

# STRENGTH HOME

## TRAUMA AND INTIMATE PARTNER VIOLENCE

CASEY TAFT, PH.D.

NATIONAL CENTER FOR PTSD,  
VA BOSTON HEALTHCARE SYSTEM  
BOSTON UNIVERSITY SCHOOL  
OF MEDICINE



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

# Overview

- Intimate partner violence etiology
- Intimate partner violence intervention
- Intervention example: Strength at Home

# **INTIMATE PARTNER VIOLENCE ETIOLOGY**

# Survival Mode Model

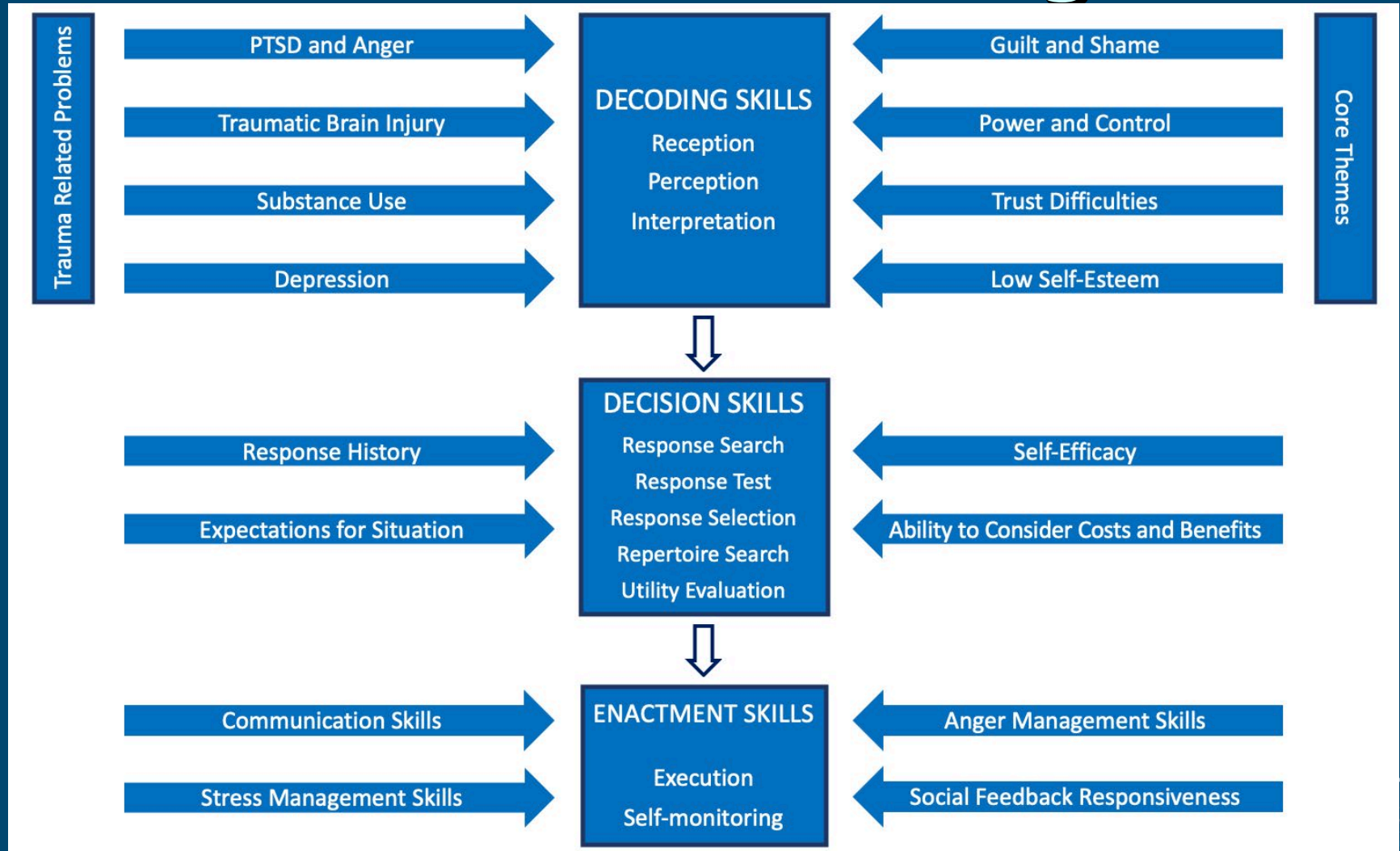
- Vigilance to threats in warzone leads combat veteran to enter into survival mode inappropriately when stateside
- Perceive unrealistic threats
- Exhibit hostile appraisal of events
- Overvalue aggressive responses to threats



# Social Information Processing Model

- Individuals using partner aggression exhibit cognitive deficits (e.g., faulty attributions) that impact interpretation (**decoding stage**)
- Individuals using partner aggression have deficits generating variety of nonviolent responses (**decision skills stage**)
- Individuals using partner aggression lack skills to enact competent response (**enactment stage**)

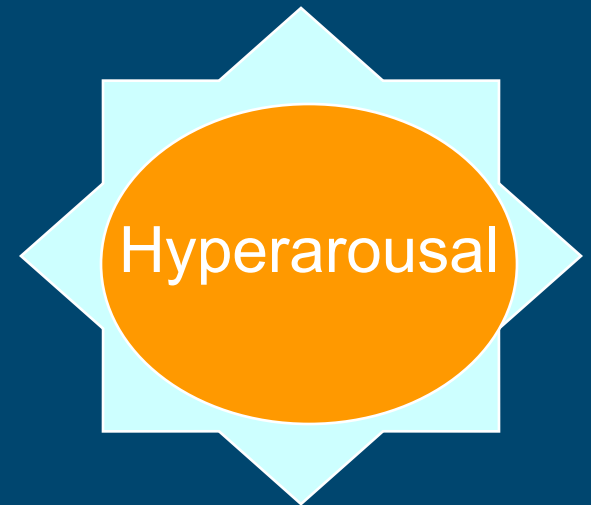
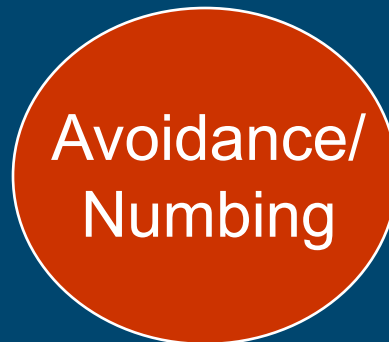
# Trauma-Informed Social Information Processing Model



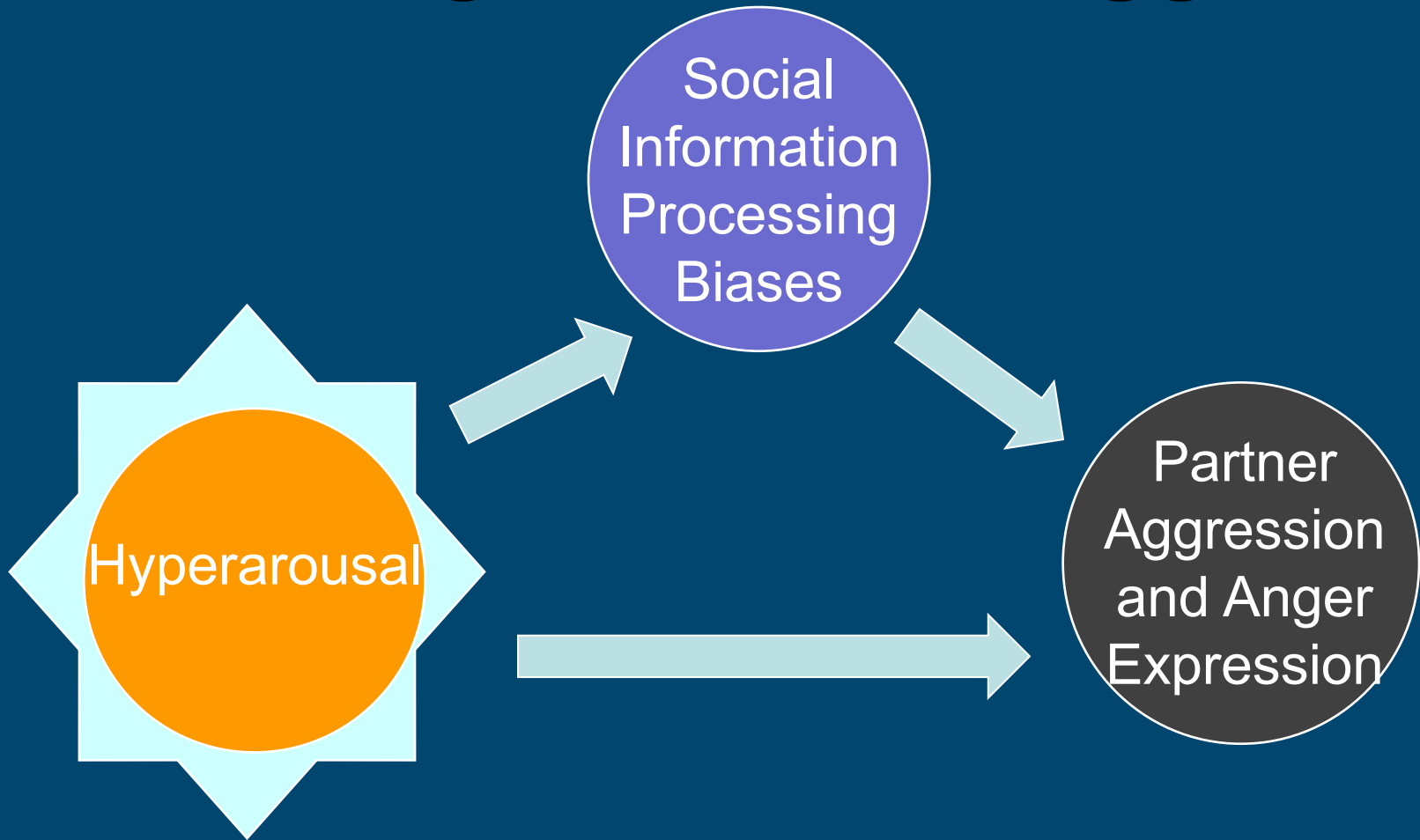
# PTSD and Partner Aggression

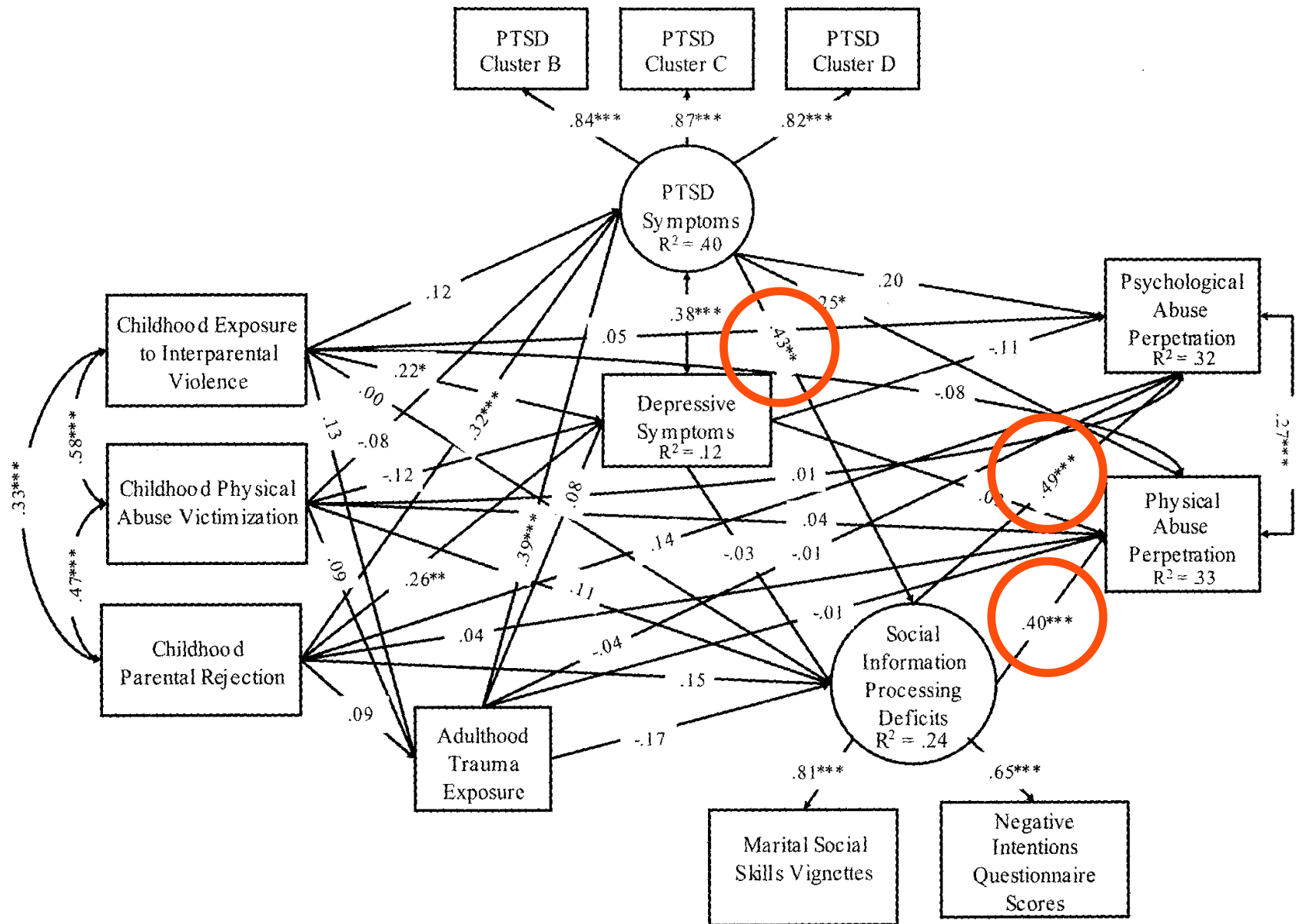
- Service members without PTSD not more aggressive than civilians (Bradley, 2007)
- Physical aggression in National Vietnam Veterans Readjustment Study (Kulka et al., 1990)
  - Veterans with PTSD = 33%
  - Veterans without PTSD = 13.5%
- Meta-analytic results (Taft et al., 2011)
  - PTSD and physical aggression:  $r = .42$
  - PTSD and psychological aggression:  $r = .36$

