
- Women's Aid [The Survivor's Handbook](#)
- Samaritans [Create a safety plan for when you're feeling suicidal](#)

Strategies

- [Berkshire Suicide Prevention Strategy 2021-26](#)
- [Bracknell Forest Domestic Abuse Strategy 2022-24](#)
- [Reading Borough Council's Domestic Abuse and Safe Accommodation Strategy 2023-26](#)
- [Royal Borough of Windsor and Maidenhead Domestic Abuse Strategy 2024-27](#)
- [Slough Domestic Abuse Strategy 2023-26](#)
- [Suicide Prevention Strategy for England: 2023 to 2028](#)
- [West Berkshire Domestic Abuse Strategy 2024-27](#)
- [Wokingham Domestic Abuse Strategy 2025-2028](#)

Other

- Home Office. [List of Domestic Homicide Reviews \(DHRs\)](#). GOV.UK
- Monckton-Smith, J. (2022). [Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide](#). University of Gloucestershire.
- O'Callaghan, C., Ingala Smith, K., Allen, R., Jaso, V., Elliott, K. (2022). [Femicide Census \(2022\)](#). Femicide Census

