Suicide and Intimate Partner Violence
Effective Program Development

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"Keeping Faith"

Purpose

- Question: Is there a connection between suicide and intimate partner violence?
- If so, how strong is the connection?
- What does the current research tell us about these two constructs?
- What can be done to improve our service delivery model to focus on an 'integrated prevention strategies' ?

Intimate Partner Violence - Defined

- "Incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners, regardless of gender of sexuality"
  - Department of Health, 2000

- "The use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person who is: a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile."
  - DoDD 6400.1

Suicide - Defined

- Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- **Attempt** - A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
- **Suicidal ideation** - Thinking about, considering, or planning for suicide.
  - Center for Disease Control

IPV & Suicide

- Clear association exists
- Largely under-researched area - as recent as 2012
- Existing studies large variability, in focus, methods used, lack of consistency in measures used

Literature Review

- Intimate Partner abuse and suicidality: A Systematic review
  - (J. McLaughlin, R.E O'Carroll, R.C. O'Connor)
  - Keywords: suicide, domestic violence, partner violence, abuse, self injury..etc.
  - Three broad categories: 1) strength of the relationship between IPV and Suicide, 2) the differing impact on the victim of physical versus psychological abuse and 3) potential mediators and moderators of the relationship between the two constructs

Literature Review

- Association present in almost all studies
- Strength of association not always clear; effect size varied (small to med)
- Presence of PTSD or Depression mediated the relationship (one study)
- Social support moderated the relationship
- Dosage effect: More severe IPV and suicide risk
- Depression, maladaptive coping, cognitive distortions, loss of self efficacy, and suicide attempts

Common Risk and Protective Factors

•Common Risk Factors

- ***Internal***
- Anxiety
- Lack of self-control
- Poor problem-solving skills
- Low self-esteem
- Lack of focus
- Risky behavior
- Destructive behavior (toward self or others)
- Head injury
- Low achievement
- Isolation
- Alcohol/substance abuse
- Legal trouble
-
- ***External***
- Isolation
- Family or relationship dysfunction
- Combat and operational stress
- Sexual assault
- Stressful events
- Substance-abusing peers

•Common Protective Factors

Internal

•Positive attitude
•Healthy perspective
•Good decision-making skills
•Motivation
•Sense of humor
•Adequate sleep
•Good nutrition
•Low-risk drinking
•Exercise
•Responsibility
•Core values

•***External***
•Trusted leaders
•Healthy relationships with healthy individuals
•Rules and structure
•Mission focus
•Unit cohesion
•Accountability
•Opportunity
•Core values

Indicators

Risk Factors:

- Previous suicide attempt
- History of drinking/using drugs
- Mental health diagnosis
- History of physical, sexual, or emotional violence/abuse
- Family history of mental health diagnoses and/or suicide
- Unresolved anger
- Access to personal firearms