# PTSD and Partner Aggression



# PTSD, Social Information Processing, & Partner Aggression





# Core Themes

1. Trust
2. Self-Esteem
3. Power Conflicts
4. Guilt and Shame

# Trust

- Trauma may have been caused by someone who was supposed to be trustworthy
- May feel they can't trust anyone or others are out to hurt or betray them
- Mistrust can carry over into relationships
- Controlling behavior may result



# Self-Esteem

- May unfairly blame self for trauma
- Low self-esteem leads to relationship insecurity, controlling behavior, and partner aggression

# Power Conflicts

- Exposure to trauma may contribute to a sense of powerlessness
- Powerlessness contributes to power conflicts in relationships
- Military communication regarding power and control may impact relationship communication

# Shame

- Client may experience trauma-related shame
- Aggression may represent maladaptive effort to avoid shame and associated feelings of weakness, inferiority, and worthlessness (Gilligan, 2003)
- Shame hinders responsibility-taking

# **INTIMATE PARTNER VIOLENCE INTERVENTION**

# Lack of Empirically Supported Interventions

- No prior clinical trial with treatment effects in military population (e.g., Dunford, 2000)
- Those receiving intervention average only 5% reduction in recidivism relative to untreated groups (Babcock et al., 2004)
- Studies using survivor reports show no significant reductions (Cheng et al., 2021)

# Limitations of Existing Interventions

- Often not trauma informed
- May ignore psychiatric factors
- Many strictly psychoeducational
- Often large, impersonal groups

# STRENGTH AT HOME

# Program Objectives

- Department of Defense
- Department of Veterans Affairs
- Model program for partner aggression in service members/veterans
- More recent evaluations with civilians



# Structure and Format

- Clients who have engaged in physical or psychological partner aggression
- Small closed groups
- Trauma-informed
- Psychoeducational and therapeutic
- Informed by interventions for violence and trauma-related problems

# Intimate Partner Involvement

- Contacted before group begins and after group completion
- Safety planning, hotline numbers, mental health services, other support
- Perceptions of partner aggression
- Program feedback

# Program Structure



# Session Content

## Psychoeducation (Sessions 1-2)

- Pros/cons of abuse
- Forms of abuse and impacts of trauma
- Core themes
- Goals for group

## Conflict Management (Sessions 3-4)

- The anger response
- Self-monitor thoughts, feelings, physiological responses
- Assertiveness
- Time Outs to de-escalate difficult situations

## Coping Strategies (Sessions 5-6)

- Anger-related thinking
- Realistic appraisals of threat and others' intentions
- Coping with stress
- Problem-focused versus emotion-focused coping
- Relaxation training for anger

## Communication Skills (Sessions 7-12)

- Roots of communication style
- Active Listening
- Assertive messages
- Expressing feelings
- Communication “traps”

# Follow Up Options

## Strength at Home Stage 2

- 8 sessions
- Additional trauma-relevant material

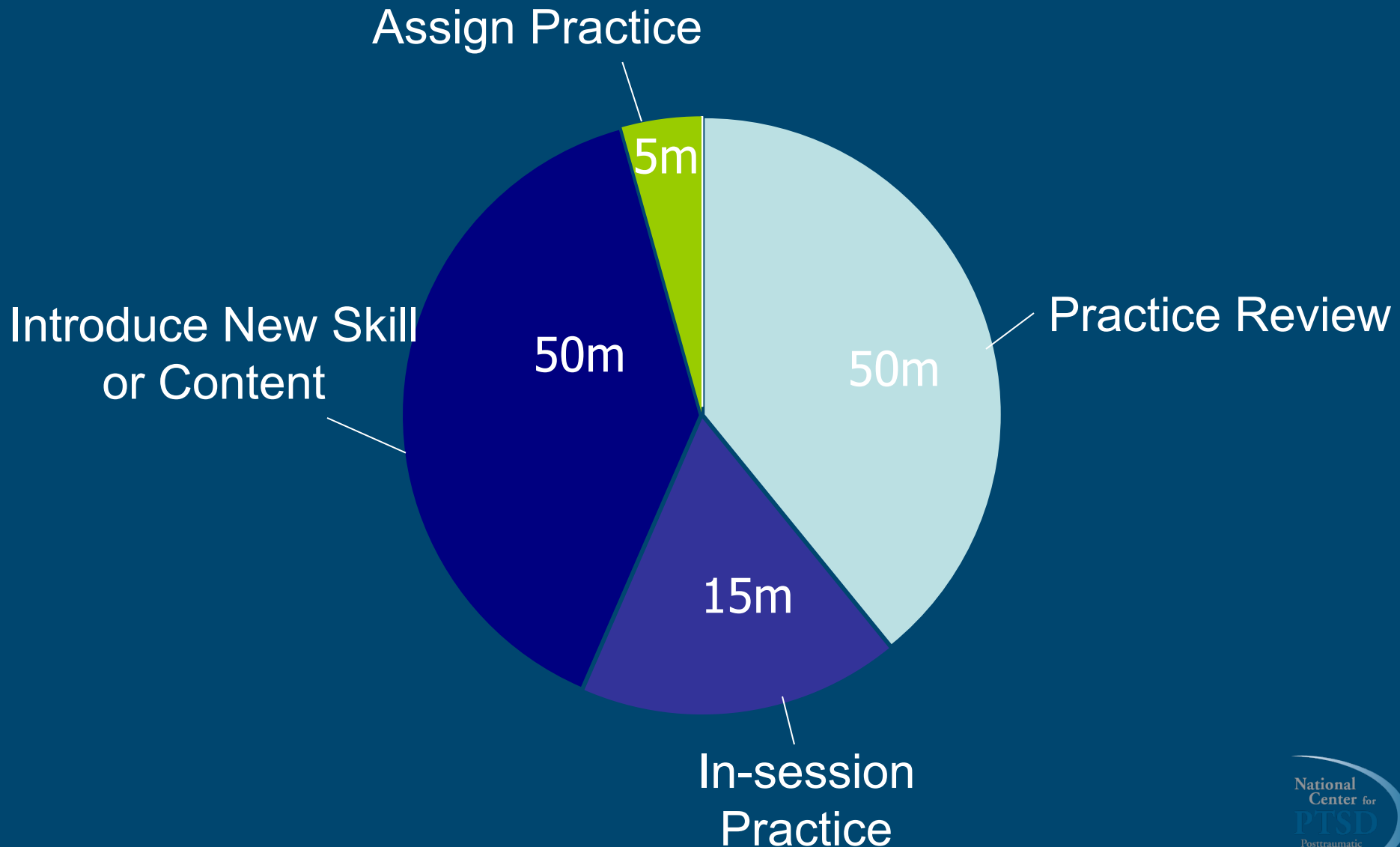
## Strength at Home Stage 3

- 6 sessions
- Relapse prevention

## Strength at Home Couples

- 8 sessions
- Couples group format
- Strong supporting research evidence

# Session Structure



# **STUDIES IN SERVICE MEMBERS AND VETERANS**

# Strength at Home Primary Clinical Trial Findings

This paper is available on the SAH Coordinating Office's SharePoint here: [VA SharePoint Site](#) or [Strength at Home Website](#)

Taft, C. T., Macdonald, A., Creech, S. K., Monson, C. M., & Murphy, C. M. (2016). A Randomized Controlled Clinical Trial of the Strength at Home Men's Program for Partner Violence in Military Veterans. *The Journal of Clinical Psychiatry*, 77(9), 20066

<https://doi.org/10.4088/JCP.15m10020>

## A Randomized Controlled Clinical Trial of the Strength at Home Men's Program for Partner Violence in Military Veterans

Casey T. Taft, PhD<sup>a,\*</sup>; Alexandra Macdonald, PhD<sup>a</sup>; Suzannah K. Creech, PhD<sup>b</sup>; Candice M. Monson, PhD<sup>c</sup>; and Christopher M. Murphy, PhD<sup>d</sup>

### ABSTRACT

**Objective:** We evaluated the efficacy of the Strength at Home Men's Program (SAH-M), a trauma-informed group intervention based on a social information processing model to end intimate partner violence (IPV) use in a sample of veterans/service members and their partners. To date, no randomized controlled trial has supported the efficacy of an IPV intervention in this population.

**Method:** Participants included 135 male veterans/service members and 111 female partners. Recruitment was conducted from February 2010 through August 2013, and participation occurred within 2 Department of Veterans Affairs hospitals. Male participants completed an initial assessment that included diagnostic interviews and measures of physical and psychological IPV using the Revised Conflict Tactics Scales and were randomly assigned to an enhanced treatment as usual (ETAU) condition or SAH-M. Those randomized to SAH-M were enrolled in this 12-week group immediately after baseline. Those randomized to ETAU received clinical referrals and resources for mental health treatment and IPV services. All male participants were reassessed 3 and 6 months after baseline. Female partners completed phone assessments at the same intervals that were focused both on IPV and on the provision of safety information and clinical referrals.

**Results:** Primary analyses using hierarchical linear modeling indicated significant time-by-condition effects such that SAH-M participants compared with ETAU participants evidenced greater reductions in physical and psychological IPV use ( $\beta = -0.135$  [SE = 0.061],  $P = .029$ ;  $\beta = -0.304$  [SE = 0.135],  $P = .026$ ; respectively). Additional analyses of a measure that disaggregated forms of psychological IPV showed that SAH-M, relative to ETAU, reduced controlling behaviors involving isolation and monitoring of the partner ( $\beta = -0.072$  [SE = 0.027],  $P = .010$ ).

**Conclusions:** Results provide support for the efficacy of SAH-M in reducing and ending IPV in male veterans and service members.

**Trial Registration:** ClinicalTrials.gov Identifier: NCT01435512

*J Clin Psychiatry* 2016;77(9):1168–1175  
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<sup>a</sup>National Center for PTSD, VA Boston Healthcare System, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts

<sup>b</sup>Providence VA Medical Center, Warren Alpert Medical School of Brown University, Providence, Rhode Island, and VHA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas

<sup>c</sup>Department of Psychology, Ryerson University, Toronto, Ontario, Canada

<sup>d</sup>Department of Psychology, University of Maryland, Baltimore County, Baltimore, Maryland

\*Corresponding author: Casey T. Taft, PhD, VA Boston Healthcare System (116B-4), 150 South Huntington Ave, Boston, MA 02130 ([casey.taft@va.gov](mailto:casey.taft@va.gov)).

Intimate partner violence (IPV) in veterans and service members is a serious public health problem, with notable elevations in IPV found among those who experience symptoms of posttraumatic stress disorder (PTSD).<sup>1,2</sup> The scope of this problem is underscored by the fact that 23 million veterans reside in the United States, and the total US military force currently includes over 1.4 million active duty personnel, of which 55% are married and 86% are male.<sup>3</sup>

There is a pressing need to deliver effective IPV intervention for veterans and military families. The Strength at Home Men's Program (SAH-M) was developed with this aim in mind. SAH-M is a cognitive-behavioral, trauma-informed group therapy program that is based on social information processing models of trauma and IPV.<sup>4–6</sup> Evidence from pilot studies suggests the effectiveness of SAH-M in reducing physical and psychological IPV,<sup>7,8</sup> but a more rigorous randomized controlled clinical trial is needed to demonstrate program efficacy.

To date, no randomized controlled trial in a military or veteran population has demonstrated the efficacy of an IPV intervention in reducing or preventing IPV use.<sup>9</sup> Although the research base is limited, negative findings mirror those from nonmilitary settings that have shown IPV intervention programs to have very modest effects, with those receiving IPV interventions averaging a reduction in recidivism of only 5% relative to untreated groups.<sup>10</sup>

We examined the efficacy of SAH-M relative to an enhanced treatment as usual (ETAU) condition in which the veteran/service member and their partner received referrals and monitoring. We hypothesized that men who were assigned to SAH-M would have greater reductions in physical and psychological IPV use than men assigned to ETAU, as assessed using reports from both the male participant and his collateral reporting female partner.

