

## SAFVIC ON THE SCENE

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## The Intersection of Combat-Related Post-Traumatic Stress Disorder and Intimate Partner Violence

By: Glenna Tinney, MSW

The United States has been at war in Afghanistan and Iraq for over 10 years. Nearly 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 spouses, children, families, and communities throughout the United States with visible and invisible injuries, such as combat-related post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). A small, but growing number, become involved with the criminal justice system for a range of crimes, including intimate partner violence (IPV). Communities nationwide are beginning to grapple with how to serve this population of returning service members and their families adequately.

Most people returning from war zones will have stress reactions and will need to readjust to being home. This can be especially intense during the first months. To respond appropriately in these situations, it is important to understand these stress 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. These common stress reactions are a normal part of readjustment. Anger, anxiety, fear, aggression, and/or withdrawal are common war-zone stress reactions. Even minor incidents can lead to over reactions. 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, isolating, and/or he/she may be having sleep problems, bad dreams or nightmares, or sudden emotional out-

bursts. He/she may also startle easily and have problems trusting others. It is important to emphasize that while most returning military personnel have readjustment and stress issues, **most combat veterans do not become abusive to their partners and/or families and most eventually readjust successfully to life back home.** However, if these problems persist, it is important for the service member or veteran to be assessed for PTSD, TBI, and depression.

### PTSD and IPV

Most data on IPV and veterans is on Vietnam veterans. Veterans with PTSD have consistently been found to have a 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 in multiple research studies.

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.<sup>1</sup> Many of these veterans are depressed and have PTSD.<sup>2</sup>

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.<sup>3</sup> In one study of OIF/OEF veterans presenting for care at a Department of Veterans Affairs (VA) Deployment Health Clinic,

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For additional information on Combat-Related PTSD and intimate partner violence, visit the following links:

[Department of Veterans Affairs](#)

[Department of Veterans Affairs, National Center for Post-Traumatic Stress Disorder](#)

[Military OneSource](#)

[Defense Centers for Excellence on Psychological Health and Traumatic Brain Injury](#)

[Veterans Crisis Line](#)

[VA Caregiver Support](#)

[Battered Women's Justice Project, Safety at Home – Intimate Partner Violence, Military](#)

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over half (53.2%) acknowledged at least one act of physical aggression in the past 4 months.<sup>4</sup> Among active duty military and veterans in batterer rehabilitation, PTSD was found to be significantly related to IPV severity.<sup>5</sup>

### Assessment and Intervention

If a combat veteran commits IPV after returning from combat, many people believe the violence was 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 in some relationships with a history of controlling behavior and/or physical violence prior to deployment to the war. There are also reports of psychological and/or physical violence upon return from the war zone in some relationships 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 determining if there is a history of coercive control and bat-

tering. Differentiation of such cases may have significant implications for not only determining required services and case planning but for risk assessment and safety planning as well. Appropriate IPV screening and assessment is critical to determine context by identifying veterans with histories of violence and pre-deployment patterns of coercive control in intimate relationships. For the most part, VA facilities do not currently have standardized protocols to screen and assess for IPV and provide appropriate IPV interventions. Therefore, most often community-based programs that work with IPV must provide these services.

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. Intervention for IPV 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.

### The Law Enforcement Response

Knowing something about military/veteran culture can be helpful to

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## SAFVIC STATEWIDE CONFERENCE

The SAFVIC Statewide Training on Violence Against Women Program (VAWT) is proud to announce the location and development of the *SAFVIC - Statewide Training on Violence Against Women Conference* for 2013! The conference will be held at the Omni Mandalay Hotel at Las Colinas in Irving, Texas on Monday, July 22, 2013 through Wednesday, July 24, 2013.

The SAFVIC Statewide Conference on Violence Against Women is open to Texas law enforcement and telecommunicator/9-1-1 dispatcher personnel from rural counties, as well as counties that have experienced a domestic violence fatality. All program funds are used to cover expenses for hotel lodging (overnight accommodations only), registration fees, and speaker fees for 200 selected attendees. Travel expenses such as parking, mileage, and daily per diem (meals) are not covered by the SAFVIC-VAWT Program and must be covered by those attending the conference.

