

PEMĀTESEN ATĀĒQNŌHKAKAN:
A DIVERGENT SUBSET OF THE LIFE IS SACRED PROJECT

by

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ABSTRACT

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Under the Supervision of Professor Leah Rouse

Murder-suicide constitutes a particularly tragic form of violence that has a powerful effect on communities. However, it remains severely understudied. No research to date has examined the incidence of death by murder-suicide events within American Indian/Alaskan Native (AI/AN) communities, despite AI/AN persons being at a disproportionately high risk for suicide and other forms of violence such as stalking, trafficking, physical violence and psychological aggression by intimate partners, and sexual violence. This project represents a subset of a larger Menominee Indian Tribe of Wisconsin (MITW)/University of Wisconsin-Milwaukee (UWM) partnership to address suicide mitigation within the Menominee tribal community. This project's purpose was to explore both individual and community risk and protective factors along with the impact of Historical Trauma on this type of violence. Using qualitative methodology, this project employed the Extended Case Method (ECM) to conduct Life Reviews (also known as psychological autopsy) for each incidence of completed or attempted death by murder-suicide between 2007 and 2021. Examination of record data and completion of interviews with eight participants contributed to a deeper understanding of both individual and contextual risk and resiliency factors unique to this form of violence. Participants shared factors across all domains identified within the developed Indigenous Ecological Model

(Rouse, unpublished), spoke to the impact of Historical Trauma on the MITW, and identified needed community resources. Moreover, the participants expressed the significance of their own involvement in the project. Further discussion of the project's findings, theoretical considerations, need for use of an ecological model, limitations and future directions are considered.

Keywords: American Indian/Alaska Native, Historical Trauma, murder-suicide, qualitative

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CHAPTER I – INTRODUCTION

Deaths by murder-suicide constitute a particularly tragic form of violence wherein a person takes the life of one or more individuals and then dies by suicide. Although no consensus has been reached regarding the proximity of the murder(s) to the death by suicide to be termed a murder-suicide event, many scholars argue that the death by suicide had to occur within 24 hours of the murder(s), while others broaden the timeline to encompass several days or even weeks after the initial murder(s) (Rouchy et al., 2020). These occurrences have been referred to using a variety of language, including “extended suicide,” “dyadic death,” and “homicide-suicide.” Although “homicide-suicide” constitutes the most broadly used term, it has been criticized for its inadvertent minimization or masking of the prominent role that intent or pre-meditation may play in this type of violence, by framing such in terms of legal jargon (Joiner, 2014; Podlogar et al., 2018). Due to its ability to more aptly address the relevance of intent to harm others in these acts, the phrase “death by murder-suicide” is utilized in this work.

The events of death by murder-suicide are an exceedingly rare occurrence, dwarfed by incidences of death by murder-only and death by suicide-only. Incident rates are difficult to estimate as there are no comprehensive national databases established in the United States to track these types of events. Accumulating accurate incident rates and descriptive information regarding violent crimes is challenging due to the complexity and interpersonal nature of these events. Death by murder-suicide and attempted murder-suicide are particularly difficult to interpret as both victim and perpetrator typically are subsequently deceased, resulting in a dependence on the limited data provided by police and coroners’ reports. This also contributes to

a lack of understanding surrounding risk factors and precipitating circumstances, a lack of prosecutorial justice for victims' families, and a lack of research and prevention efforts.

The Violence Policy Center (VPC), a non-profit educational organization and one of the few institutions aspiring to achieve a more comprehensive understanding of these violent crimes, began to compile murder-suicide data gathered from public news reports in 2002. The VPC (2020) estimates that between 1,000 and 1,500 Americans die annually as a result of death by murder-suicide – a combined rate encompassing both individuals who died by suicide and their victims who were murdered. This rate has appeared to remain relatively stable over the past few decades. While only a fraction of the frequency of death by murder-only and death by suicide-only, incidences of death by a combined event of murder-suicide are often widely sensationalized by the media and inflict a uniquely heightened form of devastation upon surviving loved ones and communities. Because each case involves multiple individuals whose lives are violently taken, secondary victimization among family, friends, and acquaintances spreads quickly and widely. Traumatic events such as these stimulate a mixture of societal shock, confusion, fear, and outrage – emotions that when coupled with a lack of general understanding, can inspire broader cultural consequences that disproportionately impact those belonging to marginalized groups (López-Zerón & Parra-Cardona, 2015).

Death by murder-suicide events have a powerful effect on communities but remain severely understudied. No research to date has examined the incidence of death by murder-suicide events within American Indian/Alaskan Native (AI/AN) communities, despite AI/AN persons being at a disproportionately high risk for experiencing other forms of violence such as stalking, trafficking, physical violence and psychological aggression by intimate partners, and sexual violence (Rosay, 2016; Logan, 2016). Homicide constitutes a leading cause of death for

AI/AN persons, with intimate partner violence contributing to many deaths - particularly among AI/AN females (Petrosky, 2021). According to some estimates, homicide rates for AI/AN individuals may be over four times higher among AI/AN people than among non-Hispanic white people (Herne et al., 2016).

Violence is often conceptualized as a harmful, sometimes fatal act inflicted by one person or group upon another. The World Health Organization (WHO) classifies death by suicide as a form of self-directed violence, though this conceptualization remains controversial as it may inadvertently contribute to the stigmatization of such deaths and can lead to its continued classification as a criminal act in the psyche of the public. Death by suicide, a self-inflicted and non-accidental act resulting in death, is another public health concern that disproportionately affects AI/AN populations. According to the Zero Suicide Initiative (2015-2021), an organization dedicated to the development of prevention efforts and improving suicide care within health and behavioral health systems, suicide death rates for Indigenous communities are four times that of the general population. Although suicide rates have generally been on the rise for the past decade, rates of completions by both AI/AN men and women have consistently remained the most elevated (CDC, 2018; SPRC, 2021).

There are many documented risk factors for death by suicide. Some of these include the presence of previous suicide attempts and/or exposure to attempts by others, adverse childhood experiences such as child abuse or neglect, bullying, social isolation, relationship struggles such as a break-up with/loss of a spouse, sexual and/or interpersonal violence, military veteran status, alcohol or drug abuse, job/financial problems, poverty, rural location and poor access to care, legal or criminal problems, and untreated mental illness (CDC, 2021). Risk factors for AI/AN communities are compounded by the existence of multiple and multilayered traumas stemming

from the purposeful and systematic attempts at the destruction of Indigenous people by way of colonization. These traumas are simultaneously historical, intergenerational, and enduring in nature. They include the experience of war, the loss of land, people, language, and access to traditional ways, familial separation and placement of Indigenous children into boarding schools wherein they were stripped of their cultural identity and subjected to abuse and forced relocation and settlement and subjected to cruelty of all sorts, including pervasive physical, psychological, and sexual violence (Petrosky, 2021; SAMHSA, 2014).

Popular, stereotyping discourse perpetuates the homogenous grouping of Indigenous people into a singular racial/ethnic category when in fact, there exists an incredible diversity of Tribal nations and identities. There are presently 574 federally-recognized tribes and over 60 state-recognized tribes in the United States (Salazar, 2016). Each of these possess unique traditions, languages, political and social structures, and cultural values. Just as risk factors vary in salience across tribes and between people, so too do protective factors. The presence of coping and problem-solving skills, interpersonal and familial connectedness, increased access to physical and mental health care, and commitment to cultural and/or spiritual beliefs that discourage suicide have each been found to negate risk factors for suicide (CDC, 2021). AI/AN individuals with a strong cultural identity and commitment to a more traditional way of life have been shown to report greater levels of happiness, an enhanced ability to cope with stress in healthy ways, and a decrease in suicidal ideation (SPRC, 2013). Tribal Nations with enhanced cultural continuity have also been found to effectively reduce the incidence of death by suicide. The Suicide Prevention Resource Center defines cultural continuity as:

...having infrastructure, such as the presence of cultural facilities; sovereignty, such as self-government; having title to their traditional lands; and the provision of services

within the community, including education, police, and fire, health care delivery, and child and family services. (2013)

Out of both respect for Tribal sovereignty and a desire to tailor prevention efforts to meet the unique needs of the affected community, suicide risk and prevention factors must be evaluated within their specific tribal context. The state of Wisconsin is home to 11 federally recognized tribal Nations and one non-federally recognized community. Referred to as the Omāēqnomenēwak (the People of the Wild Rice), the Menominee Indian Tribe of Wisconsin (MITW) are the oldest continuous residents of the land now referred to as the State of Wisconsin, spanning over 10,000 years. According to their origin story, the Tribe's history began at the mouth of the Menominee River wherein their five clans were created: ancestral Bear, Eagle, Wolf, Moose, and Crane ("Who We Are"). The Menominee originally occupied an estimated 10 million acres of land spanning areas of today's Wisconsin and Upper Michigan. However, after entering into a series of coercive treaties with the US government, the Menominee witnessed their land base shrink to the 235,000 acres they live on today. The tribe presently has over 8,700 registered members though less than half physically reside on the reservation. The Tribe was stripped of its federal recognition in the 1950s via the passage of the Menominee Termination Act but reclaimed federal recognition in 1973 through many members' participation in a determined grassroots movement. As a result, the Menominee are one of only a few tribes who continue to reside on ancestral land.

The Menominee Indian Tribe of Wisconsin shares nearly coterminous geopolitical boundaries with Menominee County. Menominee County is one of the most rural and least populous counties in Wisconsin, with the worst health factors and outcomes of any county in the state, ranking last of the 72 total counties (UW Population of Health Institute, 2019). In addition

to a lack of access to physical and mental health care, specific areas of concern include high rates of smoking, obesity, physical inactivity, deaths due to injury and alcohol-impairment, sexually transmitted infections, teen birth, unemployment, children in poverty, and income inequality. Menominee County is also ranked as the poorest county in the state, with nearly 27% of its population falling below the poverty line – over 8% higher than the next poorest county, Milwaukee County and over 17% higher than the Wisconsin state average (Wisconsin Department of Health Services, 2017; U.S. Census Bureau, 2021).

To examine these statistics at face value and omit discussion of historical context invites for an inaccurate interpretation at best. At its worst, a siloed interpretation of the data perpetuates settler colonialism, an oppressive discourse which has been defined as “...a persistent social and political formation in which newcomers/colonizers/settlers come to a place, claim it as their own, and do whatever it takes to disappear the Indigenous peoples that are there” (Arvin, 2013, p. 12). Settler colonialism is not a singular event of the past, but a persistent structure that is built into broader social structures and into the American cultural identity itself. It “destroys to replace” (Wolfe, 2006, p. 388). The erasure of a people occurs not only through the enactment of laws, geographical relocation, and interpersonal violence, but also through more insidious routes such as stereotyping, paternalization, and dehumanization. For example, settler colonialist ideology frequently interprets poverty experienced by marginalized individuals/communities as “proof” of inherent ineptitude and/or deficiency. This effectively protects the settler’s sense of authority and rightness, justifying their actions and reinforcing the oppressive systems of power within which they operate.

The combined impacts of social, political, and economic marginalization and racism shapes the health and survival of Indigenous people today. It is therefore important to understand

that the disparities navigated by the Menominee are direct consequences of centuries of historical, intergenerational, and present traumas stemming from the genocide of their people. Like many Indigenous communities across the globe, the Menominee Indian Tribe of Wisconsin also experiences significantly increased rates of death by suicide. In recent years, Menominee County (which is comprised of nearly entirely Menominee people) has experienced the highest rate of death by suicide of any Wisconsin county - its rate nearly two and a half times as high as the state average and two times the national average for AI/ANs (Tempus, 2010).

The pervasiveness of death by suicide within the Menominee community necessitates the establishment of immediate, evidence-based and culturally-situated intervention. Gaining a deeper, more contextualized understanding of the suicide risk and protective factors unique to the Menominee is necessary for the community to put into place effective and sustainable prevention, education, and intervention strategies. To address this need, the Menominee Indian Tribe of Wisconsin initiated a partnership in 2020 with the University of Wisconsin – Milwaukee (UWM) Department of Educational Psychology, Counseling Psychology Doctoral Program. The primary project born out of this partnership consisted of two arms: 1.) a service-based approach to suicide prevention wherein UWM doctoral students delivered clinical mental health services to community members at the Menominee reservation and 2.) a retrospective epidemiological analysis of suicide completions that occurred in the MITW community within a 10-year time span. Although each arm is integral to the ultimate goal of suicide mitigation within the community, the present project was born of the epidemiological arm and will exclude further discussion of the clinical service arm as it was beyond the scope of this project.

Upon an initial review of the completions that occurred within the MITW, it was discovered that in addition to disproportionate high rates of suicide, the Menominee community

also had a seemingly elevated rate of death by murder-suicide. Relatively little is known about these events in AI/AN communities. Whereas research regarding suicidology within AI/AN populations is gaining global recognition, no research to date has examined the incidence of deaths by murder-suicide within these AI/AN communities. Similarly, existing research has not addressed the ways in which Historical Trauma may contribute to these violent events. Historical Trauma refers to trauma that is intergenerational and cumulative over time, extending beyond the life span (Duran & Yellow Horse Brave Heart, 1998). Conceptualized by Indigenous epistemologies as “soul wounding” resulting from the harmful effects of living under colonization, Historical Trauma requires both collective (e.g., community or Tribal) recognition of the injury and individual and communal participation in ritual (e.g., culturally congruent forms of psychotherapy) or ceremony if it is to be healed (Duran & Duran, 1995).

This project sought to learn the stories and experiences of those impacted by deaths by murder-suicide to increase both awareness and prevention of this particular form of violence within the Menominee Indian tribal community. Chapter Two provides an overview of the topic along with a discussion of existing literature relevant to this project. It will also consider existing theories that address the etiology of murder-suicide events along with factors that are not accounted for by existing theory – particularly as they relate to AI/AN communities. The third Chapter sets the context for this work’s use of Extended Case Method (ECM) as its guiding theoretical framework due to its congruence with Indigenous Ways of Knowing pedagogy. Chapter Four provides demographic information regarding the murder-suicide actors and victims and relationships to the participants. It also discusses research findings which are reported and organized within an Indigenous ecological framework. Finally, Chapter Five reviews the aims of this project and summarizes this project’s findings in relation to the original six research

questions. In addition, the final chapter reviews theoretical considerations, the need for use of an ecological model, project limitations, and future directions.

CHAPTER II – LITERATURE REVIEW

Deaths by murder-suicide are events that transcend time and culture, impacting individuals and communities all around the world. Both tragic and taboo, deaths by murder-suicide remain a subject either sensationalized and misrepresented by the media or concealed from public discussion entirely. This public response often leaves survivors vulnerable to intense judgement and stigmatization, reinforcing the culture of silence and shame surrounding such events. The dearth of related research is therefore unsurprising. However, because scientific research often serves a legitimizing function wherein it contributes to the social recognition of a specific phenomenon, the scientific community has an opportunity (if not a responsibility) to gain a deeper, more contextualized understanding of death by murder-suicide. Only then can education and prevention efforts be established to save lives.

Conceptualization

Given its hyphenated classification, it is tempting to conceptualize death by murder-suicide as a subset of either act – murder or suicide – and historically, many did. Proponents of the view of murder-suicide as a form of homicide have argued that suicide represents a subsequent guilt response to the killing of others. Findings that deaths by murder-suicide are rarely completed simultaneously but rather as distinct events (Marzuk et al., 1992) and that death by suicide is more likely to follow the killings of those the perpetrator had a strong emotional connection with (i.e., intimate partners) versus those of unknown victims or acquaintances support this viewpoint (Adler, 1999; Barber et al., 2008; Stack, 1997). However, Adler's (1999) analysis of notes discovered after the completion of domestic deaths by murder-suicide found less mention of guilt following the murder(s), but more indication of premeditation of both acts.

The presence of suicidal intent experienced by the perpetrator prior to the murder(s) has been documented by several studies (Lankford and Hakim, 2011; Gregory, 2012; Joiner, 2014). This suggests that ending one's own life may often be the primary objective, with the preceding murders either serving as a means to acquire the capacity to complete suicide or as a perceived way to spare loved ones' pain and suffering. The latter motive appears to be especially prevalent among older populations (55+) wherein spousal death by murder-suicide occurs most frequently (Bourget, Gagne, & Whitehurst, 2010; Joiner, 2014; Salari and Sillito, 2016).

Although aspects of death by murder-suicide may overlap with those of death by murder-only or suicide-only¹, it has also been shown to differ in meaningful ways. Murder-suicide events are more likely than suicide-only events to be precipitated by interpersonal crises and more likely than both events of murder-only and suicide-only to occur in the home, be completed with a firearm, to be perpetrated by older, married or recently separated men, and to involve a younger, female victim (Panczak et al., 2013; McPhedran et al., 2015; Rouchy et al., 2020; Liem et al., 2011). Additionally, factors such as alcohol or drug abuse appear to be less frequent among death by murder-suicide perpetrators compared to those who murder or complete suicide (Panczak et al., 2013; Caretta et al., 2015).

Like events of murder-only and suicide-only, murder-suicide events certainly constitute a public health concern. However, the unique legal/investigative/research/prevention challenges, social responses, and perpetrator and victim demographics justify a need for categorical distinction. Death by murder-suicide is thus best described as neither a subset of murder or of death by suicide, but a separate construct in itself.

Typological Classification

¹ The terms 'murder-only' or 'suicide-only' are not meant to signify simplicity or lesser importance, but rather a murder without an accompanying suicide or a suicide without a murder.

Attempts to classify murder-suicide typology date back to the late 1970's and constitute the dominant focus of most research in this area (Berman, 1979). While a standardized method of categorization continues to remain elusive, the system proposed by Marzuk et al. (1992) is undoubtedly the most widely accepted and utilized. According to Marzuk et al., each instance of murder-suicide can be best organized and analyzed by victim-perpetrator relationship. Murder-suicide deaths therefore fall into one of four categories: spousal or intimate partner murder-suicide, child murder-suicide, familicide-suicide, or extrafamilial murder-suicide. These “types” are further delineated by the addition of individual motive or precipitant – information more difficult to gather and interpret. Although murder-suicide events are very clearly an ambiguous phenomenon that do not always fit “neatly” into existing theoretical frameworks, several typological themes have emerged that warrant further inspection.

Spousal or Intimate Partner Murder-Suicide

Unquestionably, the most common form of murder-suicide is the killing of a woman by her male romantic partner. Approximately 30% of men who murder their partner subsequently also die by suicide (Bossarte et al., 2006). The Violence Policy Center estimated that in 2019, sixty-five percent of all murder-suicide events in the United States involved an intimate partner or spouse and that of these, ninety-five percent of victims were females (VPC, 2020). Spousal murder-suicides are further classified by motive, resulting in the “amorous jealousy” subtype and “declining health” subtype (Marzuk et al., 1992). The amorous jealousy subtype has been found to have consistently occurred more frequently than any other type of murder-suicide throughout time and across international borders and most often includes a breakdown in the romantic relationship prior to the violent event (Knoll IV, 2016; Rouchy et al., 2020). Perpetrators of this subtype sense an impending loss (whether real or merely perceived) of an intimate partner,

experience a sense of hopelessness or threatened sense of self, and commit violence against their partner in an attempt to regain control. Perpetrators of the amorous jealousy subtype have been found to be described as both possessive and obsessive – often in regard to their partner’s fidelity. Those that suspect their partner of being unfaithful or uncommitted may view murder-suicide as a way to stay together forever – even in death (Rouchy et al., 2020). In a recent meta-analysis, researchers found near unanimous support for the assertion that most murder-suicide events occur in the context of recent separation, divorce, or spousal relational conflict (Rouchy et al., 2020). The presence of domestic violence, history of police presence with the household, use of weapons in household disputes, and multiple separations and reunions have also been determined to be risk factors for murder-suicides of the amorous jealousy subtype (Liem, 2010; Knoll & Hatters Friedman, 2015; Salvatore, 2022).

The second subtype of spousal murder-suicide, the declining health type, centers less around characterological precipitating factors and more around age and health-related factors. Perpetrators of this type are typically elderly men who kill their spouses or intimate partners and then themselves due to physical illness in either or both. Incidents of spousal murder-suicide by offenders aged 55 and older are thought to account for at least one-third of all murder-suicide events in the United States and are on the rise (Cohen, 2000). In a study of murder-suicide events involving older spouses, Cohen et al. (1998) found that many perpetrators experienced a recent decline in physical health prior to the violent event. In roughly half of the cases, the offender served as a caregiver for his wife who suffered from a disabling or terminal chronic illness and indicated that they could not provide the necessary care for their wives. In addition, elderly men facing a separation from their partner (whether it be a move to a long-term care residence or the presence of a terminal illness in one partner) were found to be at higher risk for this type of

murder-suicide event. Stronger interpersonal bonds and attachments characterize many of these relationships – both reportedly due to the longevity of the relationships and dependency of caregiving. Murder-suicide events occur when these established, inseparable relational units are threatened with dissolution (Cohen et al., 1998).

Deaths by murder-suicide related to the declining health type are often tempting to characterize as altruistic (“murder out of love”), justified by the offender’s belief that his wife cannot survive alone and that they must “leave together” (Rouchy et al., 2020). Researchers are increasingly challenging this belief, arguing that these events are better understood as being born out of hopelessness and desperation. Spousal caregiving is associated with an increased risk in depression, the most diagnosed mental illness in spousal murder-suicide event offenders of both the amorous-jealousy and declining health types (Cohen & Eisdorfer, 1988; Rosenbaum, 1990; Cohen et al., 1998; Bourget et al., 2010; Roma et al., 2012; Flynn et al., 2016; Rouchy et al., 2020). In a meta-analysis of studies that assessed for depressive disorders in perpetrators of murder-suicide deaths, Roma et al. (2012) found that 39% of offenders experienced clinical depression (60% in older offenders). This indicates that although the presence of psychopathology does not by itself motivate individuals to kill themselves and their spouses, it is likely in many cases to be a contributing factor.