### METHOD

#### Participants & Procedure

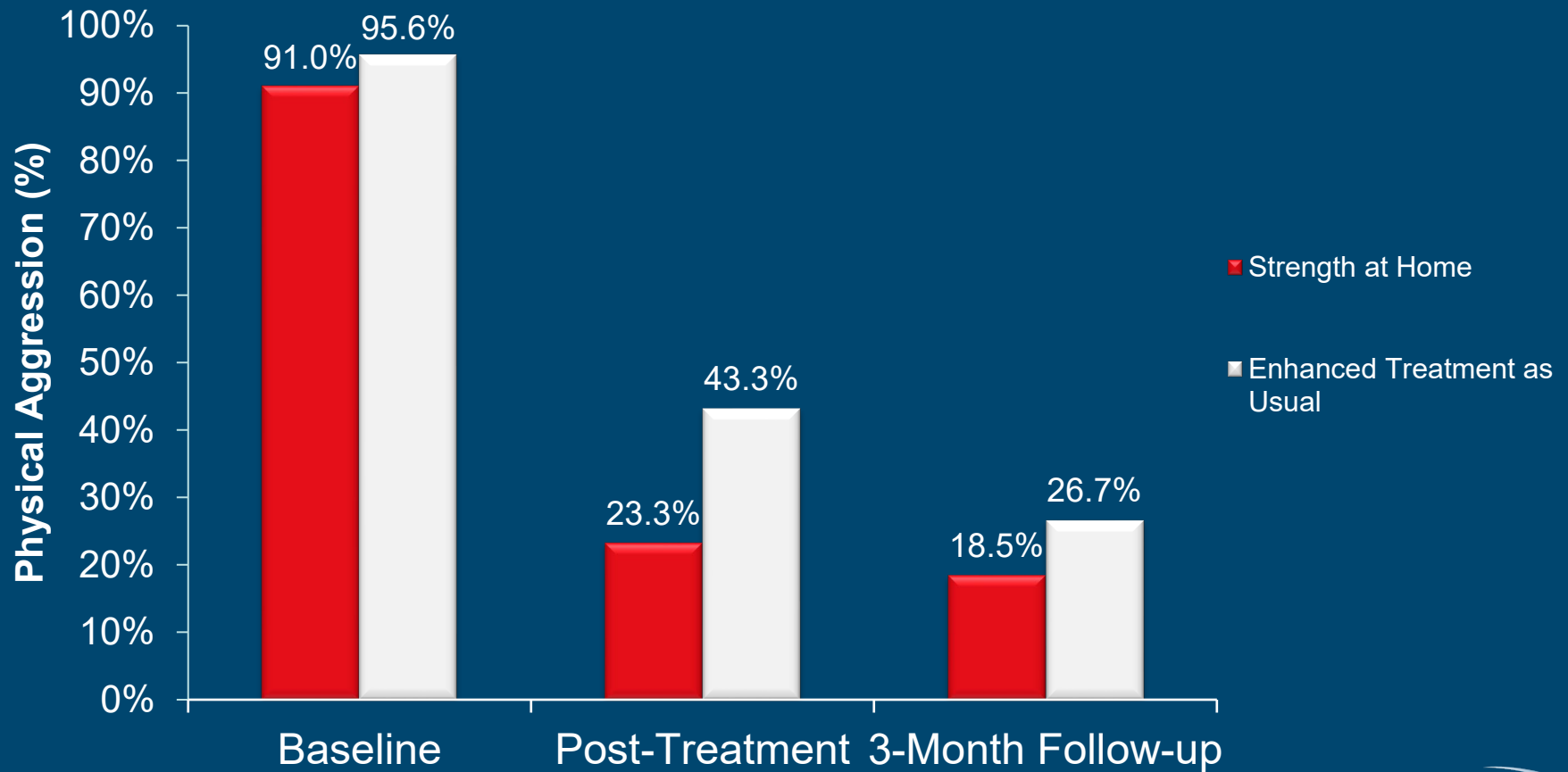
This randomized controlled trial was registered at ClinicalTrials.gov (NCT01435512). Participants were recruited from February 2010 to August 2013 from 2 major metropolitan areas in the Northeast by clinician-referrals, self-referrals, and court-referrals. Inclusion criteria were (1) male participant and his partner were over 18 years of age, (2) male participant was a veteran or service member; (3) male participant provided partner contact consent; and (4) a self-, collateral- or court-report of at least 1 act of male-to-female physical IPV over the previous 6 months or of severe physical



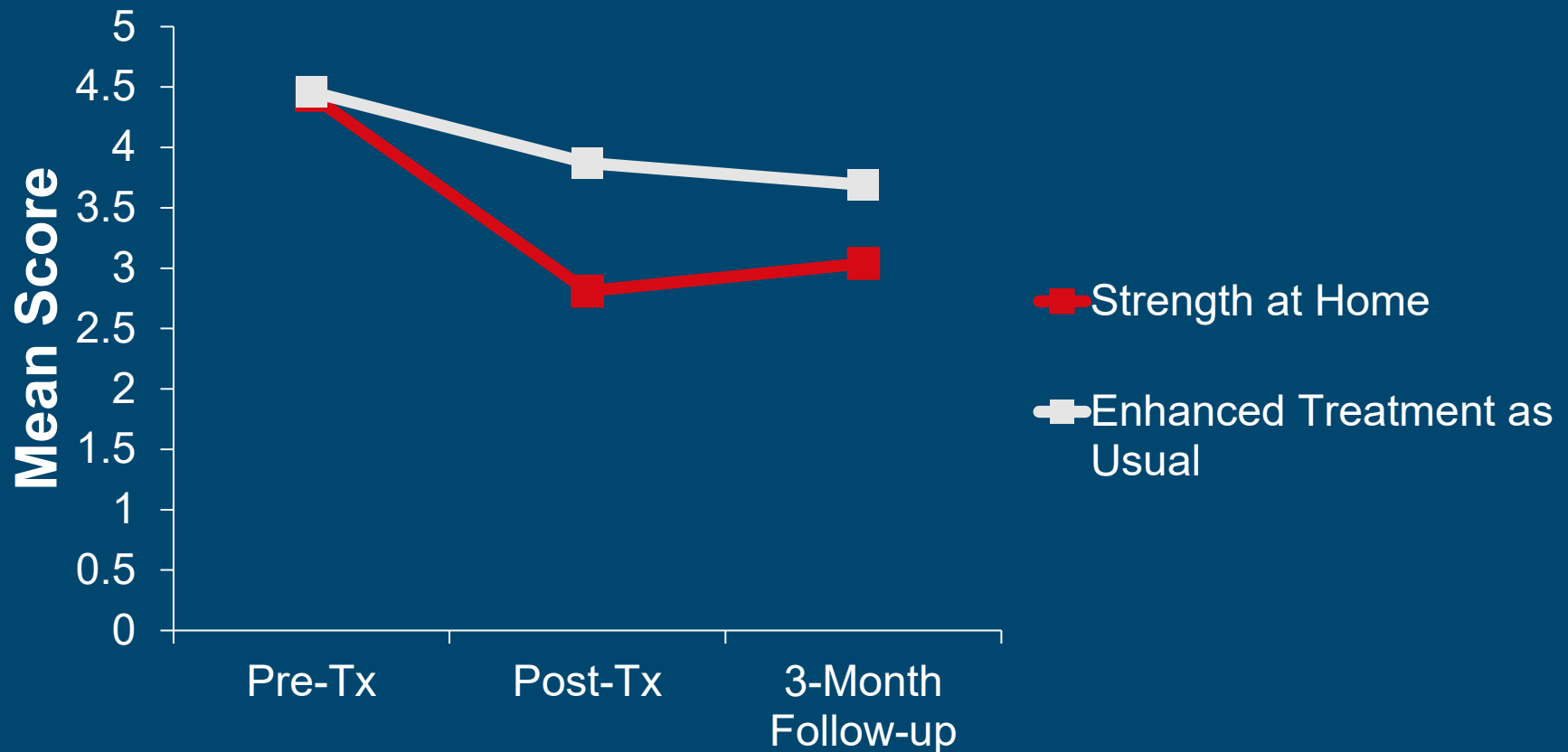
# Sample Characteristics

- 135 enrolled
  - 67 randomized to Strength at Home
  - 68 randomized to Enhanced Treatment as Usual
- 59% Court-involved
- Average age = 38.10
- 77% White, 14% Black/African-American
- 34% married, 23% dating, 14% single
- 57% Iraq/Afghanistan, 13% Vietnam, 8% Gulf War

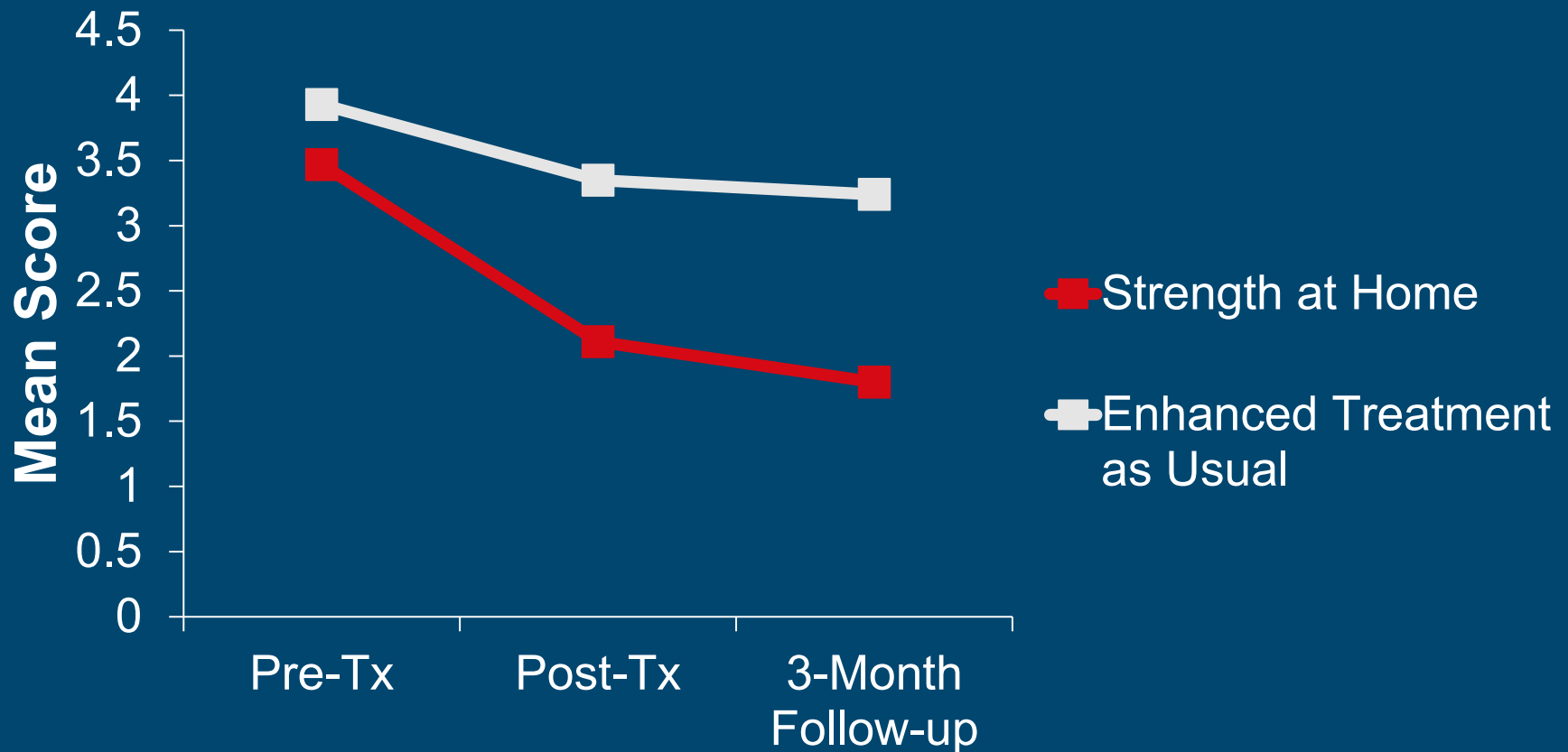
# Physical Partner Aggression



# Psychological Partner Aggression



# Coercive Control



Taft et al., 2016

$B = -0.072$  (SE = .027)

# Strength at Home Follow-Up Study

This paper is available on the SAH Coordinating Office's SharePoint here: [VA SharePoint Site](#) or [Strength at Home Website](#)

Creech, S. K., Macdonald, A., Benzer, J. K., Poole, G. M., Murphy, C. M., & Taft, C. T. (2017). PTSD Symptoms Predict Outcome in Trauma-informed Treatment of Intimate Partner Aggression. *Journal of Consulting and Clinical Psychology*, 85(10), 966–974.

<https://doi.org/10.1037/ccp0000228>

Journal of Consulting and Clinical Psychology

In the public domain  
<http://dx.doi.org/10.1037/ccp0000228>

## PTSD Symptoms Predict Outcome in Trauma-Informed Treatment of Intimate Partner Aggression

Suzannah K. Creech

VISN 17 Center of Excellence for Research on Returning War Veterans, Central Texas Veterans Health Care System, Waco, Texas; and Dell Medical School of The University of Texas at Austin

Alexandra Macdonald

The Citadel, The Military College of South Carolina

Justin K. Benzer

VISN 17 Center of Excellence for Research on Returning War Veterans, Central Texas Veterans Health Care System, Waco, Texas; and Dell Medical School of The University of Texas at Austin

Gina M. Poole

VA Boston Healthcare System, Boston, Massachusetts; Harvard Medical School; and Boston University School of Medicine

Christopher M. Murphy

University of Maryland, Baltimore County

Casey T. Taft

National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts; and Boston University School of Medicine

**Objective:** This study sought to extend findings from a randomized controlled trial of the *Strength at Home Men's Program (SAH-M)* for intimate partner aggression (IPA) in military veterans by examining the impact of pretreatment posttraumatic stress disorder (PTSD) symptoms on treatment efficacy, and by examining new data on postintervention follow-up for individuals who received *SAH-M* after completing the *enhanced treatment as usual (ETAU)* wait-list control condition. **Method:** Using data from 125 male veterans who attended the *SAH-M* program immediately after an intake assessment or after waiting 6-month in the *ETAU* condition, this study used generalized linear modeling to examine predictors of physical and psychological IPA over a 9-month period of time. **Results:** PTSD symptoms at intake significantly predicted both physical and psychological IPA use, even after accounting for the effects of treatment condition, time, and number of sessions attended. PTSD had a strong association with both physical and psychological IPA. An interaction between PTSD and *SAH-M* was observed for psychological IPA but not physical IPA, and the magnitude of the effect was not clinically significant. There was a significant effect of *SAH-M* in reducing IPA in the full sample, including previously unanalyzed outcome data from the *ETAU* condition. **Conclusion:** The study results suggest that while *SAH-M* does not need to be modified to address the interaction between PTSD and treatment, outcomes could be enhanced through additional direct treatment of PTSD symptoms. Results extend prior analyses by demonstrating the effectiveness of *SAH-M* in reducing use of IPA in both the treatment and *ETAU* conditions.

# Primary Findings

- Physical aggression 56% less likely for those receiving Strength at Home
- Participants with and without PTSD benefited from Strength at Home

# Reductions in Alexithymia

This paper is available on the SAH Coordinating Office's SharePoint here: [VA SharePoint Site](#) or [Strength at Home Website](#)

Berke, D. S., Macdonald, A., Poole, G. M., Portnoy, G. A., McSheffrey, S., Creech, S. K., & Taft, C. T. (2017). Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia. *Behaviour Research and Therapy*, 97, 222–229.

