

Helping Veterans Who Have Been Exposed to Interpersonal Violence



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

Issue

Interpersonal violence is “the intentional use of physical force or power, threatened or actual, against ... another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”¹ Interpersonal violence is a broad term and includes the following forms:

- Intimate partner violence, which is physical or sexual violence, stalking, or psychological aggression (including coercive acts) by a current or former intimate partner;²
- Domestic violence, which is any form of violence (physical or nonphysical) or abuse (e.g., child or elder abuse) that occurs within the home;²
- Community violence, which is violence that occurs outside the home among strangers, friends, or acquaintances, typically includes physical fighting and assault with or without the use of firearms;³ and
- Sexual violence, which is penetrative, nonpenetrative, or noncontact sexual activity without consent or without the ability to consent due to factors such as age, illness, or threat.⁴

Interpersonal violence is associated with posttraumatic stress disorder (PTSD), anxiety disorders, depression, and substance misuse.⁵ Researchers have also observed an association between interpersonal violence and suicidal ideation and attempts; however, more research is needed to investigate the link between interpersonal violence and suicide death.^{6,7,8}

Key Findings

- Large international studies have suggested that experiencing, witnessing, or perpetrating interpersonal violence is related to suicidal thoughts and behaviors.^{9,10} However, interpersonal violence may not be directly associated with the transition from suicidal thoughts to behavior.¹⁰
- Exposure to interpersonal violence, whether in childhood or adulthood, is associated with a higher risk for suicidal thoughts and behaviors, even after controlling for the presence of mental health conditions.^{6,7} Experiencing physical abuse, sexual abuse, or both, in childhood is significantly associated with a higher risk for suicidal thoughts and behaviors in childhood, with increased risk persisting into adulthood. Childhood adversities that involve bodily harm, such as physical and sexual abuse, are more strongly and consistently related to suicidal thoughts and behavior than are other types of childhood adversities, such as neglect, parental loss, witnessing family violence, and economic adversity.¹¹
- Men and women have distinct experiences of interpersonal violence.³ Women are more likely than men to experience sexual violence, including rape, childhood sexual abuse, and adult sexual abuse; physical assault by an intimate partner or within a parent-child relationship; domestic violence; and psychological abuse by an intimate partner or family member. Men are more likely than women to be physically assaulted (e.g., mugged) by someone other than an intimate partner or a parent (when they were children) and more likely to be threatened with a weapon.^{5,6,7,12}
- The association of interpersonal violence and mental health outcomes are similar for men and women; however, women are more likely than men to be exposed to more invasive forms of interpersonal violence (e.g., rape), potentially resulting in more severe mental health consequences.⁵
- Women are more likely to experience interpersonal violence, while men are more likely to perpetrate interpersonal violence.⁷ Women are also more likely to experience interpersonal violence in the 12 months before dying by suicide and more likely to disclose exposure to interpersonal violence, whereas men are more likely to perpetrate violence in the six weeks before dying by suicide.⁷

Helping Veterans Who Have Been Exposed to Interpersonal Violence

Implications

Treatment of mental health conditions related to interpersonal violence can improve outcomes, including reducing suicidal ideation and behavior among both those who have experienced violence and those who perpetrate violence.³ For example, VA's Strength at Home program (www.boston.va.gov/features/Strength_At_Home.asp), held only at the Boston and Providence VAs, is a cognitive behavioral and trauma-informed group therapy program that helps Veterans strengthen their relationships through interpersonal skills training. The program has been shown to reduce intimate partner violence behavior.¹³

