Domestic Violence & Treatment Courts

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Agenda

Terminology & Magnitude

Risk & Danger

Context

Combat-related conditions and intimate partner violence (IPV)

Treatment

Victims & Victim Advocates

Recommendations for VTCs

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 were Veterans Treatment Court participants and all used firearms

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, 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

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

Of the females killed with a firearm, over 66% 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

Firearms

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

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

Military & Veteran 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

Bureau of Justice Statistics 1998 Mar. Pub. No. NCJ-167237

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 – unintended consequences

Benefits of Assessment

Assist victims and domestic violence workers to develop more realistic safety plans

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 perpetrator treatment programs to select the amount and types of treatment

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 (Cont'd)

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

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)

Battering

Contexts of IPV (Cont'd)

<u>Pathological violence</u>

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

<u>Violent resistance</u>

- 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 **exceptional documentation**

Power & Control Wheel

Power & Control Wheel

IPV, Depression, and Suicide

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)

Domestic Violence & Treatment Courts

PART II

IPV and Traumatic Brain Injury (TBI)

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

TBI SYMPTOMS	IPV TACTICS
• Depression	• Social Isolation (Victim from Family/Friends, Economic Control)
• Memory Problems	• Emotional Abuse (Suspicion, Jealousy, Accusations)
• Pain, Headaches	• Intimidation/Threats
• Sleep Disturbance	• Physical/Sexual Assaults
• Impulsiveness	
• Irritability	
• Aggression	
• Rage, Mood Swings	

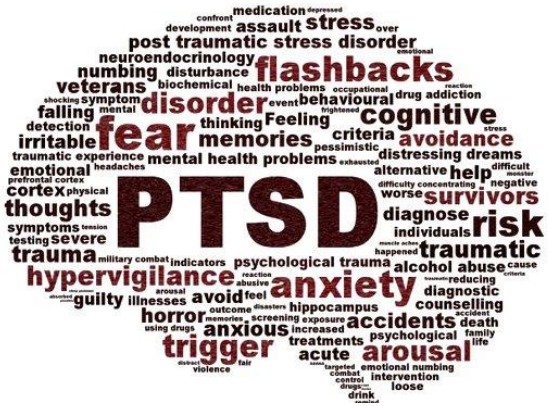
Post-traumatic Stress Disorder (PTSD)

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

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

PTSD Symptoms vs. IPV Tactics

PTSD SYMPTOMS	IPV TACTICS
• Avoidance (Self-imposed Social Withdrawal)	• Social Isolation (Victim from Family/Friends, Economic Control)
• Negative Cognitions & Mood (Anger, Inability to experience Positive Emotions)	• Emotional Abuse (Suspicion, Jealousy, Accusations)
• Re-experiencing (Flashbacks & Nightmares)	• Intimidation/Threats
• Arousal (Hypervigilance, Irritability, Reckless Behavior)	• Physical/Sexual Assaults (outside of Flashbacks & Nightmares)

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]