<https://doi.org/10.1016/j.brat.2017.08.007>

Behaviour Research and Therapy 97 (2017) 222–229



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journal homepage: [www.elsevier.com/locate/brat](http://www.elsevier.com/locate/brat)



## Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia

Danielle S. Berke <sup>a,b,\*</sup>, Alexandra Macdonald <sup>c</sup>, Gina M. Poole <sup>a,b,d</sup>, Galina A. Portnoy <sup>e,f</sup>, Savannah McSheffrey <sup>a,b</sup>, Suzannah K. Creech <sup>g</sup>, Casey T. Taft <sup>h</sup>

<sup>a</sup> VA Boston Healthcare System, Boston, MA, USA

<sup>b</sup> Boston University School of Medicine, Boston, MA, USA

<sup>c</sup> The Citadel, Military College of South Carolina, Charleston, SC, USA

<sup>d</sup> Harvard Medical School, Boston, MA, USA

<sup>e</sup> VA Connecticut Healthcare System, New Haven, CT, USA

<sup>f</sup> Yale School of Medicine, New Haven, CT, USA

<sup>g</sup> VHA VISN 17 Center of Excellence for Research on Returning War Veterans, Central Texas Veterans Health Care System, Waco, TX, USA

<sup>h</sup> National Center for PTSD, Boston, MA, USA

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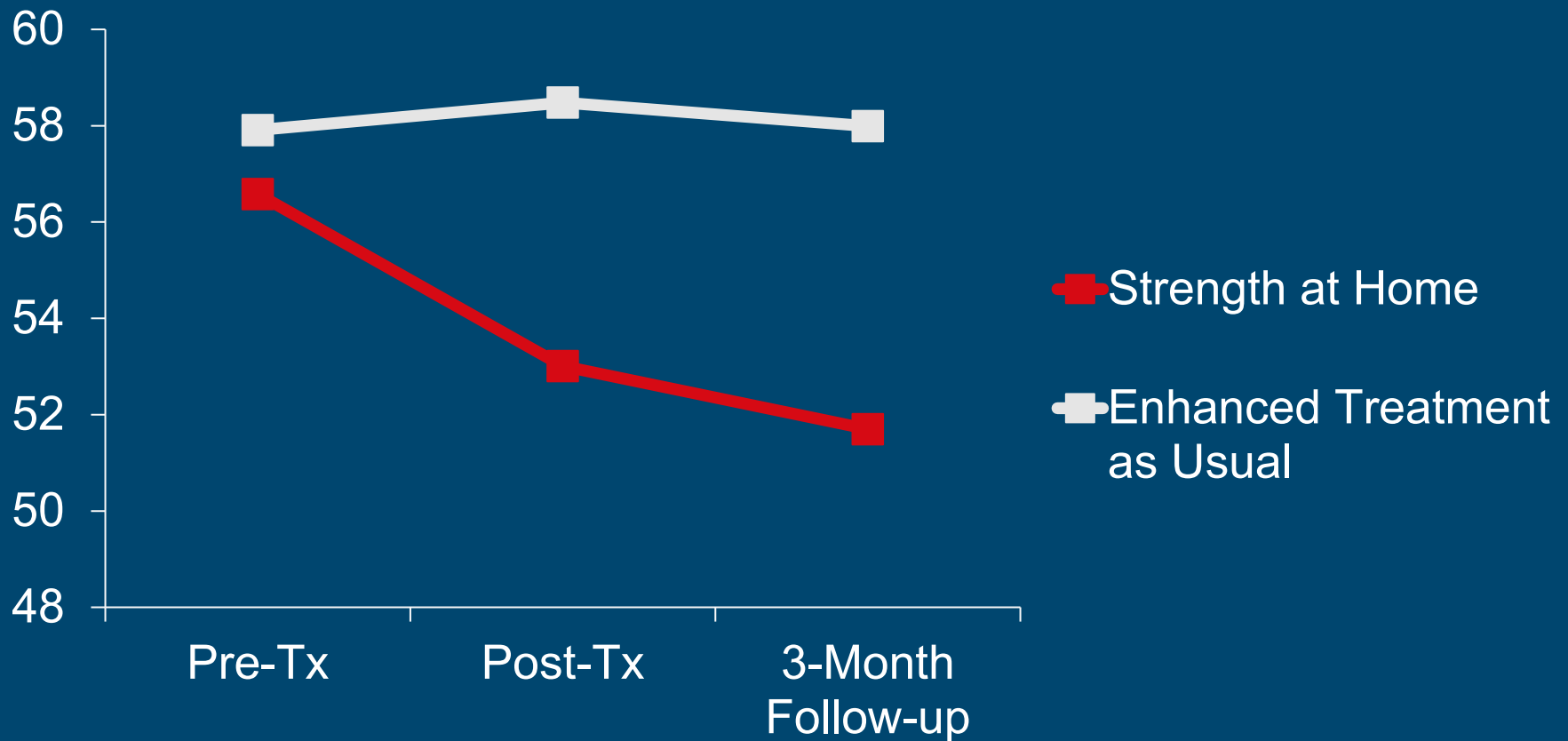
Intimate partner violence

### ABSTRACT

Recent research supports the efficacy of *Strength at Home-Men's Program (SAH-M)*, a trauma-informed group intervention designed to reduce use of intimate partner violence (IPV) in veterans (Taft, Macdonald, Creech, Monson, & Murphy, 2016). However, change-processes facilitating the effectiveness of *SAH-M* have yet to be specified. Alexithymia, a deficit in the cognitive processing of emotional experience characterized by difficulty identifying and distinguishing between feelings, difficulty describing feelings, and use of an externally oriented thinking style, has been shown to predict PTSD severity and impulsive aggression; however, no studies have investigated the relationship between alexithymia and IPV. As such, the current study examined the role of improvements in alexithymia as a potential facilitator of treatment efficacy among 135 male veterans/service members, in a randomized control trial *SAH-M*. After an initial assessment including measures of IPV and alexithymia, participants were randomized to an *Enhanced Treatment as Usual (ETAU)* condition or *SAH-M*. Participants were assessed three and six months after baseline. Results demonstrated a statistically significant association between alexithymia and use of psychological IPV at baseline. Moreover, participants in the *SAH-M* condition self-reported significantly greater reductions in alexithymia over time relative to *ETAU* participants. Findings suggest that a trauma-informed intervention may optimize outcomes, helping men who use IPV both limit their use of violence and improve deficits in emotion processing.

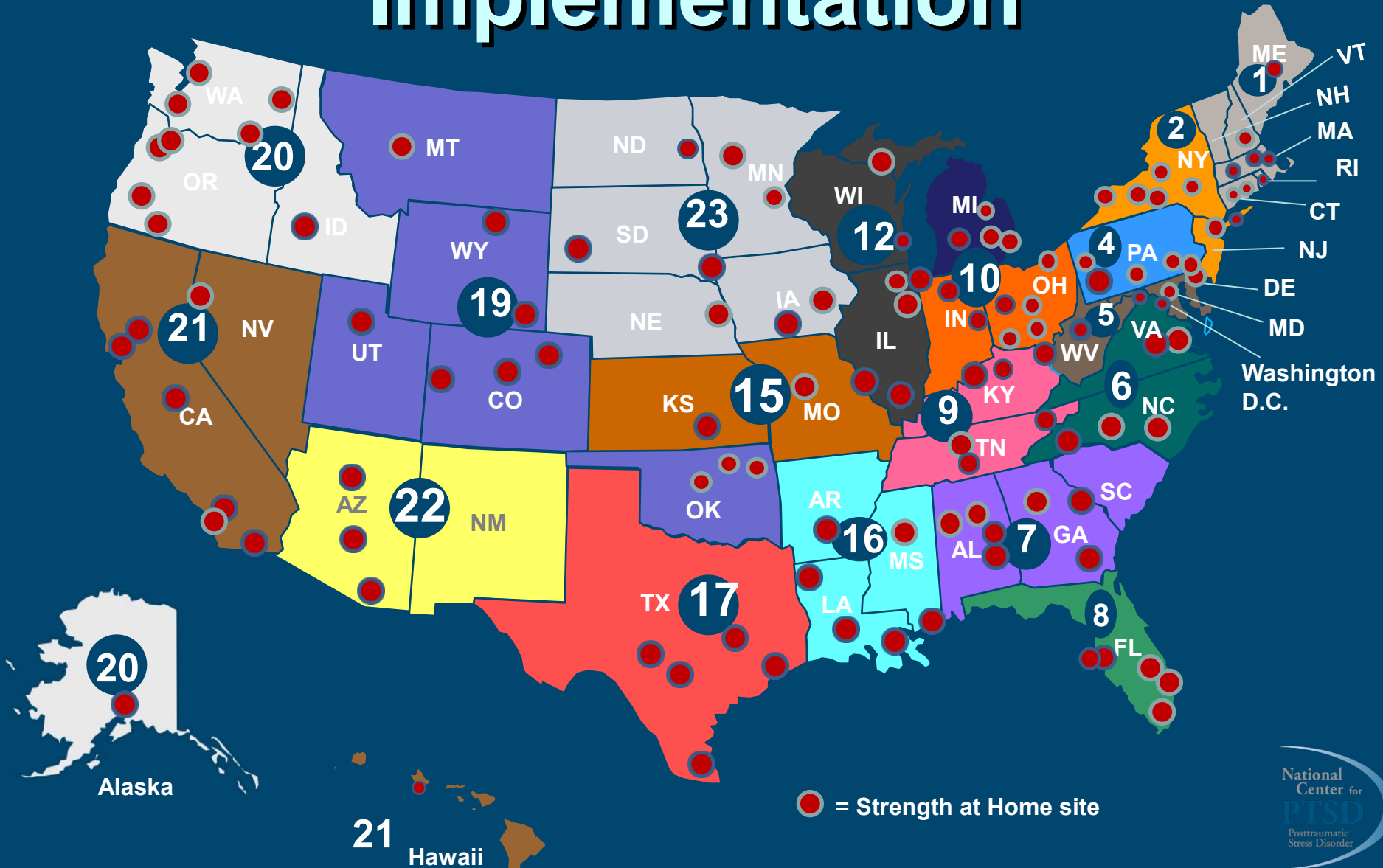
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# Alexithymia





# Strength at Home Implementation



# Strength at Home Rollout: Current Data

- VA facilities trained: 152 of 166
- Regional trainers trained: 52
- VA clinicians trained: 1,203
- Veterans enrolled in group: 2,823
  - in FY23: 1,079

# Strength at Home 6-Year VA Outcomes

This paper is available on the SAH Coordinating Office's SharePoint here: [VA SharePoint Site](#) or [Strength at Home Website](#)

Creech, S. K., Benzer, J. K., Bruce, L., & Taft, C. T. (2023). Evaluation of the Strength at Home Group Intervention for Intimate Partner Violence in the Veterans Affairs Health System. *JAMA Network Open*, 6(3), e232997.

<https://doi.org/10.1001/jamanetworkopen.2023.2997>



## Original Investigation | Public Health

### Evaluation of the Strength at Home Group Intervention for Intimate Partner Violence in the Veterans Affairs Health System

Suzannah K. Creech, PhD; Justin K. Benzer, PhD; LeAnn Bruce, PhD; Casey T. Taft, PhD

#### Abstract

**IMPORTANCE** Intimate partner violence (IPV) is a serious and prevalent public health issue that is interconnected with experiences of trauma, mental and physical health difficulties, and health disparities. Strength at Home (SAH) is a group intervention for persons using IPV in their relationships. Although previous studies have provided evidence of SAH's effectiveness in reducing IPV, its patient outcomes as implemented within organized health care have not been examined.

**OBJECTIVE** To evaluate patient outcomes from implementation of SAH in the Department of Veterans Affairs (VA) health system.

**DESIGN, SETTING, AND PARTICIPANTS** This quality improvement study evaluated patient outcomes from a national implementation and training program conducted between December 11, 2015, and September 24, 2021. Data were collected as part of treatment and submitted by clinicians at 73 VA health care facilities. Patients were 1754 veterans seeking care aimed at addressing and/or preventing their use of aggression in intimate relationships. They completed 1 pretreatment assessment and 1 follow-up assessment in the immediate weeks after group completion.

**INTERVENTION** Strength at Home is a 12-week trauma-informed and cognitive behavioral group intervention to address and prevent the use of IPV in relationships.

**MAIN OUTCOMES AND MEASURES** Changes in IPV were measured with the Centers for Disease Control and Prevention 2010 National Intimate Partner and Sexual Violence Survey. Changes in posttraumatic stress disorder (PTSD) symptoms were measured with the PTSD Checklist for DSM-5, and alcohol misuse was measured with the Alcohol Use Disorders Identification Test.

**RESULTS** The study included 1754 participants (mean [SD] age, 44.3 [13.0] years; 1421 men [81%]), of whom 1088 (62%) were involved with the criminal legal system for IPV charges. Analyses indicate that SAH was associated with reductions in use of physical IPV (odds ratio, 3.28; percentage difference from before to after treatment, -0.17 [95% CI, -0.21 to -0.13]) and psychological IPV (odds ratio, 2.73; percentage difference from before to after treatment, -0.23 [95% CI, -0.27 to -0.19]), coercive control behaviors (odds ratio, 3.19; percentage difference from before to after treatment, -0.18 [95% CI, -0.22 to -0.14]), PTSD symptoms (mean change, -4.00; 95% CI, 0.90-7.09; Hedges  $g$  = 0.10), and alcohol misuse (mean change, 2.70; 95% CI, 1.54-3.86; Hedges  $g$  = 0.24).