Ways You Can Help

- Inquire about experiences with all forms of interpersonal violence, providing referral for care.^{3,5} Screenings should occur in a one-on-one setting to ensure privacy and safety, and with a tone that is open, noncoercive, and non-stigmatizing.
- Use the intimate partner violence screening protocol and the military sexual trauma universal screening protocol as mandated by VHA.
- More information for healthcare providers about military sexual trauma and the risk for suicide is available on VA's mental health website: www.mentalhealth.va.gov/suicide_prevention/docs/Literature-Review-Military-Sexual-Trauma-CLEARED-3-5-19.pdf
- Use evidence-based trauma treatments in your clinical practice and familiarize yourself with trauma-informed, evidence-based guidelines. Treatment guidelines are available at www.healthquality.va.gov/guidelines/mh/ptsd.
- Visit the Intimate Partner Violence Assistance Program website (www.socialwork.va.gov/IPV) to learn more about VA's intimate partner violence programming and resources. You can also access contact information for the intimate partner violence assistance coordinator at your local facility on the program website. Your local intimate partner violence assistance coordinator can provide helpful consultation and resources for Veterans, their family members, and staff affected by intimate partner violence. Additional information on intimate partner violence and safety planning can be found online at:
 - www.ncdsv.org/images/EqualitywheelINOSHADING.pdf
 - www.ncdsv.org/images/MilitarycontrolwheelINOSHADING.pdf
- Provide patients with information on shelters and resources, such as the National Domestic Violence Hotline: 800-799-SAFE (7233). A list of available shelters can be found at www.domesticshelters.org.

There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

References

- 1 Violence Prevention Alliance. 2019. *Definition and typology of violence*. Geneva, Switzerland: World Health Organization. Retrieved from www.who.int/violenceprevention/approach/definition/en.
- 2 Veterans Health Administration. 2019. VHA Directive 1198: *Intimate Partner Violence Assistance Program*. Washington, DC: U.S. Department of Veterans Affairs.
- 3 Decker, M. R., H. C. Wilcox, C. N. Holliday, & D. W. Webster. 2018. An integrated public health approach to interpersonal violence and suicide prevention and response. *Public Health Reports* 133, no. 1: 655–795.
- 4 Basile, K. C., S. G. Smith, M. Breiding, M. C. Black, & R. R. Mahendra. 2014. Sexual violence surveillance: Uniform definitions and recommended data elements. Version 2.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 5 Iverson, K. M., A. Dick, K. A. McLaughlin, et al. 2013. Exposure to interpersonal violence and its associations with psychiatric morbidity in a US national sample: A gender comparison. *Psychology of Violence* 3, no. 3:273.
- 6 MacIsaac, M. B., L. C. Bugeja, & G. A. Jelinek. 2017. The association between exposure to interpersonal violence and suicide among women: A systematic review. *Australian and New Zealand Journal of Public Health* 41, no. 1:61–9.
- 7 MacIsaac, M. B., L. Bugeja, T. Weiland, J. Dwyer, K. Selvakumar, & G. A. Jelinek. 2018. Prevalence and characteristics of interpersonal violence in people dying from suicide in Victoria, Australia. *Asia Pacific Journal of Public Health* 30, no. 1:36–44.
- 8 Brignone, E., A. E. Sorrentino, C. B. Roberts, & M. E. Dichter. 2018. Suicidal ideation and behaviors among women veterans with recent exposure to intimate partner violence. *General Hospital Psychiatry*, no. 55:60–4.
- 9 Stein, D. J., W. T. Chiu, I. Hwang, et al. 2010. Cross-national analysis of the associations between traumatic events and suicidal behavior: Findings from the WHO World Mental Health Surveys. *PLoS One* 5, no. 5: e10574.
- 10 Nock, M.K., I. Hwang, N. Sampson, et al. 2009. Cross-national analysis of the associations among mental disorders and suicidal behavior: Findings from the WHO World Mental Health Surveys. *PLoS Medicine* 6, no. 8: e1000123.
- 11 Bruffaerts, R., K. Demyttenaere, G. Borges, et al. 2010. Childhood adversities as risk factors for onset and persistence of suicidal behaviour. *The British Journal of Psychiatry* 197, no. 1:20–7.
- 12 Kelly, U. A., K. Skelton, M. Patel, & B. Bradley. 2011. More than military sexual trauma: Interpersonal violence, PTSD, and mental health in women veterans. *Research in Nursing & Health* 34, no. 6:457–67.
- 13 Taft, C. T., A. Macdonald, S. K. Creech, C. M. Monson, & C. M. Murphy. 2016. A randomized controlled clinical trial of the strength at home men's program for partner violence in military Veterans. *The Journal of Clinical Psychiatry* 77, no. 9:1168–75.

