



Bedford VA – The Safing Center: Treatment & Prevention of Intimate Partner Violence

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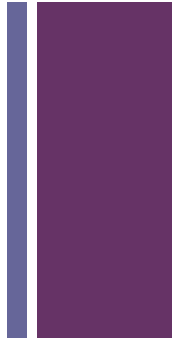
+ Disclaimer



- The views expressed in this presentation are the views of the author and do not represent the specific views of the Department of Veterans Affairs or the United States Government
- The author does not have financial conflicts of interest to declare



Recovery-oriented,
Veteran-centered
approach to treatment



Services offered include:

- Individual and couples therapy for Veterans who have used or experienced intimate partner violence
- Consultation and education with clinical providers and hospital staff regarding screening, assessment, and intervention for IPV
- Referral and assistance in identifying and contacting community resources, domestic violence agencies, and law enforcement as needed
- Prevention of IPV through awareness raising and education about healthy relationships



Session Overview

IPV Definition, Prevalence

The Safing Center Model

Case Presentation & Discussion



Intimate Partner Violence, Prevalence Rates

Defining DV/IPV

Types/Continuum of violence

Prevalence rates for IPV

Veteran-sensitive considerations



Defining domestic violence & intimate partner violence



- **Domestic violence:** “Though this term has historically referred to intimate partner violence, it more accurately refers to any violence or abuse that occurs within the ‘domestic sphere’ or ‘at home,’ and may include child abuse, elder abuse, and other types of interpersonal violence” ¹
- **Intimate Partner Violence:** “The term intimate partner violence describes physical, sexual, or psychological harm or stalking behavior by a current or former partner that occurs on a continuum of frequency and severity ranging from emotional abuse to chronic, severe battering or even death. It can occur in heterosexual or same-sex relationships and does not require sexual intimacy or cohabitation” ²

¹ Wallace, H. (2004). *Family Violence: Legal, Medical and Social Perspectives*. Allyn & Bacon.

² Center for Disease Control (2015). Intimate partner violence surveillance: Uniform definitions and recommended data elements. Accessed 11/10/2016: <http://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>

+ Four Main Types of IPV



+ Four Main Types of IPV

■ Physical violence

- Intentional use of physical force with the potential for causing death, disability, injury, or harm. Also includes coercing other people to commit acts of physical violence

■ Sexual violence

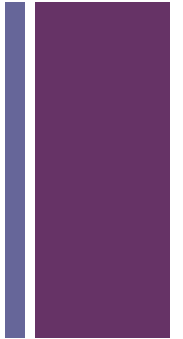
- Whether attempted or completed, sexual contact or activities without freely given consent
- 5 types: Rape/penetration; Victim made to penetrate someone else; non-physically pressured unwanted penetration, unwanted sexual contact, non-contact unwanted sexual experiences

■ Stalking

- Pattern of repeated, unwanted attention & contact that invokes fear for safety of self or someone else (in-person or virtually)

