Military and Veteran-Related Domestic Violence

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Who is BWJP?

The Battered Women’s Justice Project is a national non-profit technical assistance and training provider.

We develop and promote innovations in policy and practice that improve the response to intimate partner violence (IPV) by the civil, criminal, and military justice systems.

Programs include:

- Military & veteran-related IPV
- Firearms
- Child custody
- Probation
- Protection orders
- Criminal justice responses

www.bwjp.org
Agenda

Terminology & Magnitude
Risk Factors & Assessing for Risk & Danger
Context & Contextual Analysis
Victims and Victim Advocacy
Combat-Related Conditions & Intimate Partner Violence
Domestic Violence Courts and Veterans Treatment Courts
Offender Treatment
Coordinated Community Response (CCR)
Recommendations for Veterans Treatment Courts (VTCs)
Safety is Paramount
Terminology

Victims & survivors

Gender

**Domestic violence (DV)** - Includes siblings, parents, etc. in some states

**Intimate partner violence (IPV)** - Physical, sexual, or psychological harm by current or former partner or spouse

**Battering** - An ongoing pattern of coercion, intimidation, and emotional abuse, reinforced by use and threat of physical and sexual violence
IPV Statistics

Approximately 10.5 million people are victims of violence by an intimate partner each year.

Women are disproportionately affected by IPV, sexual violence (SV), and stalking.

Female victims frequently experience multiple forms of IPV (i.e., rape, physical violence, stalking); male victims most often experience physical violence.

IPV, SV, and stalking victims experience negative impacts and health consequences.

CDC’s National Intimate Partner and Sexual Violence Survey (2010)
Lethal IPV


• IPV was a precipitating factor in 47.5% of homicides among females, but only 9.3% among males.

• 44% of males and 39% of females who committed suicide experienced an intimate partner crisis.

• 21% of homicides committed by or involved a current or former spouse or intimate partner.

• Relationship problems, specifically intimate partner problems, frequently preceded suicides and homicides.
Lethal IPV

Firearms were the most common weapon used by males to murder females.

70% of female firearm homicide victims were killed with handguns; over 2/3 were murdered by male intimates.

Sixteen times as many females were murdered by a male they knew than were killed by male strangers.

Most often, female murders occurred in the course of an argument.

National Coalition Against Domestic Violence Policy Office: 
When Men Murder Women: An Analysis of 2010 Homicide Data
Military vs. Civilian IPV

2010 National Intimate and Sexual Violence Survey

• First time military sample – active duty women (2,800) and partners of active duty men (9,000)

• Little difference found in military and civilian IPV

• Active duty women
  • Less likely to indicate IPV in the 3 years prior to the survey
  • Less likely to experience stalking
  • Higher rates of IPV and SV for those with deployment history
IPV Risk Factors

- Access to lethal weapons
- Threats to kill partner
- Threats of suicide
- History of physical, sexual, or emotional abuse toward intimate partners
- History of violent behavior toward family members (including children), acquaintances, and strangers
- Relationship instability, especially recent separation or divorce
- Presence of other life stressors, including employment/financial problems or recent loss, unemployment
- Evidence of mental health problems and/or substance abuse
Risk Factors (Cont’d)

- Childhood history of witnessing or being a victim of family violence
- Resistance to change and lack of motivation for treatment
- Antisocial attitudes and behaviors
- Attitudes that support violence toward women
- A pattern of coercive control
- Stalking
- Strangulation
- Forced sex
Military Personnel & Veterans

Majority of servicemembers are in the ages at highest risk for IPV (18-29).

Constant mobility and geographic separation isolate victims, sometimes creating physical distance from family and support.

Deployments and reunification create unique stressors.

Many have extensive firearms and hand-to-hand combat training; some have combat experience.

Medical and psychological sequelae from war zone deployments are contributing factors.
Risk and Danger Assessment

This is an ongoing process, not a one-time event.

Victims are the best source of information.

Some victims’ perceptions vastly different than an advocate’s or an assessment; may downplay risk and signs of danger.

Some of most dangerous cases are where there has been no intervention and when a victim is trying to leave the relationship.

Intervention can also compromise safety – there are always unintended consequences.
Benefits of Risk Assessment

Develops more realistic safety plans with victims.

Educates criminal justice practitioners about risk.

Provides a shared language about risk, lethality, and recidivism.

Helps the criminal justice system identify appropriate interventions.

Informs bail, conditions of release, supervision strategies, and other types of court-ordered treatment decisions.
Assessing for Risk and Danger

What do we want the information for?
Will we use a tool?
How do we integrate identification of risk factors into institutional practice?
How is it documented?
How do we ensure that the next intervener has access to this information?
Risk Assessment Tools

DVSI (Domestic Violence Screening Instrument)
- Predictive of recidivism
- Most questions rely on available information; a few are asked of victim
- Commonly used by pre-trial for bail recommendations and Probation for case management

SARA (Spouse Abuse Risk Assessment)
- Predictive of recidivism
- Longer and includes clinical factors; includes victim questions
- Commonly used by Probation to inform recommendations to court, case management strategies and level of supervision
Assessment Tools

Danger Assessment (DA)

• Predictive of lethality and recidivism
• Information gathered solely from the victim
• Used by victim advocates with survivors in safety planning
• [www.dangerassessment.org](http://www.dangerassessment.org)

Cost, training, and access issues for assessment tools
Contextual Analysis

Circumstances observed at the scene of an IPV incident are frequently misleading

- More than one involved party may have signs of injury
- Both involved parties may have used violence
- Participant account of events often conflict
- One or more participants may have left prior to police arrival
- Some injuries may take hours or days to visibly manifest
- Involved accounts contradict visible injuries and evidence
- Individual demeanor may be misinterpreted
Looking at the context of the violence means going **deeper** than just the incident – to the **history**
Why is Context Important?

