Veterans, Veterans Treatment Courts, & Domestic Violence

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)
• Webinars & Archived Recordings
• Legal and Advocacy listservs
Agenda

Terminology & Magnitude

Risk & Danger

Context

Combat-related conditions and intimate partner violence (IPV)

Treatment

Victims & Victim Advocates

Recommendations
Safety is Paramount
Terminology

Victims and Survivors

Gender

Domestic violence (DV)
- In some states, includes all family members

Intimate partner violence (IPV)
- Physical, sexual, or psychological harm by a 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 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. physical violence, rape, 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

2008 Surveillance of Violent Deaths Report, National Center for Injury Prevention and Control

- Predominant risk markers include guns, patterns of estrangement and reunion, and offender’s poor mental health
- IPV preceded homicide followed by suicide in 69.8% of suspected suicides
- Homicide-suicide accounted for 27-32% of lethal IPV incidents in general population
- 20% of all suicides were by former and current military personnel
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

Federal Gun Control Act
18 U.S.C. §922(g) prohibits owning or possessing firearms or ammunition if:

• Misdemeanor domestic violence conviction (Lautenberg Amendment)
• Qualifying order of protection
  o Criminal and civil, but not military

State statutes
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
- 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
Related Military Demographics

Majority of servicemembers 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 stress

*Medical and psychological sequelae from war zone deployment

Risk and Danger Assessment

An ongoing process, not a one-time event

Victims are often best source of information relative to risk and danger

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; Intervention can compromise safety and lead to unintended consequences
Benefits of Assessment

Help the criminal justice system identify which offenders need higher bail, inform conditions of release, and craft enhanced supervision strategies.

Educate criminal justice practitioners and service providers about domestic violence and provide a shared language about risk factors.

Assist offender intervention programs to select the amount and types of treatment.

Assist victims and domestic violence workers to develop more realistic safety plans.
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; 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
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
Coercion & Control
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

- NOT part of an attempt to establish an ongoing position of dominance in a relationship or in response to being battered (common couple, situational)
Contexts of IPV (Cont’d)

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

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

All IPV can lead to serious bodily injury or death
Contextual Analysis – Why?

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

**Safety planning**: Must take 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, focusing intervention efforts on the **appropriate party**, and **detailed documentation**
Depression, Suicide, and IPV

Veterans are twice as likely to die from suicide as non-veterans

Combat-related guilt and combat stress reactions can lead a depressed veteran to consider hurting or killing themselves

Combat exposure, PTSD, depression, substance abuse, and/or TBI increase the risk of suicide

Suicidal thinking and behaviors is one of the main risk factors for lethal IPV

Veterans are more likely than the general population to use firearms as a means for suicide
IPV and Substance Use Disorder (SUD)

Both IPV perpetration and victimization are often co-occurring for people seeking alcohol and drug treatment
- Rates of both are higher for treatment-seeking individuals than the general population

While NOT considered causal, alcohol consumption (particularly binge drinking) linked to the severity of IPV perpetration (see Fals-Steward, 2003; Gerlock, 2012: NRI-04-040)

IPV intervention programs typically routinely assess for SUD; substance abuse programs do not typically assess for IPV (Timko, et al. 2012)
Traumatic Brain Injury (TBI) and IPV

A traumatically induced disruption of brain function and disturbance of consciousness caused by an external injury to the head, possibly resulting in function/disturbance in impairment of cognitive, emotional, and physical functioning

TBI symptoms and IPV

- Sleep problems
- Poor impulse control
- Increased verbal/physical aggression
- Irritability, anger, and impatience
# TBI Symptoms vs. IPV Tactics

<table>
<thead>
<tr>
<th>TBI SYMPTOMS</th>
<th>IPV TACTICS</th>
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<tbody>
<tr>
<td>Depression</td>
<td>Social Isolation (Victim from Family/Friends, Economic Control)</td>
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<tr>
<td>Memory Problems</td>
<td>Emotional Abuse (Suspicion, Jealousy, Accusations)</td>
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<tr>
<td>Pain, Headaches</td>
<td>Intimidation/Threats</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>Physical/Sexual Assaults</td>
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<tr>
<td>Impulsiveness</td>
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<tr>
<td>Irritability</td>
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<tr>
<td>Aggression</td>
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<td>Rage, Mood Swings</td>
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Post-traumatic Stress Disorder (PTSD)

PTSD prevalence estimates
- General population - 7%-8% (any given year)
- OIF/OEF - 11%-20% and Desert Storm - 12% (any given year)
- Vietnam - 15% (80’s study); 30% (lifetime)

Common PTSD Symptoms
- Avoidance
- Negative Cognitions & Mood
- Arousal
- Re-experiencing