**CONCLUSIONS AND RELEVANCE** In this quality improvement study of the patient outcomes after implementation of SAH, results suggested that the program was associated with reductions in IPV behaviors, PTSD symptoms, and alcohol misuse. Results also suggest that IPV intervention in routine health care at VA health care facilities was successful; extension to other organized health care systems could be warranted.

*JAMA Network Open*. 2023;6(3):e232997. doi:10.1001/jamanetworkopen.2023.2997

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*JAMA Network Open*. 2023;6(3):e232997. doi:10.1001/jamanetworkopen.2023.2997

#### Key Points

**Question** Is the Strength at Home (SAH) intervention associated with reductions in intimate partner violence (IPV) in an implementation evaluation at 73 Department of Veterans Affairs (VA) health care facilities?

**Findings** This quality improvement study examined preintervention and postintervention outcomes from 1754 patients who participated in an implementation and training program. Results suggested that SAH was associated with reductions in IPV, posttraumatic stress disorder symptoms, and alcohol misuse.

**Meaning** The findings suggest that SAH was associated with improvement in IPV behaviors and associated problems and that IPV intervention was successful as part of routine health care at VA facilities.

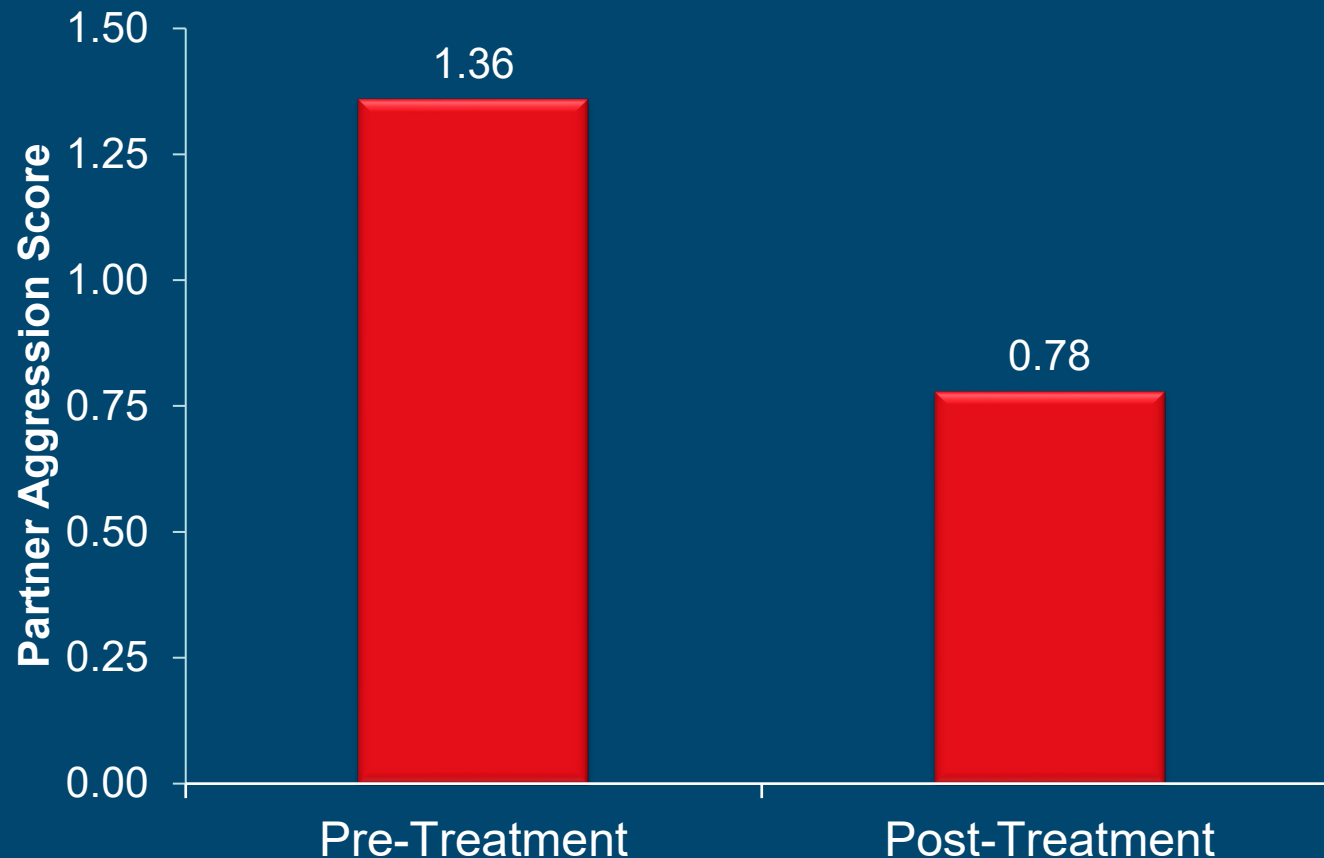
#### + Supplemental content

Author affiliations and article information are listed at the end of this article.

# Sample Characteristics

- $N = 1754$  completed intake (19% women)
- 62% court involved
- Average age = 44
- 26% Black; 59% White/Non-Hispanic; 7% White/Hispanic
- 44% married; 38% separated/divorced; 17% single
- Service era: 68% Iraq/Afghanistan; 31% Gulf War; 17% Vietnam

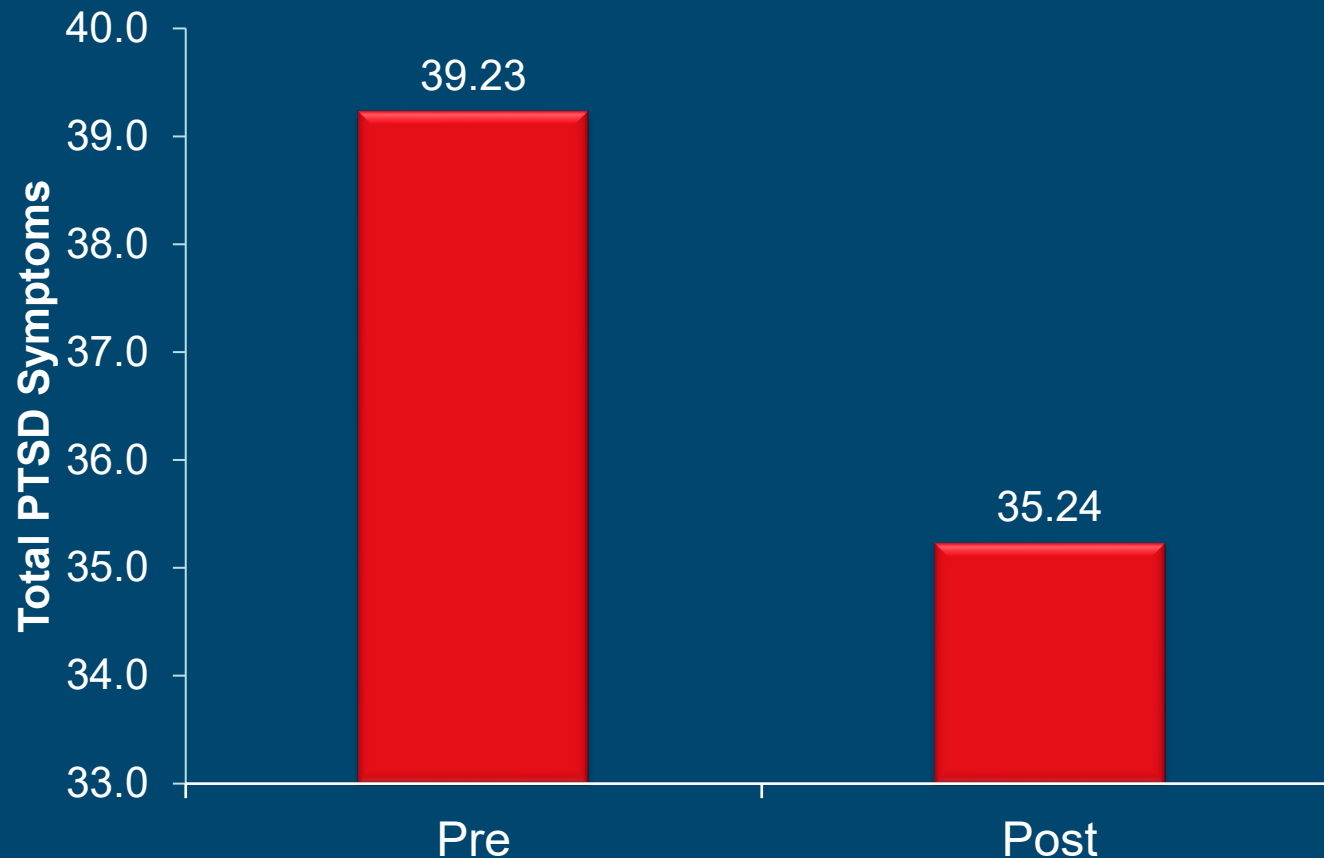
# Number of Types of Partner Aggression



$p < .01$ , Hedges  $g_{rm} = .57$  (medium)

- Significant decrease in partner aggression

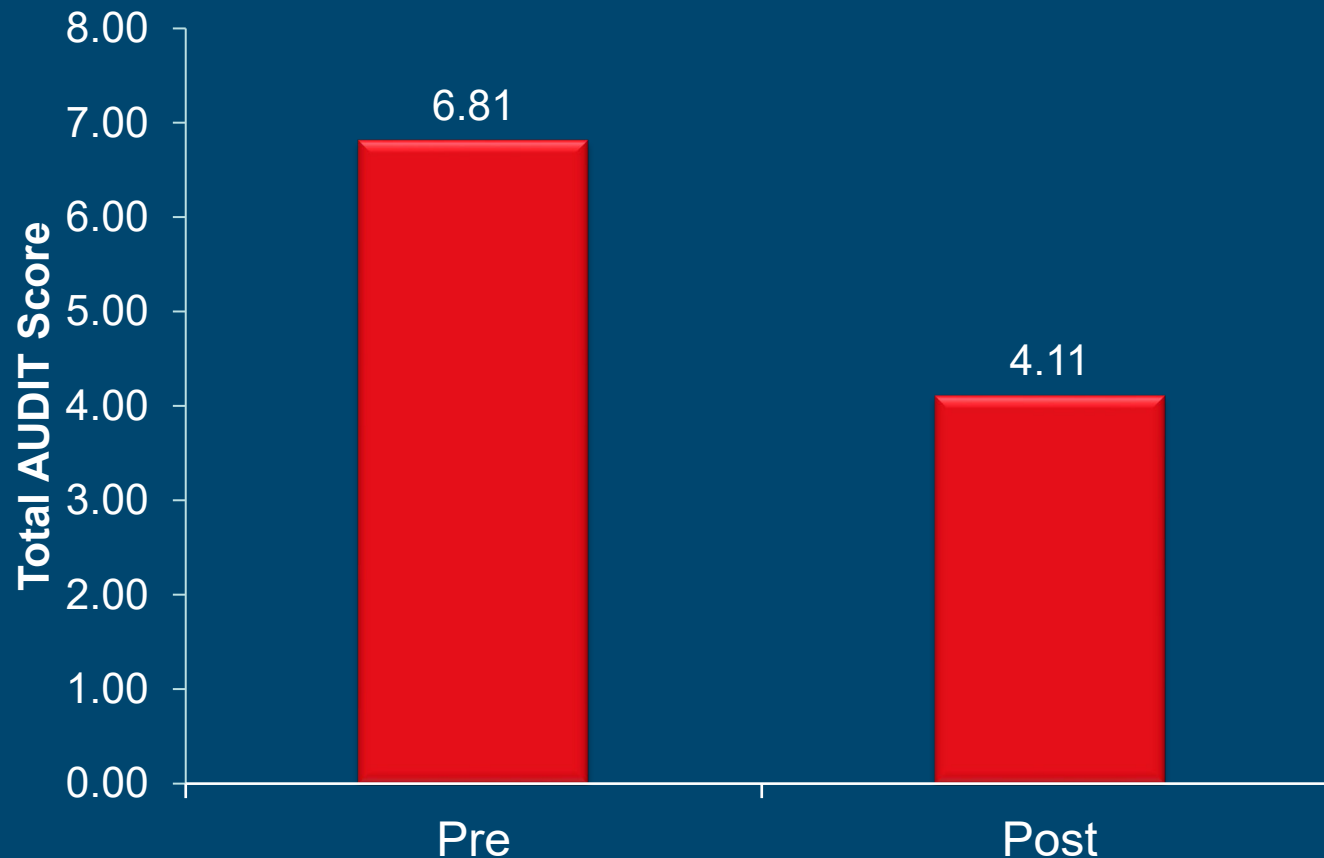
# PTSD Symptoms (PCL-5)



$p < .01$ , Hedge's  $g_{rm} = .10$  (small)

- Significant decrease in PTSD symptoms

# Alcohol Misuse (AUDIT)



$p < .01$ , Hedge's  $g_{rm} = .24$  (small)

- Significant decrease in alcohol misuse

# Program Satisfaction

- When asked if they would recommend program to a friend
  - 82% responded “Yes, definitely”
  - 17% responded “Yes, I think so”
- When asked how much the program helped them deal more effectively with their problems
  - 75% reported helped “a great deal”
  - 23% reported helped “somewhat”



# STUDIES IN CIVILIANS

# STRENGTH AT HOME IN CIVILIANS RHODE ISLAND STUDY

*NATIONAL INSTITUTE OF MENTAL HEALTH*

# Strength at Home for Civilians

This paper is available on the SAH Coordinating Office's SharePoint here: [VA SharePoint Site](#) or [Strength at Home Website](#)

Taft, C. T., Franz, M. R., Cole, H. E., D'Avanzato, C., & Rothman, E. F. (2021). Examining Strength at Home for Preventing Intimate Partner Violence in Civilians. *Journal of Family Psychology*, 35(6), 857–862.