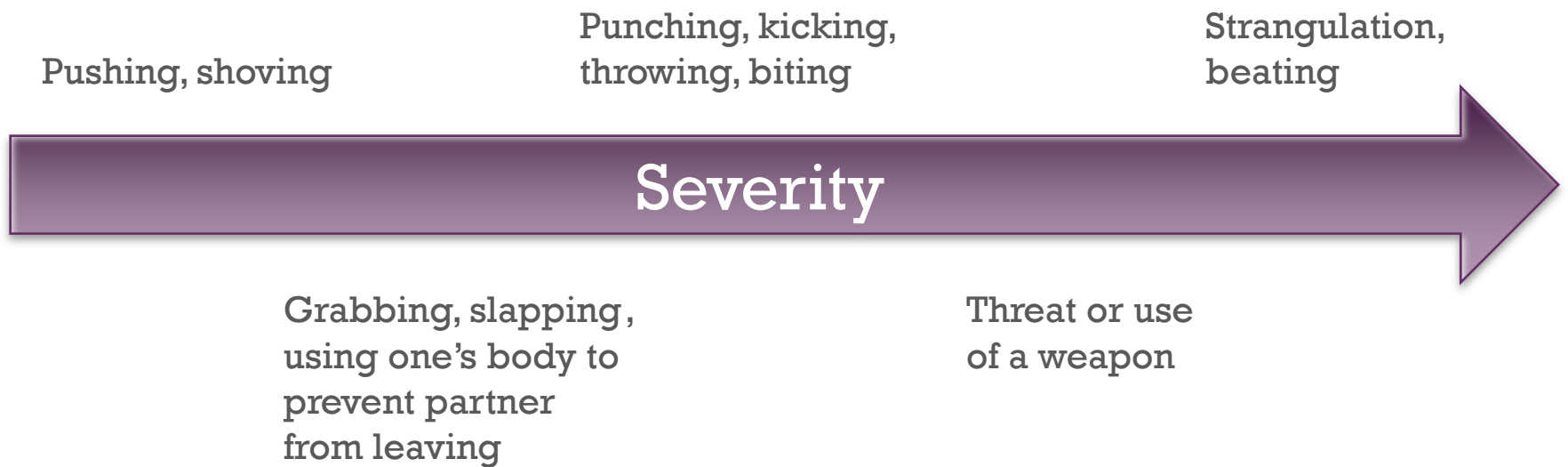
■ Psychological Aggression

- Verbal & non-verbal communication with intent to harm mentally or emotionally, exert control over another



+ Continuum of Violence

For example, physical IPV includes (but is not limited to):



+ Typologies of Violence

■ Situational Couple Violence

- One or both partners engages in violent behavior
- Situationally induced, no pattern of coercive control
 - 86% general sample, 37% court sample

■ Intimate Terrorism

- Most dangerous, sometimes lethal form of IPV
- Pattern of coercion and control
- Combination of physical and/or sexual violence and non-violent tactics
 - 11 % general sample, 46% court sample

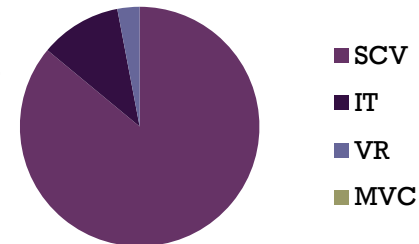
■ Violent Resistance

- Response to intimate terrorism
 - 3% general sample, 6% court sample

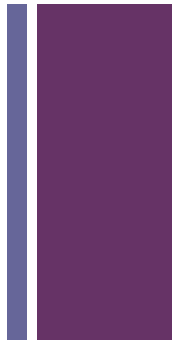
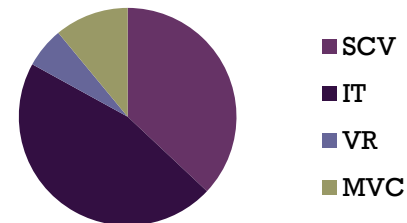
■ Mutually Violent Control

- Mutual use and experience of intimate terrorism
 - 0% general sample, 11% court sample

General sample



Court sample



+ Description of Situational Couple Violence



■ Behaviors

- Mildly aggressive (e.g., throwing objects) to more aggressive (e.g., pushing, slapping, biting, hitting, scratching, hair pulling)

■ Severity

- Rarely escalates to more severe abuse, generally does not include injuries that were serious or caused one partner to be admitted to a hospital

■ Frequency

- Occurring 'once in a while' during an argument or disagreement

■ Mutuality

- Violence may be experienced by either/both partners in the relationship

■ Intent

- Occurs out of anger or frustration rather than as a means of gaining control and power over the other partner

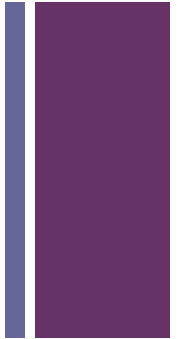
+ Public Health Crisis

■ General population

- 12 million individuals experience IPV annually in the U.S. ¹
- More than 1 in 3 women and 1 in 4 men have experienced rape, physical violence, or stalking at some point in their lifetime¹
- Almost *half* of all individuals have experienced psychological aggression by an intimate partner in their lifetime ²
- Almost half of female victims and 2/3 of male victims who indicated need for services did not receive services as a result of IPV ²

■ Treatment Seeking

- 36% to 70% in couples seeking therapy in non-IPV clinics, often bidirectional ³
- Barriers to help-seeking (e.g., fear of litigation, child custody, stigma/shame, potential of worsening aggression)



¹ Centers for Disease Control & Prevention. (2014). Understanding Intimate Partner violence: Fact sheet. Accessed 11/14/2016, <http://www.cdc.gov/ViolencePrevention/pdf/IPV-FactSheet.pdf>

² Breiding MJ, Chen J, Black MC. *Intimate partner violence in the United States—2010*. Accessed 11/14/2016, http://www.cdc.gov/violenceprevention/nisvs/summary_reports.html

