FORUM ON HEALTH AND NATIONAL SECURITY

Family Safety and Military Servicemembers:
Understanding Risk and Intervention Strategies

Executive Summary

Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University of the Health Sciences

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Understanding Risk and Intervention Strategies

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A Conference of the:

Center for the Study of Traumatic Stress
Department of Psychiatry
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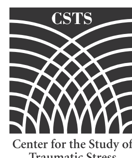

From the Conference Series:

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Editor's Note: This transcript has been edited, however, as in most transcripts some errors may have been missed. The editors are responsible for any errors of content or editing that remain.

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First Edition

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Preface

The Forum on Health and National Security: Family Safety and Military Servicemembers: Understanding Risk and Intervention Strategies directs our attention to understanding family safety and how military families perceive and make decisions about risks. The Forum brought together a diverse group of scientists, clinicians, program directors and leaders. The panelists and participants were leaders in military medicine, educators, and researchers from academic institutions, healthcare organizations, and policy centers. The Forum gathered a broad array of perspectives and ideas.

One of the most compelling paradigms to emerge in the Forum was that of decisions around personally-owned firearms in military households. The Forum reviewed the perspectives of research currently available in broader populations, and then narrowed down to consider the relevance and gaps in the science as it pertains to military families. The group discussed military culture and risk decision making as observed through the lenses of cultural anthropology and decision science. Finally, participants heard about past and current interventions to mitigate risks associated with firearms in the home. Each topic was approached using a format of formal presentation followed by open discussion. An extended period of discussion at the end of the Forum identified ways forward. We hope this volume effectively captures the thoughts and ideas shared by this distinguished group and offers a valuable contribution to both scientists and policy makers.

Executive Summary

The goal of this Forum was to better understand military family safety, how military families assess and make decisions about risk in their homes

Family safety encompasses a broad array of concerns and interventions. Whether deciding on child safety seats for cars, vaccination, or recreational activities and equipment, families face an array of decisions on a daily basis that affect health. While a central component of military identity is the acceptance and management of risk in military operations, this perspective is generally not part of the concept of family safety. When it comes to the safety of military families, family members usually feel there are very few "acceptable risks." The Department of Defense devotes significant resources to ensure family strength and function by including core elements of adequate housing, financial stability, and services to prevent and mitigate conflict in family relationships. Military commanders have long employed systems of family readiness and ombudsmen to reach out to families of their servicemembers, ascertain their needs, and ensure resources are available to meet those needs. One area of family safety that remains relatively unexplored is the possession of personal firearms by servicemembers. In spite of a culture of weapon safety and strict accountability and control of service weapons, the number and type of weapons servicemembers keep in their homes is largely unstudied.

The Forum on Health and National Security is a conference series addressing the intersection of health and national security needs. The goal of this Forum was to better understand military family safety, and how military families assess and make decisions about risk in their homes. Personal firearms present a compelling paradigm through which the complicated intersections of military culture, health risk behaviors, and family safety decision-making can be discussed. The practice of keeping weapons in the home is a complicated issue. This forum did not address this question but rather sought to understand the current state of the science and how it might inform interventions to enhance family safety given the substantial number of firearms in households of all kinds. The goals of the Forum were to better understand the prevalence of personal firearms, their relationship to suicide and interpersonal violence, and consider how military culture affects decision making around risk in everyday life, and interventions available to improve family safety.

In the last decade, the Department of Defense has seen rising suicide rates. Numerous studies have looked at risk factors for suicide. Are there reasonable interventions that might be employed to make families more safe and also lower the number of military suicides? What is the impact of a firearm in a home experiencing conflict or intimate partner violence? What can the military learn from broader public policy interventions with regard to the risk of firearms in these homes? For these

When discussing personal firearms it is important to acknowledge that it can be very difficult to separate belief from science.

reasons, the Center for the Study of Traumatic Stress convened a Forum on Health and National Security: Family Safety and Military Servicemembers: Understanding Risk and Intervention Strategies to better understand family safety as a broad topic that influences safety with firearms. Scholars from across the country gathered to discuss what is known, where the knowledge gaps are, and consider potential strategies to enhance family safety in the presence of personally owned firearms.

