

**Family Violence Intervention Programs
Suggested Protocol**

**Responding to Depression, Suicidal Thoughts, and/or Threats to
Hurt Self or Others in Domestic Violence Offenders**

SUICIDE AND DOMESTIC VIOLENCE HOMICIDE RISK

The strong connection between suicide and domestic violence homicide risk is made apparent when evaluating the indicators which overlap both issues. Abusers who are at increased risk of perpetrating a domestic violence-related homicide or murder-suicide often have: symptoms of depression; a history of prior suicide threats or attempts; a history of substance abuse; experiences of a recent medical crisis, financial issues, loss of a loved one, or relationship changes; access to a firearm; and/or looming accountability for their behavior, such as an impending arrest or a court case (Fatality Review Project Annual Report, 2018).

FATALITY REVIEW FINDINGS ON SUICIDAL THREATS, ATTEMPTS AND DEPRESSION

In the 116 cases reviewed by the Georgia Domestic Violence Fatality Review Project, 37% of domestic violence homicide perpetrators were known to have either threatened or attempted suicide prior to the homicide (2018). In 37% of cases, the perpetrator attempted or completed suicide at the homicide scene or soon thereafter (murder-suicide). These findings support research by Dr. Jacqueline Campbell at Johns Hopkins Medical Center, who also found a correlation between suicidal thought and subsequent killing of a family member.

Information regarding suicidal threats, attempts and depression in perpetrators is known to the Fatality Review Project from an open records review of civil and criminal records and interviews with the victim's family and friends. Due to the limitations of these information sources, it is likely that the number of domestic violence homicide perpetrators who were depressed and/or suicidal at any point prior to committing murder was actually much higher.

FAMILY VIOLENCE INTERVENTION PROGRAMS

Only a small but significant percentage of domestic violence offenders will kill or attempt to kill. Many service providers come into contact with domestic violence offenders who are presenting with signals of the danger they pose and providers should be informed and trained to spot them. By understanding the role of depression and suicidal ideation, service providers can play a crucial role in identifying these high risk cases and taking simple steps to make early intervention occur, with the hopes of preventing a homicide. Additional screening processes will enhance services already being provided by domestic violence programs, family violence intervention programs, and mental health and medical providers, and will strengthen opportunities for intervention and prevention.

Family Violence Intervention Program (FVIP) providers are in a unique position to be in contact with perpetrators of family violence on a weekly basis. The following protocol was developed to assist FVIP providers navigate hearing or seeing indicators of suicidal thoughts and/or threats to hurt self or others, as well as best practices to incorporate into your FVIP practice.

PROTOCOL OF RESPONSE**A. Immediate Responses:**

Upon hearing or seeing any clear indicator of suicidal thoughts and/or threats to hurt self or others, FVIPs will:

- a) Recognize that the presence of these factors increases the risk of homicide.
- b) Refer the participant to local mental health resources and/or the GA Crisis & Access Line: **1-800-715-4225**. Assist the participant in making the call(s) before they leave your office.
- c) Warn the victim of immediate danger according to the following steps as required by DCS FVIP Victim Contract & Victim Liaison Policy & Procedure Statement (7.102):
 - 1) Call the victim immediately;
 - 2) Briefly describe the reason for your concern; and,
 - 3) Provide the victim with contact information for:
 - Victim liaison;
 - 911;
 - 1-800-33-HAVEN; and,
 - The nearest CJCC-certified domestic violence shelter.
- d) Immediately contact the following and inform them of your concerns:
 - Victim liaison;
 - Referring court;
 - Law enforcement;
 - Department of Community Supervision (if applicable); and,
 - The State Board of Pardons and Paroles (if applicable.)
- e) If no victim liaison is in place or reachable, immediately notify the CJCC-certified domestic violence shelter that is closest to where the victim lives or resides.
- f) Contact and share information with the treatment provider if the abuser is involved in or ordered into any kind of treatment (mental health, chemical dependency, etc.)
- g) Contact and share information with the State, county, or private probation officer, if there is one. and share information with others who have a need to know (i.e. judge) in letters back to the court.

B. Ongoing Best-Practice Responses

On an ongoing basis, FVIPs will:

- a) Ask about suicidal thoughts and threats to self or others during intake procedures and throughout the FVIP program. Ask directly: “Have you had any thoughts about hurting yourself? Others? Both?” Recognize that risk is not static and that it needs to be constantly re-evaluated throughout the FVIP.
- b) Ask about depression. Upon hearing or seeing indicators of depression, investigate whether the participant is having suicidal thoughts by asking follow-up questions such as, “What does your depression mean to you?” and “Have you had any thoughts about hurting yourself? Others? Both?”