³ Madsen, C., Stith, S., Thomsen, C., & McCollum, E. (2012). Violent couples seeking therapy: Bilateral and unilateral violence. *Partner Abuse*, 3, 43-58. doi: doi:10.1891/1946-6560.3.1.43



Service Members and Veterans



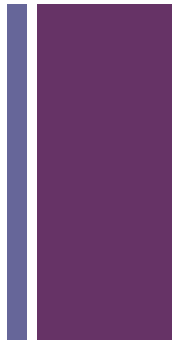
- Past-year prevalence rates for male Veterans using IPV range from 15 to 42% ¹
 - Rates increase with co-occurring PTSD, SUD, combat exposure (33-60%)
 - Lifetime prevalence rates for Vietnam Veterans is 33-58% ²
- Data are relatively limited for OIF/OEF veterans' use of IPV
 - High rates of PTSD and interpersonal aggression suggest they are at high risk for using IPV
- When we control for significant stressors (e.g., combat exposure, infidelity), substance use and PTSD, military service members rates of IPV are comparable to civilians

¹ Gierisch, J.M., et al. (2013). Intimate partner Violence: Prevalence among US Veterans and active duty servicemembers and a review of intervention approaches. Accessed 11/14/2016, http://www.hsrd.research.va.gov/publications/esp/partner_violence.cfm

² Byrne, C. A., & Riggs, D. S. (1996). The cycle of trauma: Relationship aggression in male Vietnam Veterans with symptoms of posttraumatic stress disorder. *Violence and Victims, 11*, 213-225

+ Substance Use and IPV

- Men mandated to Batterer Intervention Programs
 - Nearly half meet criterion for Substance Use Disorders ¹
- Men entering substance abuse treatment
 - Nearly half who were in relationships before entering treatment had used some form of IPV during the past year ²
- Male-to-female physical violence
 - 8-11x more likely to occur on a day when alcohol use occurs ³
 - 42% of women who experienced IPV report that alcohol was a factor in the interaction ⁴



1 Gondolf, E.W. (1999). Characteristics of court mandated batterers in four cities: Diversity and dichotomies. *Violence Against Women*, 5, 1277-1293.

2 Chermack, S.T., Fuller, B.E., & Blow, F.C. (2000). Predictors of expressed partner and non-partner violence among patients in substance abuse treatment, *Drug and Alcohol Dependence*, 58, 43-54.

3 Fals-Stewart, W., Leonard, K. E., & Birchler, G. R. (2005). The occurrence of male-to-female intimate partner violence on days of men's drinking: The moderating effects of antisocial personality disorder. *Journal of Consulting and Clinical Psychology*, 73, 239-248.

4 Catalano, S. (2007). Bureau of Justice Statistics. Intimate partner violence in the United States. Accessed online 11/10/2016, <http://www.bjs.gov/content/pub/pdf/ipvus.pdf/>

+ Mental Health and IPV

- Post Traumatic Stress Disorder
 - Well-researched finding that combat-related symptoms place veterans at significantly higher risk for using IPV
 - Most significant correlation with hyperarousal symptoms
 - High correlation between PTSD and IPV severity levels ¹
- Traumatic Brain Injury
 - 70% considered mild, symptoms typically resolve within weeks
 - More severe TBI may take a year or longer, have negative impact on cognitive/emotional functioning, physical functionality, aggression and/or impulsiveness ²
- Depression
 - High correlations with PTSD & SUD ²



¹ Gerlock, Grimesey, & Sayre. (2014). Military-related posttraumatic stress disorder and intimate relationship behaviors: a developing dyadic relationship model. *Journal of Marital Family Therapy*, 40, 344-356. doi: 10.1111/jmft.12017

² Tinney & Gerlock. (2016). Intimate Partner Violence, Military Personnel, Veterans, and Their Families. Accessed online 11/14/2016, http://www.bwjp.org/assets/documents/pdfs/intimate_partner_violen

+ Risk Factors for Using IPV

- Low income
- Unemployment
- Low academic achievement
- Young age
- Aggressive behavior as a youth
- Prior history of being physically abusive
- Being a victim of child physical or psychological abuse
- Depression
- Anger and hostility
- Heavy alcohol and drug use
- Few friends and isolation from other people
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance)
- Desire for power and control in relationships