<https://doi.org/10.1037/fam0000732>



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Journal of Family Psychology

<https://doi.org/10.1037/fam0000732>

## BRIEF REPORT

### Examining Strength at Home for Preventing Intimate Partner Violence in Civilians

Casey T. Taft<sup>1</sup>, Molly R. Franz<sup>1</sup>, Hannah E. Cole<sup>1</sup>, Catherine D'Avanzato<sup>2</sup>, and Emily F. Rothman<sup>3</sup>

<sup>1</sup>National Center for PTSD, VA Boston Healthcare System, and Boston University School of Medicine

<sup>2</sup>Department of Psychiatry and Human Behavior, Rhode Island Hospital and Alpert Medical School of Brown University

<sup>3</sup>Boston University School of Public Health and Boston University School of Medicine

The *Strength at Home (SAH)* intervention, a trauma-informed, cognitive-behavioral intervention for intimate partner violence (IPV), was examined in a sample of court-mandated men. Evidence from prior research indicates that *SAH* is effective in military veterans but the program has not been examined in civilians. It was expected that *SAH* participants would evidence reductions in physical and psychological IPV, as well as secondary outcomes of post-traumatic stress disorder (PTSD) symptoms and alcohol use problems. Participants included 23 men court mandated to IPV intervention. The sample was low income and 72.7% had a reported prior history of severe physical IPV perpetration. Data from these participants and collateral partners were examined across assessments reflecting baseline, post-treatment, and two 3-month follow-ups. The outcome variables were assessed at each time point to examine change over time and a post-treatment satisfaction measure was also administered immediately following the intervention. Participants showed a significant linear decrease between baseline and post-treatment in all of the primary and secondary IPV outcomes, which maintained at 3- and 6-month follow-up time points. Effect sizes across models were moderate to large. Participants reported high satisfaction with *SAH*. Study findings provide preliminary support that the *SAH* intervention is associated with reductions in IPV among civilians and addresses other trauma- and alcohol-related problems. Further research including larger randomized controlled trials are needed to determine the efficacy of this intervention.

**Keywords:** intimate partner violence, trauma, IPV intervention, Strength at Home, abuse

Intimate partner violence (IPV) is a prevalent national public health problem with high costs to society (Centers for Disease Control & Prevention (CDC), 2003). One approach to preventing continued IPV is through IPV intervention programs that are most commonly used for court-referred men who engage in IPV. Unfortunately, to date, randomized controlled trials have shown limited

efficacy for IPV interventions in general, even while large numbers of individuals are court mandated to such programs each year (Eckhardt et al., 2013). Recent evidence suggests that trauma-informed approaches aimed at enhancing social information processing may amplify the effectiveness of IPV intervention (e.g., Romero-Martínez et al., 2018). Likewise, a growing body of research supports the effectiveness of the *Strength at Home (SAH)* program, a trauma-informed group IPV intervention based on a social information processing model (Taft, Murphy, et al., 2016). Multiple pilot studies (Love et al., 2014; Taft et al., 2013), a randomized controlled trial (Berke et al., 2017; Creech et al., 2017; Taft, Macdonald, et al., 2016), and implementation studies (Creech et al., 2018; Hayes et al., 2015) indicate the effectiveness of *SAH* among military veterans. The current study represents an initial examination of the *SAH* intervention for reducing IPV and other associated problems in a court-mandated civilian sample reporting high levels of physical and psychological IPV.

*SAH* derives from a fusion of prior interventions for trauma and IPV that were developed in the civilian community context, integrating elements of cognitive processing therapy for PTSD (CPT; Resick & Schnicke, 1992) and cognitive behavioral interventions for IPV (Murphy & Scott, 1996). The program addresses biases and deficits across stages of social information processing from decoding a situation to choosing and evaluating a response (McFall, 1982), recognizing that trauma-related problems (post-traumatic

Casey T. Taft <https://orcid.org/0000-0002-9323-3190>

Molly R. Franz <https://orcid.org/0000-0001-7377-2296>

Emily F. Rothman <https://orcid.org/0000-0003-0113-2577>

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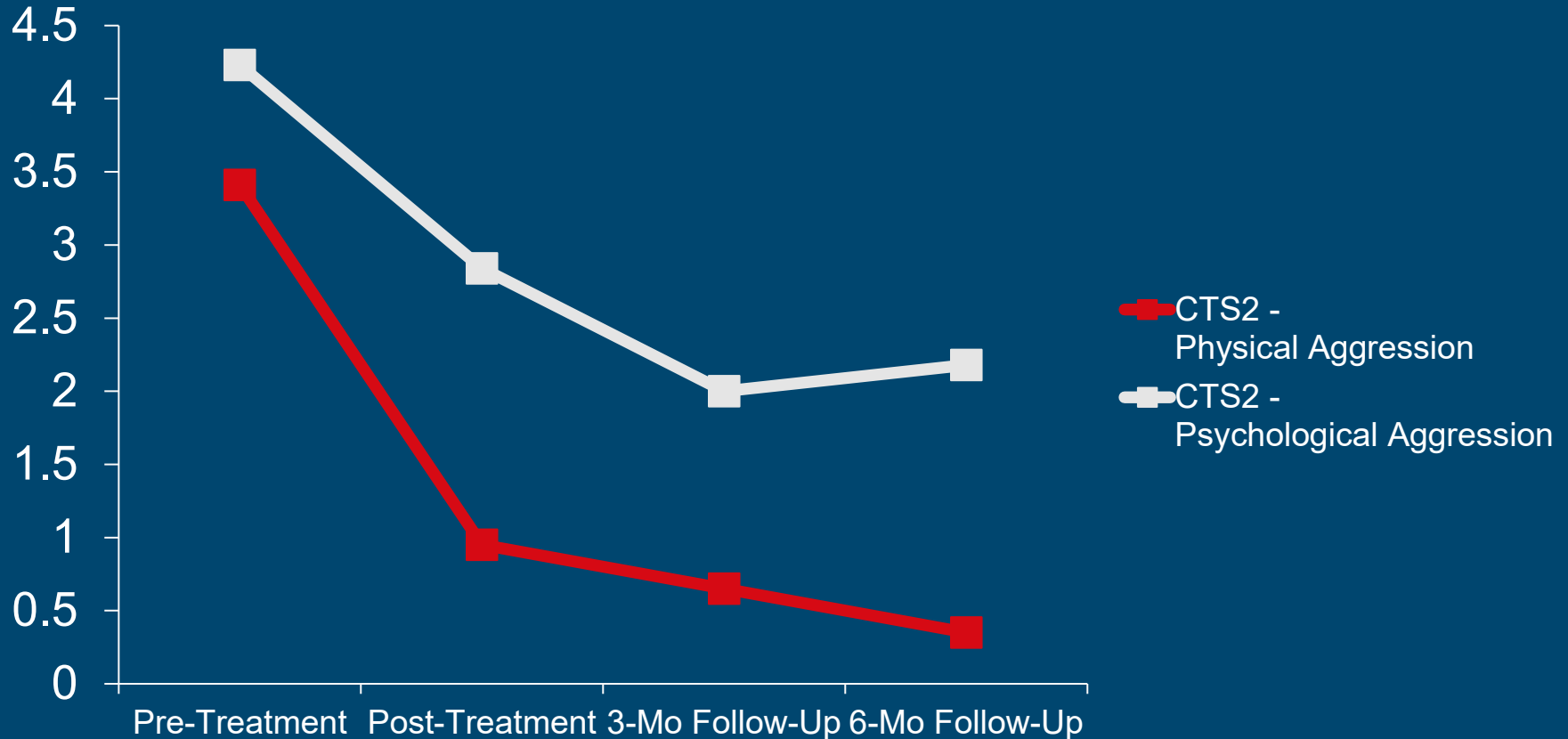
Correspondence concerning this article should be addressed to Casey T. Taft, VA Boston Healthcare System (116B-4), 150 South Huntington Avenue, Boston, MA 02130, United States. Email: casey.taft@va.gov

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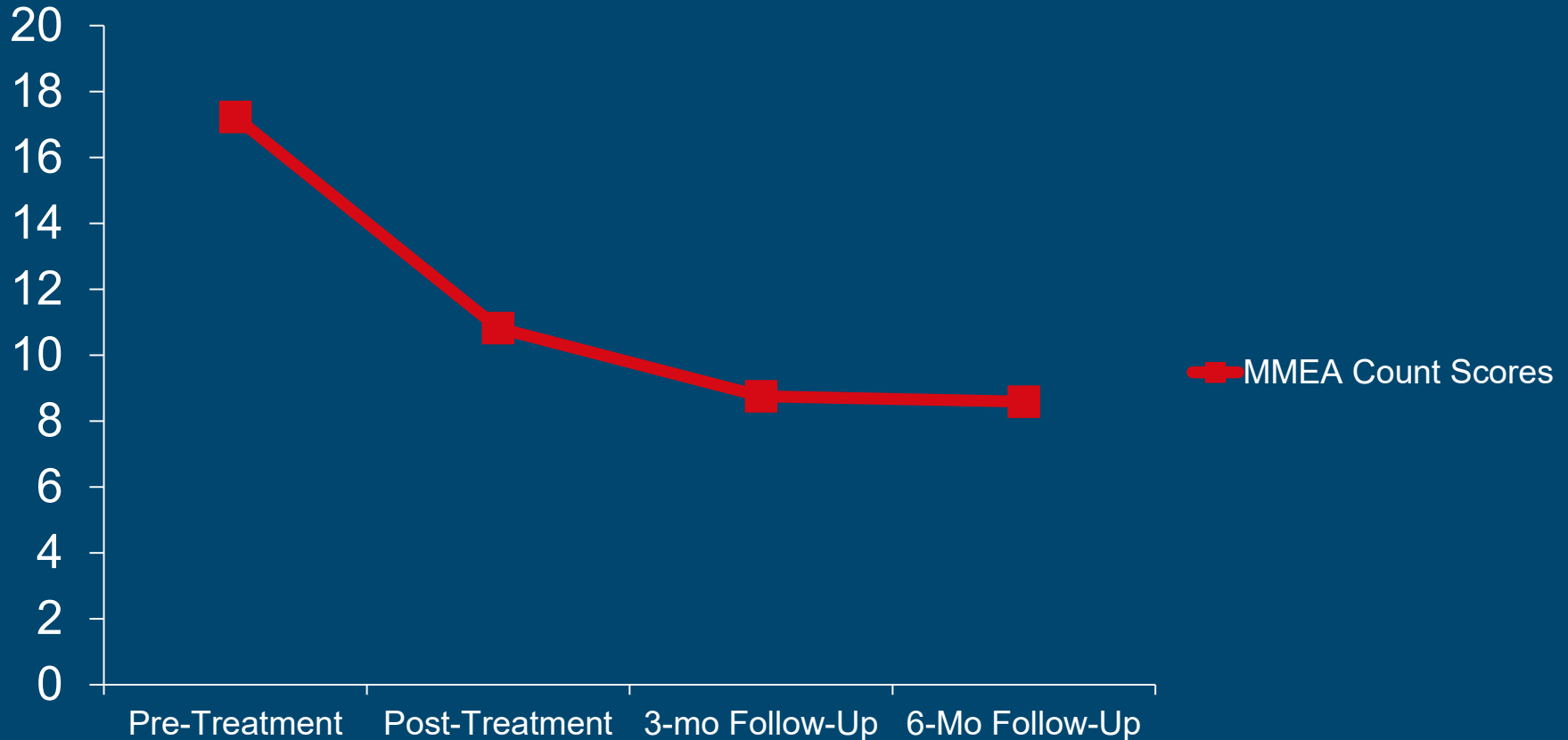
# Sample Characteristics

- 23 men enrolled
- All court-mandated
- Average age = 38.3
- 87% identified as racial or ethnic minorities
- Entirely low-income
- 73% history of severe physical aggression
- 78% completed program
- 61% of partners contacted at baseline
  - 71% recontacted after intervention

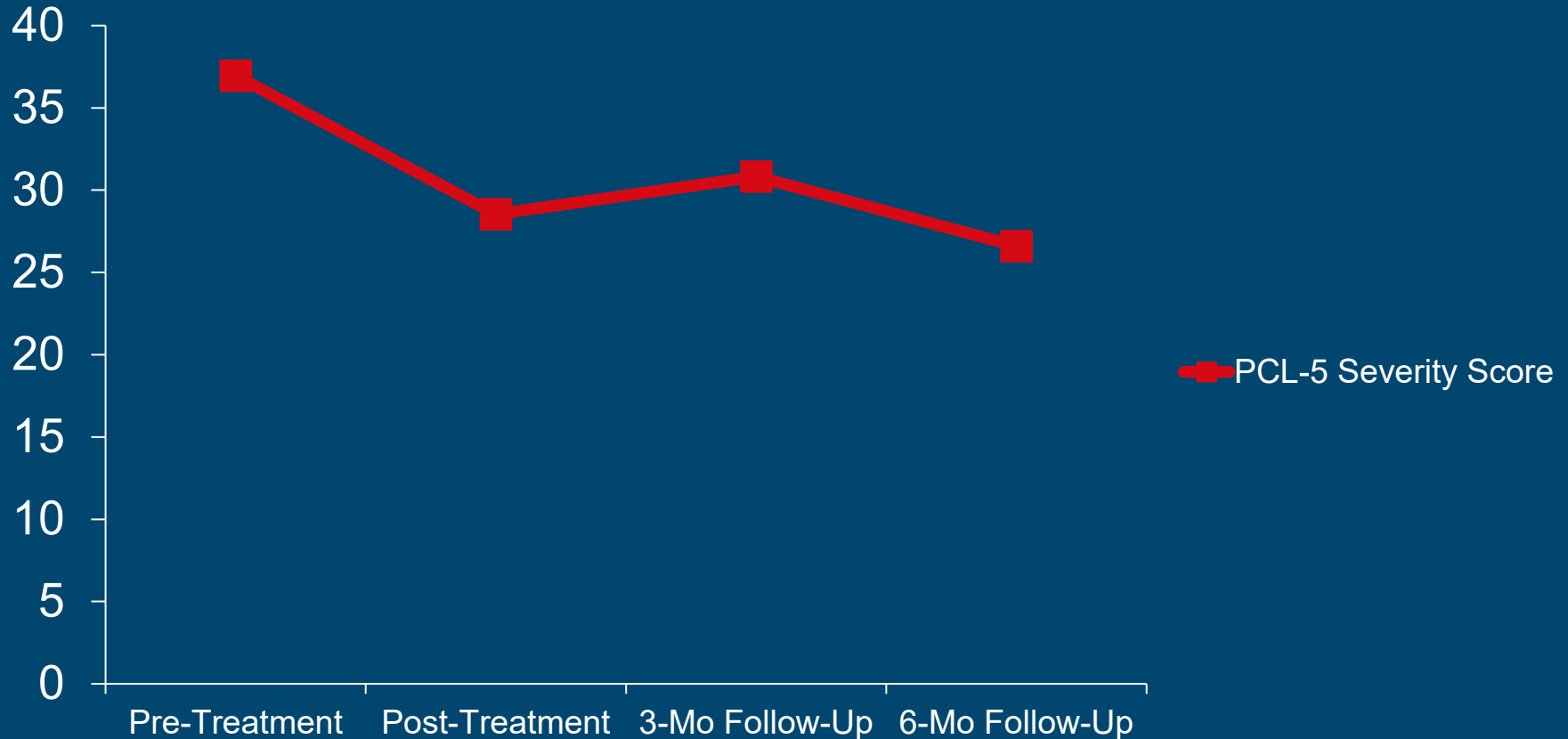
# Physical and Psychological Partner Aggression (CTS2)