Understanding the Problem

When discussing personal firearms it is important to acknowledge that it can be very difficult to separate belief from science. There is a reasonable body of science that identifies risk associated with firearms in the home. The prevalence of firearm ownership fluctuates around 35% of households and has notably dropped from a high of approximately 45% in the early 1990s. Three quarters of suicides occur within the home, and although suicide is a rare event, keeping a firearm in the home triples the risk of suicide. Perhaps related to familiarity with firearms, 70% of veteran suicides use a firearm compared to slightly less than 50% in the general US population. Firearms are used in just over half of all intimate partner homicides. Studies that have been done suggest that the risk of homicide in the home is 2.7 times greater in households that have handguns. Individuals are far more likely to be killed in a conflict with an intimate or other relation than to be killed by an intruder in their home, and women's risk for being a homicide victim in the home is greater than men. The greatest absolute risk associated with guns in the home is teen suicide.

There are several challenges to studying suicide and gun violence in military populations. Service branches are different in their demographics, culture, missions, and family structures; in addition the data itself is across multiple data systems. The Army and Marine Corps have higher rates of suicide, with higher rates for infantry and special operations as a combined group. In the Air Force, police and corrections specialties have been noted to have relatively higher rates. The vast majority of military suicides are male. The Israeli Defense Forces saw lower suicide rates after a change sending soldiers home on weekend leave without their service weapons. Firearm suicide numbers for military personnel stationed in Europe and Asia, where local personal firearm laws are more restrictive, are significantly lower than in the continental United States.

Perception of Risk and Risk Decision Making

Going into harm's way is a part of expected life for servicemembers, and acceptance of this risk is part of military service. Familiarity with violence is therefore a part of military service. It is also something that sets military members apart from much of the civilian society. The term "military biopolitics" has been used to describe a system of management and control of people and community in the military. Investment by individuals into the biopolitics is a part of the formation of military identity. Military biopolitics also includes structural factors, cultural assumptions, and labels that are part of everyday experiences and inform and provide meaning to military experience. Military culture uses many words detached from reminders of death and violence to describe the tasks of violence that are part of military missions. To an outsider, the military engages an extraordinary array of practices, rules, and institutional mechanisms to manage and organize individuals. Military medicine is part of the military biopolitics. It can be seen by servicemembers as part of the system of institutional management. Toughness, endurance, and fortitude are

central to military identity, as are suspicion of pain and weakness. For some military members, as for others in occupational groups and occupational medical settings, the idea of having symptoms or difficulty may be perceived as of greater risk than enduring them. This can lead to under-reporting in screening programs.

In other anthropological studies military members and veterans are also seen as more competent and conscientious about gun safety. Military members may report they are reluctant to identify themselves in postdeployment screening as having symptoms because so doing would either slow down their reunion or single them out for additional attention. Military or veteran status does not predict gun crime, but may be highlighted in media due to public apprehension of military biopolitics.

Within the framework of military life, servicemembers and their families make many decisions including where to live, where children will go to school, and whether or not to continue military service. Families also make decisions around safety and health risks including the decision whether or not to keep personal firearms in the home. Perceptions of risk vary for people over time and may not represent the actual absolute or relative risk, but rather an internal belief that may be unrelated to facts or data. Assessing risk perception and the ways in which individuals assess their own risk can reveal strategies for increasing knowledge and enhancing the effectiveness of interventions. The field of decision science offers insight into how individuals and families perceive and make decisions about risk. It is possible to do extensive analysis of factors related to decision-making and completely miss the most relevant factors due to inadequate understanding of the values and relative importance to individuals. Risk communication around firearms should start with analysis of the problems as perceived by gun owners, commanders, and family members. Fear and vulnerability have the potential to introduce significant bias into how risk is perceived and risk decision-making. Absolute risk (i.e "X per 1000 people per year") is more compelling than relative risk (i.e. "twice as likely") in influencing people to change behaviors. However, absolute risk for homicide or unintentional shooting in the home is very low. It may be helpful, therefore, to better understand what the relationships are between gun owners and their weapons. Another perspective which may assist in thinking about programs is given by social psychology. This literature offers a concept of "refusal skills" that assumes that many people want to refrain from a certain behavior, but that they struggle with standing out negatively from the larger group if they do.