Risk: Level of risk and danger is associated with the history of the violence and the tactics used by the offender.

Safety planning: Takes into account different forms of coercion or violence present in each situation.

Intervention: Effectiveness depends upon practitioners understanding the context in which the violence was used, exceptional documentation, and focusing efforts on the appropriate party.

Misunderstandings about the context of the violence can have dangerous or even fatal consequences.
Contexts of IPV

Violence in exercise of coercive control (battering)
- Patterned set of behaviors
- Coercion and intimidation distinguish it from non-battering
- Entrapment essential goal

Non-battering use of violence (situational)
- NOT part of an attempt to establish an ongoing position of dominance in a relationship or in response to being battered
Power & Control Wheel

**Using Coercion and Threats**
- Making and/or carrying out threats to do something to hurt her
- Threatening to leave her, to commit suicide, to report her to welfare, to make her drop charges
- Making her do illegal things

**Using Economic Abuse**
- Preventing her from getting or keeping a job
- Making her ask for money
- Giving her an allowance
- Taking her money
- Not letting her know about or have access to family income

**Using Male Privilege**
- Treating her like a servant
- Making all the big decisions
- Acting like the "master of the castle"
- Being one to define men's and women's roles

**Using Children**
- Making her feel guilty about the children
- Using the children to relay messages
- Using visitation to harass her
- Threatening to take the children away

**Using Intimidation**
- Making her afraid by using looks, actions, gestures
- Smashing things
- Destroying her property
- Abusing pets
- Displaying weapons

**Using Emotional Abuse**
- Putting her down
- Calling her names
- Making her think she's crazy
- Playing mind games
- Humiliating her
- Making her feel bad about herself
- Making her feel guilty

**Using Isolation**
- Controlling what she does
- Where she goes
- Limiting her outside involvement
- Using jealousy to justify actions

**Minimizing, Denying, and Blaming**
- Making light of the abuse
- Not taking her concerns about it seriously
- Saying the abuse didn't happen
- Shifting responsibility for abusive behavior
- Saying she caused it
Military Power & Control Wheel

National Center on Domestic and Sexual Violence
Contexts of IPV (Cont’d)

Violent resistance
- Broader strategy by victims to stop or contain abuse, including violence directed at the abuser
- Battered Women’s Syndrome
- Imperfect self-defense

Pathological violence
- Substance abuse
- Psychological problems (e.g., depression, mental illness, PTSD, TBI)

All IPV can lead to serious bodily injury or death.
Women’s Use of Violence

Fighting violence with violence
  • To stand up to abuse
  • To retaliate
  • To get an impending assault over with

Controlling partner’s behavior
Defending herself or others
Battering
Women’s Use of Violence

Women use violence in intimate relationships

Women are generally not batterers

Often the violence is minor and ineffective

The intent of the violence is not to dominate

Violence often has little impact on their partner’s behavior

Partner usually does not feel afraid or intimidated – they can generally leave with little risk

Women often experience severe consequences for their use

Escalation can lead to lethal violence
Context Scenario #1

Joe, arrested for domestic assault.

Police report: Mary states that Joe, who is in the National Guard, has not been himself and has been binge drinking. Sunday night, he was drinking. After he went to bed he woke up screaming. She tried to calm him down, and he slapped her several times across the face and pulled out his gun from the nightstand.

She called the police because he became more and more agitated, waving his gun and acting “crazy.”

She says she’s concerned because he’s depressed and frequently has abusive outbursts over what she considers minor issues. She tells you that she never felt her relationship was uncomfortable or abusive and that he wasn’t like this before returning from combat in Afghanistan.

What else do you need to know?
Context Scenario #2

Anthony, arrested for domestic assault

Police report: Marie states she and her husband were arguing because she was threatening to leave and go to her sister’s house. He threatened to kick her a## if she didn’t shut up. She felt afraid and locked herself in the bathroom with her baby and called the police. Anthony started to kick the door and broke it down. He grabbed Marie and dragged her out of the bathroom. The police arrived and arrested Anthony.

Marie states that her husband hit her often when they were first married 2 years ago, but hasn’t been violent for almost a year. She said she is still afraid of him because he threatens her whenever she does something he doesn’t like, especially when she talks about leaving. Marie said she wants to leave the relationship, but her husband, a veteran, has threatened to inform Child Protection Services that she is using drugs even though she isn’t.

