

Appendix 1F

Training Memo

Justice-Involved Military Personnel and Veterans

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The United States has been at war in Afghanistan and Iraq for over 10 years. Over 2.5 million people have served in one or both of these war zones, including an unprecedented number of National Guard and Reserve personnel. Many have experienced multiple deployments, extended tours, and decreased breaks from combat. The veterans of these deployments are returning to their partners, children, families, and communities throughout the United States with visible and invisible injuries, trauma (psychological and physical), related depression and anxiety, combat-related post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). A small, but growing number of veterans become involved with the criminal justice system for a range of crimes, including intimate partner violence (IPV). Communities nationwide are grappling with how to serve this population of returning service members and their families adequately.

Most people returning from war zones will have common stress reactions, such as anger, anxiety, fear, aggression, and/or withdrawal and need to readjust to being home. Even minor incidents can lead to over reactions. These stress reactions are a normal part of readjustment. This can be especially intense during the first months while they are learning to find the “new normal.” Stress reactions and problems that last for months can affect relationships, work, and overall well-being, if not addressed. A person may be coping with stress by drinking, taking drugs, withdrawing, engaging in excitement seeking activities, isolating, and/or he/she may be having sleep problems, bad dreams or nightmares, or sudden emotional outbursts. He/she may also startle easily and have problems trusting others. To respond appropriately in these situations, it is important to understand these stress/trauma reactions and their relationship to IPV. This understanding is also important to provide effective information and referrals to victims whose partners have been exposed to the trauma of combat and exhibit violent or abusive behavior.

In addition, some military personnel, both men and women, have been victims of sexual assault and/or IPV while in the military. Trauma has been associated with increased risk of depression, PTSD, substance use, and other anxiety disorders. Increasing numbers of male and female veterans are unemployed and homeless, which increases the risk of becoming involved with the criminal justice system.

It is important to emphasize that while most returning military personnel have readjustment and stress issues, **most military personnel and veterans do not become abusive to their partners and/or families or become involved in the criminal justice system. Most eventually readjust successfully to life back home.** However, if these problems persist, it is important to assess the service member or veteran for PTSD, TBI, substance abuse, depression, and other mental health problems.

Post-Traumatic Stress Disorder and Intimate Partner Violence

Most data on IPV, PTSD, and veterans involves Vietnam veterans. Veterans with PTSD have consistently been found to have a higher incidence of IPV perpetration than veterans without PTSD. In multiple research studies, veterans with PTSD report significantly higher rates of generally violent behaviors, aggression, and suicide than veterans without PTSD.¹

Many service members returning from deployments from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan have experienced family reintegration challenges. Many veterans have reported feelings of separation and insecurity upon returning to their own homes, feeling “like a guest in my own home,” and experiencing “conflict about” household responsibilities.² Many of these veterans are depressed and have PTSD.³

Some studies have found that male OIF/OEF veterans with PTSD are more likely than Vietnam veterans to perpetrate aggression toward their female partners. With this in mind, partner aggression among Iraq and Afghanistan veterans with PTSD is an important treatment consideration and target for prevention.⁴ In one study of OIF/OEF veterans presenting for care at a Department of Veterans Affairs (VA) Deployment Health Clinic, over half (53.2%) acknowledged at least one act of physical aggression in the past 4 months.⁵ Among active duty military and veterans in batterer rehabilitation, PTSD was found to be significantly related to IPV severity.⁶

Screening, Assessment, and Intervention

If a combat veteran commits IPV after returning from combat, many people believe the violence is directly caused by the combat experience. This assumption may or may not be true. Some returning service members had a history of IPV prior to their combat experience and continue to be violent when they return. Others with no prior IPV history may become violent upon their return from the war zone. There are reports of increased violence upon return from combat by some service members with a history of controlling behavior and/or physical violence prior to deployment to the

¹ Gerlock A. (2004). Domestic violence and post-traumatic stress disorder severity for participants of a domestic violence rehabilitation program. *Military Medicine*, 169 (6), 470-474; Orcutt, H.K., King, L.A., & King, D.W. (2003). Male-perpetrated violence among Vietnam veteran couples: Relationships with veteran's early life characteristics, trauma history, and PTSD symptomatology. *Journal of Traumatic Stress*, 16 (4), 381-390; Sayers, S.L., Farrow, V.A., Ross, J., & Oslin, D.W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *The Journal of Clinical Psychiatry*. e1-e8.