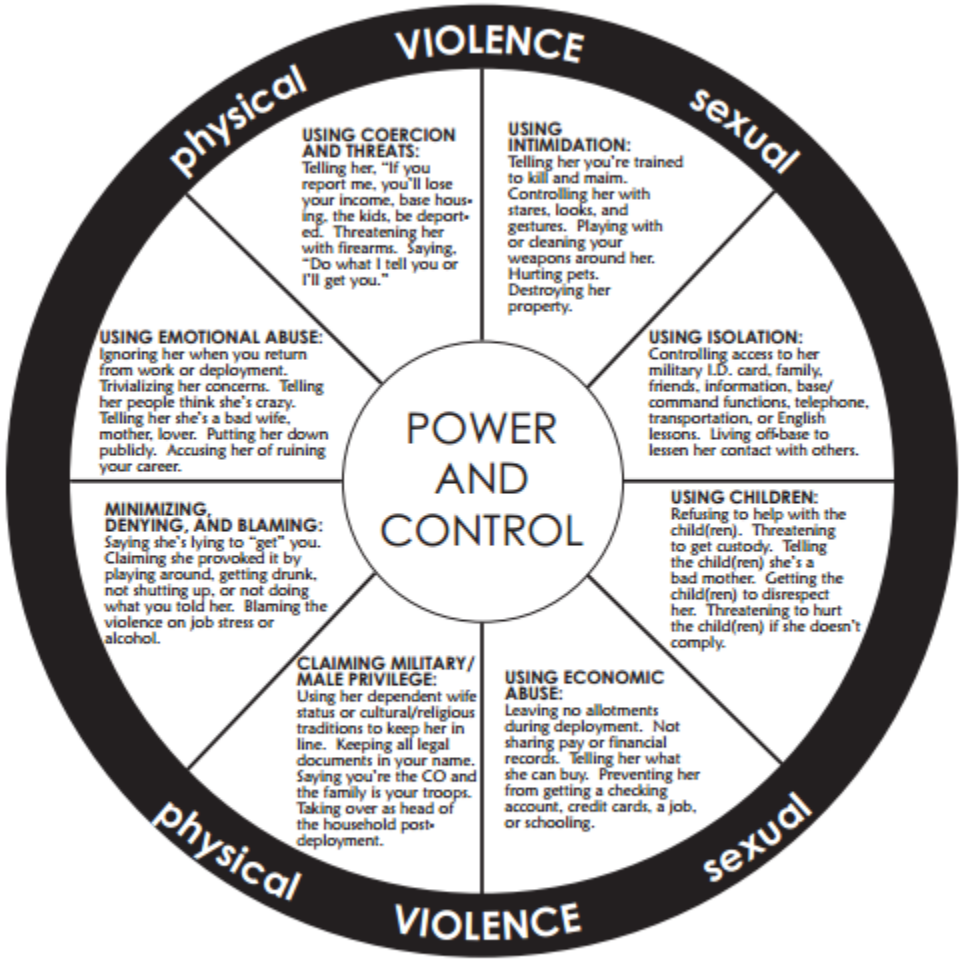
Hector talks about arrest for DV

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

Military Power and Control Wheel



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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 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