What else do you need to know?
Context Scenario #3

Brad, arrested for domestic violence

Police Report: Police responded to call from neighbor

Brad grabbed his wife, Sandi’s purse and pushed her away from him. She said she fell to the floor, hitting her head on the glass coffee table. She was bleeding severely from head and face and transported to the hospital.

Sandi said that she and her husband, a veteran of Desert Storm, frequently get into arguments over money. Her husband has been laid off from his job, and she says the home is a tense place. She reports that her husband has been accusing her of spending money recklessly. The current incident started because she wanted to go to the mall. She says she’s concerned about the incident but not afraid. Sandi states there has been no history of violence in the relationship.

What else do you need to know?
How we understand domestic violence guides us in our decision making and frames how we will respond to the situation.

He’s out of Control!

...She needs to change too

Why doesn’t she just leave?

Using violence is a choice he’s making.

She needs to change too

He’s out of Control!

Why doesn’t she just leave?

Using violence is a choice he’s making.
Advocacy

Systems-Based Advocates

Community-Based Advocates

Advocates Within the Military
IPV victims may be involved with multiple institutions that have many steps when involved with child protection, civil and criminal justice systems, and the military response to IPV.
Praxis – Rural Technical Assistance on Violence Against Women
For each woman and her children, what risks are generated by...

Figure 9: The Complexity of Risk and Safety
What do Victim Advocates do?

Engage with victims to assess risks posed by the abuser, by intervention, and develop a safety plan.

Understand and listen to the lived experiences of abuse, cultural alienation, or dealing with institutional responses.

Explain civil, criminal, and military responses, and explore increased safety and unintended consequences.

Strategize with victim to identify and achieve short and long-term goals for safety and autonomy.

Facilitate access to resources, emergency housing, shelter.

Maintain confidentiality.
System-Based Advocates

Support victims in their role as a witness to a crime.

Employed by a public agency - law enforcement, prosecuting attorney, probation, or some other entity within the city, county, state, or federal government.

Nothing that a victim says to a system-based advocate will typically be protected as confidential.

Roles and responsibilities vary based on their host or governing agency.

Have various names for the position - victim liaisons, crime–victim advocates, Victim-Witness Assistance Coordinators.
Community-Based Advocates

Focus exclusively on the interests and autonomy of the victim (and support people).

Represent the interest of the IPV victim, providing information and support that allows him/her to make an informed choice that best serves his/her interest.

Facilitate the risk assessment conversation and safety planning.

Enhance the system’s response by providing resources and direct support to victims of IPV.
Community-Based Advocates

Assist victims in dealing with the **impact of the IPV on all areas of their lives**, not just their interactions with the criminal justice system.

Advocate for an institution to adjust its practices to enhance safety for victims of IPV and her/his children.

Serve as a systems-change agent, whose job includes some combination of training, consultation, strategic planning, and policy and protocol development.
Advocates in the Military

Most like a system-based advocate, with some exceptions related to confidentiality

Restricted reporting
• Provides for informed decision making
• Limits information to select individuals
• No report to command or law enforcement – no actions taken with perpetrator

Unrestricted reporting
• Report to command and law enforcement
• Actions potentially taken with perpetrator

Exceptions
Why Independent Advocates?

Only advocates can represent the interests of the victim when they conflict with those of the State.

Independent advocates increase the likelihood that victims/survivors will participate actively in the judicial process.

Advocates' independence of the criminal justice system allows them to play a coordinating role among elements of the system.
Understanding Victim Behavior

Love partner, but want abuse to stop
Don’t want abuser to go to jail
Try to handle the situation themselves
Many abusive behaviors are not criminal
36% report IPV to police
10% report sexual assault
Primary reasons women report IPV to the police

Stop the violence + protection
# IPV Victim Issues

<table>
<thead>
<tr>
<th>GENERAL</th>
<th>MILITARY &amp; VETERAN-RELATED</th>
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<tbody>
<tr>
<td>Fear of violence/reprisals</td>
<td>Fear negative effect on military career</td>
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<tr>
<td>Threats to recant/drop charges</td>
<td>Loss of access to services and benefits</td>
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<tr>
<td>Fear of losing children</td>
<td>Lack of knowledge of civilian resources</td>
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<tr>
<td>Financial concerns/dependence</td>
<td>Isolation and lack of support system</td>
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<tr>
<td>Shame and embarrassment</td>
<td>Caretaker role and guilt</td>
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<td>Reluctance to become involved with police and courts</td>
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<tr>
<td>Trauma/mental health issues</td>
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Safety Planning with Battered Women: Complex Lives/Difficult Choices

Victim-centered intervention includes an analysis of the complex package of physical, legal, economic, familial, social, and emotional risks faced by the victim, and by those the victim feels bound to protect.

What are the consequences and implications for any course of action?

How constricted has the victim’s life become?