Filicide-Suicide

Another murder-suicide event classification put forth by Marzuk and colleagues (1992) is child murder-suicide (also known as filicide-suicide) wherein a parent kills their child before ending their own life. It is estimated that 40-60% of fathers and 16-29% of mothers die by suicide immediately after murdering their children. Whereas men are overwhelmingly responsible for the majority of murder-suicide events generally, infants are more likely to be

killed by women (though suicide deaths rarely follow these events) (Knoll IV, 2016). Filicide-suicide is most often conceptualized as a form of “extended suicide” or parental self-destruction wherein the parent believes that their child cannot survive without them and feels obligated to prevent their future suffering by ending their life (Liem, 2010). Hatters Friedman and Resnick (2007) described this motivation as altruistic and proposed that filicide may additionally be activated by acute psychosis (wherein a caregiver kills their child amid a manic or psychotic episode, perhaps at the command of a violent hallucination), fatal maltreatment (the child’s death not being the intended outcome, but a result of abuse or neglect), unwanted child (the child being viewed as a burden), or spousal revenge (killing the child to cause the other parent emotional pain).

Familicide-Suicide

Familicide-suicide events constitute the third type of murder-suicide. These events occur when a perpetrator (typically a depressed male) kills his spouse or intimate partner, one or more children, and then himself (Knoll & Hatters Friedman, 2015). Similar to spousal and child murder-suicide events, familicide-suicide is often conceptualized as an altruistic act or as an extended suicide wherein the perpetrator believes that his family couldn’t survive without him or feels a sense of responsibility to deliver them from present hardships. Instances of marital problems, pending or recent separations, financial difficulties, and mental illness are also common precursors to these events. Like filicide, familicide appears to be a rare phenomenon worldwide, with about 1-2 of these occurring per 10 million people annually (Karlsson et al., 2021).

Extrafamilial (Adversarial) Murder-Suicide

The fourth type of murder-suicide event according to Marzuk et al. (1992) occurs outside the family and is referred to as extrafamilial death by murder-suicide. It is increasingly being referred to as adversarial murder-suicide as these forms of violence are often rage-induced and directed at an adversary who was perceived to have wronged the perpetrator. In this way, adversarial murder-suicide events exact a sort of revenge upon another, allowing one to “get justice”. Individuals who commit this type of act reportedly frequently hold a suspicious and persecutory worldview, remain isolated from others, and have experienced a recent life crisis (Knoll IV, 2016). Adversarial murder-suicide events are almost always premeditated and commonly occur in workplace environments wherein disgruntled employees target colleagues or employers for perceived mistreatment.

Academic environments are another frequented location for this type of murder-suicide event as perpetrators retaliate against those they believe insulted or bullied them (Oiffe et al., 2015). The Columbine High School shooting of 1999 is one of the most well-known examples of extrafamilial murder-suicide occurring within an academic setting. The shooters, two male students at the school, shot and killed thirteen people (twelve fellow students and one teacher) and wounded over twenty others before each completing suicide. The Columbine massacre perhaps constituted the first widely publicized United States school shooting that is often credited for prompting a national debate on gun control and school safety, though it certainly hasn't been the last. The Red Lake Senior High School shooting of 2005 at the Red Lake Band of Chippewa Indians reservation, the Virginia Tech shooting of 2007, Northern Illinois University shooting of 2008, Sandy Hook Elementary School shooting of 2012, Marysville Pilchuck High School shooting of 2014, and Umpqua Community College shooting of 2015 are but a few of the school-shootings that have occurred in the United States since Columbine. Each

of these were perpetrated by a male who died by suicide immediately after the act. Between the six school shootings, 86 people's lives were claimed and countless more injured and/or left to heal from the trauma.

Considerations for Use with AI/AN Communities

Marzuk et. al's (1992) murder-suicide classification system is structured around a mainstream intrafamilial/extrafamilial framework wherein "family" consists of a nuclear unit – a household consisting of a father, mother, and dependent children. This framework is increasingly failing to capture the growing diversity of American familial systems generally. However, it also significantly fails to account for AI/AN traditional constructs of kinship which include both blood-related and non-blood related kin, broadly extended family networks, traditional teachings of relatedness across a tribal community, one's Nation as a whole, and indeed humankind, about which AI/AN communities have deeply articulated teachings traditionally (Killsback, 2019).

Unfortunately for many AI/AN communities, traditional understandings of kinship and family have been disrupted by the destructive impact of European colonization. Beginning in the late 1400s and enduring for centuries, colonialist genocide ultimately took the lives of nearly 95% of all AI/AN peoples (Garcia, 2020). Remaining families were separated, with children being forcibly removed from their parents' custody and placed into off-reservation federal boarding schools. While the United States Boarding School Era is generally considered to have spanned from 1880 to 1930, there are records of boarding schools being established as early as the 1600s and continuing well into the late 1900s. The boarding schools, established and maintained by governmental policies, were designed with the sole purpose of assimilation. Neglect and physical, emotional, and sexual abuse were rampant within boarding schools. AI/AN children who were placed into boarding schools were forbidden from speaking their

native languages, had their hair cut, traditional clothing and personal belongings destroyed, and were given European names – all in an effort to sever cultural and spiritual ties. Children who resisted often endured harsh punishment (Evans-Campbell et al., 2012). It wasn't until the passing of the Indian Child Welfare Act in 1978 that AI/AN caregivers were afforded the legal right to stop the placement of their children into boarding schools (Garcia, 2020).

The United States Boarding School Era was widely successful in its assimilation goal, disrupting traditional kinship systems, often wounding enculturation processes, and separating AI/AN families. Many children were unable to return home as they no longer remembered where they were taken from. Some chose not to return home due to an instilled sense of cultural shame and others lost their lives while in the boarding schools and have yet to be accounted for by the United States and Canadian federal systems. Those who survived, and chose to, often returned home to fractured familial units, oppressed communities, and were left to rebuild and redefine the borders of kinship systems, even as they struggled to manage the proximate trauma to which they were subjected at the schools.

Individual Deficit Discourse

Existing analytic frameworks have centered around an individual deficit discourse to account for the incidence of murder-suicide events. In other words, what is wrong with this individual for them to have committed such a violent act? Mental illness undoubtedly constitutes the most frequently cited “individual deficit” used to explain such occurrences. Despite the inconclusiveness of the data, researchers and the general public alike often attribute deaths by murder-suicide to mental illness in the perpetrator. In a meta-analysis of data collected over the past 60 years from studies conducted in Asia, Australia, Canada, Europe, and the United States, Roma et al. (2012) found a great disparity in the research results. The most frequent

psychological disorder reported in perpetrators was depression (occurring in roughly 39% of the cases in the studies that assessed for depressive disorders), followed by substance abuse (occurring in roughly 20% of the studies that assessed for substance abuse) and psychosis (occurring in about 17% of the studies that assessed for psychosis) (Roma et al., 2012).

In a more recent analysis of over 2,447 decedents of events related to murder-suicide in the United States between 2003-2015 across 27 states, Jordan and McNiel (2021) found mental illness to be a precipitating factor in about 22% of decedents. This finding certainly warrants attention but is far from indicative of a singular cause or precipitant. Several other characteristics were found to be comparable in frequency (perhaps correlates), including a history of service in the military (20%), suspected alcohol use (20%), intimate partner violence (19%), and criminal/civil legal problems (23%). Dwarfing all of these was relationship strain, experienced by roughly 83% of decedents prior to the violent event (Jordan & McNiel, 2021). This latter statistic supports general findings that murder-suicide events often occur in the context of recent separation, divorce, or relational conflicts and arguably represents the risk factor (aside from gender) that is most unanimously agreed upon by researchers (Rouchy et al., 2020).

Existing research is far from conclusive regarding the casual link between violence and mental illness. Whereas some studies find larger links between violence and mental illness than others, others find no relationship at all. A growing body of research shows that when people with serious mental illness commit violent or aggressive acts, other factors aside from the illness itself are often at play (DeAngelis, 2021). The MacArthur Violence and Risk Assessment Study, one of the most widely cited studies on the topic to date, found that only two clinical symptoms were associated with violence among psychiatric inpatients 20 weeks after discharge – command hallucinations and psychopathy (a lack of empathy, poor impulse control, and antisocial

deviance), though there is debate as to whether this is considered a serious mental illness. However, factors such as a history of prior violence, childhood physical abuse, or having a father who abused substances or engaged in criminal behavior were equally associated. In addition, the study found that individuals who lived in poor and unsafe neighborhoods with high levels of crime were equally likely to engage in violence regardless of the presence of mental illness (Appelbaum et al., 2000; DeAngelis, 2021). Another study examining the role of dispositional anger/perceived threats, contextual factors such as divorce/separation, financial problems or victimization, and alcohol or drug intoxication in violence risk found that these factors mitigated the relationship between violence and mental illness. Once these factors were removed, individuals with serious mental illness were actually less likely than those without serious mental illness to commit violent acts (Elbogen, Dennis, & Johnson, 2016). This suggests that environment and context matter, seemingly as much if not more so than the presence of mental illness.

Despite the variability in research, public perceptions of mental illness being a driving, causal factor of violence remain strong (Flynn et al., 2015; Towers et al., 2015). The power of negative public perception results in those with mental illness having to struggle not only with the symptoms of their illness, but with associated stigma taking the form of stereotypes, prejudice, and discrimination. Public stigma towards individuals with mental illness strips away opportunities that define a quality life (good jobs, safe housing, quality healthcare, peer support, etc.) and results in formal policies restricting individual rights and freedoms. Public stigmatization also is ostracizing and puts those with mental illness at an increased risk for violence compared to the general population (Desmarais et al., 2014; Latalova, Kamaradova, & Prasko, 2014). In fact, those with mental illness are estimated to be at least three times more

likely to be targets than to be perpetrators of violence (Choe, Teplin, & Abram, 2008). For many individuals, public stigma becomes internalized and directed at the self, resulting in psychological harm and low self-esteem (Corrigan & Watson, 2002). Despite a multitude of treatment options available for individuals experiencing mental illness, less than half of Americans struggling with mental illness receive any form of treatment (NAMI, 2021). Stigma (both self and public) is one of the primary identified barriers that significantly reduces help-seeking (initiation and/or engagement with mental healthcare) behavior (Clement et al., 2015). When individuals with mental illness do not receive treatment, symptoms often worsen which can result in added challenges for affected individuals, their loved ones, and the broader community and inadvertently reinforces existing stigma.

Socio-Structural Framework

Research on risk factors for murder-suicide events has historically focused on perpetrators' individual characteristics and/or their relationships with others – particularly their victims. This focus on the individual is important, but neglects and effectively conceals the influence of social and structural phenomena at the community and societal level. Factors such as a lack of communal support/connectedness, economic stress and inequity (few economic opportunities, high poverty rates, and high unemployment rates), high alcohol outlet density, lack of access to mental health and substance abuse treatment, etc. has been connected to multiple forms of violence (Wilkins et al., 2014; Wilkins et al., 2019). Therefore, it remains critical that social determinants of murder-suicide also be considered.

Shifting analysis from an individual deficit discourse to one which also considers the role of power, privilege, and socio-structural influences enriches and contextualizes our limited knowledge of murder-suicide events. Just as no research to date has examined the incidence of

murder-suicide within AI/AN communities, no research has considered Historical Trauma a systemic factor precipitating this unique form of violence. Historical Trauma is a collective and complex trauma inflicted upon a group of people who share a specific identity or affiliation (Brave Heart & DeBruyn, 1998). The construct has been applied to AI/ANs and to other groups who have endured systemic trauma including Jewish Holocaust survivors, African Americans, Palestinians, etc. The term “soul wound” has been used by AI/AN communities to describe the “spiritual injury, soul sickness, soul wounding, and ancestral hurt” stemming from Historical Trauma (Duran, 2006).

An unresolved grief response stemming from traumatic experiences such as colonization, Historical Trauma can be intergenerationally transferred. Therefore, Historical Trauma is not limited to the past, but impacts the present in very real ways. AI/AN children’s placement into boarding schools constitutes a common example of Historical Trauma that has been passed down from generation to generation. When surviving AI/AN children did return to their families and communities, they would often experience emotional disconnection and isolation stemming from the disruption in familial attachment and identity, as well as proximate exposure to traumatic events (e.g., abuses of all sort). Many of those who grew up in boarding schools went on to have children themselves, often struggling to develop healthy parent-child relationships due to a lack of role-modeling and a traumatic institutionalization experience. Individuals who attended boarding schools often experienced high rates of alcohol and illicit drug use, suicidal ideation and completion, and were more likely to have authoritarian, punitive, and emotionally unavailable parenting styles with their own children/grandchildren as a result of institutionalized parenting within the authoritarian school settings (Evans-Campbell et al., 2012; Garcia, 2020).

Thus, the impact of an event occurring decades ago continues to live on in AI/AN persons today, as well as the oppressive systems within which they must reside.

Such early adverse childhood experiences (ACEs) have been shown to increase the risk for deaths by murder-suicide (Rouchy et al., 2020). Given that Historical Trauma transfers generationally and contributes to ACEs such as neglect and abuse, it remains an important socio-structural factor to consider when working with AI/AN communities. AI/AN individuals have also been found to have experienced more ACEs and to be more likely than non-AI/AN individuals to experience ACEs such as a lack of sufficient food, clothing, protection, and medical care and increased exposure to domestic violence and familial incarceration (Warne et al., 2017).

Intergenerational Historical Trauma also stems from the disruption of cultural identity. From 1883 to 1978, AI/AN individuals were prohibited by law from engaging in traditional mourning, spiritual ceremonies, and other cultural practices (Braveheart et al., 2017). Many AI/AN communities have also suffered forcible relocation onto rural, non-traditional lands, and under laws such as the 1851 Appropriations Act, were prohibited from leaving without permission (Garcia, 2020). Many AI/AN peoples still reside on these lands today (referred to as reservations, trust lands, rancherias, pueblos, corporation areas, etc.), though continually have to defend their sovereignty. Reservations are often located in rural areas with a lack of access to resources such as healthcare, resulting in poorer physical health outcomes and increased rates of suicide ideation/attempts and substance abuse (SAMHSA, 2014).

Historical Trauma's impact on events of murder-suicide has yet to be empirically explored. Merton's strain theory (1968) represents one of the few existing analytical frameworks seeking to understand the influence of social context or environmental strain on murder-suicide

events. Strain theory originally was developed to account for the origins of social deviance, but has since been used to analyze deaths by suicide, homicide, and murder-suicide. Merton contended that anomie (or deviance) arises when social structures deny individuals or groups the opportunity to attain a cultural value (i.e., monetary wealth). In response, individuals may conform, innovate, ritualize, retreat, or rebel. The latter two approaches have been used to explain the presence of deaths by homicide and suicide: those that retreat, withdraw from or isolate themselves from society – the most extreme and permanent option being death by suicide. Those that rebel lash out, directing their frustrations toward the very systems that denied them or toward those that continue to participate in the system – the most extreme form being death by homicide (Liem, 2010).

Merton's concept of social strain has most often been used in reference to economic stressors. Social income inequality, poverty, diminished economic opportunities and high unemployment rates have each been linked to multiple forms of violence. While some studies fail to find a clear link between murder-suicide events and economic strain, others have found economic stressors to precipitate this type of violence (Bossarte et al., 2006; Sillito & Salari, 2011). In a study examining a spike in murder-suicide events in working-class individuals that occurred between 1875 and 1910 in Chicago, Adler (1999) purported that the increase in violence stemmed from feelings of helplessness and shame resulting from a lack of resources and low economic standing. The deleterious impact of economic strain was supported by the fact that the death by murder-suicide rate fell in the 1910s when working-class economic prospects improved. Given that rates of poverty experienced by AI/AN communities are the highest of any racial/ethnic group in the United States, economic stability remains an important socio-structural factor to consider (Garcia, 2020).

Given the fact that the vast majority of those who perpetrate murder-suicide events are male and those who die by such are female, gender is the most consistently identified variable and has been the most widely studied socio-structural factor in regard to murder-suicide. Gender as a construct is increasingly being interrogated and de-essentialized, though mainstream culture remains entrenched in the binary understanding of people as either men or women. This conceptualization of gender is a product of colonialist discourse and does not represent traditional AI/AN understandings of human identity. However, discussion of feminist theoretical contributions to the field of murder-suicide remain relevant as they constitute the majority of socio-structural theory and because assimilation due to colonization has influenced many AI/AN individuals to identify with mainstream conceptualizations of gender. Additionally, in comparison with women of other racial/ethnic groups in the United States, AI/AN women experience the highest rates of violence overall with nearly half of AI/AN women having experienced sexual violence, physical violence, or stalking by an intimate partner during their lifetime (Jones, Worthen, Sharp & McLeod, 2021; Smith, Chen, Basile, et al., 2017). AI/AN women are at an increased risk for being trafficked and murdered, the murder rate for AI/AN women living on reservations being nearly ten times the national average (“Missing and Murdered Indigenous People Crisis”).

Since the 1970s, feminist researchers have called into question the relationship between masculinity and violence against women, murder-suicide events included. The mainstream conceptualizations of masculinity as a singular analytical dimension has since been criticized for essentializing the relationship between “maleness” and violence. Modern feminist theory recognizes the existence of multiple masculinities wherein variations are understood to be a product of their time and culture, constantly being constructed, reproduced, and altered.

Despite the variation in masculinity, there exists a hegemonic form that is culturally prioritized by mainstream society over other subordinate forms. Connell (1995) describes hegemonic masculinity as “the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy which guarantees or is taken to guarantee the dominant position of men and the subordination of women” (p. 77). Violence serves as a pillar upholding hegemonic masculinity alongside competitiveness, self-reliance, and stoicism (Connell & Messerschmidt, 2005). Young boys are exposed to the characteristics central to hegemonic masculinity from a young age, rewarded and idealized for being physically strong, assertive, and in-control, expected to act rather than talk. This is newer for AI/AN communities who were forcibly introduced to this form of gender socialization relatively recently (within the past few centuries), and whose communities remain impacted by this to varying degrees. This can result in an emotional vulnerability as help-seeking behavior is discouraged and feelings are stifled.

Murder-suicide events have been theorized to represent an extreme end-product of failed manhood (Oliffe, 2015). Given that many murder-suicide events are precipitated by the breakdown of a romantic relationship and potential loss of a partner, it may be that when some men feel rejected or humiliated, violence may be used as a resource to regain power and control over others when alternative resources are not available. Death by murder-suicide is a particularly extreme form of violence which may be better understood using the concept of conflict intensity structures (Black, 2004). According to Black, the intensity of violence increases with the degree of emotional involvement between parties with regard to the closeness of the relationship, degree of dependency on or responsibility between partners, inequality in the relationship (especially in regard to gender), a history of hostility within the relationship, and the

degree of jealousy between the parties (2004). In an analysis of 42 murder-suicide events in New Orleans between 1989 and 2001, Harper and Voigt (2007) found conflict intensity structures within each of the relationships between perpetrators and victims. The presence of these relationship dynamics alongside perpetrators' adherence to hegemonic masculine ideals (often resulting in some degree of emotional illiteracy) and reliance on violence as a tool for power and control over others may help to explain the high rate of spousal and intimate partner murder-suicide events and high incidence rate of breakdown in romantic relationships prior to these violent occurrences.

Over centuries of genocidal colonization, Indigenous ways of knowing and relating to one another have often been deeply disrupted for many AI/AN communities, depriving many AI/AN individuals of valuable and protective support. Like many AI/AN communities, the Menominee are taking active steps to return to lost ways of knowing, strengthen their community and language fluency, and combat the impacts of intergenerational trauma, unresolved grief, and Historical Trauma. There currently exists a lack of literature exploring the incidence of deaths by murder-suicide within AI/AN communities and the impact of Historical Trauma on this type of violence. This study applied an Extended Case Method (ECM) methodological framework to the Life Review (aka, psychological autopsy) process and sought to explore the following research questions:

- 1.) What individual/socio-structural risk factors were present for the decedents?
- 2.) Are there risk factors that distinguish deaths/attempted deaths by murder-suicide from deaths by suicide-only?
- 3.) What individual/socio-structural assets or resiliencies were present and/or utilized by the decedents?

- 4.) What were the experiences of the decedents in relation to exposure to intergenerational Historical Trauma?
- 5.) What role did enculturation and/or acculturation play in the decedent's life, if any?
- 6.) How might AI/AN murder-suicide events be different from/similar to non-AI/AN murder-suicide events?

CHAPTER III – METHODOLOGY

This project is part of a larger project born out of a partnership between the Menominee Indian Tribe of Wisconsin (MITW) and University of Wisconsin – Milwaukee (UWM) Department of Educational Psychology, Counseling Psychology Doctoral Program. Both projects were funded by a 3-year Zero Suicide grant received by the MITW. The larger project's primary goal was to mitigate the high rate of suicide occurring within the Menominee community through a combination of clinical mental health service provision and retrospective epidemiological examination of suicide completions within the tribal community that spanned a period of 10 years. This particular span of time was chosen as it encompassed 17 incidents of suicide during that timeframe – including a family suicide cluster and two murder-suicide events (the focus of this project). The project reached back an additional 5 years to encompass another instance of murder-suicide for the purposes of this project. The ways in which the broader project aimed to mitigate the high rate of suicide included gaining a deeper knowledge of the community's assets and obstacles to help-seeking within community, creating a more standardized suicide epidemiological system, and facilitating more effective communication between the MITW and Menominee County which currently oversees the emergency detention of individuals at imminent risk of death by suicide or who pose a threat to others. A final aim of this collaboration was to discern service delivery strengths and areas in need of improvement surrounding community education, prevention, intervention, and postvention efforts.

