

Intimate Partner Violence, Suicide, And Veterans' Relationships: Recognition and Response

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<http://www.mirecc.va.gov/suicideprevention/index.asp>

There are no conflicts to report.

Poll Question #1

- What is your primary role in VA?
 - Student, trainee, or fellow
 - Clinician
 - Researcher
 - Manager or policy-maker
 - Other

Poll Question #2

- Which best describes your training related to intimate partner violence (IPV) identification and prevention?
 - have not had any formal training
 - have had a class or two in college/graduate training
 - Have spent time on my own reading and becoming informed
 - have attended conferences/webinars and feel this is an area of competence for me
 - have led programs/research related to IPV

Training Objectives

- **Recognition:** To develop a fund of knowledge regarding basic tenets related to IPV and its relationship to suicide, including:
 - Defining IPV and suicide
 - Identifying prevalence rates of IPV and suicide in the general population and Veterans, as well as associated risk factors
 - Understanding the complexity of IPV and suicide
- **Response:** To develop a facility for responding to IPV and suicide by:
 - Understanding the needs and benefits of screening, assessment, intervention and referral to services for IPV in addition to suicide prevention services
 - Recognizing risk factors for IPV in Veterans reporting suicidality, and conducting a routine inquiry (screen)



IPV and Suicide Policy and Background

VETERANS HEALTH ADMINISTRATION

Intimate Partner Violence

Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner. Intimate partner violence may occur among cohabitating or non-cohabitating romantic or sexual partners and among opposite or same sex couples.

[Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R., 2011]

Within these categories, specific abuse tactics may include such things as: financial abuse, abuse of pets, technology abuse, control over reproductive health, and other nuanced coercive and/or controlling behaviors.



Prevalence of IPV and Suicide Among Veterans

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We have little info about IPV and Veterans...

Veterans are a population of high-risk individuals for substance abuse, TBI, depression, PTSD, and IPV, all detectable precursors for suicide and murder-suicide.

Male → Female violence rates in Veterans are currently under investigation. Rates range from 13.5% to 58%³

Male victimization rates may be around 9.5%, as compared to 12.5% in the general population⁴, though only one study has reported on these rates.

Female → Male violence rates in Veterans are even more unclear. Rates may range from roughly 25%-32%^{5,6}

Female victimization rates may range anywhere from 33-86%^{7,8}, compared to 35.6% in the general population⁹

Veteran perpetration of IPV



Risk factors for male-to-female IPV

[Mental Health / Clinical Risk Factors]

- PTSD⁵
- Substance Abuse⁵
- Depression⁵
- General Psychopathology⁵
- TBI/mTBI¹⁰
- Trait Anger¹¹
- Physical Disability¹²



Risk factors for male-to-female IPV

[Socio-Demographic Risk Factors]

- Young Age¹²
- Childhood Victimization³
- Low Socioeconomic Status⁵
- Poor Relationship Adjustment¹³
- Unemployment¹⁴
- Homelessness¹⁰
- Pre-deployment IPV¹⁵

Risk factors for male-to-female IPV

[Service-Related Risk Factors]

- Combat Exposure⁵
- Wartime Stressors⁵
- Traumatic brain injury (TBI) / mild traumatic brain injury (mTBI)
 - Though not all TBI/mTBI experienced by Veterans is service-connected, it is a hallmark injury of OEF/OIF
 - Many Veterans diagnosed with TBI have comorbid PTSD¹⁶
 - TBI can be associated with greater aggression/violence¹⁰

Risk factors for female-to-male IPV

Mental Health / Clinical Risk Factors^{6,17}

- Depression
- PTSD
- Trait Anger

Socio-Demographic Risk Factors^{5,6}

- Partner's Perpetration
- Unemployment
- Young Age



Homicide-Suicide

- The majority of Homicide-Suicide events occur between intimates¹⁸
- Among the **general population**, firearms at home result in 2 more homicides and 3.24 more suicides than homes without firearms¹⁹
 - Veterans are more likely than civilians to use firearms to commit suicide, and are more likely than civilians to own firearms²⁰
- Homicide-Suicide generally occurs with mid-to-later aged white men, with Veteran perpetrators tending to be significantly older than civilian perpetrators¹⁸
- Military perpetrators tend to have more physical health problems than civilian perpetrators
- In **civilians**, premeditation is more likely where suicide is involved in a homicide than homicide without suicide²¹