COMBAT-RELATED CO-OCCURRING CONDITIONS AND INTIMATE PARTNER VIOLENCE
Co-occurring Problems
Over-view

Posttraumatic Stress continuum
Depression
Traumatic Brain Injury (TBI)
Substance Use Disorders continuum
Screening vs. Assessment

**SCREENING**
- Quick check to determine if something exists (e.g., high blood pressure)
- Questions routinely asked to determine a problem
- Goal is to identify problem
- Conducted by anyone with some knowledge
- Need protocols for action for positive screen

**ASSESSMENT**
- A more in-depth, focused look at a problem
- Needed to establish a diagnosis
- Needs to be done by qualified people
- Guides intervention once the problem is confirmed
Screening for IPV

Perpetration

• Have you ever hurt or threatened your partner (wife/husband/girlfriend/boyfriend)?
• Have you ever pushed, grabbed, slapped, choked, or hit your partner?
• Have you ever forced sex or made your partner perform sexual acts they did not want to?
• Have you ever restricted your partner’s freedom or kept her/him from doing things important to her/him?
• Have you ever belittled, insulted, or blamed your partner?

Screening dependent on situation and setting

Institute for Safe Families, Journal of General Internal Medicine, 2008
Post-traumatic stress
Posttraumatic Stress Disorder (PTSD)

Criteria A: Traumatic event [exposure to actual or threatened death, serious injury, or sexual violence]

Criteria B: Intrusive symptoms [intrusive memories, physiological reactivity on exposure to cues, nightmares, dissociative reactions/flashbacks]

Criteria C: Persistent avoidance [efforts to avoid reminders & withdrawal]

Criteria D: Negative alterations in cognitions and mood [Inability to remember, negative beliefs about self and others, fear/horror/anger/guilt/shame, detachment, inability to experience positive emotions]

Criteria E: Marked alterations in arousal [hyper-vigilance, paranoia, anger, irritability, verbal or physical aggression-with little or no provocation, startle, concentration problems, sleep]

Criteria F,G,H: > month, distress & impairment, not due to....
Rates of PTSD

Estimates vary from 18% (VA) of OIF/OEF veterans to as high as 35%

Close to 25% of Army soldiers, with deployment to Iraq, met definition of PTSD at long-term follow-up (Vasterling, et al., 2016)

PTSD is an enduring, consequence of warzone participation
Problems with threat appraisal (impulsive/reactive violence)

Heightened arousal may prevent cognitive reappraisal of threat and consideration of alternative ways of behaviorally responding.

Physiological arousal creates a positive feedback loop, strengthening hyper-arousal and perceived threat, creating an “Active Threat Schema” [Bell & Orcutt, 2009; Teten, et al., 2009]
<table>
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<tr>
<th>PTSD Symptoms</th>
<th>IPV Tactics</th>
</tr>
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<tbody>
<tr>
<td><strong>Re-experiencing:</strong> Nightmare-related aggression; aggression during a dissociative flashback.</td>
<td><strong>Physical/sexual assault:</strong> Occurs outside of nightmares and/or dissociative flashbacks.</td>
</tr>
<tr>
<td><strong>Avoidance:</strong> Self-imposed social withdrawal; avoiding family/friends, and social activities.</td>
<td><strong>Social isolation:</strong> Cuts victim off from family/friends; isolates victim from support network.</td>
</tr>
<tr>
<td><strong>Negative cognitions and mood:</strong> Negative beliefs about self and others; negative emotions e.g. anger; inability to experience happiness and loving feelings.</td>
<td><strong>Emotional abuse:</strong> Suspicious and jealous of victim; accuses victim of unfounded actions (e.g., having an affair); alternates between angry, threatening behavior and demonstrations of love.</td>
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<tr>
<td><strong>Arousal:</strong> Irritable/angry outbursts (little to no provocation); hypervigilance; reckless/self-destructive behavior.</td>
<td><strong>Intimidation and threats:</strong> Threatens victim through displays of anger and aggression; exposes victim to reckless behaviors (e.g., reckless driving); uses tactics of stalking and surveillance of victim; justifies anger through righteous rage (e.g., “you owe me”) (Gerlock, Grimesey, &amp; Sayre, 2014).</td>
</tr>
</tbody>
</table>
Detection of IPV among treatment seeking veterans

IPV Defined as the use of physical or sexual force (or credible threat) and a current (within the past year) pattern of psychological abusive and coercive behavior.

Sample size: 441 couples
- Yes IPV 190 (44%)
  - No IPV 251 (56%)
- Within IPV NO group: 3 women primary aggressors;
- Within IPV YES group: 2 situational violent couples

Veteran’s Age Range
- 22 y.o. - 88 y.o.

Served in war zone:
- 423 (96%) Yes
- 17 (4%) No

GERLOCK, SZARKA, COX & HAREL (2016). J OF FAMILY VIOLENCE
(DOI:10.1007/S10896-016-9814-2)
Veteran currently violent in intimate relationship?

**VETERAN REPORT**

Yes(117) No(323)

**PARTNER REPORT**

Yes(119) No(321)
Veteran previously violent in this relationship?

**VETERAN REPORT**

Yes: 59.4%
No: 40.6%

**PARTNER REPORT**

Yes: 47.7%
No: 52.3%
Partner’s use of physical force

**VETERAN REPORT**

- Yes: 157
- No: 284

**PARTNER REPORT**

- Yes: 151
- No: 290
Deployments & IPV Severity

Histogram

Mean = 128.79
Std. Dev. = 136.598
N = 177
Hector talks about getting arrested
Screening for PTSD

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that you...