The project underwent a full board review by UWM's Institutional Review Board (IRB), receiving initial approval on 03/05/2021 and continuing approval on 03/04/2022. The principal investigator (PI) of the larger project has a longstanding working relationship with MITW. The

PI has worked with multiple community entities, including the Menominee Indian School District, Menominee Tribal Clinic, Menominee Tribal Jail, and the Maehnowesekiyah Wellness Center – the primary community partner in this project. The PI of the larger project is a licensed and board-certified psychologist in Counseling Psychology, a UWM Counseling Psychology Associate Professor, and former Electa Quinney Institute for American Indian Education Scholar. Working alongside the PI of the larger project was a research team of ten UWM doctoral students and three master’s students in Counseling Psychology – six of whom participated on a smaller team to analyze data for the current project. Two Menominee community members also constituted part of the larger team – one of whom is the director of a partnering tribal agency and the other of whom took on the role of Zero Suicide Survivor Liaison and was the primary contact between the team and potential participants in the project. There existed a valuable diversity among team members in the way of racial identity, gender, age, education/training focus/status, ability status, socioeconomic status, sexual orientation, and spiritual identity.

Tribal Participatory Research

AI/AN communities have historically been the subject of much social science research, though little of this has been conducted by or on behalf of those communities. Research grounded within settler colonialist discourse has led to very real negative consequences for AI/AN individuals and communities. Some of these include undermined economic development due to inaccurate/stigmatizing media portrayal (as experienced by the Inupiat natives of Barrow, Alaska who commissioned researchers to assess their community’s usage of alcohol and associated violence—their results not shared with them first and instead picked up by a national news outlet, resulting in a negative media portrayal of Barrow and a decreased bond rating for

the city), invasion of privacy and exposure to deception (as experienced by the Havasupai Indian Tribe of Arizona who were told their donated blood samples would be for diabetes research but was instead unjustly shared with other researchers studying schizophrenia and inbreeding), and exposure to high doses of physically harmful substances due to coercive recruitment/retention strategies with a lack of health risk assessment or follow-up (as experienced by Alaska Native and Eskimo men, women, and children who were administered radioactive iodine) (Schanche Hodge, 2012). These examples by no means represent an exhaustive list, but demonstrate well how mainstream/positivist research practices have been used to advance the agenda of the researcher at the expense of the community.

Settler colonialist research methodologies also work to exclude AI/AN peoples from the research process, demarking them as subjects rather than active participants. Another example of “destroying to replace,” this effectively erases Indigenous persons’ status as knowledge holders and scientists in their own right. The experiences and narratives of AI/AN individuals are effectively portrayed as invaluable, mythological, and not constituting “real” knowledge. Settler colonialist approaches to research are also ignorant of power relations and systems of oppression. They view “true” science as objective, apolitical, and consisting of a singular, universal knowledge.

This project grounded its research within a Tribal Participatory Research (TPR) context. TPR builds upon Participatory Action Research (PAR), an “iterative process of interplay between researcher and participants in which activities shift between action and reflection” (Fisher & Ball, 2003, p. 210). Contrary to settler colonialist discourse, TPR seeks to incorporate community-specific cultural factors, acknowledge the impact of Historical Trauma and other contextual variables, and involve the community and protect tribal interests throughout the

research process (Fisher & Ball, 2003). TPR acknowledges the existence of multiple, socially-constructed truths, placing great value on subjugated knowledges and experiences. TPR places AI/AN individuals at the center and in control of the research process rather than at the periphery.

Tribal Participatory Research considers community inclusion in the research process to be vital for participant (individual and/or community) empowerment and self-determination. This is achieved through tribal oversight, use of a community facilitator, training and employment of community members as project staff, and the use of culturally-specific assessment and intervention methods (Fisher & Ball, 2003). This project has remained faithful to these central tenets and was developed via close collaboration with the Menominee Tribe throughout the duration of the research process. The MITW's notice to the tribal community regarding this partnership appears in Appendix A. The project itself was initiated and pre-approved by the Tribal Administration and by the Maehnowesekiyah Wellness Center (the tribe's primary provider of mental health and substance abuse treatment) leadership team. Both community members and tribal administration were also present at the UWM Institutional Review Board meeting for review of the larger project. Community members have been an integral part of the primary research team, attending and facilitating meetings, creating, and editing documents/tools, etc. One of these members was hired by the MITW as a Zero Suicide Survivor Liaison, an individual responsible for identifying all cases of death by suicide and murder-suicide that have occurred within the tribal community within the 10 and 15 year time frames, respectively. The Survivor Liaison attended all interviews and was also the primary point of contact between the research team and the coroner's office, police department, individuals to be interviewed, etc.

Additionally, MITW community members who were not part of the primary research team were recruited as consultants to provide feedback on various aspects of the research process, such as data coding and analysis. These individuals have held a variety of leadership positions and have worked closely with suicide/murder-suicide events within the Menominee community. These community experts held insider perspectives and offered meaningful contributions in the way of personal reflection, insight, ideas, and opinions. Finally, individuals who consented to be interviewed for the Life Review process themselves occupied a consultant role of a sort as they were not the subject of the Life Review. Interviewees are active agents of change who contributed to the safety and wellness of their own community. This project thus rejected the mainstream frameworks of qualitative research as structured and step-wise in its data collection process, and embraced the spatial framework (non-linear) of the MITW traditional worldview and Indigenous Ways of Knowing work.

Extended Case Method

This project used Extended Case Method (ECM) to guide its methodology. ECM is highly congruent with traditional AI/AN ways of knowing in its accommodation of spatial, non-linear processes, both reflexive and relational in nature. Its theoretical perspective “moves beyond the inductive emphasis of micro case analysis and the generation of new explanations or theories (e.g., grounded theory method) to the multiple layers of the individual’s full ecological context seated at the historical, sociopolitical macro level” (Arndt & Davis, 2011, p. 535). This grounding of the micro (individual) in the macro (community/culture) was particularly relevant to this project’s aim to avoid perpetuating the individual deficit discourse surrounding murder-suicide events. It also acknowledged the role of colonization impact on AI/AN communities and individuals today.

ECM constitutes a unique qualitative method as it makes use of both inductive and deductive data analyses processes and draws from both social constructivist and critical theories of science (Samuels, 2009). The primary objective is not to “reinvent the wheel” through the development of new theories, but instead build upon or reconstruct existing theory rather than discard it entirely. ECM prioritizes information gathering from multiple sources and evaluation of all data despite its frequency. Contrary to positivistic research processes which discard outlier data that diverges from the norm, ECM mandates that researchers hone in on the outliers in an attempt to understand the variation and accurately portray the existing complexity, to reconstruct existing theories, or for theory development as needed (Burawoy, 1998).

ECM is not a rigid framework. Data collection is driven not by the methodological theory itself, but by the question being asked and the needs and desires of the community and its meaning-making processes. ECM constitutes a reflexive and relational orientation, positioning the researcher as expert rather than solely co-creator of knowledge, in deference to the power differential that is innate in mainstream academia and research. It requires the researcher to own this status and strive toward a humble relational ethic, and to take responsibility for information sharing and construction. ECM challenges the dichotomy of researcher positionality as either distant/objective or overly immersed. Instead, ECM advocates for collaborative knowledge construction wherein researchers don't speak for ignored voices or describe observations of the “other,” but rather share findings resulting from interactions with participants (Samuels, 2009).

Biases and Positionality of the Principal Investigator

Research of any kind is influenced not only by participants' identities, but also by those held by the researcher. The possession of certain characteristics, backgrounds, and experiences

allow researchers to recognize certain insights and conversely may hinder them from noticing others. Belongings to particular groups may even be so powerful as to grant researchers access to certain communities and exclude them from others. Human beings do not possess the capability to separate themselves from their experiences, values, emotions, or beliefs – these things inevitably carry over into educational, relational, and professional endeavors. This simple truth in combination with AI/AN communities' history of subjection to deceitful and harmful research practices necessitates the disclosure of this researcher's identities and how they may influence her engagement with the research process.

As a woman, this PI is daily made aware of the patriarchal mainstream culture in which she lives and into which she is socialized. A member of the LGBTQ+ community, she has experienced the fear of coming out to loved ones. As someone married to an Arab man from the Middle East, this PI has experienced the fear of having a partner detained and deported, has witnessed the anti-Arab sentiment that pervades Western culture, and has struggled to navigate the unfamiliar path that is interracial/multicultural relationships. These identities have in many ways complicated and shaped her lived experience and worldview. However, as a white, middle-class, and able-bodied individual, this PI has also been granted privilege – privileges that have alleviated the impact of living within a society built upon discrimination and exploitation. These identities are by no means exhaustive but are presently some of the most salient.

This PI does not identify as AI/AN nor Indigenous and is therefore mindful of her status as a cultural outsider. This PI identifies as an academic training doctoral student in Counseling Psychology, having earned degrees in multiple fields of study (psychology, social work, women's & gender studies). Much of this PI's previous research has employed a feminist lens consistent with her worldview, but in many ways incongruent with traditional Indigenous

worldviews which do not consider gender to be a construct. This remains a growth edge for this PI as aspects of this project will require her to navigate these differences alongside internalized influences from mainstream society.

This PI has also worked in a clinical capacity in a wide variety of settings and with a diverse population of people. It is the knowledge she has gained through these experiences that she brings with her into the research partnership. The PI has participated in the larger Zero Suicide project since its beginning. She has since partaken in the development of Zero Suicide-related policies and procedures put in place at the Menominee Tribal Detention Facility and Maehnowesekiyah Wellness Center, has undergone Life Review certification through the American Association of Suicidology, and has partaken in multiple trainings on Indigenous epistemologies and qualitative methods. The PI also contributed to the larger project's other arm (the clinical arm) through her year-long practicum and service-delivery work on-site at the Maehnowesekiyah Wellness Center. While there, she was able to provide outpatient mental health treatment to tribal members, build meaningful relationships with others on her team and in the community, partake in traditional healing ceremonies, and witness first-hand the incredible strength and resiliency of the Menominee people.

Life Reviews

Epidemiology is a method of analysis used to find the causes and/or correlates of health outcomes and diseases in populations. More specifically, it seeks to determine distribution (frequency and pattern) and determinants (causes, risk factors). Retrospective epidemiology, one of the primary arms of this project, seeks to learn more about an outcome that has already occurred. As it applies to the incidence of death by suicide, retrospective epidemiological

analysis is best conducted via the use of psychological autopsy, re-termed as Life Review for this work for a more empathic positionality regarding this sensitive work.

Life Reviews are a post-mortem investigative tool that have been in use for over half a century, consistently being refined and used to shape public health policy (Knoll & Hatters Friedman, 2015). This tool aids in the forensic exploration of a person's death and aims to retrospectively construct a decedent's life to gain a better understanding of their death. Life Reviews gather information regarding the deceased individual's behavior, personality, lifestyle and wellness, daily living habits, environmental context, and history prior to death through interviews conducted with individuals close to the deceased, including relatives, friends, peers, etc. Life Reviews also examine environment and culture, community context and access to resources. It aligns well with the holistic nature of Indigenous epistemology and ways of knowing. Data gathered from interviews, publicly available document data, and historical factors are subjected to rigorous thematic analysis, wherein special consideration is paid to individual and communal protective and risk factors, hoping to build upon the former and address the latter through targeted education, prevention, intervention, and postvention efforts. The Life Review procedure is widely referred to as the "most efficient and comprehensive technique for examining the etiology and context of suicide and is considered the cornerstone of suicide research and empirically based prevention education by many" (Hawton et al., 1998; Rouse, et al., 2015, p. 87).

Life Reviews have only recently begun to be implemented in the examination of murder-suicide events. Whereas previous studies of deaths by murder-suicide gathered data from police records and coroner's reports only, Life Reviews allow for a more in-depth understanding of the perpetrator's motives and context and of their relationship with the victims. Interpersonal

processes such as these differentiate murder-suicide events from suicide-only, adding another layer of complexity and further necessitating the use of comprehensive information-gathering strategies that draw from multiple sources. Life Reviews are also unique from mere record-review in that they honor the experiences and perceptions of the deceased(s)' loved ones and community and provide them with the opportunity to participate in the investigation process. Life Reviews are often of psychotherapeutic value to survivors as they allow for discussion and processing of the traumatic event. This is particularly critical for individuals who lost a loved one to a murder-suicide event, which is often socially stigmatized and can result in significant secondary victimization.

This project represents a subset of all deaths by suicide within the MITW by focusing on individuals who attempted to or actually took the lives of others prior to their own. By engaging in the Life Review process with individuals who lost a loved one to a murder-suicide event, it was hoped that more clarity could be provided surrounding these occurrences. By better understanding the role of context-specific factors unique to Menominee (including the role of colonization impacts), identified themes, protective and risk factors can be used to refine education, prevention, intervention, and postvention policies and strategies. Finally, it was hoped that through engagement with the Life Review process, surviving loved ones could feel a sense of catharsis and empowerment to seek further support.

Interview Participant/Sample Characteristics

Three incidences of deaths by murder-suicide (two completed murders and one attempted) were identified by the project's Zero Suicide Survivor Liaison as having occurred within the Menominee community between 2007 and 2021. Because the individuals directly involved are typically deceased, close relatives or loved ones, coworkers, or peers are the next

closest sources of information. Standard protocol put forth by the American Association of Suicidology suggests inviting the next of kin to participate in the Life Review process before others. However, it was recognized that this may not be possible or appropriate in all cases. The research team therefore collaborated with the Survivor Liaison and the Director of the partner agency as lifelong community members with enhanced knowledge of the decedent's relational circle, to determine who the most relevant knowledge holder(s) would be. It was agreed that no more than five interviews would be conducted per incidence of murder-suicide, placing the limit at fifteen total interviews for this project. Ultimately, seven interviews were conducted with eight participants – two of whom requested to partake in the interview process together.

In addition to being identified by the community team members as a significant knowledge holder for a specific case, participants needed to be at least 18 years of age and have command of the English language. Participants were excluded if they are members of a vulnerable population (such as individuals incarcerated or detained in a psychiatric facility) or found to have a psychiatric or cognitive impairment that would prohibit participation due to mental distress.

Cultural Considerations

One of the benefits unique to the Life Review process is its flexibility and adaptability. There exists an incredible diversity of worldview both between and within communities. The MITW, while a single sovereign entity, is comprised of individuals with a variety of preferences, needs, and cultural ways. The research team accommodated these unique needs to the best of their ability and, in consultation with community members, provided cultural tailoring as appropriate. Examples of cultural accommodations included honoring a participant's request to complete an interview as a couple rather than individually, presenting participants with a gift of sacred tobacco as a traditional sign of respect and appreciation for their willingness to share their

knowledge, having the UWM team present with appropriate attire as requested, and facilitating participants' requests for the Zero Suicide Survivor Liaison, a spiritual leader within the community, to take part in ceremony within the participant's home prior to engaging in the Life Review process regarding their deceased loved one.

Data Collection Procedures

The MITW shared an announcement with its community (Appendix A) to inform its members of the pending work of the project and to indicate support for participants and/or contributors. Potential interviewees who met the inclusion criteria were contacted by the Survivor Liaison and provided with an informational letter that detailed the project (Appendix B), informed consent documents (Appendix C), and a mental health resource sheet (Appendix D). The Liaison also verbally oriented them to the Life Review process and if the individual consented to participating in the Life Review process, an interview was scheduled. Prior to the interview, the PI and Liaison met with each individual participant to collaboratively review the consent form and answer any questions. Signed consent forms were scanned and kept on a password-protected laptop computer in a password-protected encrypted file.

Since the project utilized the Life Review process as its chosen method of data collection, all team members were trained in the Life Review procedure by the American Association of Suicidology. Prior to conducting Life Review interviews for the purposes of this project, the PI accompanied and observed the larger project's PI on Life Review interviews for cases outside of this smaller project that contributed toward the larger project (those interviews not included in this project's sample). Once the PI on the larger project considered this PI to be ready to conduct interviews independently, this PI then accompanied the Zero Suicide Liaison to interviews for this project.

Interviews were not expected to exceed six hours in length per participant, anticipated to more routinely last two hours. Participants were given the option to complete their interview in multiple sittings if needed and could opt for a phone or virtual interview if preferred due to the ongoing COVID-19 pandemic. After obtaining participants' consent, Life Review interviews were audio recorded using an encrypted device to help improve upon interpretation accuracy. If a participant chose to not be audio-recorded, the PI would have kept handwritten notes which would then be kept in a locked safe and destroyed after transcription. However, as each participant expressed feeling comfortable with recording and provided consent, interviews were all audio-recorded. To protect participant confidentiality, recorded interviews were then transcribed and subsequently de-identified through coding into case pseudonyms. Recordings were only accessible to this PI and the PI of the larger project and were kept secure on a password-protected computer for a duration of seven years as is mandated by the American Psychological Association.

Interview Protocol

A semi-structured interview format was used throughout the duration of this project (Appendix E). Life Reviews assess a variety of domains, gathering information on the decedent's demographics, the scene of the completion, possible precipitants, symptomology and other relevant behaviors prior to death, psychiatric history and physical health, the presence of substance abuse or addiction, familial history, social support and attachments, emotional reactivity, lifestyle and character, access to wellness care, use of firearms and weapons, skills and strengths, etc. These domains helped to inform the broader, guiding research questions that assessed for individual risk factors and resiliencies along with environmental/cultural assets and barriers. In collaboration with the research team and community consultants, thirteen open-ended

interview questions were developed to gather this information. Examples include “Tell me about ___ and if you ever noticed any worrisome changes in their behaviors”, “Tell me about ___’s strengths as a child/teenager/adult”, “Do you think that there is anything related to ___’s American Indian identity that relates to their passing, supports, or resiliencies?”.

Record Data

Record data was not requested by the PI for the purposes of this project. It was, however, able to be legally obtained and presented to the UWM team with a request by the community partner or estate legal guardian for inclusion. Record data was utilized 1.) if offered and provided by the surviving guardian of the deceased’s estate or 2.) if the MITW chose to exercise their sovereign authority to confidentially release deidentified information or records to the team for analysis. Record data utilized for the purposes of this project included investigation reports, witness statements, and family photographs. All data was recorded on a data protocol tracking form and kept as electronic data only on a password-protected computer. All paper copies of record data were shredded and disposed of immediately after scanning and abstracting them to the case protocol form. The UWM team’s preference was to review records on site, abstract data in an unidentified manner, and not take record data away from the holding site. In such a case wherein records were released for use, MITW legal and procedural mandates were respected and adhered to.

Data Analysis

Following transcription and de-identification, data were analyzed and coded by the PI, at least one Zero Suicide Project team member, and the larger project’s PI independently. Throughout the data analysis process, the researchers engaged in purposeful, in-depth consideration of the data collected by multiple sources from the wider, external sphere of process

in the research (reflection). They also examined the self in relation to the data/larger phenomenon (reflexivity), questioning their own attitudes, thought processes, values, assumptions, and prejudices and their impact on interpretation/the maintenance of harmful social structures related to murder-suicide events, colonization impact and Historical Trauma, etc. (Bolton, 2010).

Phase one of the data analysis process required the researchers to independently read and code the interview transcripts. Code lists of existing/received theory (e.g. Historical Trauma, Strain Theory, and Feminist Theory) were considered in first layer analysis, focusing thusly on deductive analysis. Second layer analysis entailed a second coding of the data inductively (i.e., data that do not seem to be explained by the received theories in Chapter 2). Phase two of the data analysis process required the team to collaboratively compare coded data for congruence of domains and categories as applicable. Discrepancies among coders were ultimately resolved by this PI with approval by the PI for the larger project, in keeping with the ECM's stance of researcher-expert. During phase three, Domains and Themes were further rendered into Categories, utilizing both deductive and inductive analyses processes until major categorizations emerged. Lastly, phase four entailed allocating Domains, Themes, and Categories to received/existing theories for consideration in augmenting (a deductive process) and consideration of the need to develop a new theoretical explanation of the topic at hand (an inductive process).

Updated Literature Review

Extended Case Method mandates that researchers re-review the existing literature base, seeking any missed or recent contributions to existing theory that may be relevant to the project. While violence toward self and others is notoriously difficult to predict, the National Association

for Behavioral Intervention and Threat Assessment (NaBITA) Risk Rubric (Appendix F) is used by 92% of behavioral intervention teams, arguably represents the field's most empirically-based predictive measure of violence, and therefore merits inclusion within the scope of this project (Schiemann & Van Brunt, 2018). Although designed to measure risk for violence within schools and the workplace, the tool is used to assess for risk of violence at the individual level and can be more broadly applicable to non-academic or non-institutional spaces. The NaBITA rubric includes two scales outlining specific risk factors at each level of severity: the D scale (measuring life stress and emotional health) and the E scale (measuring hostility and violence to others). After the scoring of both scales, the center section of the rubric details the four overall risk levels: mild, moderate, elevated, and critical with a summary of behaviors to watch for. The tool also includes a list of corresponding interventions appropriate to each severity level. While this project seeks to avoid perpetuating the individual deficit discourse by illuminating the contribution of contextual and systemic factors to murder-suicide, tools such as these represent the most up-to-date efforts to screen for and prevent violence and are important to consider when examining individual risk and protective factors.

Methodological Rigor

Trustworthy qualitative research of possesses dependability, confirmability, credibility, and transferability (Lincoln & Guba, 1986). Dependable research ensures that findings are repeatable if the study were to be conducted again using the same participants, researchers, and context. This study aimed to enhance its dependability through detailed description of its methods and provision of protocol/guiding documents along with the development a detailed track record of the data collection process (including secure/ethical storage of documents

(detailed above), log of record data and other documents provided by the Tribe and/or deceased's loved ones (also detailed above), etc.).