PTSD is a treatable condition

National Center on PTSD/DSM V
# PTSD Symptoms vs. IPV Tactics

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<th><strong>IPV TACTICS</strong></th>
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<td>• Social Isolation (Victim from Family/Friends, Economic Control)</td>
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<tr>
<td>• Negative Cognitions &amp; Mood (Anger, Inability to experience Positive Emotions)</td>
<td>• Emotional Abuse (Suspicion, Jealousy, Accusations)</td>
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<tr>
<td>• Re-experiencing (Flashbacks &amp; Nightmares)</td>
<td>• Intimidation/Threats</td>
</tr>
<tr>
<td>• Arousal (Hypervigilance, Irritability, Reckless Behavior)</td>
<td>• Physical/Sexual Assaults (outside of Flashbacks &amp; Nightmares)</td>
</tr>
</tbody>
</table>
Hector talks about PTSD
IPV and PTSD

Most military who served in combat or combat zones do not become abusive

Research studies have consistently found veterans with PTSD to have higher incidence of IPV perpetration than veterans without PTSD

Veterans with PTSD report significantly higher rates of generally violent behaviors and aggression than veterans without PTSD

Correlation vs. Causation
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]

Aggression significantly related to the hyper-arousal symptom cluster & feeling a lack of control [Taft, et al., 2009]
Hector talks about arrest for DV
Power & Control Wheel

**VIOLENCE**

**Physical Violence**
- 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, making her drop charges
  - Making her do illegal things

**Sexual Violence**
- Using Intimidation
  - Making her afraid by using looks, actions, gestures
  - Smashing things, destroying her property, abusing pets
  - Displaying weapons

**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

**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

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

**Isolation**
- Controlling what she does, who she sees and talks to, what she reads, where she goes
- Limiting her outside involvement
- Using jealousy to justify actions

**Minimizing, Denying, and Blaming**
- Making light of the abuse and not taking her concerns about it seriously
- Saying the abuse didn’t happen
- Shifting responsibility for abusive behavior
- Saying she caused it

**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
MILITARY POWER AND CONTROL WHEEL

POWER AND CONTROL

PHYSICAL VIOLENCE

USING COERCION AND THREATS:
- Telling her, “If you report me, you’ll lose your income, base housing, the kids, be deported. Threatening her with firearms. Saying, “Do what I tell you or I’ll get you.”

USING EMOTIONAL ABUSE:
- Ignoring her when you return from work or deployment.
- Trivializing her concerns. Telling her people think she’s crazy.
- Telling her she’s a bad wife, mother, lover. Putting her down publicly. Accusing her of ruining your career.

USING ISOLATION:
- Controlling access to her military I.D. card, family, friends, information, base command functions, telephone, transportation, or English lessons.
- Living off-base to lessen her contact with others.

USING CHILDREN:
- Refusing to help with the children. Threatening to get custody. Telling the child(ren) she’s a bad mother.
- Getting the child(ren) to disrespect her.
- Threatening to hurt the child(ren) if she doesn’t comply.

USING ECONOMIC ABUSE:
- Leaving no allotments during deployment.
- Not sharing pay or financial records. Telling her what she can buy.
- Preventing her from getting a checking account, credit cards, a job, or schooling.

PHYSICAL VIOLENCE

USING INTIMIDATION:
- Telling her you’re trained to kill and maim.
- Controlling her with stares, looks, and gestures. Playing with or cleaning your weapons around her.
- Hurting pets, destroying her property.

USING ECONOMIC ABUSE:
- Leaving no allotments during deployment.
- Not sharing pay or financial records. Telling her what she can buy.
- Preventing her from getting a checking account, credit cards, a job, or schooling.

SEXUAL VIOLENCE

USING EMOTIONAL ABUSE:
- Ignoring her when you return from work or deployment.
- Trivializing her concerns. Telling her people think she’s crazy.
- Telling her she’s a bad wife, mother, lover. Putting her down publicly. Accusing her of ruining your career.

USING ISOLATION:
- Controlling access to her military I.D. card, family, friends, information, base command functions, telephone, transportation, or English lessons.
- Living off-base to lessen her contact with others.

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Produced and distributed by:

NATIONAL CENTER on Domestic and Sexual Violence
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Developed from:
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608.222.4124
Military vs. Civilian IPV

2010 National Intimate and Sexual Violence Survey

- Collaboration between DoD, DOJ, and CDC
- First time military sample – active duty women and partners of active duty men (2,800 active duty, 9,000 civilian)
- 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
  - Those with deployment history had higher rates of IPV and sexual violence than women without a deployment history
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 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.
Do Offender/Batterer’s Intervention Programs (BIPs) 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
Veteran Culturally-competent Intervention Programs

- **Change Step**
  - Domestic Abuse Project, Minneapolis
  - Air Force Healthcare

- **STOP Domestic Violence Program**
  - San Diego Vet Center
  - Ft. Hood Family Advocacy Program

- **Strength at Home - Veterans Health Administration**
  - Atlanta, GA
  - Baltimore, MD
  - Cincinnati, OH
  - Durham, NC
  - Kansas City, MO
  - Philadelphia, PA
  - Portland, OR
  - Providence, RI
  - Salem, VA
  - West Haven, CT
Domestic Violence Courts

**Accountability model** - goals are victim safety and offender accountability

Increased information flow to the court; use of resource coordinator; coordinated community response

Judicial mandates to programs, including Batterers/Offender Intervention Programming