² Sayers, S.L., Farrow, V.A., Ross, J., Oslin, D.W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, e1-e8.

³ Taft, C.T., Vogt, D.S., Marshall, A.D., Panuzio, J., & Niles, B.L. (2007, April). Aggression among combat veterans: Relationships with combat exposure and symptoms of posttraumatic stress disorder, dysphoria, and anxiety. *Journal of Traumatic Stress*, 20 (2), 135-145.

⁴ Teten, A., Schumacher, J., Taft, C., Stanley, M., Kent, T., Bailey, Dunn, N., & White, D. “Intimate Partner Aggression Perpetrated and Sustained by Male Afghanistan, Iraq, and Vietnam Veterans With and Without Posttraumatic Stress Disorder.” *Journal of Interpersonal Violence*, Published online before print December 18, 2009, doi: 10.1177/0886260509354583.

⁵ Jakupcak, M., et al. (2007). Anger, hostility, and aggression among Iraq and Afghanistan war Veterans reporting PTSD and subthreshold PTSD, *Journal of Traumatic Stress*, 20 (6), 945-954.

⁶ Gerlock, A.A. (2004, June). Domestic violence and post-traumatic stress disorder severity for participants of a domestic violence rehabilitation program. *Military Medicine*, 169, 470-474.

war zone. There are also reports of psychological and/or physical violence upon return from the war zone by some service members with no history of violence prior to deployment.

A challenging question is how to determine a clear relationship between combat deployment and the perpetration of IPV. There is no easy answer to this question. Identifying the context of the violence is critical to determine if there is a history of coercive control and battering. Important questions to explore are: **who is doing what to whom, with what intent and effect, and who needs protection from whom?**⁷ Different risks are associated with different histories of violence or particular behaviors exhibited by the perpetrator. Safety planning will not be effective unless it takes into account the different forms of coercion and/or violence present in each situation. Interventions will be more or less helpful, or more or less risky, depending on the context of the violence. Regardless of context, all violence can be dangerous. Appropriate IPV screening and assessment is critical to determine risk and danger and appropriate intervention in every situation.

Subject matter experts must conduct separate assessments for IPV and co-occurring conditions such as PTSD, TBI, depression, and substance abuse. One provider does not generally have expertise in all of these areas. VA facilities do provide screening, assessment, and intervention for PTSD, TBI, depression, and substance abuse but do not currently have policies and protocols in place for screening and assessing for IPV victimization and perpetration. Therefore, collaboration between VA facilities and community-based domestic violence and offender intervention programs is important to ensure that assessments are done by providers with expertise in IPV. Intervention for IPV and co-occurring conditions must be done separately. Completing treatment for co-occurring conditions will not necessarily stop the IPV. The veteran or service member will need treatment for the combat-related issues and an IPV assessment to determine if IPV intervention is needed as well.

Military and Veteran Culture

Knowing something about military/veteran culture can be helpful to professionals in all settings who respond to military personnel and veterans. Some veterans have belief systems about “military” versus “civilian” and continue to think of themselves as “military.” To them, anyone who has not served in the military is considered a “civilian.” These veterans have expressed reluctance to talk about their military experiences, particularly combat experiences, with anyone who has not served. For some veterans, this goes a step further where they will not talk about combat and/or other trauma experiences with anyone except other veterans who also have combat experience. Military culture where secrecy and security is valued, and sometimes necessary, creates a strong distinction between “soldiers” and “civilians.” In intimate relationships, this can lead to a sense that partners cannot understand what the service member or veteran is experiencing.

Beliefs and behaviors stemming from past military experience may also persist. Some veterans express strong opinions about the use of firearms: “Don’t draw a firearm unless you intend to shoot. Don’t shoot unless you intend to kill.” This is important information for law enforcement personnel who may respond to a domestic disturbance. Knowing whether either spouse is a military service member or veteran and whether firearms are present is critical to determine the potential danger in the situation.