- c) Develop an ongoing information-sharing relationship with mental health and chemical dependency treatment providers. Educate them about the role of your FVIP and the special dangers of suicidal and homicidal thoughts and threats with domestic violence abusers.
- d) Get the police report and other relevant documents from participants at intake.
- e) Double-check that your FVIP participant contract includes the required provision that firearms and weapons used to harm or threaten the victim are removed from participants' homes. Ask FVIP participants whether they have complied with this provision. Develop procedures with local law enforcement to enable FVIP participants to safely surrender their weapons.
- f) Educate your FVIP classes about homicide and suicide risk factors and about how risks increase when abusers feel they are losing "ownership" of a partner or ex-partner. Mobilize participants to serve as an alternative support and accountability system for a participant who is depressed or has expressed suicidal or homicidal thoughts or threats. For example, class members could be asked to call that participant frequently to check-in with him.

Attachments

- A. INDICATORS OF DEPRESSION, SUICIDE AND DANGER**
- B. OVERLAPPING INDICATORS OF INCREASED RISK OF SUICIDE AND DOMESTIC VIOLENCE HOMICIDE**

A. INDICATORS OF DEPRESSION, SUICIDE AND DANGER

The following information is offered to assist you in assessing whether a domestic violence abuser may be depressed or suicidal, indicating increased danger to not only self, but also the victim and children.

There is no scoring or formula involved, however the presence of any of the warning signs or responses to the questions that cause concern should be treated seriously and a referral should be made to **Georgia Crisis & Access Line (GCAL): 1-800-715-4225**.

Possible Questions to Ask

1. Have you been thinking about harming yourself?
2. Have you thought about how you would hurt yourself? When would it happen?
3. What changed recently in your life? Is your routine different?

Warning Signs

1. Talking about dying: any mention of dying, disappearing, harming oneself or significant other.
2. Recent loss: divorce, separation, broken relationship, loss or change in relationship with partner or child, loss of job, money, status, self-confidence, death of a friend or family member.
3. Change in personality: sad, withdrawn, irritable, anxious, tired, indecisive, apathetic, experiencing dramatic mood changes.
4. Change in behavior: looking for ways to kill oneself, access to firearms or available means, making arrangements or giving away prized possessions.
5. Change in sleep or eating habits.
6. Fear of losing control.
7. Low self-esteem: feelings of worthlessness, & shame.
8. Expressing feelings of hopelessness and helplessness – no sense of purpose in life.

Remember

Trust your instincts and judgment about what you are hearing and feeling and don't hesitate to refer to **GCAL 1-800-715-4225**.

B. OVERLAPPING INDICATORS OF INCREASED RISK OF SUICIDE AND DOMESTIC VIOLENCE HOMICIDE

A review of indicators of increased risk of suicide and increased risk of domestic violence homicide reveal overlapping factors. All bolded indicators outlined in the chart below appeared in murder-suicide cases reviewed by the Fatality Review Project. Given the duplicative nature of these indicators, it is clear more can be done to integrate suicide prevention work into domestic violence work and vice versa.

INCREASED SUICIDE RISK	INCREASED DOMESTIC VIOLENCE HOMICIDE RISK
History of mental disorders, particularly clinical depression	History of domestic violence
Previous suicide threats or attempts	Previous suicide threats or attempts
Acquiring a firearm	Presence of a firearm
Feelings of hopelessness	Prior use of weapons or threats to kill
Depression, alcohol or substance abuse	Co-occurring depression, drug or alcohol abuse
Impulsive or aggressive tendencies	Increasing severity or frequency of abusive incidents
Loss of any major relationship	Change in relationship status (i.e. separation or divorce)
Diagnosis of a serious or terminal illness	Diagnosis of a serious or terminal illness
Anticipated loss of financial security	Anticipated loss of financial security; job loss
Sudden unexpected loss of freedom or fear of punishment	Looming accountability related to criminal charges or civil matters, such as child support
Recent death of a loved one	Recent death of a loved one
Family history of suicide	Threats to harm victim's children
Isolation, feeling cut off from other people	Use of strangulation
Family history of child maltreatment	Abuse during pregnancy
	Stalking
	Possessiveness over victim or severe jealousy, morbid jealousy

Chart note: This is not intended to be a comprehensive list; instead, it is intended to show indicators common to both suicide and domestic violence-related homicide. For more comprehensive lists of suicide risk factors and domestic violence risk factors, please refer to the Centers for Disease Control and Prevention (www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html), the QPR Institute (www.qprinstitute.com) and Jacqueline Campbell's Lethality Assessment (www.dangerassessment.org/uploads/pdf/DAEnglish2010.pdf).