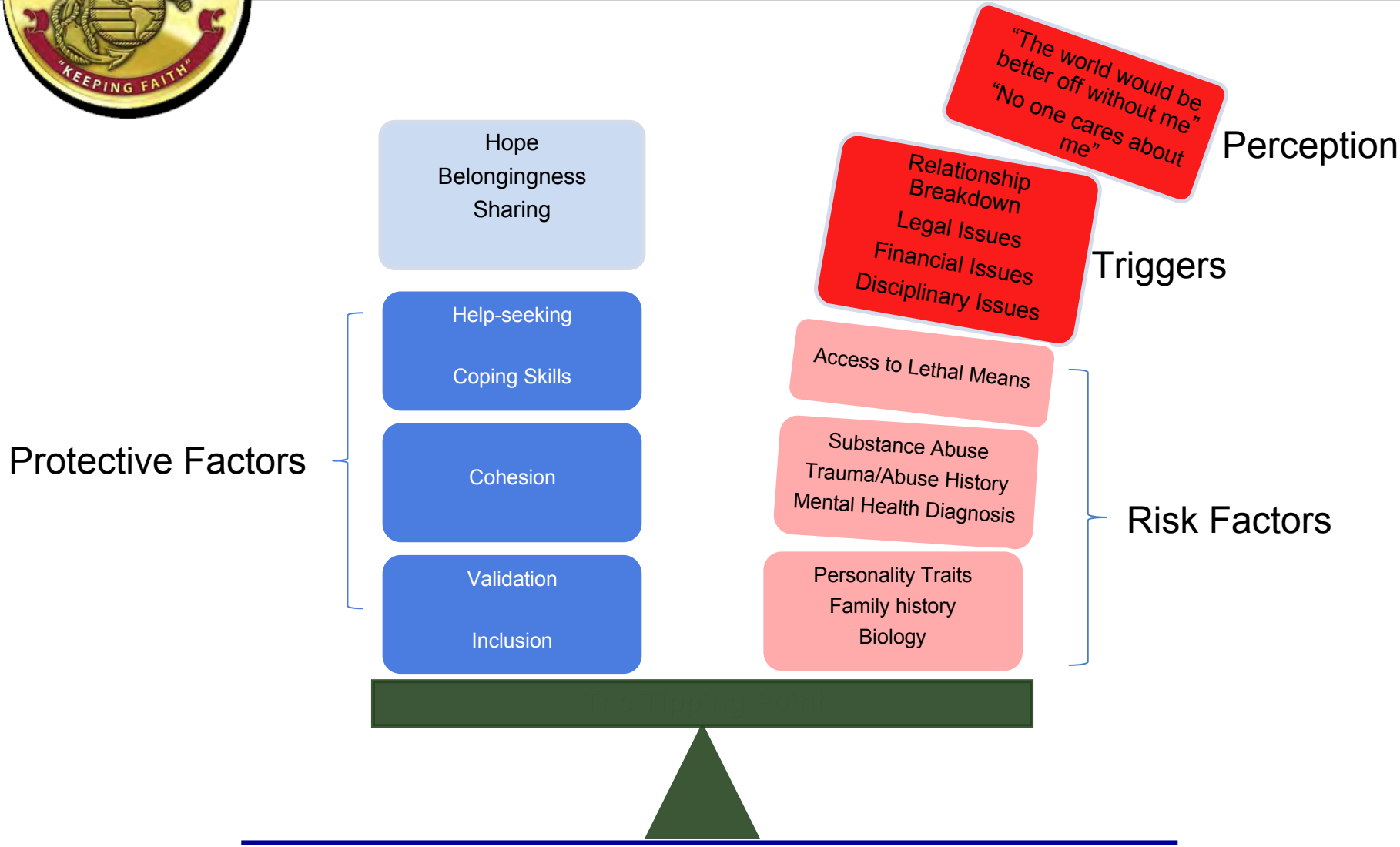
Triggering Stressors:

- Relationship problems/recent breakup
- Financial problems
- Legal problems
- NJP or administrative action
- Loss of loved one
- Feeling trapped
- Humiliation or embarrassment

Warning Signs:

- Talking about feeling hopeless
- Sudden mood changes
- Reckless behavior
- Social withdrawal/isolation
- Talking about dying/death
- Getting affairs in order
- Loss of interest in activities that used to be enjoyable
- Sleep problems
- Drinking more alcohol than usual
- Talking a lot about failures
- No longer talking about future goals/plans