Homicide-Suicide

Among service members and Veterans in the 2008 Surveillance for Violence Deaths report:²²

- 200 incidents involved homicide-suicide
 - 75% of victims were female, 90% of perpetrators were male
- IPV preceded nearly 20% of homicides
- Over 30% of suicides were preceded by relationship problems

Suicidal intent is a clear risk factor for fatal IPV, suicide threats in the context of IPV should always be taken seriously

Resources may be better utilized for suicide prevention efforts than homicide, as perpetrators probably decide to end their lives first, then take their partners with them.²¹

Victimization



Symptoms typically seen in Veteran victims

(many of these symptoms may be present in perpetrators as well)

Consider clusters of these symptoms when diagnosing IPV

- Injuries and excuses
 - E.g. TBI/mTBI
- Chronic fatigue / sleep disruption
- Headaches
- Substance abuse
- Depression
- Low self-esteem
- Bipolar disorder
- Personality changes
- Eating disorders / Obesity
- Chronic back / pelvic pain
- Suicidality
- PTSD
- Anxiety
- Smoking
- Increased healthcare utilization

Risk factors for male Veteran IPV victimization

Risk Correlates^{4,14}:

- Young Age
- PTSD

Outcome Correlates⁴:

- Substance / Alcohol Abuse
- Depression



Risk factors for female Veteran IPV victimization

Risk Correlates^{23, 24, 25:}

- MST
- Childhood Victimization
- Low SES
- History of Deployment
- Pre-military Trauma
- Longer Length of Military Service
- Army Service
- Lower Education

Risk and Outcome Correlates^{24:}

- Substance / Alcohol Abuse
- Homelessness

Outcome Correlates^{23, 24, 25:}

- PTSD
- Depression
- TBI / mTBI
- Chronic Pain
- Unemployment
- Mental Health Symptoms in General
- Bipolar Disorder
- Suicidality
- Sleep Disturbance



Protective factors for IPV in Veterans and Civilians²⁶

- Supportive family, external support systems, adaptable personality
- Family cohesion
- Marital adjustment mediates IPV in the military
- A steady income
- At least a high school education
- Living quarters and housing
- Basically healthy
- Free medical care
- Free from severe alcohol/drug abuse (i.e. drinking or using high quantities frequently)
- Abstaining from alcohol for 1 year post-deployment increases long-term success rates
- High frequency, and low quantity of alcohol may have a mitigating effect on hyperarousal symptoms



Mental Health and IPV among Veterans

Mental Health Burden

- A Veteran's mental health status will affect their daily functioning, relationships with intimates, children, and extended family, and physical well being.
- Barriers to seeking mental health treatment include^{27, 28, 29, 30}:
 - Fear of lack of confidentiality leading to legal trouble or job loss
 - Fear of stigma
 - For male Veterans, fear of loss of masculinity,
 - For both genders fear of being seen as weak
 - Those experiencing cognitive difficulties may have trouble keeping appointments
 - Not understanding policies and benefits

Mental Health and IPV

Returning service members (both male and female) screened in the PC setting and referred for mental health evaluation (primarily depression and/or PTSD) ³¹:

- OIF Veterans: 19.1%
- OEF Veterans: 11.3%
- Other locations: 8.5%

These Veterans are 5 times more likely to struggle with readjustment and family problems. Those experiencing avoidance, withdrawal, and anxiety are at greater risk for IPV.

Mental Health and IPV³¹

- 75% of partnered Veterans report difficulty with family readjustment.
- 66% report weekly problems. [Problems re-parenting within the spousal relationship]
- Over 50% reported IPV was an issue (married, separated, or divorced) – included all types of IPV.
- 33% of partners reported being afraid of the Veteran.
- 25% reported possessing a gun in the home.
- Service branch was not a factor.