Confirmable research seeks to extend confidence in the results' ability to be corroborated by other researchers. Reflexivity (consideration of the self in relation to the data) is a useful technique to increase confirmability. The PI for this project enhanced reflexivity through the use of field notes and by recording her thoughts, feelings, and potential influencing biases in a personal journal following each interview and throughout the data analysis process. The larger project's PI and select members of the team were each granted access to the researcher's reflexive entries to mitigate bias and enhance data analysis and interpretation.

Credible research establishes confidence that the results (from the perspective of the participants) are true and believable. This project's credibility was strengthened through the team's prolonged and multifaceted engagement with the Menominee community, general knowledge and skill competency acquired through intensive training, and use of member-checking and regular debriefing with community partners, research team members, and the larger project's PI throughout the entirety of the research process. Triangulation was also utilized to corroborate findings using multiple sources and researchers and mitigate researcher bias via independent analysis of this PI's field notes and journal by the PI of the larger project and subsequently, by select members of the team. Finally, transferable research allows for generalization of the findings to other contexts or settings. While this project did aspire to contribute to existing knowledge that can ultimately be of benefit to other AI/AN communities, generalization was not a goal due to the diversity of Indigenous communities, complexity of murder-suicide events, and small sample size.

Research Reciprocity

Participants in this study did not receive financial benefits or material compensation. However, Life Review participants sometimes find benefit in engaging in the interview process with a clinically trained interviewer who is able to provide supportive resources. Engaging in the process can provide emotional or psychological benefits as participants are provided an opportunity to share their story and insights and contribute to their community's wellness and safety. Findings of this project and the larger partnership efforts will be used to develop an epidemiological tracking process to aid the MITW community in its goal to mitigate deaths by suicide and murder-suicide. As aforementioned, no research to date has examined the incidence of murder-suicide events within AI/AN communities. It is hoped that this project will serve as a steppingstone to also assist other AI/AN communities in mitigating deaths by murder-suicide through the development of their own culturally-specific education, prevention, intervention, and postvention efforts.

CHAPTER IV - RESULTS

As discussed in previous chapters, this project represents a subset of a larger project addressing all deaths by suicide within a 10-year timeframe at the Menominee Indian Tribe of Wisconsin. This work focused on individuals who attempted to or actually took the lives of others prior to their own. Engaging in the Life Review process with individuals who either professionally responded to a murder-suicide event or lost a loved one to a murder-suicide event was intended to provide more clarity surrounding these occurrences. By better understanding the role of context-specific factors unique to Menominee (including the role of colonization impacts) and to the individual, protective and risk factors may be used to refine education, prevention, intervention, and postvention policies and strategies. It was also hoped that the Life Review process may provide surviving loved ones with a sense of catharsis and empowerment to seek further support if desired.

This chapter first provides demographic information regarding the murder-suicide actors and victims and relationships to the participants. Secondly, research findings are reported and organized within an ecological framework. As is often the case within qualitative research, the information gathered for the purposes of this project did not lend itself to a categorical, linear data model. Rather, because the identified Domains frequently were affiliated and engaged in a multidirectional relationship with one another, an ecological model was better suited to represent the findings. As will be discussed in Chapter 5, an ecological model was also chosen given its congruence with an Indigenous worldview and contextual lens.

Demographic Information

Of the 17 incidences of suicide within the community over the 10-year timespan, 2 of these were murder-suicides. The project reached back an additional 5 years to encompass an additional instance of murder-suicide. Two of these cases resulted in the deaths of both the actor (individual who initiated the act) and victim. The third incident was an attempted murder-suicide wherein the actor died and victim survived. All three constitute cases examined for the purposes of this project. While three incidences constitute a disproportionately high rate of murder-suicide within the community for a relatively short time period, it remains a small sample size. Therefore, only minimal, publicly-known demographic information regarding the actors and victims will be provided. Of the three actors, all three identified as male. All three victims identified as female. Two pairs were intimate partners and the third were close family members. Two of the murder-suicides were completed using a firearm. The third used a motor vehicle.

Given the sensitive and stigmatizing nature of murder-suicide and the small size of the community, it remains incredibly important to protect the identities of those who agreed to participate in the Life Review process. Therefore, participant demographics are limited to a general discussion of their relationship with the actor. For the purposes of this project, seven interviews were conducted with eight participants – two of whom requested to partake in the interview process together. Six of the participants were close friends or family of the deceased actors and two were members of law enforcement who responded at the scene of the event. Information sorted into domains also included record data such as investigation reports, witness statements, and family photographs.

Domains

The Domains into which data were sorted include *Cultural Realm*, *Community Realm*, *Interpersonal Realm*, *Intrapersonal Realm*, *Societal Realm*, *Historical and Colonial/Decolonial*

Realm, and *Time/Space & Matter/Energy Realm*. Each Domain and their corresponding Themes and Categories are identified below in Table 1 wherein the number of cases that presented data for each Theme and Category is listed in parentheses. Definitions are provided within each Domain, Theme, and Category’s respective sections. Exemplar quotes provided by participants or note from other exemplar data sources will also be included within most Themes, Domains, and Categories. However, as Extended Case Method mandates the additional integration of general discussion surrounding relevant events and policies (even if not mentioned explicitly by participants), broader contextual domains such as the Societal Realm, Historical and Colonial/Decolonial Realm, and Time/Space & Matter/Energy Realm may not include quotes by participants for each section. It is important to note that while the information will be organized into Domains and further reduced into Themes and Categories and reported in a linear way, this decision was made for the reader’s benefit and does not and should not denote a degree of importance or relevance. Additionally, Domains, Themes, and Categories should not be considered as isolated constructs, but rather as interconnected and constantly influencing each other.

Table 1. Domains, Themes, and Categories

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|---|
| <p>Domain: Cultural Realm</p> <ul style="list-style-type: none"> Theme: Being A Good Relative (2) Theme: Traditional Indigenous Practices (1) <ul style="list-style-type: none"> Category: Talking Circles (1) Category: Respect for Elders (1) Category: Music and Art (1) Category: Spirituality and Ceremony (1) Category: Knowing One’s History (1) |
| <p>Domain: Community Realm</p> <ul style="list-style-type: none"> Theme: Exposure to Trauma and Premature Death (3) Theme: Presence of Drug and Alcohol Abuse (3) <ul style="list-style-type: none"> Category: Social Media Promotion (1) Category: Familial Patterns (3) Category: Coping Strategy (3) Theme: Attitudes Toward Help-Seeking (3) |

| |
|---|
| <p>Theme: Existing Support Services (3) Theme: Community-Identified Needs (3) Category: Education (1) Category: Mental Health Resources (2) Category: Survivor Support (2) Category: Limiting Access to Alcohol (2)</p> |
| <p>Domain: Interpersonal Realm Theme: Social Support (3) Category: Family Context (3) Category: Friendships (2) Theme: Vulnerability with Others (3) Theme: Domestic Violence (3) Category: Honeymoon Phase (2) Category: Tension-Building Phase (3) Category: Explosive Phase (3) Theme: Impact of Murder-Suicide (3)</p> |
| <p>Domain: Intrapersonal Realm Theme: Cognitive Style (2) Category: Substance-Induced Psychosis (1) Category: Future-Oriented Thinking (1) Theme: Affective Style (3) Category: Emotional Dysregulation (3) Category: Suspected Mental Health Concerns (2) Theme: Behavioral Style (3) Category: History of Suicidal Ideation and Attempts (2) Category: Hobbies (2) Category: Engagement Style (2) Theme: Substance Use (3) Category: Polysubstance Use (3) Category: Intoxication at Time of Event (3) Theme: Work (3) Theme: Medical Status (3) Theme: Experience of Trauma (3) Theme: Treatment Engagement (3) Theme: Individual Spirituality (3)</p> |
| <p>Domain: Societal Realm Theme: Murder-Suicide Stigma (2) Theme: Jurisdictional Issues (3²)</p> |
| <p>Domain: Historical and Colonial/Decolonial Realm Theme: Alcohol as a Weapon (3³) Theme: Gender Construct (3) Theme: Mistrust of the Church (1)</p> |

² Interviews were just one source of data for this project. While not explicitly mentioned by participants, the presence of jurisdictional issues was self-evident in record data and historical data for all three cases.

³ While not explicitly mentioned by participants, the use of alcohol as a weapon of colonization was self-evident in record data and historical data for all three cases.

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|--|
| Theme: Termination (1) |
| Domain: Time/Space & Matter/Energy Realm |
| Theme: Continuation After Death (1) |

Cultural Realm

The Cultural Realm Domain conveys the Original Instructions and teachings unique to the community, peoples, families, and individuals. These include worldview as conveyed in the Indigenous language, and a relational perspective (how people and other entities are situated in the universe, relational reciprocity, etc.). Themes within this Domain include the foundational teachings about Being a Good Relative and Traditional Indigenous Practices. Below is a statement made by a participant that emphasizes the importance of reconnection with Original Instructions and teachings unique to this Domain.

A lot of people say, “oh that ain’t Menominee” but they don’t know their history.

But...this (project) plus that (incorporation of Indigenous spirituality and practices)...I think now we have a chance. You know?

Being A Good Relative

As do many tribes, the Menominee espouse the belief that humans not only have a responsibility to themselves, but to the land, animals, their communities, and future generations. One example of this is the seventh-generation principle which posits that decisions made today should be made while thinking of the seven generations that will follow and while remembering the seven generations that came before. Because of these shared responsibilities and connections with others, all humans (whether blood-related or not) are deemed “relatives.” Multiple participants noted the importance of building connections with, listening to, and supporting others. While there is no one way to be a “good” relative, participants frequently cited their

responsibility as an individual and as part of a broader community to support those in need by hearing their stories and developing empathy for their experience.

So, I think, like, for us to have a better understanding of where they're at mentally is just to sit down and have those conversations with them. I mean, you can't know the demons that they're carrying unless you understand that person.

Traditional Indigenous Practices

For centuries, American Indian cultures have nurtured unique languages, art forms, rituals, and values that have been passed down through generations. Participants described engagement with these traditional Indigenous practices as being particularly important – not only as protective factors from occurrences such as murder-suicide but as general strategies to help one heal and maintain general health and wellness. Cited traditional practices were divided into five Categories: 1.) Talking Circles, 2.) Respect for Elders, 3.) Music and Art, 4.) Spirituality and Ceremony, and 5.) Knowing One's History.

Talking Circles

Talking circles are a longstanding practice of Indigenous peoples throughout North America wherein members sit in a circle to consider a problem or a question. The process may begin with a prayer and often involves passing a talking stick (or another sacred object) around the circle, ensuring that one person talks at a time and that everyone has the opportunity to be heard (Mehl-Madrona, 2014). One of the participants suggested starting a talking circle for individuals who wish to access a traditional form of healing wherein they are supported by others in the community. This was also proposed as an alternative to group psychotherapy given some individuals' negative perceptions of or distrust toward mental health institutions.

I think talking circles work wonders...I mean, I really think that's another tool that needs to be incorporated into what's going on here cause, you know, it's difficult enough for a person to have this conversation but that has a way of bringing that out in a, I don't know, where more persons can get to their own feelings so to speak...Safe environment. Where they're um, hearing everybody else's stories and making them feel like they're able to tell their own.

The participant felt that talking circles may be an especially appropriate method of support for those who lost a loved one to suicide or murder-suicide given the wide-ranging impact of these events.

Respect for Elders

According to the International Association for Indigenous Aging (2024), respect for elders is among one of the most important values across many tribes in Indian Country. Elders are generally viewed as possessors of knowledge, history, and spirituality – valued community leaders and advice-givers. While participants strongly advocated for strengthening connections among community members generally, connecting with and respecting elders was deemed especially critical. One participant noted a mentor-like relationship they built with a local elder (referred to as “auntie” – a term of respect for an elder within American Indian culture – not necessarily denoting blood relation) as a child, helping her with household chores, telling stories and laughing together, and going to her for guidance.

I went there and I would go to her house and I would go, and whatever she would have me do if it was mopping or wiping down windows or whatever it was you know, sweeping off the deck – whatever it might have been. It was those conversations I gained with that lady who was phenomenal... I also remember before she died. In what it was,

what she said to me that changed my life and made it what it was... we had that relationship...always talking and always giggling about different stuff cause she'd always have candy or some kind of little treat or whatever it was. She was just one of those kind of aunties, you know?

Participants noted that especially for those who may experience neglect or trauma at home at a young age and who lack healthy, nurturing adult relationships, fostering a respectful social connection with an elder community member may be singularly powerful.

Music and Art

Music and other forms of artistic expression have served as essential components of the spiritual, cultural, and social lives of Indigenous peoples. Engagement with creative outlets such as music and art were also mentioned as particular strengths of the Menominee people, serving as both a protective factor and healing mechanism. One participant equated singing and playing music with the emotional healing brought through spiritual practices.

Using the formula of singing and one of them guitars...the weird thing of it is I can go sit in a lodge or sit in a ceremony or sing or go pray but I'll also go to church and go sing and go pray and get the same connection.

Spirituality and Ceremony

While spiritual beliefs and practices are often tribally unique, Indigenous spirituality and ceremony are generally centered around conceptualizations of Spirit, Creator, and the universe and often serve as an integral part of one's being. As was touched on in the above quote, spirituality and engagement in ceremony was described by multiple participants as central aspects of the human experience which contribute to individual perceptions of meaning and purpose. While the individual experiences of spirituality among those who initiated the acts of

murder-suicide will be discussed later, here, spirituality is defined as a broader, collective group experience which is believed by participants to be a protective factor and something to aspire to on a community level. One participant described the critical role of ceremony in their own identity development.

Ceremony was a big piece of, of helping me to understand who I am, you know? And that... I really think that that's the piece that's missing in regards to our efforts to recover that spiritual piece.

Another participant lamented the decline of ceremonial attendance in their own family, noting personal efforts to encourage them to re-engage.

... round dance is tonight and I asked them if they wanted to go and none of them answered me. I'm going by myself.

Religious faith and practice was also noted as a coping strategy for one of the survivors in the aftermath of losing a loved one to murder-suicide.

I'm Catholic. I was raised Catholic. I'm a very strong Catholic. I say my prayers and read my Hail Mary's.

As demonstrated by the quotes above, participants provided examples of a variety of ways to integrate spirituality into one's life. Although one type of practice was not described as being more protective over another, participating in some sort of spiritual practice was viewed as a protective factor.

Knowing One's History

American Indian peoples have strong storytelling traditions wherein histories and worldviews are passed down through the spoken word generationally. These oral traditions can range from the telling of creation stories and cultural morals to personal, family, or tribal

histories. When discussing murder-suicide prevention and healing strategies, participants also drew attention to the importance of knowing where one came from and one's place within the world – a large part of this stemming from appreciation for Menominee's origins and legacy. Several participants expressed sadness and frustration with the ways in which Menominee's history and the histories of Indigenous peoples more broadly often goes unrecognized.

The stories they heard with their ears...the dog soldier society, the people, the Lady of the Woods in West Branch, the creation story, roots – where you come from. That part of it, it's not talked...it's lost. Why? It's because nobody's listening.

In summary, participants across all three cases in the Life Review interview process identified aspects of their culture that they viewed as being adaptive and protective against violent events such as murder-suicide. Participants discussed the importance of being a good relative toward others and the importance of listening. They also emphasized (re)connection with Menominee traditional practices such as talking circles, respecting elders, engaging in creative outlets such as art or music, finding spiritual connection/meaning, and knowing one's cultural history.

Community Realm

The Community Realm involves the groups and organizations present to help support families and individuals. These include mainstream structures like healthcare, local justice, and educational systems, and Indigenous groups such as traditional societies (e.g., traditional medicine and teaching groups). Themes within this Domain include Exposure to Trauma and Premature Death, Prevalence of Drug and Alcohol Abuse, Attitudes Toward Help-Seeking, Existing Support Services, and Community Identified Needs.

...the system and growing up around here. It's like, they call it a learning disability... You're going to be in a special classroom with all the naughty kids, you know? These are all the kids that are all... you come to find out these are all kids who have dads with alcoholism and drug problems, sexual abuse, everything under the sun.

Exposure to Trauma and Premature Death

As discussed in previous chapters, due to the cumulative effects of Historical Trauma, American Indian communities suffer extreme exposure to trauma and premature death (death due to murder, suicide, murder-suicide, overdose or chronic effects of alcohol and drug use, etc.). A prominent Theme across interviews was the rampant occurrence of trauma and violence within the Menominee community. As aforementioned, constructs across Domains are interconnected and constantly interacting. As such, experiences of trauma and violence reported by community members are significantly impacted by subsequent Domains such as the Societal and Historical Domains. One participant recalled continuous exposure to traumatic and/or violent death.

I've got 17 friends since I was 18 years old die or paralyzed. 17. And how they died was on account of drugs and alcohol, car wrecks, suicide...

Participants recognized that they were not alone in their experience of losing loved ones to premature death, describing it as a phenomenon felt by many in the community.

Everybody up here in their lifetime experiences that hurt, that death, that suicide of that hate of that drunk driver or that person that make them overdose or whatever it might be.

That hurt...that same repetitive behavior.

One participant also reflected on the personal toll that loss of loved ones to violent or premature death has had on their life.

Because people – once they experience that hurt, that hurt of one of their family members being gone, then they feel that they are obligated to, they have a different way of, it changes you. It really does.

Another participant even acknowledged a current experience of fear for a loved one who they view as being at-risk for premature death.

This kid is going to do something and he's going to hurt himself and we've been singing his song for years. Years my [family member] and I have been singing his song. I'm scared for my [family member]. I'm scared to leave.

As fearful and helpless as many participants felt surrounding the prevalence of violent and premature death within the community, several participants simultaneously endorsed a degree of understanding surrounding the desire to take one's own life, endorsing a history of suicidal ideation themselves.

Suicide is something that's not nice...I've known that, that situation when I just wanted to get out of something bad and I didn't want to be there.

Prevalence of Drug and Alcohol Abuse

The rate of substance dependence or abuse is higher among Native Americans than any other population group in the United States (Kaliszewski, 2024). Undoubtedly the most frequently occurring Theme across interviews concerned the high rate of drug and alcohol abuse within the Menominee community. Participants recognized this as larger than an individual choice, but a reflection of a larger systemic failing as a result of colonization pressures.

You have a system that is broken by drugs and alcohol. So deluded.

Alcohol and drug abuse were most commonly cited among participants as what they believe to be the leading contributing factor to the disproportionately high rate of suicide and murder-suicide within the community.

I'd say they need to get the alcohol and drugs...that's what's killing people.

Multiple participants reported feeling a sense of frustration and helplessness watching those they love struggle with addiction. One participant spoke about their own experience in seeking help for a loved one who did not consent to treatment.

But every time it comes to me trying to get them to go get help for drugs, for alcohol, it's like...nothing...I can't really offer nothing. You know I literally need to tell them that they have to be admitted themselves. How do you tell someone that ain't really mentally...that's mentally incompetent, that's so spun on drugs, to go get help?

Social Media Promotion

This Category reviews the impacts of digital applications for online social connection. One participant condemned the role of social media in perpetuating ideals of alcohol or drug use as being “cool”, desirable, or trendy – particularly among children and adolescents who may be especially susceptible to social media messaging.

Because alcohol and drugs are promoted ten times higher here than they are anywhere else. How cool is it to see somebody on Snapchat hitting the vape pen, ghosting everybody? “I want to do that. I want to be that kid.”

Interestingly, the MITW was one of two tribal nations who recently filed a lawsuit against social media parent companies such as Meta Platforms (Facebook and Instagram), Snap Inc. (Snapchat), ByteDance (TikTok), and Alphabet (YouTube and Google) for their contributions to the high rates of death by suicide among Native American youth. The lawsuit cites that due to centuries of Historical Trauma, Native youth are more vulnerable to the

addictive effects of social media which may have long-term impacts on mental health along with experiences of online discrimination which companies do not adequately manage. This lawsuit is one among many of a growing number of similar lawsuits filed by American school districts, cities, states, and other entities (Brewer, Hadero, & Chen, 2024).

Familial Patterns

This Category discusses the occurrence of alcohol and drug abuse within family systems. Multiple participants commented on the familial cycle of alcohol and drug abuse, a behavior passed down from generation to generation. One participant expressed concern for a loved one who is exhibiting similar substance use patterns to that of another family member who struggled with a substance use problem.

I think [loved one]’s capable of doing that cause [they] looks up to [family member who struggled with addiction]. You know...[they] go to work every day just like [family member who struggled with addiction] did. Goes to work, comes right after the job, gulp, gulp, gulp...gotta drink. You know? And [other family members] are suffering from it.

But you know what? I’m there to pick up the pieces all the time.

Coping Strategy

This Category reviews the use of alcohol or drug use as a manner of coping with traumatic experiences and daily challenges. As mentioned above, most participants made explicit mention of the the high rates of trauma within the Menominee community, including the deleterious effects it has on survivors. One participant discussed the lifelong struggle to cope which has become relatively normalized as a result of the prevalence.

It's that trauma that people don't cope with that I'm learning they have troubles with throughout their lifetime. In my lifetime. In everybody else's lifetime. Learn to live with it.

Alcohol and drug use was described by many as a common way for many Menominee people to cope with a significant history of complex trauma stemming from centuries of colonial genocide.

Shitty homes or homelife...um, bad parenting. Not enough love, I guess, within the home. Um, yeah. I don't think the kids or young adults that turn into adults know how to talk or ask for help or show compassion for shit they're going through. People around here, instead of talking, they're like, "let's go get a drink." You know? That kind of attitude. "Here, smoke this – relax."

One participant described alcohol and drug use as not only a coping strategy but as a way to fill an emotional void within oneself and to combat the desensitization and numbness that can result from experiencing trauma.

You start to put these, uh, substitutes in there. You start to cram these substitutes for relationships. You start to put different stuff. You want that, you chase that high. You chase that different variation of how to make yourself feel better. What makes you feel.