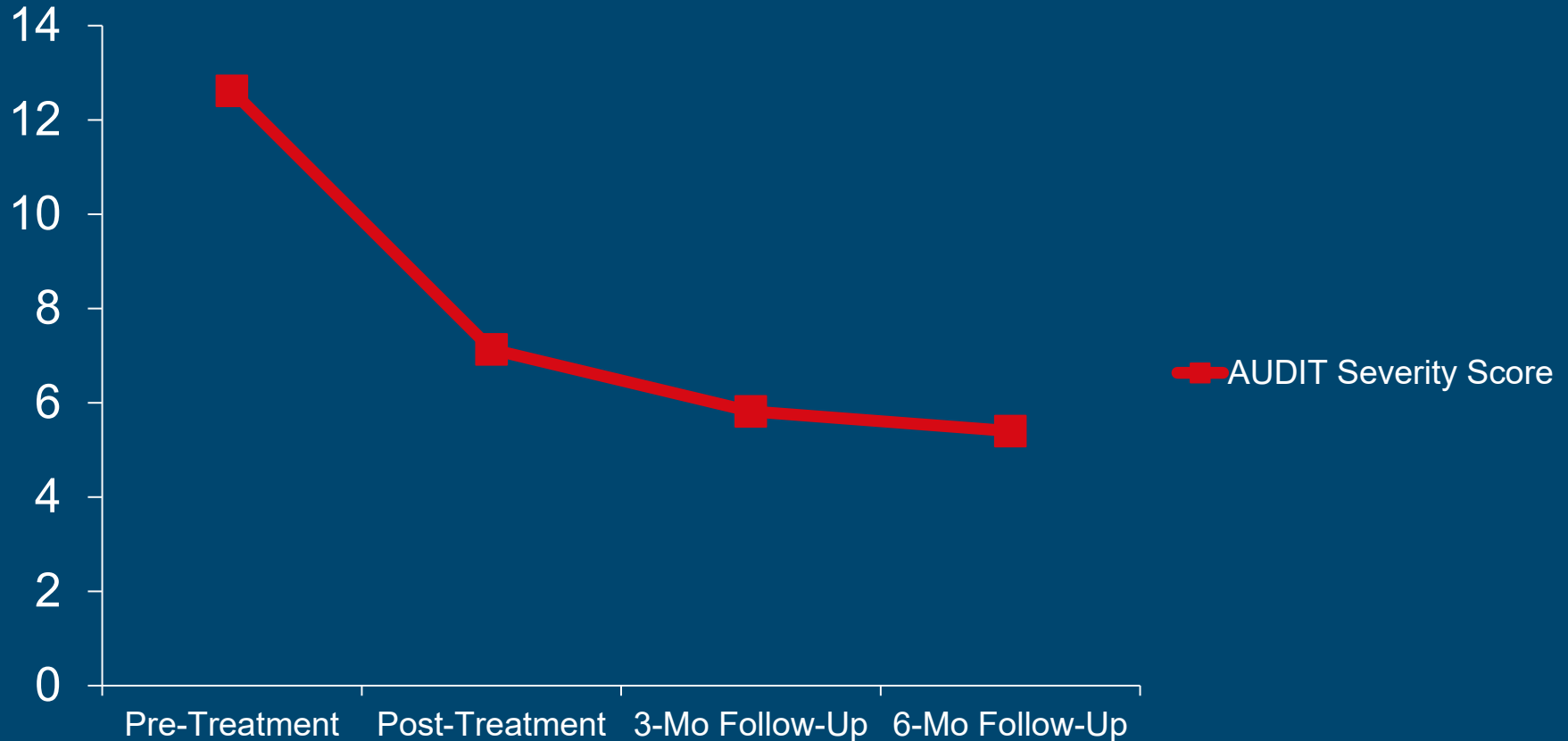
# Multidimensional Measure of Emotional Abuse



# PTSD Symptoms (PCL-5)



# Alcohol Misuse (AUDIT)





# Program Satisfaction

	4	3	2	1
1. Quality of Service	64.7% Excellent	35.3% Good	0% Fair	0% Poor
2. Kind of Service Desired	58.8% Yes definitely	35.3% Yes generally	0% No not at all	5.9% No definitely not
3. Met Needs	58.8% Almost all met	41.2% Most met	0% Only a few met	0% None met
4. Would Recommend to a Friend	88.2% Yes definitely	11.8% Yes I think so	0% No I don't think so	0% Definitely not
5. Satisfaction With Help Received	82.4% Very Satisfied	11.8% Mostly satisfied	5.9% Indifferent or mildly dissatisfied	0% Quite dissatisfied
6. Helped With Dealing More Effectively With Problem	100% Yes a great deal	0% Yes somewhat	0% No did not help	0% No made it worse
7. Overall Satisfaction	88.2% Very satisfied	11.8% Mostly satisfied	0% Indifferent or mildly dissatisfied	0% Quite dissatisfied
8. Would Use It Again in the Future	88.2% Yes definitely	11.8% Yes I think so	0% No I don't think so	0% No definitely not

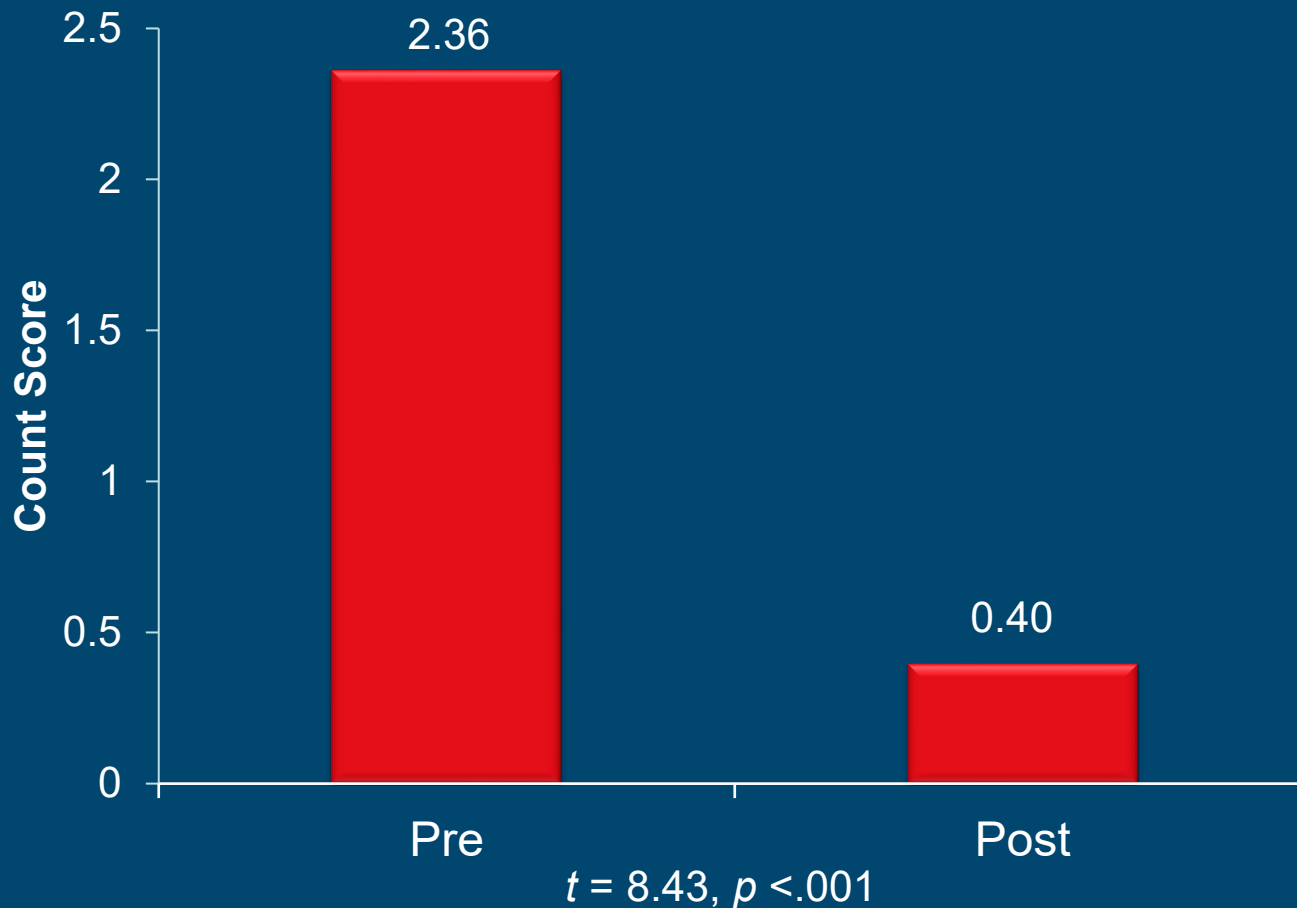
# NEW YORK STATE IMPLEMENTATION

*MOTHER CABRINI HEALTH FOUNDATION  
OFFICE ON VIOLENCE AGAINST WOMEN (OVW)  
NEW YORK STATE UNIFIED COURT SYSTEM*

# Client Characteristics

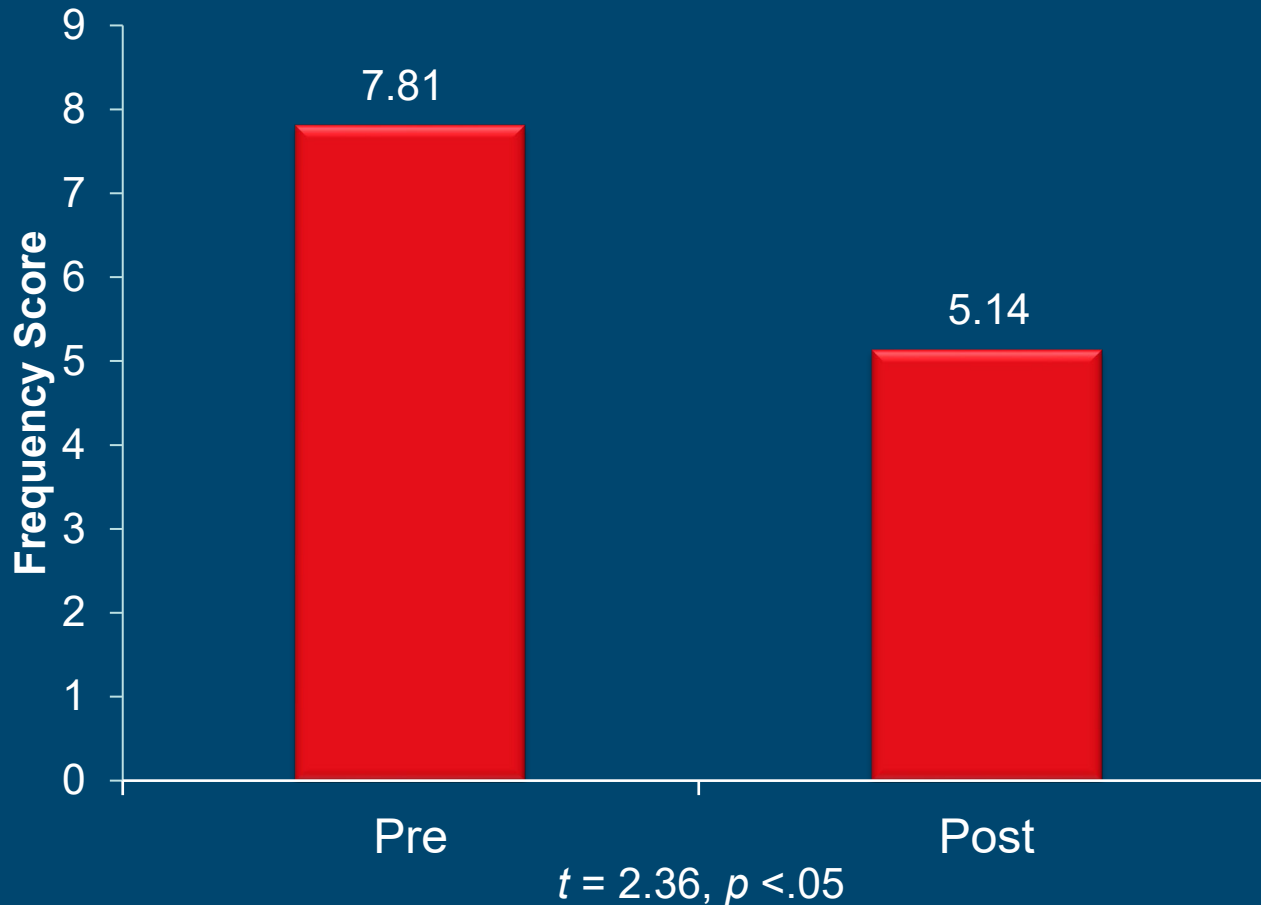
- Referrals from 3 counties
  - 10 more counties planned
- 145 men and 30 women
- All court-mandated
- Average age = 33.0
- 32% Black; 64% White/Non-Hispanic; 18% White/Hispanic
- 83% completed the program