Risk and Protective Factors



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The Tipping Point

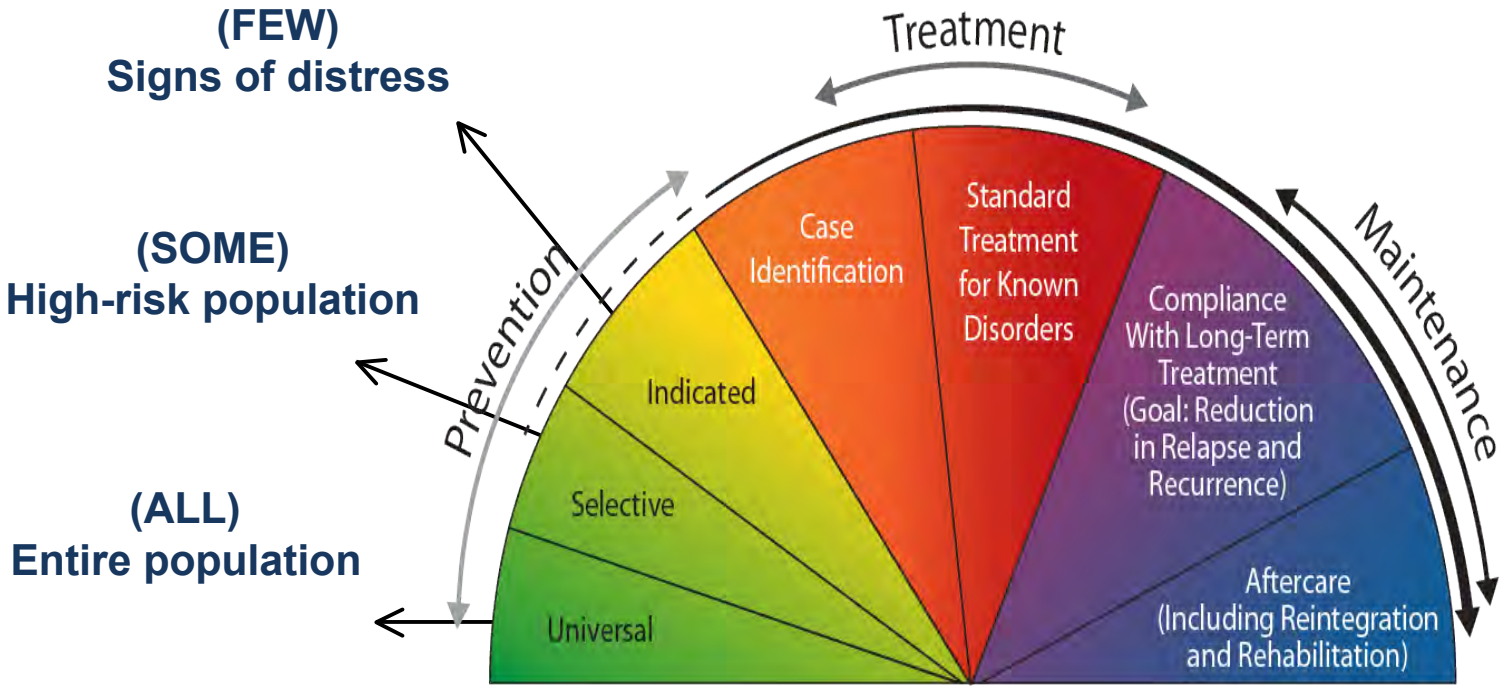
Internal Tipping Point

- The tipping point is when risk factors/triggers become so severe they out weigh protective factors. When this imbalance occurs, hopelessness sets in and suicide enters the equation.
- Be aware of risk factors as more will increase vulnerability to triggers.
- Watch for triggers such as a relationship breakdown, legal or disciplinary action, financial problems, substance use, blended family issues, living alone and recent PCS or other transition.
- Instilling HOPE can help balance the scale.