- Have had nightmares about it or thought about it when you did not want to?  No=0  Yes=1
- Have had nightmares about it or thought about it when you did not want to?  No=0  Yes=1
- Tried hard not to think about it or went our of your way to avoid the situation that reminded you of it?  No=0  Yes=1
- Were constantly on guard, watchful, or easily startled?  No=0  Yes=1
- Felt numb or detached from others, activities, or your surroundings?  No=0  Yes=1

3 or more a positive screen for PTSD
Depression
Depression

Depressed mood (most of the day, nearly every day).

*Diminished interest or pleasure.*

Significant weight change.

Sleep disturbance.

Slowed response or *agitated behavior.*

Fatigue or loss of energy.

Feelings of worthlessness; inappropriate guilt.

Impaired concentration.

Recurrent thoughts of death or killing themselves.

Cause significant distress and impairment.
<table>
<thead>
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<th>Depression</th>
<th>PTSD</th>
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<tr>
<td>A person may have a lack of interest and stop participating in activities once enjoyed.</td>
<td>A person will avoid participating in activities in order not to trigger the PTSD symptoms.</td>
</tr>
<tr>
<td>A person may have trouble getting to sleep and staying asleep or may awaken early and be unable to get back to sleep.</td>
<td>A person will have the same type of disturbed sleep compounded by nightmares or night terrors. This results in considerable fatigue and loss of energy during the day.</td>
</tr>
<tr>
<td>A person may have thoughts of death or actually make plans to kill him/herself (sometimes following through with the plan).</td>
<td>A person may wish to be dead because of survival guilt, feeling guilty that he/she survived when friends and comrades did not. He/she may feel as if something bad is about to happen and believe that there is not long to live.</td>
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Veterans and Suicide

• 30,000 - 32,000 US suicide deaths per year among the population overall (CDC)
• 20% are veterans
• 18 deaths from suicide per day are veterans
• 5 suicide-related deaths/day among veterans receiving VA care
• 950 suicide attempts per month among Veterans receiving care as reported by VA suicide prevention coordinators (October 1, 2008 – December 31, 2010)
• Veterans are more likely than the general population to use firearms as a means for suicide

Dr. Jan Kemp, VA, January 2012 Webinar, Military Personnel, Veterans, Suicide, and Intimate Partner Violence
Service members and Suicide

Rates of suicide death more than doubled for Army soldiers from 2001 through 2009

Surpassed adjusted civilian rate in 2008 (Black, et al., 2011)

Soldiers with a combat arms occupation at a high risk for PTSD reactions, suicidality, other mental health problems, relative to other military occupations (Sundin, et al., 2010; Trofimovich, et al., 2013)

Among suicide attempters, soldiers with a combat occupation had a higher risk than other soldiers, with exception of Special Forces (Ursano, et al., 2017)
Depression and IPV

A major depressive disorder interferes with an offender's focus and concentration; impairing their ability to respond adequately to offender intervention.

When IPV is also present, suicidal thinking and intent takes on an additional risk. An IPV offender who is jealous, suspicious, and possessive may kill their partner first.

Screening for depression usually involves screening for suicide, but not usually for homicide.

When all behaviors are attributed to depression, IPV not be identified, missing the potential risk to victims.
Screening for Depression

Patient Health Care Questionnaire -2 (0 – 3)
• Over the past 2 weeks, how often have you been bothered by any of the following problems?
  • Little interest or pleasure in doing things
  • Feeling down, depressed or hopeless

A score of 3 or more is a positive screen for depression

A negative screen does not mean a person is not depressed, a positive screen does not mean he/she is

If a person appears depressed, refer for a full assessment regardless of score on screening
Traumatic brain injury (TBI)
Definitions
TBI symptoms

Traumatic brain injury: disruption of brain function and disturbance of consciousness caused by an external injury to the head. A TBI may also occur when there is LOC and brain hypoxia secondary to strangulation.
Traumatic Brain Injury (TBI)

TBIs, not unique to military...and not a new war zone related injury. Considered “signature injury” for conflict in Iraq and Afghanistan (22% of combat casualties are from brain injuries, compared to 12% in Vietnam).

Estimated 30% of those returned from deployments have experienced a TBI

• Of those 30%, MOST have experienced a mild TBI (concussion)...high 70 to mid-80%.
• See: Department of Veterans Affairs, National Center for PTSD website
Traumatic Brain Injury (TBI)

**Impairments Include the following:**

- **Cognitive Functioning**: loss of consciousness, working memory problems, impaired attention, slowed thinking and reasoning processing, and communication problems

- **Emotional Functioning**: depression, anxiety, irritability/rage, and mood swings

- **Behavioral Functioning**: agitation, aggression, acting on impulse, not caring about things, and sleep disturbance

- **Physical Functioning**: headaches, pain, visual problems, dizziness/vertigo, and seizures
The most common persistent symptom is a headache. Other symptoms that persist may actually be due to a mental health disorder (e.g., depression or PTSD).