⁷ For a fuller discussion on these questions, see *Blueprint for Safety*, Chapter 1, Principle 2: Attention to Context and Severity of Abuse (www.praxisinternational.org)

Understanding these beliefs may be helpful in forming a working relationship with a service member or veteran in any setting. Across systems, from health care professionals to law enforcement personnel, **it is helpful for the professional to let the service member or veteran know if he/she is also a veteran and has deployed to a war zone. When a law enforcement officer is not a service member or veteran but has family members who are (e.g., a spouse, son or daughter, parent(s), etc.), it may also be helpful to share that information to facilitate establishing rapport.** By doing so, this immediately establishes a level of credibility, reducing barriers to communication.

Law Enforcement Response

SCREENING, ASSESSMENT, AND INTERVENTION

Civilian law enforcement officers should always attempt to determine if the individual they are responding to is a military service member or veteran and to what extent their military service has impacted their behavior. Law enforcement personnel should do the following:

- Screen routinely for military experience, war-zone deployments, and combat experience and have protocols in place for when there is a positive screen.
- Screen every military and veteran IPV perpetrator for deployment and combat-related conditions such as PTSD, TBI, substance abuse, and depression and have protocols in place for more in-depth assessment and/or refer when there is a positive screen.

Screening for military experience can be accomplished with a few quick questions:

- Have you ever served on active duty in the Army, Navy, Air Force, Marines or Coast Guard or in the National Guard or Reserves? If yes, ask:
 - Which service?
 - When?
- Have you ever deployed to a war zone? If yes, ask:
 - How many times?
 - Where?
 - When?
- Do you have combat experience? If yes, ask:
 - Where?
 - When?
 - How has that affected you? (What impact has this had on you?)

These three basic questions can be tailored to the setting and situation. The responses will help determine the level of risk and danger and the need for additional screens and possibly full assessments and referrals. If the professional determines he/she is responding to a military service member or veteran, questions regarding deployment and combat experience are relevant.

911 responders/dispatchers should conduct rapid screens to determine military experience, presence of weapons, use of substances (alcohol and/or drugs), mental health issues, presence of children/other family members/others, and injuries. Factors such as military experience (in particular return from recent deployments), access to weapons (particularly firearms), active substance abuse

(currently intoxicated or high), and mental health conditions like depression or PTSD all impact the immediate dangerousness of the situation to the victim and responders. There may be more than one primary victim. Children, other family members, or new intimate partners may also be at risk for injury or death. Responders and dispatchers need to know if injuries have occurred and, if so, determine if they need to dispatch medical response. 911 personnel are not in a position to determine who is the primary IPV victim or perpetrator.⁸

Patrol officers determine if a crime occurred and who is the victim and who is the perpetrator. To determine the dangerousness of the situation, they should also screen for military experience, determine if there are weapons, screen for use of substances (alcohol and/or drugs), indicators of mental health issues, and injuries. They may be in a position to determine if immediate medical transport is needed for injuries related to IPV.⁹ They may also directly provide transport when mental health issues are identified that need immediate attention (e.g., depression, PTSD, or thoughts/intent of suicide).

Police investigators/detectives conduct some investigation at the scene. However, their interview with the suspect at the police station will involve a more in-depth review of what occurred and the circumstances surrounding the crime. Police investigators/detectives generally note if a suspect is intoxicated or high or if an obvious mental illness is present. Screening for military experience may also be important to determine if it relates to the crime and how it impacts risk and danger.¹⁰

RESPONDING TO VETERANS

Law enforcement officials responding to a domestic dispute involving a military member or veteran should always be alert to the possibility that they may have weapons and be extremely proficient in the use of those weapons. Weapons in the hands of individuals with possible mental health issues generally increase the risk to the responding officer and/or other individuals in the area. Not all mentally or emotionally ill people are dangerous, while some may represent danger only under certain circumstances or conditions.