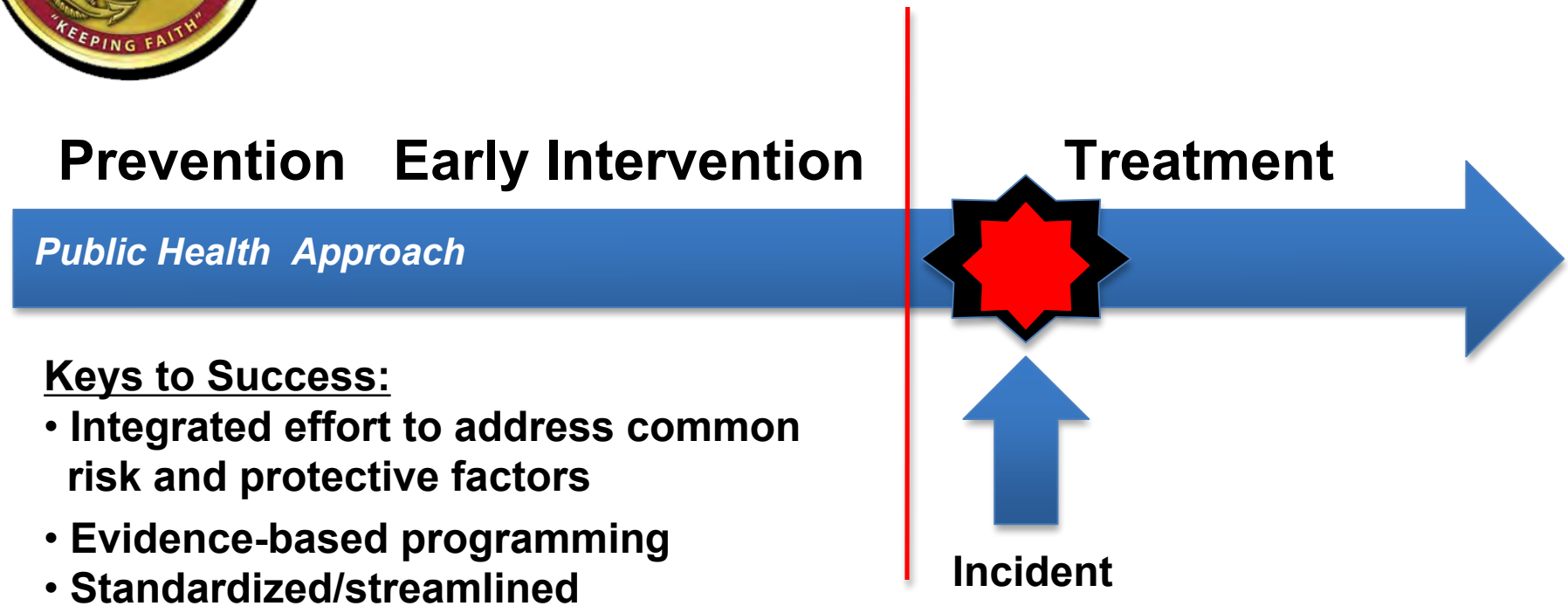
Tenets

- No wrong door (coordinated care)
- Comprehensive system of care
- Reduced redundancies/gaps
- Seamless coordinated case management
- Common screening
- Workforce issues
- Warm handoffs – interdisciplinary work

IOM


(FEW)
Signs of distress
(SOME)
High-risk population
(ALL)
Entire population
Treatment
Prevention
Maintenance
Case Identification
Standard Treatment for Known Disorders
Compliance With Long-Term Treatment (Goal: Reduction in Relapse and Recurrence)
Indicated
Selective
Universal
Aftercare (Including Reintegration and Rehabilitation)

Modality Shift



Keys to Success:

- Integrated effort to address common risk and protective factors
- Evidence-based programming
- Standardized/streamlined training/education
- Simple-to-use tools
- Peer-to-peer models