Traumatic Brain Injury (TBI)


Strangulation (just once) related to a significant increase in risk of homicide (Gwinn, March 2015).

Exhibiting aggressive behavior after a moderate to severe TBI is common and generally seen within the first year after the injury. However, this aggression may also be associated with a major depression and pre-injury substance abuse.

TBI can also cause subtle changes in how a person interacts with other people. They may have difficulty reading and interpreting social cues. A harmless remark may be misinterpreted and responded to with aggression.

Both TBI and PTSD may include an element of paranoia:

- Misreading behavioral cues of others and suspiciousness;
- With TBI, tendency to perceive a range of situations as annoying, frustrating, or just and respond with anger (to include verbal and physical aggression) (Hart, et al., 2017).
Let’s take a closer look at how to tell the difference between TBI-related symptoms and IPV perpetration tactics. As with PTSD, it may be difficult to distinguish a TBI-related symptom or behavior from an IPV perpetration tactic.

The challenge here is to determine if these behaviors are stand-alone TBI symptoms or if they are part of a pattern of coercion and assault.

<table>
<thead>
<tr>
<th>TBI SYMPTOMS</th>
<th>IPV TACTICS</th>
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<tbody>
<tr>
<td>Aggression</td>
<td>Physical or sexual assault</td>
</tr>
<tr>
<td>Depression</td>
<td>Coercion &amp; threats</td>
</tr>
<tr>
<td>Memory problems</td>
<td>Emotional abuse</td>
</tr>
<tr>
<td>Rage, mood swings</td>
<td>Economic coercion</td>
</tr>
<tr>
<td>Pain, headaches</td>
<td>Use of isolation</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>Intimidation and threats</td>
</tr>
<tr>
<td>Irritability</td>
<td>Stalking &amp; surveillance</td>
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<tr>
<td>Impulsiveness</td>
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</table>

As with PTSD, it may be difficult to distinguish a TBI-related symptom or behavior from an IPV perpetration tactic.
TBI Symptoms and IPV Tactics

Case Example

Wife of a Vietnam veteran:

“I know he got blown up in Vietnam. I can understand him forgetting things. I even understand him getting angry. I just don’t understand...anytime when I take a weekend to work at the arts and crafts fairs he calls me all day long. He calls me awful names. He accuses me of having affairs and sleeping with other men. Now just when am I supposed to do that...In between selling a bracelet and an earring?”
TBI Symptoms and IPV Tactics

Case Example

Wife of a Vietnam veteran:

“\[\text{I know he got blown up in Vietnam. I can understand him forgetting things. I even understand him getting angry. I just don’t understand...}\]

\[\text{anytime when I take a weekend to work at the arts and crafts fairs he calls me all day long. He calls me awful names. He accuses me of having affairs and sleeping with other men. Now just when am I supposed to do that...In between selling a bracelet and an earring?}\]"

In this example, she identifies the general problems with memory and anger that can be associated with a TBI.

But, she correctly points out how a TBI doesn’t seem to explain his ongoing name-calling, accusations, and constant monitoring of her through the phone calls. This is an example of IPV.
Screening for TBI

Screening helps determine if brain trauma occurred and if a referral needs to be made

Four sections

◦ Section 1 establishes a trauma to the head
◦ Section 2 establishes symptoms and injury immediately at the time of the event
◦ Section 3 establishes the symptoms after the event
◦ Section 4 establishes ongoing symptoms and problems that are connected to the injury

Further assessment is needed to diagnose a TBI

*Department of Veterans Affairs Website*
Brief screening for TBI

H.E.A.D.S.

Have you experienced:

a. Headaches
b. Ears ringing
c. Altered consciousness
d. Dizziness
e. Something isn’t right
Substance use disorders
from intoxication to withdrawal
Substance Use Disorders

We commonly see service members increase their alcohol and drug use during and after a war zone deployment.

Drugs and alcohol may be used to relax...forget about the war zone...fall to sleep...avoid thinking about the war....
Triple jeopardy: IPV perpetration, mental health & substance use

*IPV perpetrators 2-3 times more likely* to use illicit drugs and abuse or be dependent on alcohol or other drugs, or have serious mental illness [Lipsky et al., 2011]

*Combat experience indirectly related* to aggression through the development of PTSD and dysphoric symptoms—particularly depressive symptoms [Taft, et al., 2007]

*More alcohol consumption before* violent IPV incidents among military veterans and service members [Marshall et al., 2005]

*General aggression* significantly related to the hyper-arousal symptom cluster & feeling a lack of control [Taft, et al., 2009]
SUD and IPV Perpetration

Both IPV perpetration and victimization is often identified as a co-occurring problem for people seeking alcohol and drug treatment

- Rates of both are higher for treatment-seeking individuals than the general population

The question of whether drinking causes IPV perpetration has been controversial. While NOT considered causal, alcohol consumption (particularly binge drinking) has been linked to the severity of the IPV perpetration (see Fals-Steward, 2003; Gerlock, et al., 2012).
SUD and IPV Perpetration

Substance abuse treatment programs are an important point of entry into the mental health system and a critical element in the coordinated community response to IPV