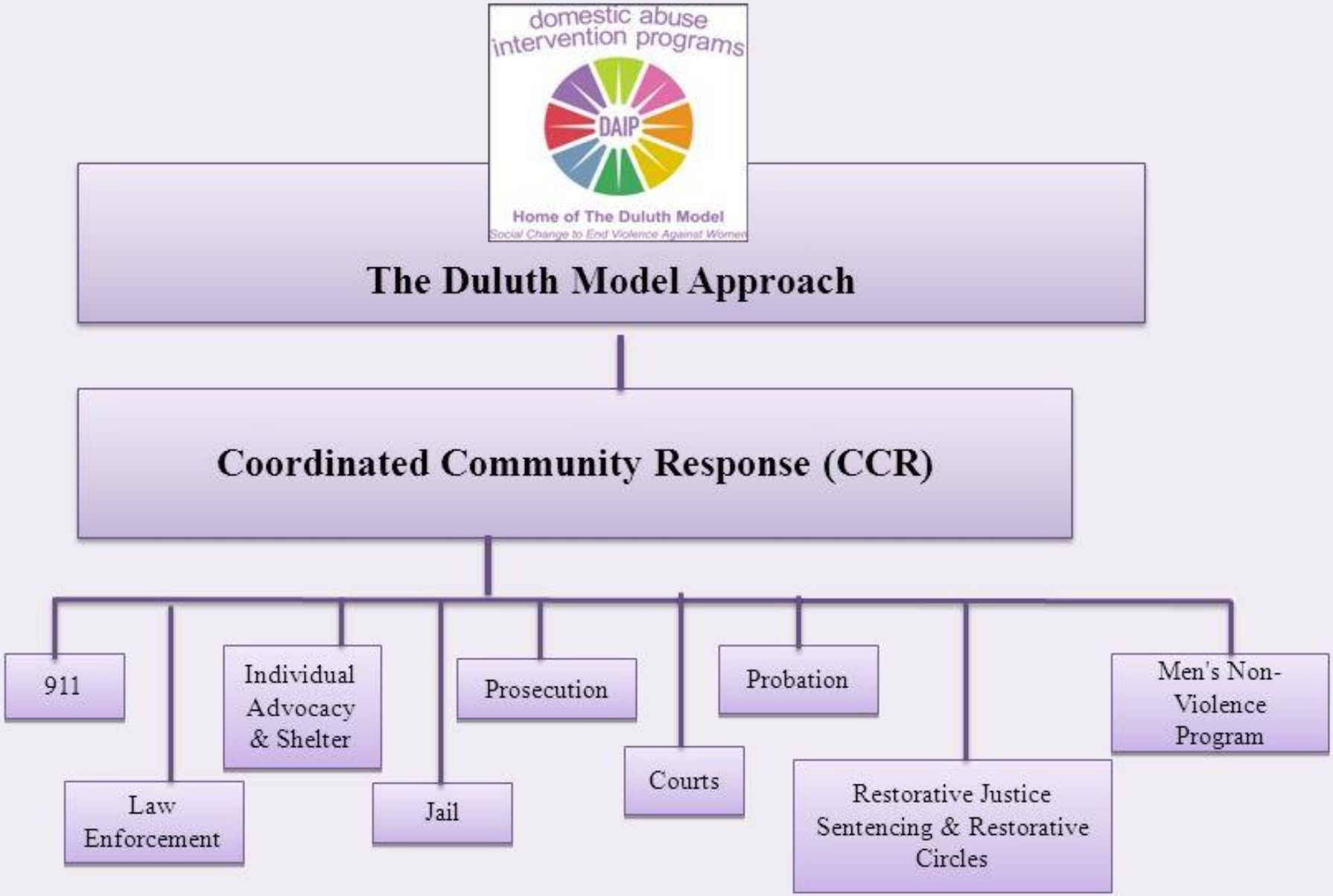
Do Offender Intervention/Batterer Intervention & Prevention Programs (BIPPs) work?

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


domestic abuse intervention programs
DAIP
Home of The Duluth Model
Social Change to End Violence Against Women
The Duluth Model Approach
Coordinated Community Response (CCR)
911
Law Enforcement
Individual Advocacy & Shelter
Jail
Prosecution
Courts
Probation
Restorative Justice Sentencing & Restorative Circles
Men's Non-Violence Program

Veteran Culturally-competent Intervention Programs

- *Change Step*

  Domestic Abuse Project, Minneapolis

  Air Force Healthcare (to include Wright-Patterson AFB)

- *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		

- *STOP Domestic Violence Program*

  San Diego Vet Center

  Ft. Hood Family Advocacy Program

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

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

GENERAL

Fear of violence/reprisals

Shame and embarrassment

Fear of losing children

Financial concerns

Threats from abuser to recant/drop charges

Reluctance to become involved with the police and courts

Trauma history/mental health issues

MILITARY & VETERAN-RELATED

Fear negative effect on military career

Loss of access to services and benefits

Lack of knowledge of civilian resources

Fear of seeking service in the military system

Isolation and lack of support system

*Caretaker role and guilt

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

Swift and certain response for violations, intensive programming for high-risk men, and ongoing monitoring can significantly affect behavior

Relapse common and often expected for addicts; for IPV perpetrators it means re-assault

Consequences for continued violence and abuse must differ from other violations

- Program termination?

Firearm prohibition enforcement

Victim is usually best source of information

VTC 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 VTC

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

Takeaways

All DV/IPV can be lethal

Firearms access restriction during program participation

Contextual analysis informs response

Battering can coexist with PTSD and/or TBI

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

VTCs must operate within 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)

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

Questions and Answers

Contact Information

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