Unique Risk Factors for IPV with Veteran Families



- Combat-related stress
- Multiple deployments
- Prolonged separation from family
- Military socialization
 - Authority, power & control
 - Aggression solves problems
- Both partners may have served in the military





Working With Veterans Who Use Violence: Emerging Themes



- Violence often occurs in the context of substance use or exacerbation of psychiatric symptoms
- Veterans often feel profound shame about their situation
- Veterans often struggle to identify triggers beyond their anger
- Violence is often mutually occurring between partners





The Safing Center's Model

A Note About Language

Traditional Treatment for IPV

Contextual Intimate Partner Violence Therapy (CIPVT)

PSR Paradigm for IPV Treatment



A Note About Language and Intimate Partner Violence



- Separating the person from their behavior
 - Perpetrators/batterers and victims/survivors
 - vs.
 - Veterans who use or experience violence in relationships

- Why do we choose this language?
 - Reduce stigma and shame
 - Challenge the “good person-bad person” dichotomy
 - Improve access to and engagement in treatment
 - More accurately reflects data about situational couple violence



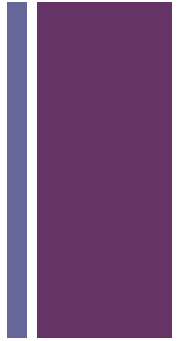
Traditional Treatment for Veterans Who Used IPV



- Batterer Intervention Programs (BIPs)
 - State certified programs, specifications vary
 - Work directly with the legal system to receive mandated referrals
 - Average 26-40 weeks of group therapy
 - Duluth model, Emerge model; CBT Models
 - Primary goal: Prevention of future abuse through various psychoeducational/confrontation-based strategies
 - Confronting gender-based beliefs about violence
 - Exploring and challenging the function of violence
 - Teaching safety planning, improved communication skills & distress tolerance to better manage conflict



Duluth Power and Control Wheel





Support for Traditional Treatment with Veterans Who Used IPV



- BIPs developed from grassroots efforts to address growing yet taboo problem
 - Collaboration with feminist organizations and shelter-based treatment 1970's & 80's
 - Existed *prior to* Violence Against Women Act in 1994
- Strong support from legal system as intervention of choice, well-developed national reputation and referral base
- Reduction in recidivism rates for further use of physical violence compared to no treatment
- Designed to confront and influence the behavior of individuals who use intimate terrorism
 - Intervention with evasive, challenging, treatment resistant population



Critique of Traditional Treatments for Use of IPV



- Focus on violence cessation in isolation
 - Lack of context for incidents when IPV occurs
 - Does not address co-occurring disorders, housing/financial problems, underlying relational dynamics
- Does not distinguish between typologies of violence
- Does not address individual differences
 - Veteran specific factors in use of IPV
- Measuring recidivism not a particularly good indicator of successful treatment

+ Developing an Alternative Treatment Model

■ The Safing Center

- Initially grant funded by Bristol Myers Squibb
- Key elements to clinical work
 - Contextual assessment to develop comprehensive treatment plan addressing specific incidents and/or pattern of IPV, as well as underlying factors that contribute to increased risk
 - Treatment of individuals and/or couples who have used and/or experienced IPV (i.e., primarily situational couple violence)
 - Collaboration and facilitated connection to resources at our hospital and community agencies for additional support as appropriate