- While offender intervention programs typically routinely assess for SUD; substance abuse programs do not typically assess for IPV (Timko, et al. 2012)
- Because hazardous drinking, drug abuse/dependence, and serious mental illness are common among IPV perpetrators, these co-occurring problems are important to assess (Lipsky, et al. 2011)
Screening for Alcohol Misuse

Alcohol Use Disorders Identification Test (AUDIT-C)

• How often did you have a drink containing alcohol in the past year? (0 – 4)
• How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? (0 – 4)
• How often did you have six or more drinks on one occasion in the past year? (0 – 4)

A positive score of >4 for men, >3 for women indicates probably unhealthy drinking levels
Screening for Drug Misuse

Drug Abuse Screening Test (DAST) (yes/no)

- Have you used drugs other than those required for medical reasons?
- Do you abuse more than one drug at a time?
- Are you unable to stop using drugs when you want to?
- Have you ever had blackouts or flashbacks as a result of drug abuse?
- Does your spouse/partner (or parents) ever complain about your involvement with drugs?

Score of 2 or more indicates a need for further assessment and possible intervention
Case Scenario

REENA AND DEVON
Devon, who is an active duty Marine, was deployed to Iraq and Afghanistan multiple times and has returned home. His wife, Reena, reported to an advocate from a domestic violence program that Devon is now frequently nervous and anxious and seems to forget things easily.

He has isolated himself and Reena from seeing anyone. When she does leave the house, Devon gets very jealous, threatens her, and breaks things. Reena says she’s afraid of him because he’s been physically abusive since he returned from deployment and now keeps a gun with him constantly. Reena tells the advocate that her husband refuses to get help.
The Rest of the Story:
Devon reluctantly agreed to be evaluated by an on-call psychologist from the military medical facility emergency room. Although well trained in traditional psychology, this mental health professional failed to assess for and take into account the IPV in Devon’s marriage since he returned from deployment, as well as his access to guns, threats, and his destruction of her property.

The psychologist decided that Devon was not homicidal or suicidal and let him go. Within hours of his release, Devon went home and slapped Reena several times and strangled her until her eldest son called the police. The police report indicates that Devon slapped Reena five times in the face and choked her until their son intervened, and there was swelling around her jaw and cheek. Devon was charged with a misdemeanor assault.
Questions ???
<table>
<thead>
<tr>
<th>Treatment Courts</th>
<th>DV Courts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment with accountability</td>
<td>Accountability with treatment</td>
</tr>
<tr>
<td>Reduce crime and associated costs</td>
<td>Promote victim and community safety</td>
</tr>
<tr>
<td>Mandated SA/MH treatment</td>
<td>Mandated batterer’s/offender intervention treatment</td>
</tr>
<tr>
<td>Monitoring through treatment, supervision, judicial reviews, and substance abuse testing</td>
<td>Monitoring through treatment, supervision, judicial reviews, and victims</td>
</tr>
<tr>
<td>Incentives and Sanctions</td>
<td>immediate response to violations</td>
</tr>
<tr>
<td>Relapse part of recovery</td>
<td>Relapse not tolerated</td>
</tr>
<tr>
<td>Forge partnerships with government and community-based organizations</td>
<td>Participate as part of coordinated community response (CCR), especially with victim advocacy agencies; Victim advocates onsite</td>
</tr>
</tbody>
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Treatment Goals

The goal of PTSD treatment is to quiet the PTSD symptoms and facilitate re-integration into the full range of social experiences.

The goal of DV/IPV treatment is to stop all forms of abuse of intimate partners by holding the abuser responsible for the violence and accountable for stopping the abusive behavior.
Domestic Violence/Batterer Intervention Programs (BIPs)

Most view IPV as a gendered crime

Single gender group programs are preferred

Men’s violence against women is culturally learned, socialized behavior, not a sickness within offenders

Most use cognitive behavioral approach

Most are not clinically-based

Most have a close relationship with victim advocates

Provide limited confidentiality due to accountability to the criminal justice system
Program Characteristics

Less effective for high risk offenders
Non-completion a strong indicator that abuse will continue

Characteristics associated with failure to complete

- Being younger
- Less education
- Criminal histories/violence in their family of origin
- Unemployment
- Substance abuse problems
- Having children
- Lacking court sanctions for noncompliance

Do they work?

Participants completing at least 3-months of a program were 50% less likely to re-assault their partners in the 15-month follow-up compared to a comparable group who did not complete the program.

4-yr longitudinal follow-up evaluation shows a clear de-escalation of re-assault and other abuse over time, with the vast majority of men reaching sustained non-violence.

At 30 months, 80% of the men had not been violent to their partners in the previous year; At 48 months, 90% had not.