Depression

- 21% of OEF/OIF Veterans receiving VHA care, and 8% of OEF/OIF Veterans not receiving VHA care noted to have probable depression³².
- Depression is associated with “increased likelihood of being unsure about one’s responsibilities in the home, feeling like a guest (with a comorbid PTSD diagnosis).³¹
- Depression also one of the most commonly cited correlates of both suicide and IPV in the literature.^{4,14,23}



Posttraumatic Stress Disorder (PTSD)

- Among OEF/OIF Veterans receiving VHA care, PTSD prevalence is estimated at about 23%, and 6% for non-VHA-connected OEF/OIF Veterans^{32, 33}
- Those with higher resting heart rates, generally caused from previous trauma experience, are more likely to develop combat-related PTSD, particularly hyperarousal (associated with Criterion E) which may be linked to IPV.³
- Like depression, one of the most commonly cited risk factors for suicide and IPV¹⁰
14, 25
 - In particular, avoidance, numbing, negative alterations in cognition and mood, and re-experiencing cluster symptoms are associated with suicidality
 - Hyperarousal, re-experiencing cluster symptoms associated with IPV

Substance Abuse [Epidemiology]

- 7.1% of Veterans meet the criteria for a substance use disorder³⁵
 - Rates may be even higher among student Veterans
- Alcohol is the most commonly abused substance among Veterans, followed by cocaine, cannabis, opiates, barbituates, and finally amphetamines³⁶
- May begin as a way to help the Veteran sleep or self-medicate mental health symptoms (e.g. hyperarousal symptoms from PTSD)
- Can develop after deployment or independently³⁷
- Also linked with other mental disorders: Nearly 1 in 3 Veterans seeking substance abuse treatment also has PTSD [http://www.ptsd.va.gov/public/problems/ptsd_substance_abuse_veterans.asp]

Substance Abuse [Association with IPV]

- Linked to both IPV perpetration and victimization in Veterans^{5, 38}
 - Associated with 1-3x risk of perpetration³
- Alcohol can moderate relationship between hyperarousal symptoms and aggression³⁹
- Concurrent presence of alcohol abuse, depression, and PTSD cumulatively increase IPV perpetration³⁷
- Increased risk also seen with comorbid PTSD, TBI, and alcohol abuse³⁷

Substance Abuse [Association with Suicide]

- Alcohol abuse is correlated with almost 6x greater risk of suicide in Veterans³⁶
- Other substances (i.e. cocaine, opiates, etc.) are also associated with increased suicide risk
- Over half of VHA-connected Veterans with substance use disorders have VHA contact in the month prior to committing suicide
- Veterans with substance use disorders who report a previous suicide attempt have 3x risk of a subsequent attempt⁴⁰





The Intersection of IPV and Suicide Among Veterans

VETERANS HEALTH ADMINISTRATION

Perpetration and Suicide [Male Veterans]

Mental Health / Clinical:

- PTSD
- Depression
- Substance Abuse
- General Psychopathology
- Physical Disability / Activity Limitations
- Trait Anger / Aggression

Socio-Demographic:

- Unemployment
- Young Age
- History of Abuse / Childhood Victimization
- Poor Relationship Adjustment

Service-Related

- Wartime Stressors
- Combat Exposure
- TBI/mTBI

Perpetration and Suicide [Female Veterans]

Mental Health / Clinical:

- PTSD
- Depression
- Young Age
- Unemployment
- Current Partner Aggression / Violence
- Baseline Anger / Difficulty Controlling Violent Behaviors

Socio-Demographic:

- Young Age
- Unemployment
- Current Partner Aggression / Violence
- Baseline Anger / Difficulty Controlling Violent Behaviors

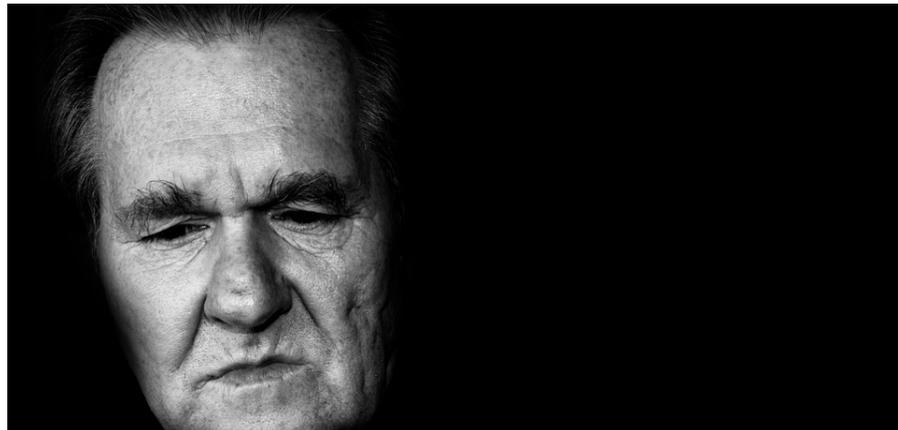
Victimization and Suicide [Male Veterans]