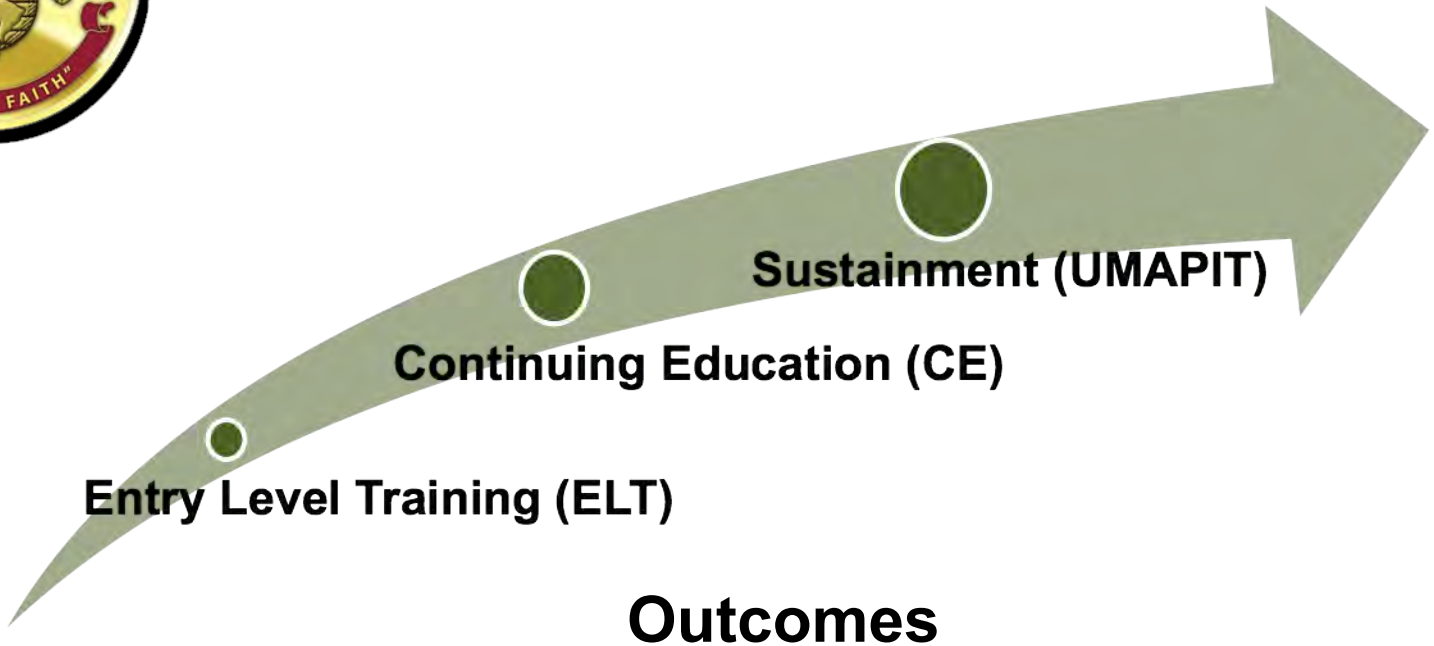
Culture Matters

- Peer to peer mentorship
  - Influencing values, attitudes, and behaviors
- Education and training
  - Marine Corps core values
  - Personal Responsibility
  - Healthy relationships
  - Bystander Intervention
- Leadership involvement at all levels
  - Mentors (formal and informal)
  - Enforce standards for appropriate conduct
  - Influencing social networks
  - Monitoring, deterrence, accountability measures
  - Unit climate

Marine Awareness Prevention Integrated Training (MAPIT)

- Standardize Behavioral Health information within the Institute of Medicine continuum (universal efforts)
- Develop and provide commanders and unit leaders with training targeting best practices for addressing behavioral health concerns within their units to increase personnel and unit readiness.
- Universal training

MAPIT components



Outcomes

- Awareness of resources to reduce stigma and set cultural norms
- Reduces stigma
- Highlights importance of early intervention
- Improves decision making; help-seeking; prevention and intervention skills
- Improves Marine-to-Marine interventions
- Promotes training fidelity and standardization

MAPIT Concepts

READY	REACTING	INJURED	ILL

• Good to go
• Well trained
• Prepared
• Fit and tough
• Cohesive units, ready families
	• Distress or impairment
	• Mild, transient
	• Anxious or irritable
	• Behavior change
		• More severe or persistent distress or impairment
		• Leaves lasting evidence (personality change)
			• Stress injuries that don't heal without intervention
			• Diagnosable
			  • PTSD
			  • Depression
			  • Anxiety
			  • Addictive Disorder

Unit Leader Responsibility — Individual Responsibility — Chaplain and Medical Responsibility

Warning Signs

Intervention Strategies

- RECOGNIZE
- ASK
- CARE
- ESCORT

Referral & Reporting

- Unrestricted
- Restricted
- Exception to restricted

Current Resources

- Peers
- Chain of Command
- Chaplain
- Medical/MCCS
- DSTRESS Line

Risk & Protective Factors

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Final Thoughts…Program Development

- Integrated Approaches
- Recognize target on multiple outcomes
- Look for common threads…build on those
- Integrated IT Products
- "Time in the schedule" for interdisciplinary efforts
- Training key stakeholders on 'integrated' approaches

Questions?

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