Gondolf, 2000; 2002; 2004
The Duluth Model Approach

Coordinated Community Response (CCR)

- 911
- Individual Advocacy & Shelter
- Prosecution
- Probation
- Men's Non-Violence Program
- Law Enforcement
- Jail
- Courts
- Restorative Justice Sentencing & Restorative Circles
Veteran-Specific Programs

Common characteristics
- Cognitive behavioral based
- Trauma-informed, particularly regarding PTSD
- Military/veteran culturally competent

Change Step (Domestic Abuse Project)
- Minneapolis, MN and US Air Force Healthcare
- 24 2-hr group sessions with individual case management
- Psychoeducation and psychotherapy
Veteran-Specific Programs

**Family Recovery Program** (San Diego Vet Center)
- Based on the STOP Domestic Violence Model
- 52 2-hour group sessions with concurrent individual therapy
- Self management and relationship skills

**Strength at Home – Men’s Program** (Veterans Health Administration (VHA))
- 17 VA Medical Centers and expanding
- 12 2-hr group sessions
- Psychoeducation, conflict management, coping strategies, and communication skills
VHA IPV Assistance Program

Expanded screening, prevention, and intervention for veterans

Strengthen partnerships with community providers/resources

Intimate Partner Violence Coordinators (DVCs)

Phase I – Victim screening, assessment, & intervention

Phase II – Offender intervention (*Strength at Home*)

Pilot sites - Baltimore, Cincinnati, Kansas City, Philadelphia, Portland, OR, and Salem, VA
Recommendations for Veterans Treatment Courts
Develop a Victim Component

Connect victims to a community-based victim advocate
- Part of Domestic Violence Court model
- Risk & danger assessments
- Safety planning

Connect victims to community, military, and/or VA resources
- Legal services, shelter, employment services, etc.

Develop a victim communications plan
- With whom will info be shared?
- Conducted separate from VTC participants

Inform victims participation is voluntary; Consult/seek approval on veteran program entry
Refine Eligibility Criteria

Nexus between combat/service-related conditions?
First time domestic violence offenders?
Victim approval?

Context

- Battering, Situational, Pathological, Resistive
- Don’t take veterans outside Pathological context

High risk/high need differs for DV
Require and enforce firearm prohibitions
Federal Gun Control Act

Prohibits owning or possessing firearms or ammunition in several circumstances

Qualifying court orders (18 U.S.C. §922(g)(8))
  • Official use exemption (18 U.S.C. §925(a)(1))

Misdemeanor domestic violence convictions (Lautenberg Amd) (18 U.S.C. §922(g)(9))
  • Restoration by pardon, expungement, or restoration of civil rights (18 U.S.C. §921(a)(33)(B)(3))
Screen for IPV

Do not rely solely on self-report as offenders often deny, blame others, and minimize

Screen all veteran participants for IPV
  • Center for Court Innovation and National Institute of Corrections piloting VTC Enhancement Initiative tools

Obtain information from multiple sources
  • Prior police reports
  • Victims & former partners
  • Protection order affidavits & protection order registries
  • National Crime Information Center (NCIC)
  • Military records
Assess IPV separately from PTSD, TBI, substance abuse, etc.

MH providers and substance abuse counselors typically do not have specific IPV expertise

Collaborate with community-based and military victim advocates to assess victims; when permitted by victim, utilize shared information in VTC process
IPV Treatment/Intervention

Provide separate treatment for IPV, mental health, and substance abuse
  • Sequencing of treatment?

Anger management not generally effective in stopping IPV

Couples counseling not a substitute for offender intervention programs; can increase danger for victims

Consider culturally-competent BIPs
Modify
Supervision & Sanctions

IPV perpetration can be significantly deterred by swift and certain court response for violations, intensive programming for high-risk men, and ongoing monitoring.

While relapse is common and often expected for addicts, for IPV perpetrators it means re-assault and harm to others (relapse vs. re-offense).

Consequences for continued violence and abuse must differ from other violations (Program termination?)

Prohibit firearms/Enforce existing prohibitions

Victim is usually best source of information.
Expand interdisciplinary court team
- Community-based IPV victim advocate
- IPV treatment staff
- VHA Domestic Violence Coordinators (DVC)

Coordinate with existing Domestic Violence Court
- Cases should be routed there before treatment court

Work within existing CCRs
Takeaways

All IPV can be lethal.

Firearms access should be restricted during program participation.

Contextual analysis and risk assessments should be conducted.

Battering can coexist with PTSD and/or TBI.

Treat the IPV, not just substance abuse and mental health.

Community-based victim advocates, intervention program staff, and DV courts bring expertise and resources.

Treatment courts must operate as part of existing CCRs
Resources

BWJP’s Military & Veterans Advocacy Webpage
www.bwjp.org/military.aspx

- e-Learning Course - Safety at Home – Intimate Partner Violence, Military Personnel, and Veterans
- Intimate Partner Violence: Insights into Military Personnel and Veterans (Video and Facilitator’s Guide)
- Offender Intervention with Military Personnel and Veterans
- Webinars & Archived Recordings
- Legal and Advocacy listservs
Resources

BWJP - www.bwjp.org
  • Firearms
  • Protection Orders & Full Faith & Credit
  • Child Custody
  • Probation

Domestic Abuse Intervention Programs (DAIP) - www.theduluthmodel.org
  • Offender intervention/Non-violence programs
  • Coordinated Community Response (CCR)

Aequitas - www.aequitasresource.org
  • Prosecutors
Questions and Answers