Use of programs as monitoring tool of offenders

Victim advocates on-site and front-loading victim services

*Center for Court Innovation*
Domestic Violence Courts: Research

**Service Linkages:** More victims linked to victim advocates and services  
(Harrell et al. 2007; Henning & Kesges 1999; Newmark et al. 2001)

**Victim Satisfaction:** Victims in DV Court settings exhibit more positive perceptions of court process  
(Eckberg and Podkopacz 2002; Gover et al. 2003; Hotaling and Buzawa 2003; Newmark et al. 2001; Smith 2001)

**Use of Jail:** Increased use of jail in 3 sites and decreased use of jail in 3 sites  
(Increased jail sentences: Quann 2007; Harrell et al. 2007; Ursel and Brickey 1996; Decreased jail sentences: Angene 2000; Davis et al. 2001; Peterson 2004)

**Recidivism:** Reduction in 4 sites, no change or increase in 3 sites; mixed in 3 sites  
(Reduction: Angene 2000; Gover et al. 2003; Harrell et al. 2007; Harrell et al. 2006; No effect or increase: Harrell et al. 2007; Newmark et al. 2001; Peterson 2004; Mixed: Davis et al. 2001; Eckberg)
What do Community-based Victim Advocates do?

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

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

Explain the civil, criminal legal, and military responses, and explore potential for increased safety options and/or unintended consequences

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

Facilitate access to resources, emergency housing and shelter

Confidentiality
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 to police about IPV
10% report sexual assault
Primary reasons women report IPV to the police

Stop the violence + Protection
## IPV Victim Issues

<table>
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<tr>
<th>GENERAL</th>
<th>MILITARY &amp; VETERAN-RELATED</th>
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</thead>
<tbody>
<tr>
<td>Fear of violence/reprisals</td>
<td>Fear negative effect on military career</td>
</tr>
<tr>
<td>Shame and embarrassment</td>
<td>Loss of access to services and benefits</td>
</tr>
<tr>
<td>Fear of losing children</td>
<td>Lack of knowledge of civilian resources</td>
</tr>
<tr>
<td>Financial concerns</td>
<td>Fear of seeking service in the military system</td>
</tr>
<tr>
<td>Threats from abuser to recant/drop charges</td>
<td>Isolation and lack of support system</td>
</tr>
<tr>
<td>Reluctance to become involved with the police and courts</td>
<td>*Caretaker role and guilt</td>
</tr>
<tr>
<td>Trauma history/mental health issues</td>
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Victim Component

Connect victims to a community-based victim advocate
- Common in Domestic Violence Courts
- Risk & Danger assessment
- 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 they be shared
- Conducted separate from VTC participants

Inform victims participation is voluntary

Consult/Seek approval on veteran program entry
Eligibility Criteria

High Risk/High Need?
Nexus between Combat/Service-related Conditions?
First time offenders?
Victim approval?

Context
- Pathological, Situational, Resistive, Battering
- Don’t take veterans who are only batterers

Firearm prohibition
Screening

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

Screen all veteran participants for IPV, not only those charged with DV offenses

Obtain information from multiple sources

- Prior police reports
- Victims & Former Partners
- Protection order affidavits & protection order registries
- National Crime Information Center (NCIC)
- Military records
Assessment

Assess IPV separately from PTSD, TBI, substance abuse, etc.

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

When IPV is present, ask about symptoms of depression and thoughts of suicide; when depression and suicidal thoughts are present, ask about IPV

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

Separate treatment for IPV, mental health, and substance abuse

Veteran-specific offender intervention programs/BIPs (batterers intervention programs)
  ◦ Air Force Healthcare – *Change Step*
  ◦ Veterans Health Administration – *Strength at Home*
  ◦ Community-based providers

Anger management
  ◦ Not generally effective in stopping IPV

Sequencing of treatment?
Supervision & Sanctions

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

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

Consequences for continued violence and abuse must differ from other violations:

- Program termination?

Firearm prohibition enforcement

Victim is usually best source of information.
Court Expansion & Education

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 Coordinated Community Response (CCR)

Coordinate with key military players and learn the military response (DoD Instr 6400.06)

Seek team training on IPV
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
Takeaways

All DV/IPV can be lethal

Firearms access should be restricted during program participation

Contextual analysis

Battering can coexist with PTSD and/or TBI

Community-based victim advocates and DV courts bring expertise and resources

Treatment courts must operate as part of existing Coordinated Community Response (CCR)
VTCs & DV Training
May 2-4, 2016, San Diego, CA

California (San Diego County, San Bernardino County)
Illinois (Winnebago County)
Minnesota (Hennepin County)
New Mexico (Bernalillo County)
Ohio (Franklin County)

Pennsylvania (Philadelphia)
Rhode Island
Tennessee (Shelby County)
Washington (King County, Pierce County)
Wisconsin (2nd District Court/Racine)
VTCs & DV Training Agenda

Victim Safety
Offender Accountability
Context of Violence
Risk & Danger
Veterans Treatment Courts
Domestic Violence Courts
Victim Advocacy

Combat-related Conditions and Domestic Violence
Supervision
Offender Intervention Programs
Protection Orders & Firearms
Collaboration
Questions and Answers
Contact Information

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