Attendees will receive training from nationally recognized experts on the following topics: basic dynamics of violent crimes against women, human trafficking, cyber-crimes, stalking, sexual assault, factual case studies, and much more! All attendees will receive TCLEOSE credit upon verification of attending all conference sessions. Everyone is encouraged to apply to attend the conference. All selected conference attendees will be notified by email or phone once he or she is selected to attend the conference. Applications are currently being accepted and the deadline to submit an application is May 30, 2013. To fill out an application please go to the following website [www.safvic.org](http://www.safvic.org) and click on the Statewide Conference on Violence Against Women title.



### THE USE OF TECHNOLOGY TO STALK

January is National Stalking Awareness Month. For more information, please visit

[www.stalkingawarenessmonth.org](http://www.stalkingawarenessmonth.org)



February is National Teen Dating Violence Awareness Month. For more information, please visit [www.teendvmonth.org](http://www.teendvmonth.org).

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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 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/civilians." In intimate relationships, this leads 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 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 dangerousness of the situation.

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, it is helpful for the professional to let the service member or veteran know if he/she is also a veteran and possibly deployed to a war zone. For individuals who are not themselves service members or veterans but who have 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 a working relationship. By doing so, this immediately establishes a level of credibility, reducing the barriers to communication.

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?

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. It is important for law enforcement personnel to 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 referral when there is a positive screen.

PTSD and other combat-related mental health issues are not an excuse for violent and controlling behavior. It is important for all of us to be sensitive to the fact that people who have been in a combat zone are 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 provide the support and intervention that is needed to keep our military personnel, veterans, and their families safe.

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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." *J Interpers Violence OnlineFirst*, published on February 2, 2010 as doi:10.1177/0886260509354583.

<sup>4</sup>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.

<sup>5</sup>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.

## SAVE THE DATE

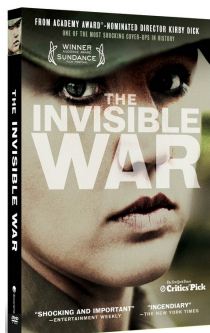
**The 8th Annual Conference on Crimes Against Women**

**April 8-10, 2013  
Dallas, Texas**

**The Mission of Conference on Crimes Against Women:  
To provide a national forum to disseminate the highest level of training, information and strategies to professionals who are responders and advocates to victims of crimes against women.**



FEATURED  
DVD



## **The Invisible War**

By Filmmaker: Kirby Dick  
Academy Award-nominated filmmaker [Kirby Dick](#) investigates the troubling epidemic of rape in the military while speaking with courageous victims who have refused to be intimidated into silence. In 2009 alone, 16,150 service members were sexually assaulted. Meanwhile, it's estimated that female soldiers in the U.S. military are more likely to be raped by a male soldier than shot by an enemy combatant. Despite the overwhelming evidence presented by these victimized soldiers, however, only 2% of rape accusations in the military end in prosecution. In some cases, male soldiers have even been awarded medals for bravery and professionalism while being investigated for rape. In addition to hearing from women who have been sexually assaulted while serving their country, we also learn how systemic corruption allows the vast majority of their attackers to walk free and what is now being done to ensure that no crime goes unpunished. ~ Jason Buchanan, Rovi

This video is available in the [SAFVIC Library](#) for SAFVIC Instructors only.

## Featured Agency

### **The Family Crisis Center**

The mission of the Family Crisis Center is to be the expert resource and service provider in eliminating domestic and sexual violence in Bastrop, Fayette, Lee, and Colorado Counties. The Family Crisis Center envisions a safe community built on equality without the existence of violence.

The Center provides support services for victims of domestic violence and sexual assault in the counties we serve. The main office, located in Bastrop, is open Monday through Friday from 9am to 5pm. No appointments are needed. Satellite offices are located in LaGrange, Giddings, and Columbus and are open 2-3 times per week. Outreach services are also available by appointment.

The Center offers the following programs in our four service-area counties.

#### **Community Education**

Child Assault Prevention programs are school-based anti-violence & anti-victimization programs for children and youth and are provided in 19 rural school districts for grades K-6th. Teen Violence Prevention programs are designed to educate 7th-12th grade students on sexual harassment, bullying, teen dating violence, and features of healthy relationships. Community Outreach & Education programs focus on preventing domestic violence, sexual assault, and stalking and are provided to various community groups including parents, professionals, healthcare providers, social service agency representatives, law enforcement officers and criminal justice system partners.

