Domestic Violence & Problem Solving Courts

Resources

Battered Women’s Justice Project (BWJP)
www.bwjp.org

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
Safety is Paramount
Army veteran kills ex-wife, ex-girlfriend, their daughters (Aug 08, 2013)

Ex-wife, her family members, killed by Marine veteran (Dec 15, 2014)

Army veteran shoots, kills fiancée and 2-year-old son (Jun 7, 2015)

All perpetrators used firearms and all were Veterans Treatment Court participants
Agenda

Terminology & Magnitude
Risk & Danger
Context
Co-occurring conditions and intimate partner violence (IPV)
Treatment
Victims & Victim Advocates
Recommendations
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
Magnitude

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
  - Criminal and civil, but not military

State statutes
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
  o Less likely to indicate IPV in the 3 years prior to the survey
  o Less likely to experience stalking
  o Higher rates of IPV and SA for those with deployment history
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
Risk Factors (Cont’d)

- Evidence of mental health problems and/or substance abuse
- 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 & Veteran Issues

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
Contextual Analysis – Why?

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

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

**Intervention:** Effectiveness depends upon practitioners’ understanding of the context in which the violence occurs, focusing intervention efforts on the appropriate party, and detailed documentation
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)
Military Power & Control Wheel

**Physical Violence**
- **Using Coercion and Threats:** Telling her, “If you report me, you’ll lose your income, your 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, bank command functions, telephone, transportation, or English lessons. Living off-base to lessen her contact with others.
- **Using Children:** Refusing to help with the child(ren). 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.

**Sexual 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 allowances 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.
- **Using Children:** Refusing to help with the child(ren). 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.

**Power and Control**

**Physical Abuse**
- **Claiming Military/Male Privilege:** Using her dependent wife status or cultural/religious traditions to keep her in line. Keeping all legal documents in your name. Saying you’re the CO and the family is your troops. Taking over as head of the household post-deployment.

**Sexual Abuse**
- **Minimizing, Denying, and Blaming:** Saying she’s lying to “get” you. Claiming she provoked it by playing around, getting drunk, not shutting up, or not doing what you told her. Blaming the violence on job stress or alcohol.

**National Center on Domestic and Sexual Violence**
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
Substance Use Disorder and IPV

Both IPV perpetration and victimization are often co-occurring for people seeking alcohol and drug treatment.

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]

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

More alcohol consumption before violent IPV incidents among veterans and servicemembers [Marshall et al., 2005]
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 impairment of cognitive, emotional, and physical functioning.
# 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>
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<tr>
<td>• Sleep Disturbance</td>
<td>• Physical/Sexual Assaults</td>
</tr>
<tr>
<td>• Impulsiveness</td>
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<tr>
<td>• Irritability</td>
<td></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

National Center on PTSD/DSM V
Hector talks about PTSD
PTSD and IPV

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
Hector talks about arrest for DV
## PTSD Symptoms vs. IPV Tactics

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<tr>
<td>• Avoidance (Self-imposed Social Withdrawal)</td>
<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>
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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

*Center for Court Innovation*
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.
Offender/Batterers 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 not clinically-based

Close relationship with victim advocates

Limited confidentiality, accountability to criminal justice system
Do these programs 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
- Law Enforcement
- Jail
- Courts
- Men's Non-Violence Program
- Restorative Justice Sentencing & Restorative Circles
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
## Why victims don’t report

<table>
<thead>
<tr>
<th>GENERAL</th>
<th>MILITARY &amp; VETERAN-RELATED</th>
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<tr>
<td>Fear of violence/reprisals</td>
<td>Fear negative effect on military career</td>
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<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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<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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What 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 civil, criminal, and military responses, and explore increased safety options 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 and shelter

Confidentiality
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
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

**DVSJ (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](http://www.dangerassessment.org)
Recommendations for Problem Solving Courts
Develop a 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
Refine 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
IPV 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
IPV 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
**IPV Treatment/Intervention**

Separate treatment for IPV, mental health, and substance abuse

- Sequencing of treatment?

Culturally-competent offender intervention/batterers intervention programs (BIPs)
  - Ethnicity, Gender, Veterans

Anger management not generally effective in stopping IPV

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

Learn the military response (DoD Instr 6400.06) and coordinate with key military players

Work within existing Coordinated Community Response (CCR)
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)
Questions and Answers
Contact Information

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