Attitudes Toward Help-Seeking

Another Theme that emerged was participants' perceptions of community attitudes toward help-seeking, defined here as efforts to request help from others either through formal mechanisms (use of emergency services, mental health services, etc.) or informal mechanisms (seeking aid or support from a friend, disclosure of internal turmoil to another, etc.). One participant reported that especially amid an environment where individuals are so frequently

subjected to trauma and experience a sense of powerlessness, it remains especially important to have power over what one can control and that to many, one's internal experience or individual behavior is viewed as something "controllable."

They don't want to admit they need help because that's a [perceived] weakness. A lot of people like the power and control of not needing extra help.

Participants noted that asking for help or support equating to personal weakness is especially prevalent among men. Whereas women are given more leeway to express their emotions to others, men are expected to stifle their emotions (with the exception of anger). Again, this conceptualization of binary gender is a product of colonialist discourse and does not represent traditional AI/AN understandings of human identity. However, because assimilation due to colonization has influenced many AI/AN individuals to identify with mainstream conceptualizations of gender, it remains a very important part of many individuals' experiences.

As men we're part of a society. When you're Native...you know...so I'm sure [deceased actor] felt the same way I did. That uh, it's a sign of weakness to go ask for help.

Especially as it relates to your mental...your mental health and your mental wellness, you know?

Despite the presence of these pervasive attitudes toward help-seeking, one participant estimated that with younger generations' growing utilization of mental health services and move away from binary understandings of gender, things are changing at Menominee.

Counseling, it's like, it's not something we uh, we ever think about, you know?...it's a weakness if you go ask for help as a, as a Menominee man, you know? And I know things are changing, but, um, today people are way more accepting about the help, you know? And people realize that it does help, you know?

Existing Support Services

Throughout the interview process, participants discussed existing community services they (or loved ones) had utilized in times of crisis. For the purposes of this Theme, existing community services refer to established, formal resources utilized by the participants or other community members. One participant described the Maehnowesekiyah Wellness Center's provision of individual and group psychotherapy as a helpful resource for those seeking treatment. Another participant discussed the community's effort to establish sober living environments for individuals entering addiction recovery.

I know we got a big push for some transitional type living for people so they don't end up in the same environment that got them in the first place, you know? I mean to me, this ODing stuff is just...another way of doing themselves in, you know?

One participant described the tribal jail as a trustworthy resource, noting that it has been a place of temporary stabilization for loved ones who were a danger to themselves or others.

I just want [loved one] safe and alive. And last time [loved one] went, [loved one] got out and [loved one] changed his life around. [Loved one] was really good and he just fell off a little bit at a time.

The participant acknowledged how strange and tragic it was to view incarceration as the best option for a loved one, but expressed a sense of relief in it being one of the only forms of mandated oversight and sobriety available.

I'm not going to lie I pray for him to go to jail...That way I'll know [loved one]'s alive and [loved one]'s safe.

Community-Identified Needs

This Theme is defined as any resource or services participants identified that, if established, could have been a useful prevention, intervention, or postvention resource to community. Many participants identified the lack of access to resources within the community despite the high level of demand.

They don't have nowhere to go. They don't have nobody to reach out to. They don't have no resources.

Education

This category refers to a lack of knowledge specific to murder-suicide risk behaviors or prevention techniques. Multiple individuals expressed feelings of frustration, sadness, and helplessness regarding getting help for a loved one who may be a danger to themselves or others. One participant expressed current concern for several loved ones and acknowledged not knowing how to support them or where to start in terms of seeking help.

I'd like to know what I can do for [loved ones] ...I'd like to get some help for them.

Everybody needs it. A lot of people are out here.

Mental Health Resources

Within this Category, mental health resources include any service noted that would educate, treat, or assess conditions related to mental health. Multiple participants cited the need to expand and improve upon existing mental health and substance abuse services within the community. Participants reported that for those individuals who are willing to seek help for mental health concerns, lack of available providers and long wait times can be a barrier.

I told [counselor] that I was having trouble getting seen at the clinic...cause sometimes they have to schedule you out. Sometimes you have to wait a while. But that's kind of a

problem too. But I know they're busy...It just seems a little bit hard to get help. Like, there's not enough people compared to the people who want help.

One participant advocated for the hiring of more mental health professionals to support the increased need for services. Specifically for substance abuse treatment, the participant suggested extending the offer to qualified community members who have themselves experienced and recovered from addiction to serve as peer support specialists or recovery coaches.

It's really the Department of Health Services that they recognize people who have that learned experience and allow them to be paid, you know? As recovery coaches...we can't get enough professionals to do all this work.

Another participant suggested implementing a reward or incentive system for individuals undergoing addiction treatment. Given the level of need for basic items, the participant expressed belief that this would serve as an additional source of motivation for individuals to maintain sobriety.

...if you're on meth or any kind of drugs and you come there, alcohol especially, they can come there and there is a room that is filled with everyday essentials they need to survive. Whether it's a gas can, socks, body soap - it doesn't matter. It's there. It's in that room. The one thing they gotta do is they gotta come there in the morning, they gotta take a UA or a breathalyzer, the breathalyzer has to read 0... If they pass, guess what they get to do? They get to grab something off the shelf. What they get to do with it from that point on is totally up to them. Whether it's a pair of socks, whether it's a basket, it doesn't matter. That sense of accomplishment, that freedom that that entails. I watched that system, I

watched these people walk in there on the daily and grab something. What is their first instinct? To give it away to somebody else.

Survivor Support

Here, survivor support is defined as services that may provide support to individuals who lost a loved one to murder-suicide. All participants acknowledged the impact that death by murder-suicide has had on them and on the broader community. In addition to instituting traditional talking circles (discussed above) as a form of therapeutic support for survivors, one participant recommended starting a support group at the Maehnowesekiyah Wellness Center specifically for individuals who lost loved ones to suicide or murder-suicide.

So, it's those connections that you guys need to make with people left behind is the way I'll say it...cause they kind of support one another when they've lost their loved ones to suicide. I don't think they've got a group or anything now and I don't even know if you'd try to get one going if people would even go, but...

Limiting Access to Alcohol

Within this category, limiting access to alcohol refers to establishing legal policies that minimize the availability of alcohol to Menominee citizens. Because alcohol and drugs were cited among participants as the leading contributing factor to the high incidences of murder-suicide within the community, limiting access to alcohol was a very common reported need. Participants suggested making Menominee a dry reservation, specifically banning the sale of alcohol within tribal lands.

...get the alcohol off from here. And then have the drug force nail down, get that shit out of here, you know? It ain't good for nobody. It's like, geez. Then whoever's bringing it up here, it's crazy, you know. They don't love their people and that's sad.

Several participants were under the impression that Menominee was currently a dry reservation.

So, I mean, we're supposed to be, as a community, supposed to be a dry reservation. I mean, obviously you can go off the reservation and get alcohol and stuff like that but if you limit your access to that...That's one way.

In summary, participants across all three cases in the Life Review interview process identified challenges faced by the Menominee community in the face of mitigating the high rate of murder-suicide. Participants discussed the high rate of trauma and premature death and the prevalence of drug and alcohol use amid heavy social media promotion, addiction running in families, and substances being a common coping strategy. Participants also identified negative attitudes toward help-seeking as being an important obstacle to address. Lastly, participants were able to identify helpful existing resources they have utilized along with identified community needs, including expansion and improvement to mental health services, lack of support for survivors, and limiting access to alcohol.

Interpersonal Realm

The Interpersonal Realm consists of a person's interactions with foundational caretakers and family members (by blood, cultural structure, or made) primary relationships, including those related to intimate partners, and vocational, school, and/or traditional societal close one-on-one relationships, and developmental support over the lifespan. This Domain reviews aspects of the relationships the three actors of murder-suicide had with others in their lives. These Themes include Social Support, Vulnerability with Others, and Domestic Violence. This Domain also includes discussion of the impact of these deaths by murder-suicide on participants.

...that (death by murder-suicide) - it hits families hard. My [family member] is still dealing with [deceased] being gone and [family member] has [a room in the house] which is dedicated to [deceased]. [Second family member] just drinks – that’s dedication to [deceased], that’s what [second family member] thinks. But [third family member]’s a good [instrument] player like [deceased].

Social Support

This Theme refers to social support as individuals available to the deceased actor who would provide them with assistance or comfort. Across the three cases, participants described the actors’ various forms of social support and interactions with others. Categories that emerged centered around the actors’ relationships with family and friends.

Family Context

This Category refers to the availability and influence of supportive familial others physically and emotionally in both perceived negative and positive ways. All three actors were reported to have had family living locally. One participant noted the benefit of proximal closeness, stating that it provided family the opportunity to intervene when the actor was felt to be a threat to themselves or others.

...you gotta come by and get [their] gun.” Said, “[They’re] talking.” So, I got up that morning and...went over and said, “where [are they]?” ...grabbed [the] gun and took off. I said, “where?” [Victim] said, “I don’t know.”

All three were also noted to have had a family history of substance abuse. Although participants provided specific stories regarding the familial patterns of use, stories will not be disclosed here to maintain confidentiality. However, one participant did connect the individual’s substance use with the normalization of it within his childhood home.

They're just all [struggling with alcohol]. I guarantee you they grew up around alcohol their whole life.

Participants also described positive experiences actors had with their families, oftentimes centering around engagement in outdoor activities.

...[They] loved [family], yeah. [They'd] take [family] fishing, hunting every chance [they'd] get.

Friendships

This Category refers to methods of bonding and physical and emotional closeness between the deceased actors and friends. Two of the three actors were also reported to have had close friendships with peers. Similar to the decedents' relationships with family, bonding activities often included physically active, outdoors activities.

Yeah, he did (have a lot of friends)...They all played [sport] together.

...I think it was summertime. They would have a gathering when all the guys would go [participate in another sporting event].

One of the participants reflected on their own conversations with one of the deceased actors, again bonding over shared interests.

...one thing that me and him had an eye-to-eye thing about that we could both talk about was fishing and hunting. Work as guys, you know? That's all we talked about.

Vulnerability with Others

This Theme centers around the deceased actors' ability to identify and acknowledge their emotions with others, especially emotions that felt uncomfortable or painful. All three of the actors were described by participants as individuals who struggled to be emotionally vulnerable with others. As evidenced by above statements, interactions with others often centered around

shared interests and according to the participants, rarely involved discussion of the actors' internal emotional experience. This is captured by a statement made by a participant who remembered an incident wherein the actor appeared distressed but would not discuss it.

It (reason for distress) had to have been something. I don't know what it was cause he would never share that.

According to participants, there were a few instances they recalled when two of the actors came to them in emotional turmoil. One of the participants described the actor's vulnerability quickly transforming into anger.

He was sitting at the table by himself and he said his heart was hurting. He didn't really say anything else, so. I told him...I just sat there and talked to him a little bit. He didn't really say much about why he was hurting or anything. Told him I was going to go home and he got mad at me. He yelled at me and told me to leave. He was like, "leave! Everybody else leaves me all the time."

Another participant reported that despite their relationship with the actor rarely achieving any kind of emotional intimacy, the actor once communicated experiencing suicidal ideation.

I only can remember this one time he come and got me and uh, he was down and out and he actually was talking about killing himself that time, you know?...I think that probably uh, realization of being alone...I think that was probably the main motivator for...I would have to say...being depressed.

Domestic Violence

This Theme explores the deceased actors' engagement in domestic violence within their personal relationships with others. Domestic violence is a pattern of abuse in any relationship used by one person to gain or maintain power and control over another (US Department of

Justice, 2023). Domestic violence is cyclical and often occurs within phases. Across multiple interviews, all three participants were described as, at one point in their life, being domestically violent whether it be through physical, sexual, emotional, economic, psychological or technological coercion, threats, or actions. Categories that emerged within this Domain include the Honeymoon Phase, Tension-Building Phase, and Explosive Phase.

Honeymoon Phase

This Category refers to the deceased actors' engagement in a relationship's honeymoon phase – the first phase within the cycle of domestic violence. The honeymoon phase of a romantic relationship describes a period of time at the beginning of a relationship wherein both partners are getting to know one another and often find little fault within one another. Within a relationship characterized by a cycle of domestic violence, this is a time when the aggressor acts in ways they know their partner will desire and appreciate, creating a space that feels safe and full of love. Across the three cases of murder-suicide, two of the deceased actors were reported by participants as having been in romantic relationships which started off in the honeymoon phase.

It was nice at first like every other.

At first he seemed kinda nice...nobody's perfect...[the victim] just kinda, I should say, dealt with it kind of?

Tension-Building Phase

This Category refers to the deceased actors' engagement in the tension-building phase of a relationship – the second phase within a cycle of domestic violence. During this phase of a relationship, tension between the aggressor and person experiencing the abuse increases. All

three of the actors were described by participants as exhibiting controlling or possessive behaviors toward the victims.

But he was kind of controlling a little bit. When [victim] was on [her] phone, he would ask [her] 21 questions or he would take the phone out of [her] hand. Like, possessive.

Two of the actors were described by participants as exhibiting jealous behavior toward the victims. One participant noted how this was observable during social gatherings.

Everybody knew that he had this jealous, this big jealous hunch on his back, I'll say. And you couldn't go by 'em or couldn't stay by [victim] or you couldn't do nothing with [victim] about all this different stuff cause all this stuff he had built up. He never dealt with it himself, you know? So, any time it came to any family functions, he had a hard time coordinating walking out the door because of how he used to be and was always bringing [victim]. Any time you seen [actor], you seen [victim]. Which was fine. But everybody knew how he used to be. How he was.

One actor was described as being “threatened” by another male in the victim’s life. The actor was reported to have withdrawn and given the silent treatment in response to this perceived distancing and lack of control.

...he moved in his space and that was...he was taking [victim] away from him.

Explosive Phase

This Category refers to the deceased actors’ engagement in the explosive phase of a relationship – the third phase within a cycle of domestic violence. Domestic violence’s explosive phase describes a tipping point in which the tension within a relationship becomes so great that the aggressor becomes violent or abusive – whether it be physically, sexually, emotionally, or

psychologically. All three actors were described by participants as individuals with known tempers who often fought with the victims.

Yeah. If you got on the wrong side of him, he had a bad temper.

...they just drank constantly. All the time. All the time. And they were forever fighting and stuff.

Two of the actors were described as being physically violent in relationships with the victims and in previous romantic relationships.

He started scaring [victim] and [victim] told him to slow down and he reached over and just went like this to [victim] and hit [victim] right here. [Victim's] face was swollen.

[Victim] just slumped down in [her] seat and just covered [her] eyes.

Participants reported knowing that one actor and victim argued the night of the murder-suicide event.

there was an argument about [issue] - ...something about [a routine life event] late at night. There was some ridiculous argument...and he grabbed the gun and shot [victim].

And I guess he was like, drunk with the gun and she was like, arguing with him about the gun.

Another participant noted that one of the victims was accidentally injured the night of the murder-suicide event but did not receive medical attention, noting the actor's minimization of the victim's pain.

... that lady was hurt. That lady did not get medical treatment that she shoulda had that night. And knowing the way [actor] is, he's gonna say, "ah fuck you ain't that hurt." You know what I mean? "Fuckin put some ice on it," you know?

In many relationships subject to domestic violence, after an explosive event, the aggressor often tries to rekindle the honeymoon phase, apologizing for their behavior in an attempt to avoid disintegration of the relationship and losing their loved one. One participant noted this pattern within the relationship between actor and victim, discussing a past attempt made by the victim to leave.

he had his [family member] drive him...to come and pick [victim] up without asking [her]. Took him back. [Victim] told him [she] didn't wanna but he talked [victim] into it.

Impact of Murder-Suicide

This Theme examines the influence or effect that the deceased actors' deaths by murder-suicide had on the participants of the interviews within this project. Throughout the interviews, participants shared the emotional impact that losing loved ones to murder-suicide took on them and their families. Participants frequently endorsed experiences of shock and sadness.

It was something sad. I couldn't believe it. I said, "man". I knew what he did that he was capable of but never thought in my wild mind that he would actually go through with it, you know?

One participant also recalled feelings of shock and recognition of the traumatic nature of murder-suicides when responding to the scene of an event as a member of law enforcement.

...probably one of the first times I'd ever dealt with death on the job, so to speak. I mean, I'd seen death like elderly people passing and stuff like that but this was like a...one of those "holy crap people are willing to try to kill other people and themselves."

Others endorsed feelings of guilt and perceptions of blame by community members surrounding their inability to prevent loved ones' loss of life to such tragic events.

...it was killing me cause I was being blamed for it. Kept asking me why I didn't take the [means of murder-suicide] away. It was like...sitting in the middle – why didn't I take [it] away?

One participant also noted feelings of anger or frustration toward the actor due to the devastation their death caused surviving loved ones.

Now I think of that, I think of just the principle of the ache that he left for us to look at.

In summary, participants throughout the Life Review interview process shared insight into the interpersonal lives of the three deceased individuals who attempted or completed murder-suicide. All three actors were reported to have had both positive and negative experiences with family and friends, kept their emotional lives guarded, and had histories of abusive behavior with loved ones. All three actors also left behind individuals who loved and cared for them as evidenced by participants' statements surrounding the emotional toll that the deaths took on their lives.

Intrapersonal Realm

The Intrapersonal Realm Domain refers to the internal experience of the person, and how that translates to interactions with the world. Examples of internal experiences in this Realm include cognitive style, affective experience and style, physiological/medical situatedness, and meaning-making. Themes discussed within this Domain include the murder-suicide actors' individual Cognitive Styles, Affective Styles, Behavioral Style, Substance Use, Medical Status, Work, Experiences of Trauma, Treatment Engagement, and Individual Spirituality. Below, a participant details the influence of substances on the personality of one of the deceased actors along with individual experiences of trauma.

I think of how far back the trauma...of how can a guy who was kinda, uh, the person he was when he was on his alcohol and drugs and then the person he was when he was sober. Because this guy was a fucking awesome dude...

Cognitive Style

This Theme refers to any thoughts, beliefs, or aspects of decision-making that may have impacted the decedents' deaths by murder-suicide. Categories identified include Substance-Induced Psychosis and Future-Oriented Thinking.

Substance-Induced Psychosis

This Category discusses participants' reports of substance-induced psychosis, a form of psychosis brought on by alcohol or drug use which often results in hallucinations, delusions, disorientation and memory problems, agitation, etc. Substance-induced psychosis has previously been identified as a risk factor for violence against self and others. One of the actors was described in interviews as exhibiting a bizarre, non-reality-based thought process in the context of severe polysubstance abuse in the months leading up to his death.

But it just seemed like everything that was coming up – his anger and everything...it was just weird situations that he made in his head. Stuff that wasn't even happening. Like he was mad that someone moved his [item] and put it away. His [item] was in the same spot. The actor was also described as becoming extremely agitated in one moment, only to forget the source of his agitation in the next.

...he [was] hurt... and he said that it just kept hurting and hurting and hurting and he was screaming at me. Put it in cold water – he screamed. Put it in hot water – he screamed. And then five minutes later he'd go back to his room, come back and he was fine. I was like, "how's your hand?" He was like, "What do you mean?" That was the type of thing

that was throwing me red flags a little bit...Maybe I shouldn't be here. It's getting kind of weird.

The same actor was reported to also exhibit significant paranoia, believing he was being watched by law enforcement and that loved ones were spying on him.

He really didn't open up to me as much. But I think that's from his paranoia. From him thinking I was like working with the Feds. Cause he wasn't really...even though I told him numerous times I was not.

...And that from the drug use. He was getting paranoid and he was just losing his mind. He wasn't all there anymore.

The actor was also described as experiencing significant guilt shortly before the murder-suicide event following poly-substance use. Participants reported that the actor believed he had committed a terrible event that he had not and communicated that the murder-suicide would make things right again for everyone involved. Although participants provided more specific information regarding this incident, details will not be shared in an effort to protect confidentiality.

Future-Oriented Thinking

This Category refers to thoughts, plans, and ideals the deceased actors may have expressed regarding their futures. Thoughts about the future or making plans for the future are usually considered protective factors – especially against suicide. One of the actors of murder-suicide was reported to have been future-oriented prior to their death.

I said, "alright, I'll see you in the morning." He (the actor) said, "I might be still givin' her, boy, but I'll show up." Came that next morning, I called him. I called him. And I called him. And I called him. And he wouldn't answer. Nobody answered.

Affective Style

This Theme focuses on the identified affective styles (moods, feelings, or attitudes) of the individual actors as identified by participants. Categories include Emotional Dysregulation and Suspected Mental Health Concerns.

Emotional Dysregulation

This Category discusses decedents' experiences with emotional dysregulation - an inability to control one's emotional responses. As discussed previously, each of the actors were described by participants as being emotionally guarded around others. However, participants across cases noted that the actors did exhibit a tendency to easily become angry and lash out – especially when under the influence of substances.

...mean as a snake when he'd get drunk, oh my God.

Suspected Mental Health Concerns

This Category refers to suspicions held by participants regarding the deceased actors' potentially having struggled with mental health conditions. According to participants and accessed record data, the actors did not have any known diagnosed mental health conditions. Two of the actors did, however, express feelings of sadness and low mood to loved ones. One of the actors in particular was suspected by multiple participants of struggling with undiagnosed clinical depression.

...Cause I'd seen him. And he was sad in there.

...it had to have been depression. It had to have been something. I don't know what it was cause he would never share that. But something that bothered him. But I do know, I do know that man went through a lot of stuff – more than he could handle. Seeing people's death – you know not his death – but seeing death alone is just powerful.

Behavioral Style

This Theme reviews information provided by participants regarding the individual actors' behaviors, acts, or conducts and ways of engaging with the world. Categories include History of Suicidal Ideation and Attempts, Hobbies, and Engagement Style.

History of Suicidal Ideation and Attempts

This Category refers to the deceased actors' previous expressions of suicidal ideation or engagement in attempting to take their own life and/or the lives of others. One of the actors was reported to have had a history of chronic suicidal ideation and attempts – particularly when under the influence of alcohol. Two participants noted that the actor had expressed suicidal ideation to them before. The actor was also reported to have threatened to kill himself in front of loved ones.