#### **Crisis Intervention**

Crisis services are provided 24 hours a day, seven days a week. Crisis services include a 24-hour hotline, immediate crisis intervention, safety planning, referrals to services within and outside the Center, access to emergency shelter, emergency transportation, access to medical care, emergency food, and advocacy with personal, medical, legal, and systems issues.

#### **Shelter Services**

Emergency shelter services are available for individuals and families who are homeless as a result of violence. The shelter can accommodate up to 30 individuals and is furnished with food, clothing, and personal hygiene items. Residential clients receive a comprehensive continuum of services including food, clothing, safety planning, individual and group counseling, personal safety education, information and referral, transportation, parenting classes, and advocacy with legal, personal, hospital, and systems issues. Residential clients also

receive support in obtaining jobs, housing, and accessing benefits programs, with several local businesses providing preferential hiring for shelter residents.

#### **Transitional Housing**

Transitional Housing services are available for up to two years for clients for whom emergency shelter and other crisis intervention services are insufficient, providing them with the time and support necessary to begin rebuilding their lives free from violence. The Center offers the only emergency shelter and transitional housing programs in the four-county service area. The Center's transitional housing facility offers 21-units that can accommodate 84 individuals. Units are rented on a reduced-rent, sliding scale that is based on income and family size. The transitional housing complex and emergency shelter exist together in a gated community to ensure greater safety, encourage mentoring of families, increase educational programs, and decrease the number of families returning to violent homes.

#### **Counseling Services**

Counseling services are offered for both residential and non-residential clients impacted by domestic violence, sexual assault and/or child sexual abuse. Individual and group counseling is available. Counseling services for non-residential youth are primarily school-based and focus on children who have been exposed to violence or are displaying inappropriate behavior at home and/or at school.

#### **Violence Intervention Programs**

Adult Violence Intervention Programs are provided for individuals who have been violent with their partners, children, or have problems with violence or conflict resolution and are seeking to change their behavior. The 24-week program is a state-approved Battering Intervention and Prevention Project (BIPP). The Protective Parenting Program is provided for individuals who have been mandated by the courts to attend parenting or have been identified as high-risk parents.

To reach the Family Crisis Center, please call the hotline at 512-303-7755 or toll free at 1-888-311-7755.



PO Box 736/431 Old Austin  
Highway  
Bastrop, TX 78602  
512-321-7760 | 888-311-7755 (toll free)  
[www.family-crisis-center.org](http://www.family-crisis-center.org)

## UPCOMING SAFVIC TRAINING



### Now Accepting Applications!

**SAFVIC - INSTRUCTOR COURSE**  
**40-HOUR TCLEOSE CREDIT**  
 TMPA STATE OFFICE TRAINING FACILITY  
 LOCATION: AUSTIN, TX  
 DATE: **MARCH 18—22, 2013**

The SAFVIC- Instructor Course is for those who want to become an instructor of the SAFVIC 24-hour course. The training for the instructors will be 5days/40hours of classroom study, including a presentation.

Having the right group of instructors is absolutely crucial to the program. A SAFVIC Instructor must have an exhaustive knowledge of the program and the available resources. They must be effective communicators and teachers and must show a true dedication to improving law enforcement's response to human trafficking. A list of the instructor qualifications follows. All applicants must be commissioned peace officers in the State of Texas.

#### Each applicant will be chosen by the following criteria:

- Level of TCLEOSE license certification
- Instructors certificate
- Demonstrated interest in the field of sexual assault or family violence investigation
- Advanced proficiency in presentation technology, especially Microsoft Word and PowerPoint
- Proven public speaking ability
- Positive role model within the department and the community
- Geographical location
- Commissioned by a Texas agency
- Letter of recommendation from supervisor
- Must have taken and passed the 3-day SAFVIC

#### SAFVIC Instructor Compensation

Grant funding allows for the instructors to be compensated on a contractual basis for administering the program and coordinating the coalition effort. Upon successful completion of the SAFVIC Instructor Course, instructors will be eligible to recover the cost of lodging, meals, and travel during the course. Instructors will receive \$750 for the 24-hour class (minimum of 10 students). For additional students, instructors will be compensated at a rate of \$20 per student, not to exceed 35 students. Potentially instructors could receive \$1,250 per class.

For more information and to complete an instructor application, please visit our website at

[www.safvic.org](http://www.safvic.org).



*"Piecing together the tools needed to effectively investigate and prevent sexual assault, family violence, stalking, & human trafficking."*

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