The following factors increase danger:

- Availability of weapons
- Statements by the subject that suggest they are prepared to commit a violent/dangerous act
- A personal history that reflects prior violence under similar or related circumstances
- Lack of control of emotions such as rage, anger, fright, or agitation
- Volatility of the environment

⁸ See Blueprint for Safety, Chapter 2, 911 Emergency Communications Center for information on best practice in 911 call-taking and dispatching in cases related to domestic violence.

⁹ See Blueprint for Safety, Chapter 3, Law Enforcement for information on patrol response to domestic violence.

¹⁰ Ibid for detail on best practices for investigating domestic violence cases.

If the factors above are present and a law enforcement officer determines he/she is possibly dealing with a service member or veteran with mental health issues, the following actions are appropriate:

- Call for back-up
- Move slowly
- Assure the individual that police are there to help
- Communicate on their level
- Do not threaten the person with arrest (this may incite a fight)
- Avoid controversial topics
- Try to connect with the service member or veteran
- If a police officer who is also a veteran is available, attempt a dialogue between the two veterans
- Employ calming techniques (minimize lights, sirens, crowds)
- Attempt to be truthful
- Never leave the person alone during interviews
- Do not just “drop off” at treatment facilities

It is important to keep the following information in mind when responding to calls involving military service members and veterans:

- The vast majority of military personnel and veterans are not a risk to law enforcement or the general public. However, many people with military backgrounds and experience do have personal firearms. The presence of weapons can increase risk for first responders.
- Most military personnel have a healthy respect for and understand authority, even in a stressful situation. This may be advantageous for law enforcement intervening with a service member or veteran and may assist in making a connection based on mutual respect.
- During initial and ongoing training, many military personnel are trained in the use of lethal force and the specific circumstances in which it is appropriate.
- Military personnel are also trained on who the enemy is and isn't. Most military personnel and veterans would not view law enforcement personnel as the enemy unless they are experiencing combat-related mental health issues.
- All military personnel go through rigorous training and indoctrination on proper use of force and escalation of force along with rules of war. For most, this training decreases the likelihood of inappropriate use of force. Some veterans who are emotionally disturbed may pose a greater risk due to the additional training they received in the military.

The following are substantial risks that increase the likelihood of serious harm:

- Evidence of, threats of, or attempts at suicide or serious bodily harm to him/herself
- Evidence of homicidal or other violent behavior and serious bodily harm, or attempts or threats toward others
- Evidence that the person's judgment is so affected that he or she is unable to protect him/herself in the community and that reasonable provision for his/her protection is not available in the community
- Statements and actions that indicate they may not have a good grasp of reality

PTSD and other combat-related mental health issues are not an excuse for violent and controlling behavior. Military personnel and veteran IPV offenders should be held accountable for their behavior when they violate the law. However, it is important to be sensitive to the fact that people who have been in a combat zone are often changed forever by that experience, as are their families. We can't totally understand what they have been through even if they do talk to us about it, but we can be there to set appropriate limits and provide support and intervention that is needed to keep our military personnel, veterans, their families, and our communities safe.

See the following links for resources that can provide information and assistance:

- Department of Veterans Affairs: www.va.gov
- Department of Veterans Affairs, National Center for Post-Traumatic Stress Disorder: www.ptsd.va.gov/PTSD/public/reintegration/guides-rwz.asp
- Military OneSource: www.militaryonesource.mil
- Defense Centers for Excellence on Psychological Health and Traumatic Brain Injury: www.dcoe.health.mil
- Veterans Crisis Line: www.veteranscrisisline.net
- VA Caregiver Support: www.caregiver.va.gov
- Battered Women's Justice Project, Safety at Home – Intimate Partner Violence, Military Personnel, and Veterans E-Learning Course: www.bwjp.org/elearning_course.aspx
- Battered Women's Justice Project, Screening and Assessment Model for Intimate Partner Violence Perpetration and Co-Occurring Combat-Related Conditions: http://www.bwjp.org/combat_related_ptsd_and_ipv_model.aspx
- Battered Women's Justice Project, Victim Advocate Guide – Intimate Partner Violence (IPV) and Combat Experience: <http://www.bwjp.org/articles/article-list.aspx?id=30>

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This project is supported by Grant No. 2010-TA-AX-K008 awarded to Praxis International by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Department of Justice.