He was out after work and drank... “get in here now, get in here now.” ...So, he made us all sit down. He went in that closet and got a gun. I said, “why are you doing that?” And he put it right underneath his chin and he had it like this and he was standing up and I was sitting on the couch in the middle...I thought, you know, he was capable of it...Standing in front of me. Like right here. Had that gun like this (under chin). It was a rifle...But then um, he must have thought about it cause he turned around and just walked in the bedroom and he went to bed. Fell on the bed and passed out.

Participants also alluded to historical threats made by another actor, though were unsure as to whether they were directed at self or others. As previously discussed, one victim had reportedly reached out for help before when concerned about the actor's intent to harm self or others.

...”you gotta come by and get his gun.” Said, “he's talking.”

Hobbies

This Category refers to activities that the deceased actors engaged in during leisure time or for pleasure. In addition to concerning behaviors such as historical suicidal ideation and attempts, participants also discussed personal activities and hobbies that brought the actors joy during their lifetimes. One participant recalled activities they enjoyed partaking in with the actor during their childhoods.

Well, mostly we um, we um hunted and we fished, we camped. And then as we got older, then we played a lot of sports.

Two of the actors were described as very physically active and skilled with their hands. Hobbies such as playing guitar and carpentry were reported as being notable individual strengths. One participant noted gratitude for the skills imparted to him by one actor.

...now that I'm grateful for how it was. Now I look back at it as ok, that was my hands on. That was his way of teaching me. Knowing that I was going to go into this world knowing that I'll have my physical ability to use my hands - which I do. I'm good at it. I'm very talented at doing it. I can say that very proudly. That's where it came from.

Engagement Style

This Category refers to ways in which the deceased actors shared their gifts and engaged with those they loved. Multiple participants told stories regarding fond memories they had with the deceased. Two of the individuals' senses of humor were referred to as particular strengths.

...But he was a really awesome guy when he was sober. A good heart. Make ya laugh. Sing ya a song.

One of the actors was also described as very generous with his time and frequently stepping up to help others.

He was. He was a really, really good helper.

Substance Use

While substance use was discussed on a broader, community level in a preceding Domain, within this Theme, it will be discussed as it relates to the individual actors' use of alcohol or drugs. Two Categories were identified – Polysubstance Use and Intoxication at Time of Event.

Polysubstance Use

This Category refers to the deceased actors' abuse of multiple substances (or polysubstance abuse). Each of the three actors in these murder-suicide events were reported to struggle with substance abuse. Each of the actors were also reported to abuse multiple substances, including alcohol, marijuana, cocaine, methamphetamine, and ecstasy. The actors were each reported to use at least one substance daily.

...it didn't matter what drug it was. He would try it. But from what I'd seen, it was coke, meth, ecstasy, and weed. Those are the four major ones.

Intoxication at Time of Event

This Category refers to the presence (or lack thereof) of alcohol and drugs within the deceased actors' system at the time of their death and participants' beliefs regarding the role that intoxication may have played in the event. Per participant reports, investigation reports, and coroner's reports, all three actors were found to have had substances in their system at the time of death. Participants frequently cited their belief in drugs and alcohol being primary contributing factors to the actors' decisions to complete murder-suicide.

...the thing that got him, that took him...what I'm going to say took him down was his alcohol and his drugs.

One participant noted the exacerbating effect that substances can have on mental illnesses such as depression.

Well, I mean, if you're depressed and you use depressants...just...you know putting fuel on the fire, you know? It's uh...I think sober he would have never did what he did.

Another participant noted observable behavior changes within one actor when he was intoxicated.

...how violent he was when he was drinking and was on drugs, you know?

Work

This Theme reviews the deceased actors' engagement in work for pay outside the home in addition to reports concerning financial status, work ethic, and ability to remain employed amid chronic substance abuse. In the interest of protecting confidentiality, minimal details will be provided regarding the nature of individuals' vocations. However, all three actors were employed outside of the home in blue-collar jobs, one of them being a seasonal position. Although details of the actors' financial statuses are not known, one actor was reported to have been of low socioeconomic status.

Work ethic was mentioned as a particular strength for all three individuals. Despite significant substance use challenges, two of the actors were reported to have maintained steady employment.

Yeah, from what I had heard he was a good worker. He kept his jobs.

Although it was not reported to have interfered with his last employment position, one of the actors was reported to have lost jobs in the past due to showing up to work intoxicated.

...hired him but he was drunk too much so he had to let him go. But then they'd hire him right back.

Medical Status

This Theme refers to complications as it relates to the deceased actors' physical health. All three actors were described by participants as being in general good physical health. No known health conditions were noted. It was reported that one actor was hit by a car many years prior, resulting in a chronic hip injury. The individual was described as resilient and determined to not let it impact his quality of life.

He [had an accident and had a permanent injury]. He still made it (laughs). He was determined. He made it.

One actor was also described as having a [condition] – made worse when intoxicated. Despite being made fun of by others for it, the individual was reported to have learned to find humor in it himself.

People would laugh at him...[it was] bad when he was drunk. When he was sober [it wasn't].

Experience of Trauma

While trauma was another Theme discussed on a community level in an earlier Domain, within this Theme, it refers to individual experiences of trauma. Because the actors were relatively guarded individuals who did not often share about vulnerable life experiences or emotions, participant reports are not likely to be comprehensive. However, all three actors were reported to have either witnessed death or lost loved ones to premature deaths such as car accidents, suicides, or overdoses. One participant recalled the significant impact that losing a family member in a tragic event had on one actor.

I think one of them key things I remember is his [family member]. His [family member] [had a tragic death]. That really took some of the wind out of his sails.

Treatment Engagement

Within this Theme, treatment engagement refers to any type of formal mental health or substance abuse treatment. There is no known record or report of any of the three actors engaging in any sort of psychological or substance abuse treatment. One participant recalled an actor's need for professional support amid his insistence he could handle it himself.

But yeah...strong willed. Relationships are hard alright. Yeah, so struggled and probably again probably needed some counseling but it's something he never got it, you know?

Individual Spirituality

While spirituality was another Theme mentioned in a previous Domain, here, it applies to the actors' individual spirituality or religious practices. Not much is known about one of the actor's spirituality. One actor was described as believing in the Creator but not engaging in any spiritual or religious practices.

I never remember him ever going to church and he didn't even like church. He didn't ever go. He never ever said anything about...never went to a sweat. Nothing.

The third actor was described as attending sweat lodge ceremonies for a period of time, but eventually stopping the practice.

He was going to the, what do you call it, sweats once in a while. But he couldn't deal with it. So he quit... He said he was just...the way they talked...he didn't want to hear that. So just bailed out.

In summary, this Domain described what is known about the individual actors' intrapersonal experiences prior to their deaths. Actors' cognitive styles including drug-induced psychosis and future-oriented thinking, affective styles including emotional dysregulation and suspected mental health concerns, and behaviors including history of suicidal ideation and

attempts, hobbies, and engagement style were reviewed. In addition, what was known regarding individuals' polysubstance use and intoxication at the time of event, work, medical considerations, trauma, treatment engagement, and spirituality was discussed.

Societal Realm

The Societal Realm Domain involves structural entities and issues that impact the Community, Interpersonal, and Intrapersonal contexts via overarching impositions. Factors in this Realm include resource allocation, sociological trends (e.g., group oppression/isms, technology), and policies (e.g., justice, governance, educational, etc.). Themes identified within this Realm include Murder-Suicide Stigma and Jurisdictional Issues. While participant statements will continue to be included, Extended Case Method theory mandates the additional integration of general discussion surrounding relevant events and policies within broader contextual domains such as this one and the ones following.

Murder-Suicide Stigma

This Theme discusses participants' recognition of the stigma, or mark of disgrace/shame, surrounding murder-suicide events. As was mentioned in earlier chapters, death by murder-suicide remains highly socially stigmatized. Frequently either sensationalized or misrepresented by the media or concealed from public discussion entirely, these responses often leave survivors vulnerable to intense scrutiny or ostracization. This then reinforces the culture of silence and shame surrounding these events and results in a form of secondary victimization. In sharing the pain and anguish they felt following the death of a loved one to murder-suicide, one participant noted the manner in which his loved one (an actor) was portrayed in the media.

They pushed that element in his passing that they made it sound like it was just totally... like he was the bad guy the whole time.

Multiple participants noted the culture of silence surrounding murder-suicide deaths. While sharing their feelings about participating in the interview process, one participant noted how the event wasn't something he has talked to others about before.

Well, I ain't happy but I'm glad that, you know, I agreed to participate. Because I really won't talk to nobody about this type of stuff. And, uh, yeah it don't make me feel better, it don't make me feel worse. Eh, maybe it does make me feel better now to kind of realize that it'll probably be dealt with.

Jurisdictional Issues

This Theme refers to issues experienced by the MITW surrounding legal jurisdiction, or, the power of a court to adjudicate cases and/or create legal policy. As discussed above, tribal sovereignty complicates legal jurisdiction for adjudicating or trying criminal cases. This is not limited to drug charges, but also extends to cases of domestic violence which are notoriously difficult to prosecute in Indian Country. Within the state of Wisconsin, the state has criminal jurisdiction over all land in Indian Country with one exception – the Menominee Reservation. Wisconsin is one of five states to which Congress transferred criminal jurisdiction to the states in 1953 via Public Law 83-280. Alaska became the sixth state in later years. Menominee is not subject to P.L. 280 due to its federal recognition (which was later reinstated in 1973) being terminated in 1953.

Menominee's unique status impacts how and by whom crimes are prosecuted. Criminal jurisdiction is decided by nature of the crime and status of the perpetrator and victim as either AI/AN or not AI/AN. According to a report by the National Institute of Justice, 4 out of 5 Indigenous women reported having experienced violence and 96% of them described their attacker as non-Native American (Rosay, 2016). Not all victims of violence survive and as

discussed in an earlier chapter, there is currently an epidemic of missing and murdered Indigenous people in the United States. A major contributing factor to the continuation of violence within Indian Country is a legal loophole that makes it very difficult for tribal legal systems to prosecute non-Native Americans for violent crimes toward Native Americans. Historically, these cases have been within federal jurisdiction as to whether or not they choose to pursue the case and oftentimes, domestic violence charges were not considered to reach the level of a major crime and would go unprosecuted.

Recent policies have been put in place to help address this legal loophole including the Tribal Law and Order Act of 2010 and the reauthorization of the Violence Against Women Act in 2022. These efforts represent significant progress toward protecting AI/AN individuals from violence as they provide tribal nations with avenues to pursue justice and prosecute non-Native American offenders. While comprehensive evaluation of these policies are beyond the scope of this project, it is important to recognize that these avenues for prosecution are oftentimes very complex and require significant resources beyond the grasp of tribes who already lack personnel and resources. As tribal communities such as Menominee continue to wrestle with and navigate this complex jurisdictional maze, the cyclical presence of domestic violence within homes and families continues to spread – sometimes resulting in violent deaths such as death by murder-suicide.

In summary, this Domain outlined various societal factors that should be considered when discussing instances of murder-suicide. The stigma surrounding murder-suicide, including the way in which participants saw cases represented in the media and the culture of silence surrounding such events was reviewed. As the participants identified drug and alcohol abuse as a primary problem within the community along with its impact on these deaths by murder-suicide,

drug-trafficking into the community was explored. Lastly, due to the violent nature of these murder-suicide and the reported presence of domestic violence within these cases, social policy and jurisdictional issues surrounding the prosecution of violent crimes in Indian Country was discussed.

Historical and Colonial/Decolonial Realm

The Historical & Colonial/Decolonial Realm Domain accounts for factors that impact the societal, community, interpersonal, and intrapersonal contexts over the mainstream understanding of time (e.g., measured by a calendar or clock). This can include distal (e.g., arrival of mass influx of European person to the Americans), or proximate (e.g., the start of the COVID-19 pandemic of 2020), and can include both events that create positive outcomes or resiliency, and harms. Core to this Realm is the massive offsetting of the Cultural Realm as experienced by Indigenous persons via colonial impact, and efforts to resist such (aka decolonial efforts). While previous chapters provided some background regarding Menominee history and the deleterious impacts of European colonization, this Domain concentrates on specific aspects of colonization that were eluded to by participants and, as part of the Extended Case Method theoretical approach, integrates historical truths and policies contributing to the disproportionately high incidence rate of murder-suicide. These Themes include Alcohol as a Weapon, Gender Construct, Mistrust of the Church, and Termination. Incorporated throughout these Themes are discussions of decolonial efforts made by the community.

Alcohol As a Weapon

This Theme refers to the historical use of alcohol as a tool of disenfranchisement against the Indigenous peoples. As reviewed in previous Domains, participants across cases identified

substances such as alcohol as being related to many community concerns – including murder-suicide.

They all have that same, uh, that same short wick behavior, you know? It's like ticking time bombs. And when you think of the alcohol part, if you just put that on a plate and you think of how many people suffer from alcohol – just the alcohol alone...not drugs, just alcohol –

Historically, alcohol was first introduced to Native American communities by European colonizers in the late fifteenth century. Alcohol was used as a profitable trade good, but was also commonly pressed upon Native Americans during “diplomatic” dealings wherein intoxication would make them more pliant during treaty negotiations – signing away land, rights, or resources while under the influence. Alcohol was used by European colonizers to give them strategic advantages and it served/continues to serve as a formidable weapon to disrupt traditional Indigenous ways of life. Many tribes have made various attempts to address the addiction problem. One of the strategies has been to ban the sale or possession of alcohol by law, making reservations “dry.” This was among one of the most frequently cited recommendations made by participants in this project.

I so pray they would get that off this res. You know? I think a lot of the problems would simmer down. You know? Cause then people would have a hard time finding it. A lot of good people going downhill.

Menominee itself made an attempt to address its substance use problem in this way in the 1970s. However, due to public outrage, this initiative was short-lived. Many argue that prohibition on reservations is actually counterproductive as it encourages spending in outside communities, limiting tribal economic profit. As people have to leave the reservation to procure

the substance, it also has been argued to encourage driving while intoxicated. While the merits of prohibition are beyond the scope of this project, it remains important to recognize the purposeful introduction of alcohol into Indigenous communities such as Menominee during colonization and its continued harms.

Gender Construct

This Theme discusses the deceased actors' and participants' adoption of mainstream, stereotypical gender norms and ideals. Social designations of human beings as either male or female and accompanying perceptions as to what those identities mean was another product of European colonization. As discussed in previous chapters, ideas of binary gender was not native to Indigenous cultures but nonetheless constitutes a significant aspect of many AI/AN individuals' identities today due to acculturation processes. Not only did all three actors of the murder-suicides identify as male and all three victims identify as female (congruent with broader patterns of these acts being predominantly perpetuated by males against females), but hegemonic gender norms surrounding activities the actors participated in or types of emotional expression came through in the data. Participants even endorsed gendered ideas of what it means to them to be male and the acceptability of substances being used to cope with pain or trauma.

...I'm a grown man. I'm not gonna sit there and update my status, "oh my back hurts, oh Christ (inaudible)." I'm not going to do that. I'm going to cover it up. So, what am I going to do? I'm going to do whatever it takes to soothe that sensation of me feeling better.

Mistrust of the Church

This Theme refers to participants' and other community members' lack of trust toward the Christian Church. As discussed previously, multiple participants across interviews noted the

importance of connection to something larger than themselves – especially in the face of persisting complex trauma.

What I'm saying is the Historical Trauma and what these people that are slipping through the cracks and why you're having so much problems and so much suicide is that era of people is not connected inside at that young age. That's not taught in your school systems.

A primary way in which participants spoke about finding that connection was through spirituality or religion. Traditional Indigenous spiritual beliefs are considered by many who practice to be incredibly sacred and not to be shared with cultural outsiders and thus will not be detailed here. It is important to recognize that not all Menominee (as demonstrated by discussion of the actors' individual spiritual beliefs/practices) adhere to traditional Indigenous ideas of spirituality. Many AI/AN people, including many Menominee, practice a Christian faith. Christianity was first introduced to Native Americans by European colonists and unfortunately, was used throughout the centuries of genocide and colonization to “convert” Native individuals into what European colonists considered civilized, godly people. A primary way in which this was seen was through the implementation of Catholic boarding schools (discussed in a previous chapter).

Discussion of the harmful uses of Christianity as a tool of colonization is not intended to condemn the entire Christian religion or those who choose to practice it. It is, however, important to recognize the root of many AI/AN individuals' distrust in the Church. One participant discussed their own feelings about the Church and its role within the Menominee community.

...it kind of has to center around the mistrust of the church, you know?...And what they did to us as Native people. Cause I was raised Catholic and as I got older, I started

understanding what the church did toward people, you know? So, it made it more and more difficult...and so we turned away and you're left with nothing...if you don't find your way to lodge or something, you're just kind of left out there, you know? And then what do you do? You bring your kids up in that same, uh, thing you know? Where spirituality has been such an important part of who we are as people and then I think, you know, the church's methodology, to take that away from us, damn near worked.

The Menominee community has also experienced decades of physical abuse and sexual abuse at the hands of both Catholic boarding schools and multiple priests within the Catholic church on the reservation. While additional details regarding these cyclical traumas will not be provided in an effort to protect the identities of those who have come forward, this constitutes common knowledge among community members and is a major contributing factor to the distrust of the Church.

Termination

This Theme discusses the myriad of ways in which Termination policy negatively impacted the MITW. Termination was a United States policy program aimed at ending federal supervision over American Indian tribes. The goal was to “free” AI/AN individuals and communities from federal control and on the surface, to many, seemed progressive and benevolent. Passed by Congress in 1953, the resolution mandated that termination be implemented one tribe at a time. Menominee's status as a federally-recognized tribe was terminated in 1961 and was deemed an immediate failure as Menominee County was the poorest and least populated in Wisconsin and did not have a tax base capable of sustaining basic public services such as law enforcement, waste disposal, and firefighting. The lumber mill (a prominent employer and economic player within the community) needed renovations that the tribe could no

longer afford and the reservation hospital (along with local schools and other services) were forced to close (“Menominee Termination and Restoration”). To this day, the Menominee community does not have a hospital.

In the 1960s, the tribe decided to sell some of their land (already drastically reduced from their pre-colonial size) to real estate developers. After the tribe discovered that the developers planned to build an artificial lake (Legend Lake) around which houses would be built for non-Indians, much of the community was outraged and formed a local grassroots movement, the Determination of Rights and Unity for Menominee Stockholders (DRUMS), to block the project. The grassroots movement DRUMS also fought for and regained Menominee’s status as a federally recognized tribe in 1973 (“Menominee Termination and Restoration”).

Menominee as a community has long history of oppression in the wake of colonialist genocide. Despite this, participants maintain a sense of hope for their community and pride in their culture, recognizing the challenges ahead but their resilience in the face of adversity. One participant reflected on the tribe’s move forward.

So that’s part of what we’re getting back and gaining back, you know? It can’t happen fast enough, but it’s happening, you know?

Many efforts are being made by the Menominee community to decolonize and reconnect with their native traditions. One such effort is the formation of the Menominee Language and Culture Commission – a committee formed to revitalize the Menominee language, history, traditions, and culture. Classes to learn the Menominee language are currently being provided. Participants also identified strengths they see in their people.

...there's some good things that come out of here. Good things. Positive things. Athletes.

All that stuff – there's so many positive things you could say about this place. The athleticism that comes out of this place is remarkable.

In summary, this Domain outlined various historical events that occurred within the context of colonization and their impacts on the Menominee community today. These included the use of alcohol as a weapon, the introduction of gender as a central construct of identity, mistrust of the Church, and the harmful impacts of termination. The Domain also discussed various decolonial efforts made by the tribe (both successful and unsuccessful) to enhance quality of life and reconnect with native traditions. Some of these included the legal prohibition of alcohol, the formation of a grassroots movement to restore federal recognition, native language initiatives, etc.

Time/Space & Matter/Energy Realm

The Time/Space & Matter/Energy Realm Domain involves the core Indigenous understanding of what is, all of creation, and the continuity of time; in mainstream construct this is akin to the field of physics' articulation of existence. The Theme identified within this Realm is Continuation After Death. It constitutes the beyond the beyond that the science of physics aims to define.

Continuation After Death

This Theme reflects the Indigenous worldview that involves the intrinsic knowledge that things are not linear but rather interconnected and constantly relating to one another. Two participants told a story about a young child who, despite not being born until years after one of the murder-suicide events, is visited by the some of the deceased from this project in their dreams.

[Child] dreams about them every now and then. [Child] looks at them and [child] remembers. [Child] wasn't alive that day. But [child will] wake up and say "I'll miss them."

In summary, this Domain discusses participant conceptualizations of the non-linear nature of time/space and matter/energy. This was expressed as an understanding of spirits enduring after death and communicating with the living.

This chapter reviewed the results of this project, organizing collected data within an ecological framework congruent with an Indigenous worldview and contextual lens. Data were sorted into seven Domains: Cultural Realm, Community Realm, Interpersonal Realm, Intrapersonal Realm, Societal Realm, Historical and Colonial/Decolonial Realm, and Time/Space & Matter/Energy Realm – each with respective Categories and exemplar quotes by participants when applicable. These Domains, Themes and Categories, while organized linearly, should not be considered isolated constructs but instead as interconnected and constantly influencing each other.

CHAPTER V – DISCUSSION

This chapter reviews the aims of this project alongside the broader Menominee Indian Tribe of Wisconsin (MITW)/University of Wisconsin – Milwaukee (UWM) partnership. It also summarizes this project’s findings in relation to the original six research questions. Final recommendations surrounding this project’s implications for murder-suicide education, prevention, intervention, and postvention will be subsequently provided to the MITW upon completion of the broader project. In addition, this chapter reviews theoretical considerations, the need for use of an ecological model, project limitations, and future directions.