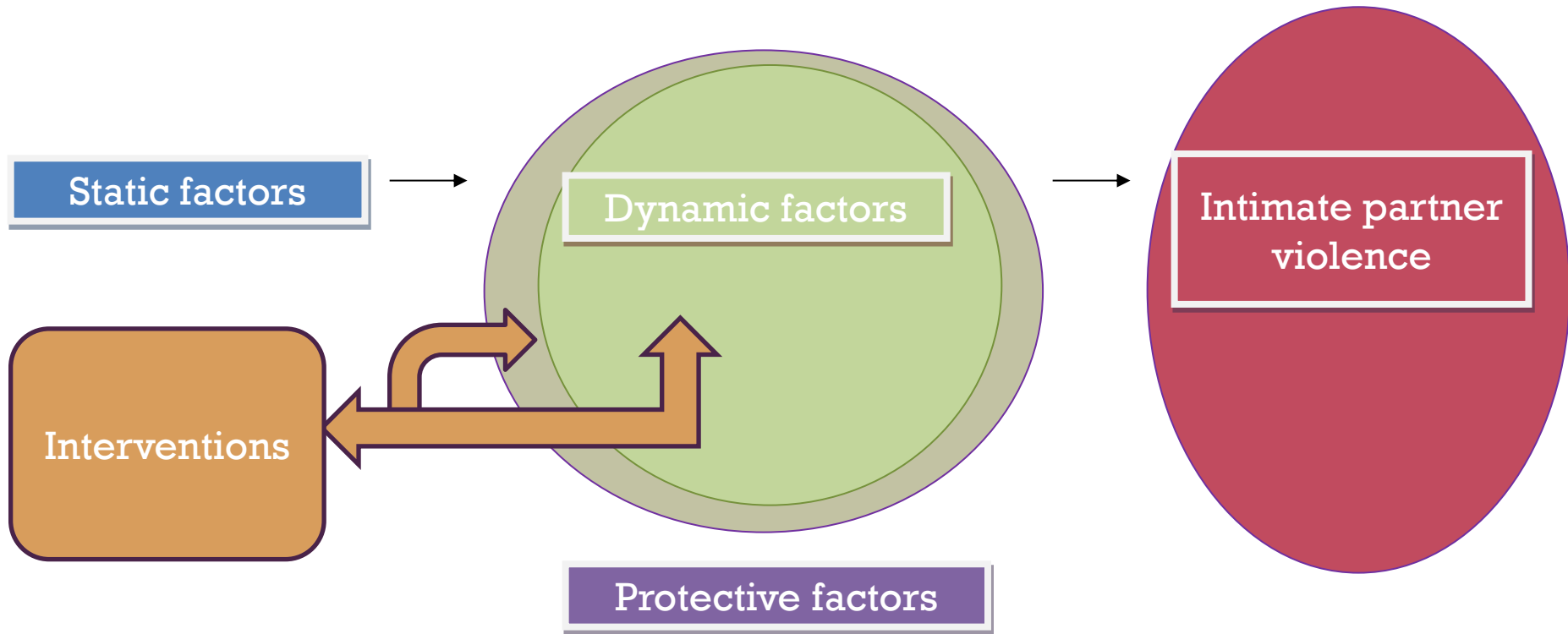
Contextual Intimate Partner Violence Therapy (CIPVT)

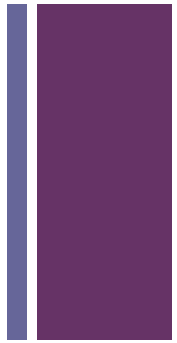
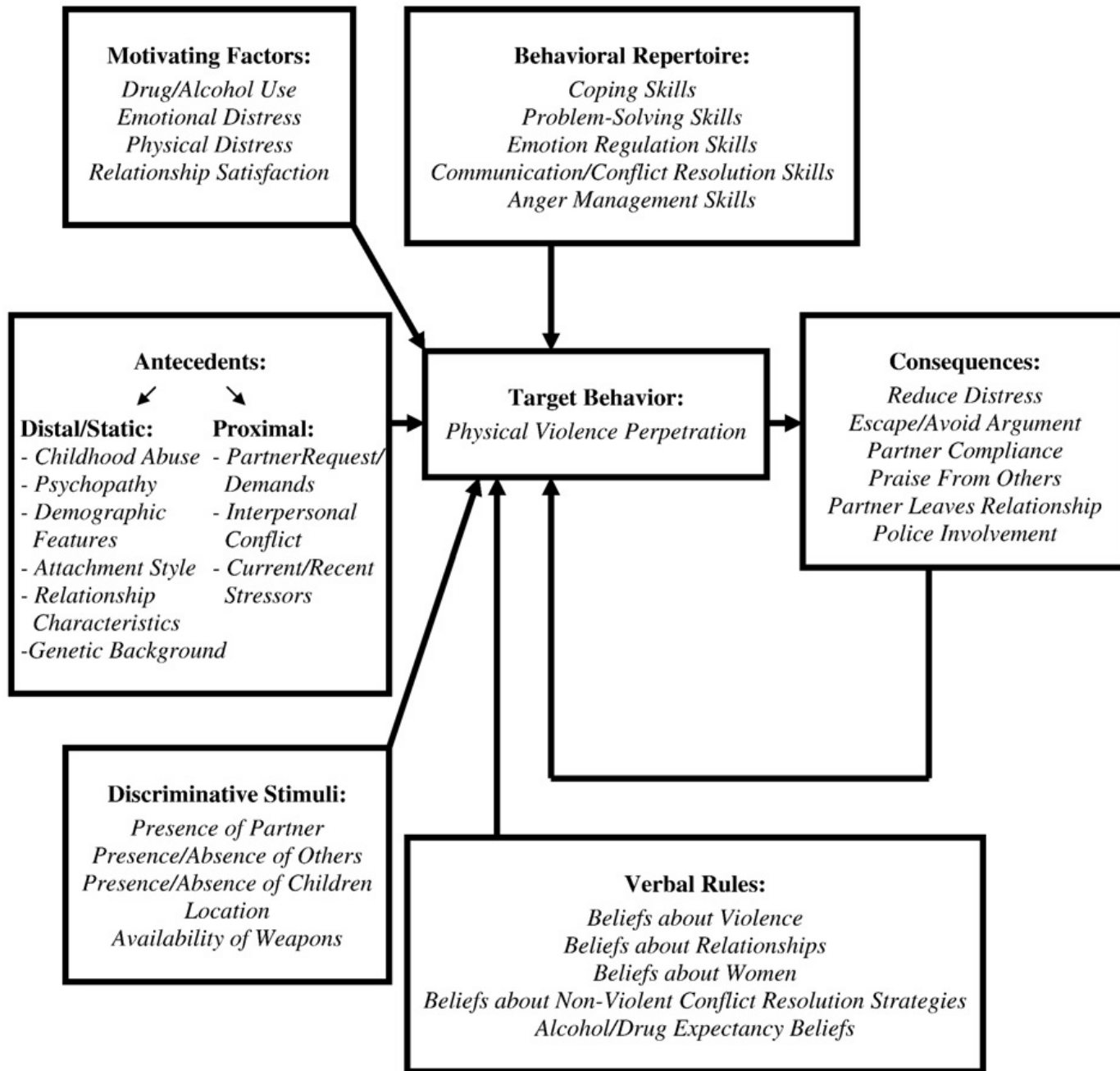