Assessing risk perception and the ways in which individuals assess their own risk can reveal strategies for increasing knowledge and enhancing the effectiveness of interventions.

Interventions to Enhance Safety

There are many initiatives underway in a number of civilian communities to enhance family safety. There are two primary activities: 1) public education campaigns to bring attention to lethal means restriction for individuals in crisis; 2) public policies meant to empower individuals and law enforcement in restricting access to firearms for high risk individuals. This may address some risks for suicide since how someone attempts suicide plays a critical role in whether they live or die. Suicide attempts appear to be first contemplated within 10 minutes of the attempt in 48% of cases. Between 5—11% of those who attempt go on to ultimately complete suicide. Firearms as a method of attempt are irreversible and do not allow for reconsideration once the impulse is acted on. Firearm suicide lethality rate is between 80 and 90 percent. The vast majority of non-fatal suicide attempts are overdose or sharp object attempts. These are fatal in only 8% of attempts.

Clinicians are limited in their ability to detect and prevent suicide attempts

Interventions tailored to address individual and community needs can increase engagement in the desired risk reduction behaviors.

because the risk population is so large and the event rate is relatively low. Clinical providers are also limited in their ability to reliably predict who will be violent. Relying on the criminal justice system to identify those who may be violent focuses interventions far down the trajectory of violence. There is a need to better understand risk pathways and how and when intention of suicide shifts to action, and the extent to which impulsivity is involved. Interventions that target only those with expressed suicidal ideation will also miss the people for whom the decision to attempt suicide is impulsive and rapid. Mental health clinicians must be trained to be comfortable in talking about firearms with their patients in a way that is consistent with their patients' values about guns. Use of safe storage practices is known to be associated with lower rates of unintentional and self-inflicted shootings. In VA clinics currently gun locks are available that even have the National Suicide Prevention Hotline printed on them. Training professionals that work with individuals in significant distress should include training in talking comfortably with people about firearm storage.

Interventions tailored to address individual and community needs can increase engagement in the desired risk reduction behaviors. Peer support models have been shown to have the potential to be accepted by lowering feelings of stigma in this interaction around firearm ownership. Peer interventions can identify individuals in distress and provide an intervention similar to how we teach people to use the Heimlich maneuver to help a choking victim. Public health campaigns on drunk driving provide another useful perspective. Over several decades our society changed the culture to make it inappropriate to drive after drinking and appropriate for friends and bystanders to intervene without stigma (i.e. "Friends don't let friends drive drunk"). Similarly there is now strong support among OIF/OEF veterans for talking to a peer about a mental health problem or firearm storage. Every brochure about firearm safety can include mention of being alert to signs of suicide and helping keep guns from someone until they have recovered in a manner similar to the "friends" campaign in prevention of drunk driving.

Another important strategy is to engage organizations that support the sale and ownership of firearms as partners, not as "the problem." This strategy has been used to increase collaboration. A key element in these engagements includes normalizing and destigmatizing gun ownership. It should also emphasize autonomy and offer a range of safety options for gun owners. Importantly, a majority of the general population and the gun-owning population agree that it is appropriate to restrict access to firearms for people who are violent toward loved ones. Many gun groups subscribe to values such as safety, responsibility, protecting the family, and neighbors looking out for each other. At present, public-private collaborations are underway with gun groups in over 20 states to add an "11th commandment" to the 10 commandments of gun safety — Be alert to signs of suicide and help keep guns from a loved one until they have recovered. One of the challenges with firearms is differentiating what is a temporary state of increased risk from what may be assumed to be a chronic, unchanging state. The challenge in this approach (similar to asking for the keys in preventing drunk driving) is framing removal of firearms as time-limited interventions rather than permanent. It may be helpful in this approach to focus on signs of distress. Gun shop owners are not comfortable with the expectation that they screen for suicide risk. They are more comfortable in delaying sales to individuals when they are unsure of the purchasers' motives, such as potential straw purchasers. Their preferred tactic in these cases is to delay or redirect, rather than confront the individuals. Some DoD programs are investigating these approaches.