Aims

The primary aim of the partnership between the larger project, a partnership between the MITW and the UWM, was to mitigate the high rate of suicide occurring within the Menominee community through a combination of clinical mental health service provision and retrospective epidemiological examination of suicide completions within the tribal community that have spanned the past 10 years. The larger project aimed to mitigate the high rate of suicide by 1) gaining a deeper understanding of the community’s assets and obstacles to help-seeking, 2) creating a more standardized suicide epidemiological system, and 3) facilitating more effective communication between the MITW and Menominee County which oversees the emergency detention of individuals at imminent risk of death by suicide or who pose a threat to others. A final aim of this collaboration was to 4) determine service delivery strengths and areas in need of improvement surrounding community education, prevention, intervention, and postvention efforts.

This project represents a subset of all deaths by suicide within the MITW, focusing on individuals who either attempted to or actually took the lives of others prior to their own within a 15-year time span. A Life-Review process was conducted to help gain more clarity surrounding these events in an effort to 1) mitigate the disproportionately high rate of murder-suicide within the Menominee community, 2) combat the stigma and culture of silence surrounding such events by providing loved ones of the deceased an opportunity to speak to their experiences and potentially receive a sense of catharsis or empowerment to seek further support, and 3) to spark a broader empirical discussion of the presence of this type of violence within Indigenous communities as a result of generational trauma.

Discussion of Findings

The Life Review process involved review of record data and speaking with members of the Menominee community who lost a loved one to murder-suicide. Information provided included discussion of identified risk factors and protective factors for this type of violence along with stories of the decedents' lives, disclosure of the impact of these events on the participants' lives, and identification of community challenges, needs, and resiliencies. Review of the findings will be provided below, organized according to research question.

Question 1: What individual/socio-structural risk factors were present for the decedents?

The individuals who initiated the murder-suicide acts (actors) were reported to have demonstrated a number of individual risk factors prior to their deaths. Many of these were congruent with those identified by the National Behavioral Intervention Team Association (NaBITA) Risk Rubric (Appendix F). Proximate to the incidents, individuals were described by participants as exhibiting intense anger, responding by disengaging, storming off, or becoming verbally or physically explosive toward others. One individual expressed feeling being treated

unfairly by others as expressed by his perception of others always leaving him. Multiple actors were described as hostile, aggressive, and relationally abusive with loved ones (most often romantic partners). There was report of controlling, domineering behaviors wherein one victim was identified as being isolated from others and unable to go places without the actor.

Participants also reported histories of making concrete and plausible threats of violence (against self and others) while brandishing a weapon and actually engaging in violent behavior toward others.

One actor was described as having a detached view of reality wherein he experienced troubling thoughts with paranoid or delusional themes. Multiple actors had access to lethal means and all three engaged in high-risk polysubstance abuse which was described as exacerbating impulsivity, mood instability, and aggression toward others. At least one actor was suspected as struggling with mental illness. While not explicitly a criterion listed on the NaBITA Risk Rubric (Appendix F), participants also identified lack of help-seeking behavior as a consideration for risk.

While the NaBITA Risk Rubric does not address socio-structural risk factors for violence against self and/or others, several considerations arose during the life-review process. Financial strain and lack of access to resources is an empirically established risk factor for suicide and appears to be relevant to murder-suicide as well (CDC, 2022). While all three actors were employed at the time of their death, at least one individual experienced significant financial challenges. In addition to describing the community's lack of mental health resources as a substantial problem, participants noted the pervasive level of intergenerational trauma and the frequency of losing loved ones to premature or violent deaths (experiences reportedly had by all three survivors).

Question 2: Are there risk factors that distinguish deaths/attempted deaths by murder-suicide from deaths by suicide-only?

As aforementioned, there exists a significant amount of overlap in risk factors between suicide and murder-suicide. This has been documented in the existing literature base (including the NaBITA Risk Rubric) and confirmed by participants in this study who detailed similar behaviors exhibited by loved ones lost to suicide. The factor that appears to most distinguish murder-suicide from suicide is romantic relationship decompensation and/or the presence of domestic violence within a relationship (whether it be emotional, psychological, economic, sexual or physical).

Unhealthy relationship dynamics were present between all three dyads within which possessive, domineering, and aggressive behavior by the actor was frequently reported by participants. All three cases of murder-suicide do not perfectly fit within either of the subtypes discussed in an earlier chapter (particularly as one of the dyads were not romantic partners). However, the “amorous jealousy” subtype seems to best describe these three cases due to this subtype’s characterization of there often being a breakdown in the relationship prior to the violent event (whether it be a fight, a threatened sense of self, or fear of impending loss) and a tendency toward obsessive or possessive behavior in the actor.

Question 3: What individual/socio-structural assets or resiliencies were present and/or utilized by the decedents?

All three of the deceased actors were described as having multiple individual strengths that others admired. Individuals’ senses of humor – their ability to make a joke in difficult times and commitment to making others laugh – was frequently cited by participants as was their sense of generosity with their time and talents. The deceased actors all maintained relationships with

friends and family and on occasion utilized them for support. Each individual was employed at the time of their death and were reported to be generally in good physical health (with the exception of chronic polysubstance abuse).

The MITW prioritizes the preservation and care for the land on which the reservation resides. Many citizens (including at least two of the deceased actors) enjoyed spending time outdoors connecting with the land. One of the actors was also reported to have engaged in a community extra-curricular activity, developing close relationships with others. At least one of the individuals was described as being musical and sharing his gifts with his family. All three actors demonstrated incredible resilience, coping and surviving many years after enduring the trauma of losing loved ones to premature or violent deaths.

Question 4: What were the experiences of the decedents in relation to exposure to intergenerational Historical Trauma?

As aforementioned, colonialism has held detrimental consequences for communities such as the Menominee. For centuries, American Indian communities have been murdered and enslaved, forced from their lands, ripped from their families, and separated from their language and customs. This history of genocide and systematic oppression has resulted in Historical Trauma, a form of trauma that is passed down from one generation to the next resulting in negative impacts on the community level. These impacts are evident in Menominee County's status as the Wisconsin county with the worst health factors and highest level of poverty (UW Population of Health Institute, 2019).

Historical Trauma also has a cumulative effect on individuals' mental and physical health – compounded by individual experiences of trauma. Reported characteristics present among the actors such as depressed mood or a propensity for violent and aggressive behavior constitute

ways in which Historical Trauma likely impacted the deceased actors. However, the most blatant effect lies with the actors' abuse of substances and their familial histories of substance abuse amid a community-wide substance use epidemic.

Every participant expressed concern surrounding the undeniable presence of alcohol and drugs within the Menominee community. Unfortunately, this is not an isolated concern as it spans Indian Country across the United States. According to the Drug Enforcement Administration's National Drug Threat Assessment (2021), the production of drugs in Indian Country is limited with most substances being trafficked in (p. 83). The Bureau of Indian Affairs reports that the number of drug cases and arrests conducted by law enforcement in Indian Country has significantly increased since 2013 with a 29 percent increase in drug cases in 2019 (2019, p. 14).

Indigenous communities such as Menominee are especially vulnerable to substance abuse and exploitation by drug traffickers due to high rates of poverty, unemployment, and a lack of resources (each in and of themselves effects of Historical Trauma). Amid these challenges, substances offer individuals a method of self-medicating – a way of self-regulating and numbing negative emotions, providing comfort, and potentially even offering positive emotions. On many reservations, drug cartels will prey on individuals' desires to escape the harsh realities of everyday life and will give away initial supplies of drugs, leading many American Indian individuals to become addicted and indebted to the cartels and ultimately resulting in them selling drugs within their own communities. In other cases, outsider traffickers will sometimes form romantic relationships with single Indigenous women in an effort to establish themselves within the communities to sell substances.

Tribal communities are appealing to traffickers not only because there is a high demand due to centuries of Historical Trauma, but also because individuals are often willing to pay more as they do not have access to alternative providers like those in urban communities do. Rural communities such as Menominee also have fewer members of law enforcement, leading to decreased risk of being apprehended. Even if a trafficker is apprehended:

...reservations are sovereign nations where local law enforcement is restricted from operating without an agreement with the tribe. Even when agreements are in place, local and state authorities are often barred from arresting tribal members. And the tribal police officers are largely prohibited from arresting outsiders on the reservation. (Cavazuti, McFadden, and Rich Schapiro, 2024)

Taken together, rural Indigenous communities such as Menominee become safe havens and optimal markets for drug trafficking. This results in Menominee becoming saturated with substances, providing easy access to individuals such as the three actors who sought to navigate not only their individual experiences of trauma, but the centuries of cumulative Historical Trauma impacting their community in very real, current ways.

Question 5: What role did enculturation and/or acculturation play in the decedent's life, if any?

Enculturation is the learning or acquisition of one's own native culture. As discussed in Chapter 4, being a good relative, respecting one's elders, and familial closeness are all traditional Indigenous values. Each of the deceased actors were described as espousing these values in various ways. Individual actors were also described as respecting or finding peace in nature and believing in the Creator which captures Indigenous spiritual beliefs and relational worldviews.

Acculturation is the learning or acquisition of another culture once exposed to it. It is important to emphasize that Indigenous cultures were not merely "exposed to" European

colonialist culture, but were forced to adapt out of a need to survive. The most obvious form of acculturation displayed among the decedents were their reported adherence to hegemonic forms of masculine expression. All three actors were described as relatively guarded with their internal emotional experiences, often hesitant to be vulnerable with others. Even several participants noted the pressures to be self-sufficient and self-reliant – ideals not congruent with the relational ethic espoused by traditional Indigenous culture. All three actors were also described to have been possessive, angry, and abusive within relationships. Again, these behaviors are not congruent with traditional beliefs which espoused that all humans were equal and wherein women were afforded positions of honor and respect.

Question 6: How might AI/AN murder-suicide events be different from/similar to non-AI/AN murder-suicide events?

American Indian/Alaska Native murder-suicide events do not appear to be different from non-American Indian/Alaska Native murder-suicide events in and of themselves. However, there may exist differences in typologies that the most broadly used murder-suicide classification system does not currently capture. Two of the cases were classified as spousal or intimate partner murder-suicides. However, the third case involved family members whose relationship was not described by spousal or intimate partner murder-suicide, filicide-suicide, familicide-suicide, or extrafamilial murder-suicide. This method of murder-suicide classification requires expansion if it is to account for the broader, more diverse array of kinship structures utilized by Indigenous communities.

Arguably the most significant manner in which AI/AN murder-suicides diverge from non-Native American murder-suicides is context and the magnitude of the burden of risk factors due to Historical Trauma. This project discussed at length the ways in which Historical Trauma

has impacted the Menominee community and serves as a risk factor for its citizens. Violence begets violence – and centuries of colonialist genocide has resulted in a breeding of interpersonal violence and trauma. When one is raised in a home ravaged by alcohol, drugs, neglect, sexual abuse, or domestic violence and throughout their lifetime has numerous friends, coworkers, community leaders, and/or loved ones meet violent ends, numbing becomes paramount to survival. This then results in a desensitization to violence. This is evident in one participant’s story of one of the victims being hurt while out in public but not receiving medical attention. This is evident in participants’ reports that “everyone knew” a relationship was abusive or an individual was suicidal but didn’t say anything. This is evident in the participants’ own experiences of abuse, substance abuse, suicidal ideation, and loss. A community context wherein violence is desensitized is an environment wherein events such as murder-suicide thrive.

Theoretical Considerations

Given that most current analytic frameworks have utilized an individual deficit discourse to account for the incidence of murder-suicide events, this project sought to consider the role of an individual’s social and environmental context. As gender is clearly the most consistently identified variable and has been the most widely studied socio-structural factor in regard to murder-suicide, feminist theory has been instrumental in exploring the incidence of these events. Feminist theory’s focus on murder-suicide primarily being an event perpetrated by men against women accounted for the gender demographics of these three cases. Feminist theory also purports that for those who subscribe to a hegemonic form of masculinity wherein emotional vulnerability and help-seeking is discouraged, violence can be used as an available tool to help individuals regain a sense of power and control over others. This appears to be particularly true within relationships such as those described between the three dyads, manifesting high levels of

dependency, jealousy, and histories of hostility. While feminist theory remains a useful and relevant analytic framework within the analysis of murder-suicide, as previously mentioned, it must be applied cautiously with Indigenous populations to whom gender as a construct is not native, but rather a form of acculturation.

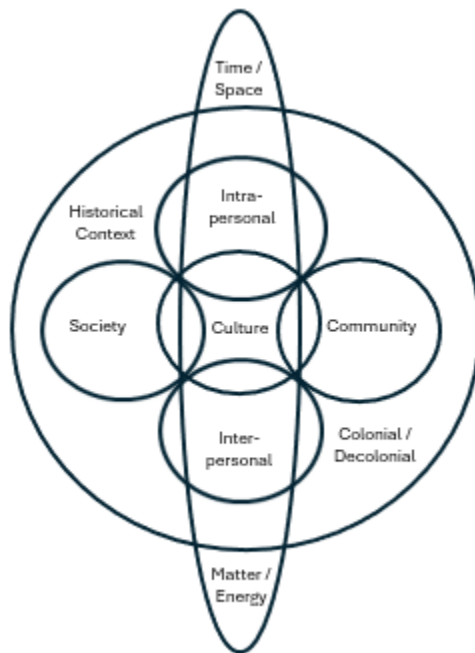
As discussed in previous chapters, strain theory describes instances of violence such as murder-suicide as responses that occur when social structures deny individuals or groups the opportunity to attain a cultural value such as monetary wealth. While at least one of the actors was of low socioeconomic status, the actors (along with other members of the Menominee community) were denied much more in the way of basic human needs than solely access to financial security. Because of this, analytical frameworks such as Historical Trauma are more appropriate for use within AI/AN communities as they are not only more comprehensive, but explicitly account for centuries of colonialist genocide.

Need for Ecological Model

When analyzing the record data obtained and stories told by participants, it quickly became apparent that the data was not lending itself to a categorical, hierarchal form of analysis. Attempting to fit it within such a structure did not feel authentic to or in service of an Indigenous relational worldview – a way of knowing this project sought to honor. Additionally, as mentioned previously, the lion's share of research regarding murder-suicide utilizes an individual deficit approach, focusing on individual strengths and weaknesses at the expense of contextual factors such as one's environment or culture. This project's data more clearly lent itself to an ecological framework which accounted for systemic and cultural influences and an interconnectivity between realms. Bronfenbrenner's Ecological Systems Theory (1979), perhaps the most well-established ecological model in existence today, met these criteria. However, the positioning of

the individual at the center and the directionality of systems interaction again felt incongruent with Indigenous worldviews. To best represent the data within this project, a new Indigenous Ecological Model (Rouse, unpublished) was created (see Figure 1) into which the data was sorted.

Figure 1. Indigenous Ecological Model



The realms within this model are intended to be three dimensional, non-directional, constantly shifting and interacting. While the Time/Space & Matter/Energy realm and the Historical Context & Colonial/Decolonial realm are larger than and encompass the other five, this is not meant to signify greater importance or prominence. Instead, these provide context as to the enduring qualities of all realms, constantly influencing and being influenced by the center realms. As evident by the model, the individual actors' experiences have been split into the Intrapersonal and Interpersonal realms – denoting both an internal experience and an external experience with others. Culture is positioned at the center (rather than the realms denoting individual experience) as this is more congruent with an AI/AN relational worldview.

Limitations and Future Directions

Despite AI/AN persons being at a disproportionately high risk for suicide and other forms of violence, this study was the first to examine the incidence of death by murder-suicide events within AI/AN communities. Limitations of this study should be taken into consideration. Given that murder-suicide is a highly stigmatized, under-researched phenomenon (especially in relation to its occurrence within AI/AN communities), the existing literature base from which this project's theoretical foundations and research methodology derived is limited. In addition, selection-bias may have influenced the findings in that the individuals who agreed to participate lost loved ones to murder-suicide, were aware of the purpose of the project, and may have been predisposed to respond in a certain way or represent the deceased in a specific light. Caution should also be taken in overgeneralizing findings. This study's small sample size and narrowed focus on the deaths by murder-suicide within the MITW may compromise transferability to other Indigenous tribes.

Moving forward, it is imperative that researchers continue to partner with and engage in collaborative research with other communities vulnerable to murder-suicide or other forms of violence stemming from the impact of Historical Trauma. Multiple participants noted appreciation for the project generally, but also expressed how influential the Survivor Liaison, a lifelong community member, was in regard to deciding to participate in the interview process. This demonstrates the power and importance of partnering with and involving the community within the research process. Researchers are encouraged to broaden their conceptualizations of murder-suicide relational typologies to include multiple kinship formations and to consider the value and protective nature of cultural traditions and ways of life. In addition, it is imperative that future researchers be conscientious of inadvertent contribution to the individual deficit

framework, locating the “cause” for murder-suicide as being solely within the actor. As is evident by the high rates of violence within AI/AN and other vulnerable communities generally and the high rate of murder-suicide within the Menominee community, context matters. Consideration of not just the individual, but the community, societal, and historical environment is an effective method of combatting the culture of silence and shame surrounding events such as murder-suicide.

The study of murder-suicide can take a high personal toll. Researchers are exposed to morbid details of violent deaths and are tasked with sitting with individuals recalling some of the worst moments of their lives. However, this opportunity to sit with people while providing support and a space to speak freely in these moments is also a privilege and highly rewarding. Particularly for researchers who are community outsiders, it is of the utmost importance to be flexible and to constantly engage in reflection throughout the research process. This type of on-the-ground work is emotionally heavy and demanding but simultaneously life-changing and a chance to make a real, tangible impact.

Conclusion

This project’s overarching purpose was to examine the disproportionately high incidence rate of death by suicide within the MITW. Using qualitative methodology with a focus on historical context and environmental factors, this project employed the Extended Case Method (ECM) to conduct Life Reviews and review record data for each incidence of completed or attempted death by murder-suicide within a fifteen-year period. This project demonstrates the importance of tribally led research, resulted in the creation of an Indigenous Ecological Model (Rouse, unpublished), and garnered insight regarding individual and community risk factors for murder-suicide and the impact of Historical Trauma on this type of violence. This project also

revealed existing protective factors unique to the community which can be used to inform prevention, intervention and postvention efforts to help assist the MITW in their murder-suicide mitigation efforts.

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Appendix A:

Pemātesen Atāēqnōhkakan

The Life is Sacred Project: A Zero Suicide Partnership

Press Release

All life is sacred. But there can be many difficulties on the journey. The Menominee area has the highest rate of health challenges in Wisconsin. One way this is reflected is in Menominee's rate of suicide, which is the highest in Wisconsin. The Menominee Indian Tribe of Wisconsin (MITW) wants you to know you are not alone and the Tribe is working hard to help. The MITW is partnered with the UW-Milwaukee (UWM), Counseling Psychology Doctoral Program, to identify gaps in mental and behavioral health services. The project has two parts. One for mental health services and a second to learn the challenges faced by those who have died by suicide. The team's goal is for the community to never have another suicide.

Maehnowesekiyah Wellness Center (MWC) will host the UWM team, which includes 7 doctoral-level training psychologists and one faculty member. The faculty member is a licensed and board-certified psychologist specializing in trauma, Indigenous psychology, and suicide prevention. The MWC/UWM team will identify training and support needs within the Menominee community. The team will also speak with loved ones and friends of those who have passed from suicide, community members, and healthcare providers to develop a community-wide prevention plan. All those who work with the Life is Sacred team will do so voluntarily and can stop at any time they like. Any information gathered during the project will be de-identified and held securely, to later be reported only as aggregate data (information combined in total from all knowledge gathered). The work is funded through an Indian Health Services, Zero Suicide grant received by the MITW two years ago. The Zero Suicide Partnership is also continuing

work that is already underway to assist those with mental health challenges. If you have any questions about this work or participating, please contact Ms. Addie Caldwell at MWC (XXX-XXX-XXXX) or Mr. Jonathan Wilber, Tribal Administrator, at (XXX-XXX-XXXX). Working together we keep our community strong and well.

Appendix B:

UWM/MITW Partnership

IRB Protocol Number #21.227
IRB Approval date 03-05-2022

Date:

Hello (NAME):

You are invited to participate in a very important effort conducted by the Menominee Indian Tribe of Wisconsin (MITW) called the Pemātesen Atāēqnōhkakan: The Life is Sacred Project. The project is housed at the Maehnowesekiyah Wellness Center (MWC), under the direction of Ms. Addie Caldwell, LPC, and Director of Wellness Programming. The MITW partner is the University of Wisconsin-Milwaukee (UWM), led by Dr. Leah M. Rouse. Dr. Rouse is a licensed and board-certified psychologist and Associate Professor in the Department of Educational Psychology, Doctoral Counseling Psychology Program.

This letter is a follow-up from the contact you had with the project's Zero Suicide Survivor Liaison, Mr. Warren Warrington, from MITW. Mr. Warrington is acting as a contact between the project team and potential participants. Since you expressed interest in participating, a project representative will be contacting you within 14 calendar days of this letter's date. The purpose of that contact will be to give you more details about the project's purpose and goals, and to answer your questions. Until then, this letter provides you with some information about the project that may help you decide if you would like to contribute your important story.