- Theoretical rationale
 - Violence cessation cannot occur in isolation
 - Comprehensive, recovery-oriented, systems-based treatment
- Assessment includes getting a clear picture of the situational context and intentions behind using IPV, the meaning of the IPV to the partner who experienced it, and impact on other family members (e.g., children) and social support network
- Strengths-based and collaborative approach to treatment
- Addresses intrapsychic issues and contextual environmental factors
- Includes employment/education services, housing, legal advocacy, and community integration



CIPVT Model







Psychosocial Rehabilitation (PSR)



- **Promote recovery, full community integration, and improved quality of life**
- Services are **collaborative, person directed, and individualized**
- Treatment should be **evidence-based**
- Focus on **helping individuals develop skills and access resources**
- Successful and satisfied in **living, working, learning, and social environments** of their choice

+ PSR Approach to IPV



- The use or experience of violence does not define the individual
- IPV is not a mental health diagnosis
- IPV is complex and complicated
- Violence cessation cannot occur in isolation – must be addressed comprehensively
- Each partner has a narrative
- Veteran-centered & trauma-informed approach to treatment
- Emphasizes the importance of community support



Case Example & Discussion

Case Examples

Questions/dialogue



Case Example #1



- 33 year old USMC veteran, 70% SC, VJO connected in VTC
 - Married, 2 children under 3 years old
 - IPV incident – partner was concerned about suicide, involved police
 - Complex PTSD from childhood trauma, combat exposure
 - Guarded and untrusting
 - Obsessive concern about past infidelity by partner

- Treatment
 - Safing Center considered as an alternative in lieu of BIP
 - Assessment for type of violence
 - Looks like intimate terrorism, feels like poor strategies for coping with PTSD symptoms and fear of losing his family
 - Individual therapy → couples therapy

- Brief reconnection after motorcycle accident



Case Example #2



- 42 year old Army veteran, NSC, IPV charges recently dropped in court, restraining order lifted and cohabitating with spouse and 3 children
 - Primary source of conflict = His unemployment, financial concerns impending housing issue, differences in parenting beliefs
 - His alcohol use to cope; several repetitions polarize the issue
 - Her anger = cost, perceived lack of support at home
 - His sadness about lost masculine identity without breadwinner status; going to bar to “still feel like one of the guys”
 - IPV incident: He felt berated & cornered, verbally & physically pushed her away, destroyed property, neighbors called police
- Treatment
 - Referral to Supported Employment program + Brief couples therapy



Recovery-oriented,
Veteran-centered
approach to treatment



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