Mental Health / Clinical:

- PTSD
- Depression
- Substance Abuse
- General Psychopathology
- TBI / mTBI
- Physical Disability / Activity Limitations

Socio-Demographic:

- Young Age



Victimization and Suicide

[Female Veterans]

Mental Health / Clinical:

- PTSD
- Depression
- Substance Abuse
- General Psychopathology
- Bipolar Disorder
- Sleep Disturbance
- Chronic Pain

Socio-Demographic:

- Unemployment
- Past / Premilitary Physical / Sexual Abuse

Service-Related

- Military Sexual Trauma
- US Army Veteran



Pertinent Cultural Issues

The ethnicity and cultural background of a family may influence

- The batterer's tactics
- The survivor's coping strategies
- Community response
- Institutional response
- The individual meaning of violence
- The quality of provider-family relationships

Veterans often report several barriers to help seeking tied to military culture, including:^{29,41}

- Fear of stigma or being seen as weak
- Fear of loss of benefits (i.e. attributing TBI to IPV rather than service-connected injury)
- Lack of VA resources to help them (both Veteran victims and civilian Victims)



Service Provider's Role

Service Provider's Role

- Make the connection between client's suicide symptoms and IPV
- Think of IPV as a chronic problem
- Identify and acknowledge that IPV exists in many relationships
- Normalize procedure of asking about IPV in relation to suicidality, "I routinely ask the following questions to all of my clients..."
- Help clients develop an appropriate safety plan

Service Provider's Role

- Understand that your client is part of a complex pattern of behaviors
- Leave, return, or stay – it's *their* decision
- Understand VA/State regulations related to Child Protective Reporting to discuss the IPV if children/minors are involved
- Support the abused person. Don't blame them. Let them know they are not crazy and that they do not deserve this type of treatment.
- If client is the abuser, also provide support.
 - Perpetrator interventions are still a subject of controversy – We do not have consistently effective treatment options²⁹



Routine Inquiry and Assessment for IPV

VETERANS HEALTH ADMINISTRATION

Potential Screening Questions

- Has anyone close to you made you feel unsafe?
- Has anyone close to you insulted you, frequently embarrassed you, or withheld financial resources, food, medication, shelter, or any other basic needs?
- Have you been pushed, grabbed, shoved, or slapped?
- Have you been kicked, bit, choked, or hit with a fist?
- Has anyone forced you to engage in sexual activities against your will?
- Have you physically hurt anyone close to you in any of the ways mentioned above?
- See the CDC Resources for Screening Recommendations

Where and how to conduct the inquiry

- Maintain privacy
- Be aware of the noise factor
- Key in on where the other partner is waiting (if present)
- Remain aware of other persons who may overhear the conversation
- Always screen clients separately from one another

Poll Question #3

Challenges to addressing IPV in any settings are many.
What future training would help you do your job better?

(Check All That Apply)

- How to conduct an initial safety plan
- How to facilitate an effective referral
- To understand what interventions work best
- To form partnerships with the local IPV community

Connecting With Others

- We all can't be experts at everything – it is ok to ask for help when dealing with difficult cases.
- Take care of the caretaker.
- Reach out to local domestic violence providers to build bridges with the local community.
- Utilize trusted websites.

Resources

Center of Excellence for Suicide Prevention:

<http://www.mirecc.va.gov/suicideprevention/>

The National Domestic Violence Hotline: <http://www.thehotline.org/>

The National Coalition Against Domestic Violence: <http://www.ncadv.org/>

Questions/Comments?

Contact Information

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THANK YOU!

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