The main purpose of the project is to learn more about how to provide a safe and supportive environment at Menominee. The team will confidentially explore the risks for completed suicides within the community over the last 15 years. The project looks at themes of lifetime risk for suicide at Menominee, which are gathered by listening to community members who have been affected by a suicide. The first goal of the project is to identify the education, prevention, intervention, and aftercare needs of community members related to mental wellness. A second goal is to develop recommendations for best practices in prevention and education that may also help other communities nationally and inter-tribally. If you wish to participate, you will be asked to take part in a confidential and socially distanced in-person, audio-recorded interview with a mental health clinician knowledgeable about working in the Menominee community. Interview audio recordings serve the sole purpose of helping team members accurately transcribe the conversation. In this process, identifying information (such as names) will be removed. After the conversation is transcribed, the audio recording will be destroyed. Those who wish to complete an information session without the audio will be able to do so upon request. Some may prefer to not participate in person, and in these cases, we will use a Zoom or UW-Milwaukee Teams secure platform to hold the session remotely. It is expected that interviews will last two to four hours, though some could be as long as six hours. This estimate

UWM/MITW Partnership

IRB Protocol Number #21.227

includes time for the team to check back with you to be sure your story has been documented the way you mean it to be. Participants may choose to complete the process in one or more sittings, not to exceed four sessions upon the participant's request. Some examples of the kinds of questions you may be asked during the Life Review include: *Please tell me anything you know about your loved one's struggle with emotional pain or mental illness.; Reflecting on things now, what insights do you have on your loved one's life and passing?; What strengths did your loved one have?; and What resources seemed to help your loved one?*

For some situations, the process could also include documents that survivors provide through legal processes (e.g., medical records released through next of kin), records that the MITW includes and has legal authority to release, or public records (e.g., coroner's records). No records will be requested of you or released by the UWM team. No records will be reported with identifying information included.

Due to the nature of the information session, it is possible that you may experience some emotional discomfort. However, the MITW/UWM partners have taken precautions to ensure that trained and competent project representatives provide you with the most supportive experience. Additionally, all participants will be given resources for future reference, and the Life is Sacred Project team will help you contact a referral or support if you so request. The team will do everything possible to ensure you are able to work with an interviewer who does not have any conflicts of interest with yours, and with whom you feel comfortable. If you are assigned to work with someone you do not feel comfortable with, please share that with Acting Tribal Administrator (Ms. Annette Westphal @ XXX-XXX-XXXX) the Director of Wellness Programing (Ms. Addie Caldwell @ XXX-XXX-XXXX), or Dr. Leah Rouse (via email at (email)). Also, in the unlikely situation that someone becomes so distressed by participating that they must withdraw, temporarily or permanently, the Life is Sacred team would stop collecting information from that individual. The person's wellness would be prioritized, and they would be provided with the appropriate referrals and support. They could resume participation later if it were in their best interest. As always, there are no penalties for not participating in this project, and all individuals requiring such, will receive referral and support as needed, regardless of participation. Some of the benefits of participating include offering important insight for the Menominee community and leadership to help improve education, prevention, intervention, and aftercare services for community members who struggle with sadness and thoughts of suicide.

The project team take seriously the security of all data and information on this project. The collection and storage of data will follow the recommendations and guidelines of the American Psychological Association. This means the information collected is completely confidential and no individual participant or their loved one will be identified with their session information. Data from this study will be saved on a password protected computer in the locked office of Dr. Rouse for seven years and destroyed thereafter. Audio recordings will be

transported in a non-identified manner in a locked safe and destroyed immediately after being transcribed and coded. Only project staff will handle the project information, and only Dr. Rouse will match participant's data with cases. However, the Institutional Review Board at UWM, or appropriate federal agencies like the Office for Human Research Protections may confidentially review your records to protect your safety and welfare. Each participant will receive a copy of the project's summary and recommendations.

To help us protect your privacy, we have obtained a Certificate of Confidentiality form from the National Institutes of Health (NIH) (#CC-OD-21-1923). With this Certificate, we cannot be forced by a court order or subpoena to disclose information that could identify you. However, there are times when your identity would not be kept secret, even with a Certificate of Confidentiality:

- If a government agency inspects the records, or to meet FDA requirements;
- If you give someone written permission to receive this information, or if you tell someone the information yourself;
- If you threaten to harm yourself or others;
- In cases of child abuse;
- If we are required to report cases of certain contagious diseases (such as HIV) to the State of Wisconsin.

Again, your participation in this project is voluntary. You may choose not to take part, or if you decide to take part, you can change your mind later and withdraw at any time. If at any point you wish to not answer any of the questions, you may refuse to do so. Your decision will not change any present or future relationships with the MITW, MITW staff or employees, UWM as an institution, or UWM project staff.

If you have questions about the project or its procedures, you are free to contact any of the following individuals: Acting Tribal Administrator Annette Westphal; MITW project liaison and Director of Wellness Programming at Maehnowesekiyah Ms. Addie Caldwell; the Zero Suicide Life is Sacred Project Survivor Liaison Mr. Warren Warrington; or the UWM Principal Investigator, Dr. Leah Rouse. Their addresses and phone numbers are provided below. If you have questions about your rights as a project participant, or complaints about your treatment as a participant, contact the UWM Institutional Review Board at XXX-XXX-XXXX or by email at (email).

To voluntarily agree to take part in this study, you must be 18 years or older and have a solid command of the English language. To protect your rights, you cannot be detained in a corrections setting at the time of your participation. By nature of having received this letter, the MITW and UWM partners have identified you as being both meaningfully connected to an individual who has struggled with thoughts of suicide and died from that struggle, and 18 years of age or older. Full project and participation details will be discussed by the UWM

UWM/MITW Partnership

IRB Protocol Number #21.227

IRB Approval date 03-05-2022

representative during your upcoming phone or in-person contact, which will be arranged at your convenience and preference. Also, if you choose to participate, another complete review of the project, its goals, and your informed consent for participation will be conducted in a written format.

The Life is Sacred project team is look forward to working with you to help improve the lives of everyone in the Menominee community.

Waewaenon!

Annette Westphal, Acting Tribal Administrator
Menominee Indian Tribe of Wisconsin
P.O. Box 910. Keshena, WI 54135
XXX-XXX-XXXX
(email)

Addie Caldwell, LPC, Director of Wellness Programming
Maehnowesekiyah Wellness Center
N2150 Kesaehkahtek Road
Gresham, WI 54128
XXX-XXX-XXXX
(email)

Warren Warrington
Survivor Liaison
N2150 Kesaehkahtek Road
Gresham, WI 54128
XXX-XXX-XXXX
(email)

Leah M. Rouse, Ph.D., ABPP
Associate Professor
University of WI-Milwaukee
Department of Educational Psychology
(email)

Appendix C:

| | |
|--------------------|---|
| Study title | The Pemātesen Atāēqnōhkakan: The Life is Sacred Project |
| Researchers | Dr. Leah M. Rouse; Ph.D., ABPP (UWM). Annette Westphal; Acting Tribal Administrator. UWM Counseling Psychology Ph.D. students: Matthew Reiland, Kristin Weber, Roberto Garcia, Tory Mertz, Rachel Skarsten, Taylor Keaton, Ebrahim Mansaray. Maehnowesekiyah Wellness Center Employees: Addie Caldwell, LPC, Director of Wellness Programing; Warren Warrington, Zero Suicide Survivor Liaison |

Overview

Purpose: The purpose of this project is to assist the Menominee Indian Tribe of Wisconsin (MITW) in providing a safe and supportive environment by exploring the risk of suicide in the community over the last 15 years.

Procedures: This will be done by speaking with people who are survivors of a loved one’s suicide. You will be asked to take part in an interview with one to two team members on the project.

Time Commitment: Interviews are expected to take 2-4 hours. After interviews are completed, the UWM research team will contact you again to ensure your story is captured the way you want it to be. Therefore, there may be additional time for you after the interview.

Primary risks: Team members will do everything possible to make sure you are comfortable. Some questions may be personal or upsetting. You may skip any questions you do not want to answer. All team members are trained mental health clinicians who are here to support you. Although every effort is made to ensure confidentiality is maintained, a breach of confidentiality remains a risk. To help prevent this, the UWM team has obtained a Certificate of Confidentiality for this project.

Benefits: (NOT compensation): There are no immediate benefits to participation, though some people may find working with a trained mental health clinician relieving, as a way to honor their loved one’s memory. This project is intended to improve the MITW’s responses to suicide education and prevention.

Thank you for agreeing to participate in the Life is Sacred Project. The project partners include team members from both the Menominee Indian Tribe of Wisconsin (MITW) and the University of Wisconsin- Milwaukee (UWM). The team members are listed above. Your participation is completely voluntary. If you agree to participate now, you can always change your mind later. There are no negative consequences to stopping your participation at any time.

What is the Purpose of this project?

The MITW wants to learn more about how to provide a safe and supportive environment for the community. The team will explore the risks for suicide over the last 15 years. This will be done by identifying common situations or conditions (themes) that seemed to cause difficulty for those who have completed suicide. The team is also very interested in the issues that seemed to have been supportive or protective for those same individuals. This will be accomplished by speaking with people who are survivors of a loved one’s suicide. In some situations, this process may also include documents that survivors provide including medical records released legally through next of kin. Other forms of documentation could include those the MITW has the legal authority to release, or public records. No records will be requested of you or released by the UMW team and no records will be reported with identifying information included.

Once these themes are identified, the team members can clarify needs the community has for education, prevention, and intervention regarding mental health concerns. Team members can also then help develop recommendations for suicide-related services to help other communities nationally and inter-tribally.

What will I do?

You will be asked to take part in an interview with one or two members of the project team. Interviews will be confidential, and audio recorded for the purpose of accurately capturing your story. This will help the team analyzing the information later. You may choose to complete the interview process in one or more sittings (up to four). It is expected that interviews will last for 2-4 hours. Some example questions are: *Please tell me anything you know about your loved one's struggle with emotional pain or mental illness; Reflecting on things now, what insights do you have on your loved one's life and passing?; What strengths did your loved one have?; and What resources seemed to help your loved one?* The team will adhere to all COVID-19 protocols for safe meetings, including social distancing and requiring all persons to wear a mask.

Risks to Participating

| Possible risks | How we’re minimizing these risks |
|---|--|
| The team will do everything possible to make sure you are working with an interviewer with whom you feel comfortable. It is possible though that you may at some point want to work with a different person for this process (e.g., if you believe the person has a conflict of interest with you due to other relationships in the community.) | The team will do everything possible to ensure you are able to work with an interviewer who does not have any conflicts of interest with yours, and with whom you feel comfortable. If you are assigned to work with someone you do not feel comfortable with, please share that with Tribal Administration (Ms. Annette Westphal @ XXX-XXX-XXXX), the Director of Maehnowesekiyah Wellness Center (Ms. Addie Caldwell @ XXX-XXX-XXXX), or Dr. Leah Rouse (via email at (email)). You can skip any questions you do not want to answer. |
| Some questions may feel personal or upsetting. | The team members you will meet with are trained mental health clinicians who are there to support you. |

| | |
|---|---|
| | <p>In the unlikely situation that you become so distressed through participating that you must withdraw, temporarily or permanently, the Life is Sacred team will stop collecting information and prioritize your wellness through appropriate referral and/or support services. You can resume participation later if it is in your best interest. As always, there are no penalties to not participating in this project, and all individuals requiring such, will receive referral and support as needed, regardless of participation.</p> <p>There are no special requirements for withdrawing from this process if you change your mind. You need only to let one of the team know that you no longer want to take part and any information collected from you will be destroyed and removed from the process.</p> |
| Breach of confidentiality (your information being seen by someone who should not have access to it) | <p>All your identifying information will be removed and replaced with a code.</p> <p>All electronic data will be stored on a password-protected, encrypted computer.</p> <p>All paper data will be stored in a locked filing cabinet in a locked office, and then shredded once it is saved electronically.</p> <p>Your identifying information will be kept separate from your project data, but team members will be able to link it to you by using a code. They will destroy this link after they finish collecting and analyzing the information.</p> <p>The MITW/UWM team has also obtained a Certificate of Confidentiality from the National Institutes of Health to help protect your information.</p> |
| Emotional/psychological risks | <p>All participants will be given information about mental health resources in the community and will be helped to access these resources by team member as requested or needed.</p> |

There may be risks the team members do not know about yet. Throughout the project, the team will tell you if they learn anything that might affect your decision to participate.

Other Study Information

| | |
|-------------------|--|
| Possible benefits | <p>While there is no immediate tangible benefit to participating, many people who take part in this type of project say they enjoy helping inform suicide education and prevention efforts</p> |
|-------------------|--|

| | |
|----------------------------------|--|
| | within their communities. Many people also find spending time with the trained team members during the interview to be relieving, as a way to honor their loved one’s memory. |
| Estimated number of participants | Team members are estimating a maximum of 125 interviews-roughly 5 interviews for each completed suicide in the past 15 years. |
| How long will it take? | 2-4 hours per interview, but no more than 6 hours total, including for the team to check back with you to make sure your story is captured as you would like. |
| Costs | There is no financial cost to participating. |
| Compensation | There are no gifts or financial benefits to participating. |
| Future research | De-identified (all identifying information removed) data may be shared with other entities per MITW Administration policy and procedure. In this case, you will not be identified with your interview and you may not be told specific details about who the Administration is sharing this information with (e.g., to inform programming with Youth Services at the Tribe). |
| Recordings | You will be audio recorded. The recordings will be transcribed (exact written record of the interview) to prepare for analysis. The audio will be then destroyed/deleted. The recording is optional and additional accommodations can be made if you would prefer to not be audio recorded. |
| Funding source | The MITW/UWM partnership is funded by the Indian Health Services via a 3-year Zero Suicide Grant to address community mental health needs. |

What if I am harmed because I was in this study?

Minimal harm from participating in this study is expected, however, if you believe you have been harmed from being in this study, let us know. If it is an emergency, call 9-1-1 or your doctor right away if you believe your harm is life-threatening, then tell us afterward. The team can help you find resources if you need psychological help. You or your insurance (or the MITW if you are eligible) will have to pay for all costs of any treatment you need if you require mental health treatment.

Confidentiality and Data Security

Any data that is collected through interviews will be de-identified.

This project has a Certificate of Confidentiality.

To help us protect your privacy, we have obtained a Certificate of Confidentiality form from the National Institutes of Health (NIH) (#CC-OD-21-1923). With this Certificate, we cannot be forced by a court order or subpoena to disclose information that could identify you. However, there are times when your identity would not be kept secret, even with a Certificate of Confidentiality:

- If a government agency inspects the records, or to meet FDA requirements;

- If you give someone written permission to receive this information, or if you tell someone the information yourself;
- If you threaten to harm yourself or others;
- In cases of child abuse;
- If we are required to report cases of certain contagious diseases (such as HIV) to the State of Wisconsin.

| | |
|----------------------------|--|
| Where will data be stored? | The audio recorded interviews will be de-identified and kept on a secure, encrypted device/password protected computer. If you should choose not to be audio taped, handwritten notes from interviews will be kept in a locked safe, then shredded after they are transferred to a computer. |
| How long will it be kept? | Per American Psychological Association recommendations, data including any forms, will be kept for 7 years, then shredded or destroyed. |

| Who can see my data? | Why? | Type of data |
|---|---|--|
| The UWM team, Ms. Caldwell (MITW). | The project team needs to analyze the information to develop recommendations and understand the needs of the tribal community. | The data include codes for the interviews, the forms you sign (identified with your code) and the narrative of your interview. These documents will be uploaded electronically, and the hard copy materials will be shredded for disposal. |
| The IRB (Institutional Review Board) at UWM. The Office for Human Research Protections (OHRP) or other federal agencies. | To ensure the project team is following laws and ethical guidelines. | Names and participation ID and participation forms, like this consent form, will be kept for the recommended 7 years. Interview transcripts will be uploaded electronically, and the hard copy materials will be shredded for disposal. |
| Anyone (the public) | This refers to the information from this project being shared via publications or presentations to help the MITW or other communities. Such sharing | All the information shared in this manner will be grouped (aggregate), de-identified, and your code or a pseudonym will be used if a quote is used from your interview. Any quotes used |

| | | |
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| | will only happen in a manner wherein you cannot be identified. | by the team will not contain information that will be used to track back to your loved one specifically, or to you. |
|--|--|---|

Mandated Reporting

As mental healthcare providers, members of the team are mandated reporters in the State of Wisconsin. This means that if team members learn or suspect that a child is being abused or neglected, they are required to report this to the authorities. They are also required to report if they believe someone is at risk of suicide and/or of injuring someone else. In those cases, they will report the situation to authorities to ensure safety.

Conflict of Interest

Our project team members have no conflicts of interest in this work.

Contact information:

| | | |
|---|---|-------------------------|
| For questions about the Project | Leah M. Rouse, Ph.D., ABPP. | (email) |
| For questions about your rights as a research participant | IRB (Institutional Review Board; provides ethics oversight) | XXX-XXX-XXXX (email) |
| For complaints or problems | UWM Team Leah M. Rouse, Ph.D., ABPP | (email) |
| | IRB | XXX-XXX-XXXX (email) |
| | MITW Team Annette Westphal, Acting Tribal Administrator | XXX-XXX-XXXX (email) |

Signatures

If you have had all your questions answered and would like to participate in the Life is Sacred Project, complete the lines below. Remember, your participation is completely voluntary, and you are free to withdraw at any time.

Print Name of Participant

Signature of Participant

Date

Print Name of UWM Personnel Obtaining Consent

Signature of UWM Personnel Obtaining Consent

Date

Appendix D:

ZERO SUICIDE INITIATIVE

EMOTIONAL SUPPORT RESOURCES



****For emergencies dial 9-1-1 for immediate help****

National Suicide Prevention Lifeline

800-273-8255

| | |
|---|---|
| <p>Menominee Tribal Resources Maehnowesekiyah Wellness Center N2150 Kesaehkahtek Road, Gresham, WI 54128 Phone: (715) 799-3835</p> <p>Menominee Tribal Clinic Behavioral Health Services W3275 Wolf River Road, Keshena, WI 54135 Phone: (715) 799-3361</p> <p>Menominee County Human Services W3272 Wolf River Road Keshena, WI 54135-0280 715-799-3861</p> <p>Specific to Law Enforcement Police Officer Support Team Appleton Polly Olson 920-419-5178</p> <p>Police Officer Support Team Milwaukee 414-352-5125</p> <p>National Police Suicide Foundation 866-276-4615</p> <p>Outagamie County Crisis 920-832-4646</p> <p>National Certified Crisis Hotline 800-SUICIDE (784-2433)</p> <p>National P.O.L.I.C.E. Suicide Foundation www.psf.org</p> <p>CONFIDENTIAL 24-hour crisis line and support service www.safecallnowusa.org</p> | <p>Specific to Military Veterans Veteran's Crisis Line 800-273-8255 (press #1)</p> <p>Milwaukee Vet Center 414-536-1301</p> <p>VA Health Benefits Service Center 877-220-VETS (8387)</p> <p>Sidran Traumatic Stress Institute 410-825-8888 x203</p> <p>Education, Training and Info on PTSD www.ptsd.va.gov</p> <p>Support Services for Veterans www.dryhootch.org</p> <p>Military One Source www.militaryonesource.com</p> <p>Specific to Menominee Tribal School District Student Health Center (School Year Only) Tammy Mott-Hoffman 715-799-3830</p> |
|---|---|

Appendix E:

Structured Interview Questions

- Tell me about ___ as a child/teenager/before working/while in school.
- Tell me about ___ and if you ever noticed any worrisome changes in their behaviors.
- Tell me about ___'s childhood relationships with family and friends.
- Tell me about ___'s teenage relationships with family/friends/co-workers.
- Tell me about ___'s adult relationships with family/friends/coworkers/intimate relationships.
- Tell me about ___'s strengths as a child/teenager/adult.
- Tell me about ___'s greatest struggles during childhood/teen years/adulthood.
- Please tell me anything you know about ___'s struggle with emotional pain or mental illness.
- Please tell me anything you know about ___'s struggle with physical pain or illness.
- How did ___ view his/her schooling/career? Did that change over time?
- Were there any changes or events you speculate were related to ___'s death? How so?
- Reflecting on things now, what insights do you have on ___'s life and passing?
- Do you think that there is anything related to ___'s American Indian identity that relates to their passing, supports, or resiliencies?

Appendix F:



NaBITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
 - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
 - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
 - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
 - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
 - ▲ Actual affective, impulsive violence or serious threats of violence such as:
 - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
 - ▲ Making threats that are concrete, consistent, and plausible
 - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
 - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
 - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
 - Vague but direct threats or specific but indirect threat, explosive language
 - Stalking behaviors that do not harm, but are disruptive and concerning

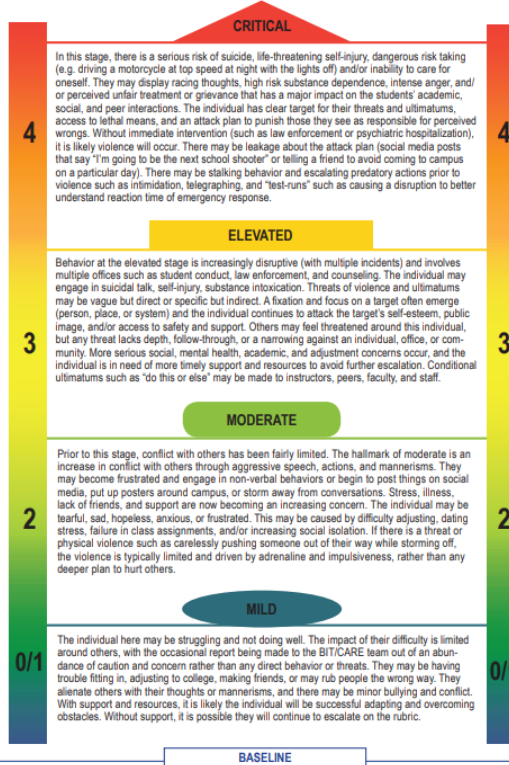
DISTRESSED

- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
 - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
 - Situational stressors that cause disruption in mood, social, or academic areas
 - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

OVERALL SUMMARY



E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language, acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability, encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence



INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

ELEVATED (3)

- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-20 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW² for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

MILD (0/1)

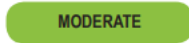
- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
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CRITICAL



ELEVATED



MODERATE



MILD



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