# Physical Partner Aggression (CTS2)



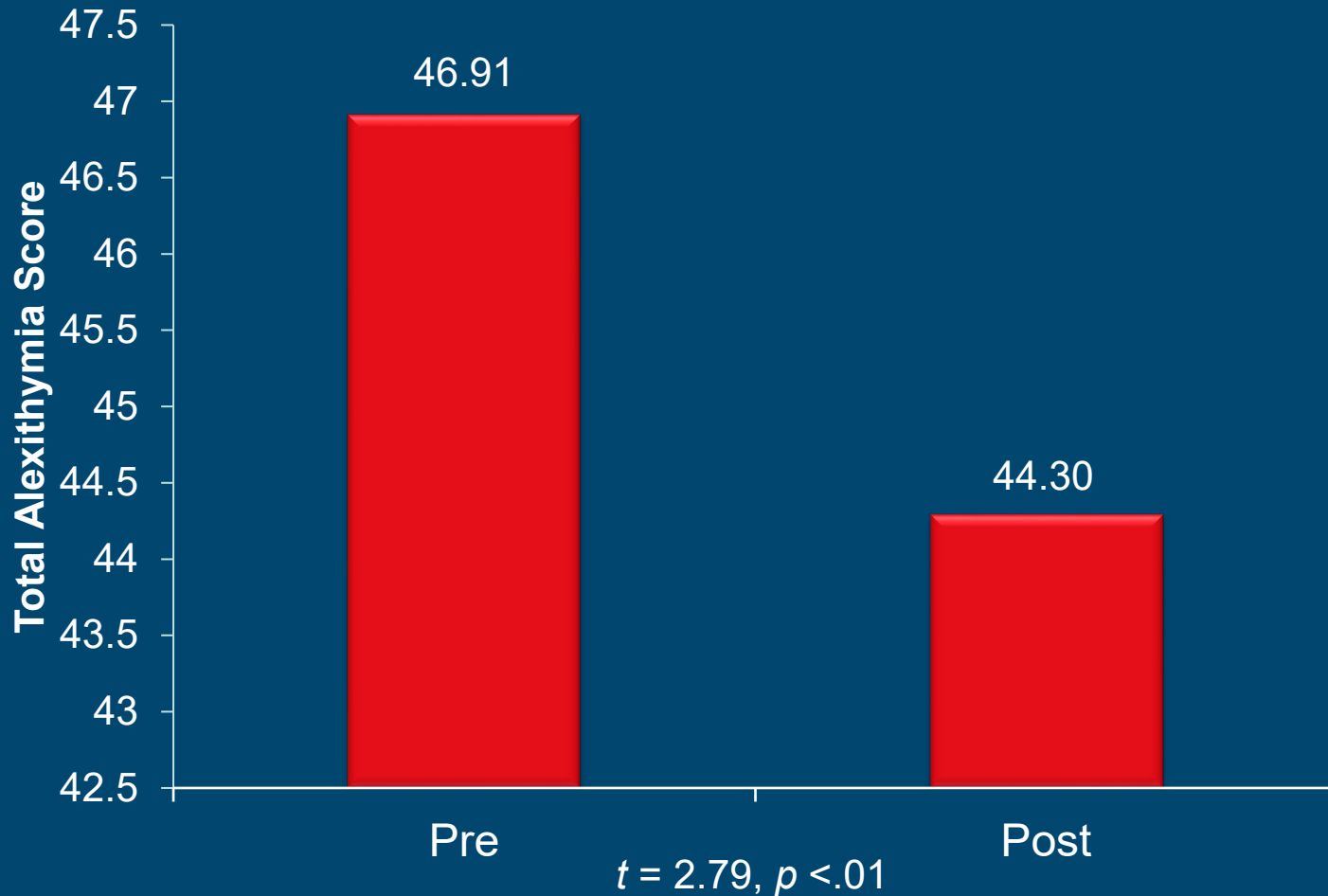
- Significant decrease in physical aggression

# Psychological Partner Aggression (CTS2)



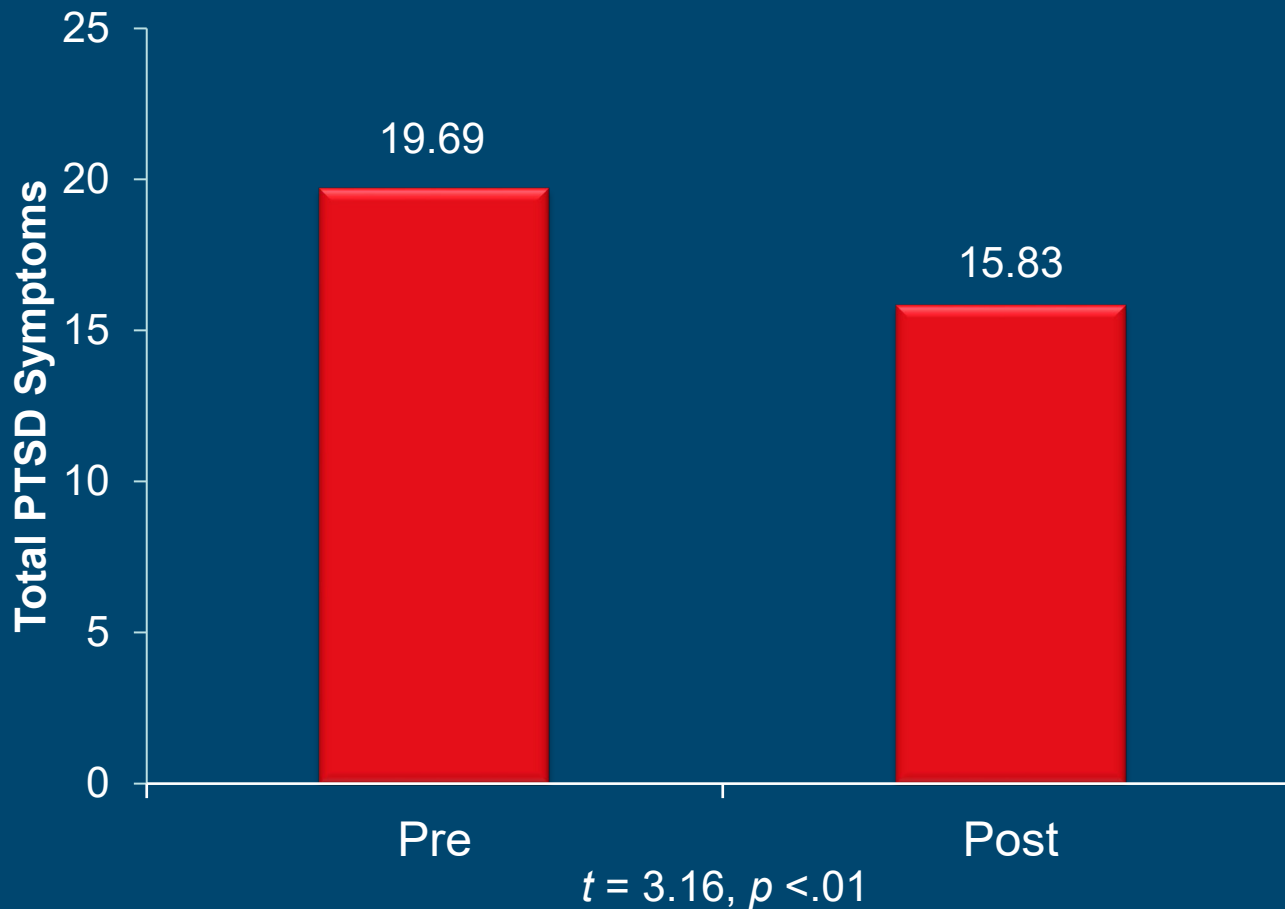
- Significant decrease in psychological aggression

# Alexithymia (TAS-20)



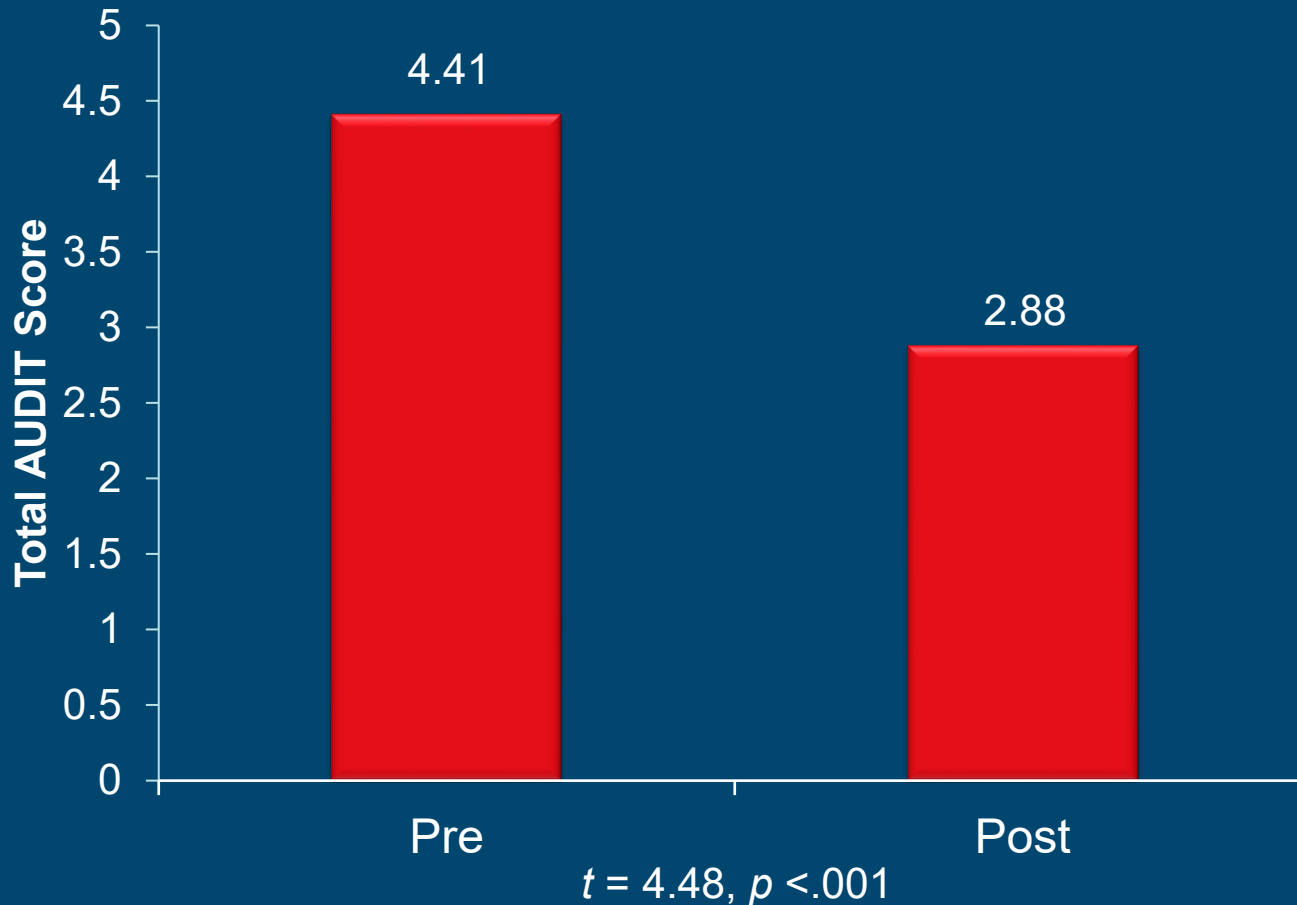
- Significant decrease in alexithymia

# PTSD Symptoms (PCL-5)



- Significant decrease in PTSD symptoms

# Alcohol Misuse (AUDIT)



- Significant decrease in alcohol misuse



# Program Satisfaction

	4	3	2	1
1. Quality of Service	89.3% Excellent	10.7% Good	0% Fair	0% Poor
2. Kind of Service Desired	74.9% Yes definitely	24.0% Yes generally	0% No not at all	1.1% No definitely not
3. Met Needs	63.5% Almost all met	31.5% Most met	4.6% Only a few met	0.4% None met
4. Would Recommend to a Friend	85.1% Yes definitely	14.9% Yes I think so	0% No I don't think so	0% Definitely not
5. Satisfaction With Help Received	73.2% Very Satisfied	23.4% Mostly satisfied	0.6% Indifferent or mildly dissatisfied	2.8% Quite dissatisfied
6. Helped With Dealing More Effectively With Problem	80.6% Yes a great deal	18.8% Yes somewhat	0.6% No did not help	0% No made it worse
7. Overall Satisfaction	81.7% Very satisfied	17.7% Mostly satisfied	0.6% Indifferent or mildly dissatisfied	0% Quite dissatisfied
8. Would Use It Again in the Future	74.3% Yes definitely	23.4% Yes I think so	1.7% No I don't think so	0.6% No definitely not

# www.strengthathome.org



*Trauma-Informed, Evidence-Based Programs for Relationship Enhancement and Partner Violence Prevention and Cessation*

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## Welcome to Strength at Home

Welcome to the official website for the Strength at Home (SAH) programs, hosted by the primary program developer, Dr. Casey Taft.

## About Strength at Home

### Trauma-Informed Treatment and Prevention of Intimate Partner Violence

Casey T. Taft, Christopher M. Murphy, and Suzannah K. Crech

*Written by Strength at Home program developers and published by the American Psychological Association.*