In addition to peer and community interventions, several public policies show promise to reduce risk of gun suicide and gun violence. Two types of civil interventions, the domestic violence restraining order (DVRO) and gun violence restraining order (GVRO), offer promise in identifying individuals at risk for committing violent acts and intervening to limit their access to firearms. These laws acknowledge that family members are often in the best position to recognize when an individual is at risk for suicide or violence. DVRO laws are currently in place in all 50 states. GVRO laws have been enacted in California and Washington in the last two years, with bills under consideration in 12 additional states. The DVRO allows for restricting the possession and purchase of firearms for a few days to a month. Evidence suggests there is a reduction in intimate partner homicide associated with DVROs. GVRO allows a family member to request a temporary order prohibiting the purchase or possession of firearms. The intent of the GVRO is to intervene in cases of violence risk before the criminal justice system is involved. Connecticut has a law that allows law enforcement to petition for removal of firearms from an individual deemed a risk. Preliminary evidence suggests this has led to a reduction in suicide deaths. There have not been any reported cases of GVRO issued for an active-duty servicemember of the 50 to 60 issued to date. It is unknown what the implications of this will be as there is presently no DoD or service policy for what to do if a GVRO is issued against an active duty servicemember. One also needs to consider the spouse who comes forward to protect their family member at risk. Doing so can affect family relationships and work is required for families to reintegrate. Practically it can also result in a spouse who subsequently is divorced, losing benefits. It may be a challenge for military authorities to identify when such actions are taken in the community as there is not a formal link between the community and command authority. Commanders have authority to ask at-risk servicemembers to voluntarily transfer temporary custody of their weapons to the command. The military has a long history of issuing military protective orders (MPO) in cases of domestic violence. A military order to remove firearms may be difficult to execute fully because servicemembers move frequently and may have personal firearms lawfully registered across multiple states. One important message certainly remains — family members can and should intervene to limit access to firearms for a loved one at risk even without involving authorities.

Personalized guns — ones that only operate for the owner — have the potential to reduce suicides and unintentional gun injury and reduce risk posed by approximately 500,000 firearms stolen from homes every year. Safe gun design technologies include radiofrequency identification (RFID), biometrics, and dynamic grip recognition to create a personalized gun that can only be operated by the authorized user. There is however, no current technology that would prevent a firearm from being turned on its identified owner. For some, engineering safety into firearms has at times been perceived as threatening freedoms. Personalized firearms also will not address guns already in circulation.

It is very difficult to accurately identify individuals at risk for suicide. One solution to this is to focus on observable behaviors that identify individuals as at-risk in general. Focusing on observable behaviors can also empower bystander intervention without specific skills or expertise. An analogy would be taking the keys from someone observed to be intoxicated before they can get behind the wheel. This may lead to effective gatekeeper interventions with professions that work with at-risk populations, people who are experiencing significant loss or disruption of their lives.

Focusing on observable behaviors can also empower bystander intervention without specific skills or expertise.

Conclusion

The Forum on Health and National Security: Family Safety and Military Servicemembers: Understanding Risk and Intervention Strategies has reviewed critical areas of understanding risk and safety as perceived by servicemembers and their families. In so doing, programs that are now moving into practice have been highlighted as well as new avenues for research to maximize safe behaviors and safe families. Continuing the focus on safety offers opportunities to change culture to protect many at risk, from children to adults and from servicemembers to veterans to civilians.

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