AGENDA

- **8:00-8:30** Violence in Veterans: Data Overview
  *Lynn, Heidi, & Tom*

- **8:30-9:15** Threat Assessment 101: Beyond Tarasoff Training in Graduate School
  *Lynn & Heidi*

- **9:15-9:25** STRETCH BREAK

- **9:25-10:10** Violence Prevention in VHA
  - WV: Subset focus on Disruptive Behavior Committees, Patient Record Flags, process for managing patient/visitor-generated violence; VRAI development and implementation: *Lynn*
  - IPV/DV Implementation: Policy Overview, Implementation Status, Cautions *Heidi*

- **10:10-10:20** STRETCH BREAK

- **10:20-11:10** Risk Mitigation: Community Partnerships: Successes and Cautions
  *Tom*

- **11:10-1:20** Panel Discussion, Q&A
  *Tom, Heidi, & Lynn*
Intimate Partner Violence: Data Overview

Heidi L. Kar, Ph.D., M.H.S.

May 23, 2014

Association for VA Psychology Leaders
Why is IPV a priority for VA?

- Only 22% of mental health professionals correctly identify abuse as primary problem (Hansen, Harway, & Cervantes, 1991)
- Growing numbers of young veterans bring relationship problems & post-adjustment role changes – prevalence of family violence will rise
- Physical injuries and mental health conditions resulting from violence are costly
- U.S. Preventive Services Task Force Recommends Screening for IPV (July 2012)
- VA policy to address IPV on national scale
Aggression vs. Violence vs. Abuse?

- **Aggression:** behavior that is intended to harm another individual (Gelles & Straus, 1980); symmetrical (Olson, 2002)
  - How do we know someone’s intentions?
  - Aggressive behavior can come in many different forms.

- **Violence:** extreme acts of aggression with fear & high risk of injury (Straus & Gelles, 1988)

- **Abuse:** asymmetrical, severe violence; unilateral, unreciprocated (Olson, 2002)
A Female Problem?

- Rates of physical abuse similar across genders (Archer, 2000)

- BOTH female & male victims report higher rates of depression symptoms, substance abuse, risk of chronic disease & chronic mental health problems (Coker et. al., 2002)

- Depression scores do not differ between male and female victims (Kar & O’Leary, 2010)

- Children who witness IPV – high risk for poor outcomes (Kitzmann, Gaylord, & Holt, 2003)
Intimate Partner Aggression - Physical

- General Population: 12%
  (e.g. Straus, Gelles, & Steinmetz, 1979)

- Veterans: 13%
  (e.g. Jordan et al., 1992)

- Young Couples (20-25yrs): 35%
  (O’Leary, 1999)

- Veterans with PTSD: 33%
  (e.g. Jordan et al., 1992)
Is Aggression Innate or Learned?

- **Freud (1920) Theory of aggression**
  - Aggression is an instinct present at birth and exerts influence throughout life (e.g. animal species: Konrad Lorenz)

- **Bandura (1977) Theory of aggression**
  - Social Learning Theory; we use models as guide for later behavior (e.g. Bobo Doll, 1961, 1963)
Background: Key Literature - Adults


- John Archer: Symmetrical/ Bi-directional aggression is the norm (Archer et al., 2000)

- Straus & Gelles: Social Norms re: gender attitudes & physical discipline (1980)
Background: Key Literature - Adults

- Jacobson & Gottman: Aggression vs. abuse → injury &/or fear (1998)

- Huesmann & O’Leary: Stability of aggression over time (Huesmann, 1994; O’Leary et al., 1989)

- O’Leary & Leonard: Psychological perspective- personality disorders & traits by severity/type of violence (e.g. O’Leary, 2003)
Background: Key Literature - Children

- Witnessing parental IPV predicts own use of IPV in future relationships (Roberts, et al., 2010; Aldorando & Sugarman, 1996)

- Child abuse & witnessing of IPV as a child, each independently led to perpetration of IPV in early adulthood (Linder & Collins, 2005)

- Witnessing parental IPV leads to range of externalizing, internalizing, academic, & social problems (Kitzman et al., 2003)
Effects of IPV...

On Partner:
- Injury (Fractures, Chronic Pain, Fibromyalgia, permanent disabilities)
- Sexually Transmitted Diseases & unintended pregnancy
- Mental Health Problems (Depression, Anxiety, PTSD, Drug/ETOH problems, eating disorders, self-harm)
- Death (suicide, femicide, AIDS-related mortality, maternal mortality)

Bott, Morrison, & Ellsberg, 2005
Femicide due to IPV

- 90% of women murdered are murdered by men in their family - most often a spouse or ex-boyfriend
  (Campbell, 1992; Fox & Zawitz, 2004)
- 66% - 75% of women murdered by current or ex-partners are preceded by documented domestic violence
  (Campbell, 1981; Campbell et al., 2003)
Why do victims stay?

- Fear for self
- Fear for children’s safety
- Financial dependence
- Love
- Low self-esteem
- Cultural pressures (e.g. shame of divorce/separation)
- Religious beliefs
- Hoping things will change
Threat Assessment 101: Intimate Partner Violence among Veterans

Heidi L. Kar, Ph.D., M.H.S.

May 23, 2014

Association for VA Psychology Leaders
Most health care professionals do not talk about domestic violence with their patients or clients. Which of the following is your main reason for not bringing it up?

a. I work mostly with men so it is not the most pressing issue.

b. I’m pressured by time constraints, so bringing up the issue might be like opening Pandora's Box.

c. I feel ill-equipped to respond to the needs of victims.

d. I fear my clients/patients might think I am prying into their personal lives.

e. others...
Risk Factors

Risk Factors for Re-Assault
- Unemployed
- History of child abuse in family-of-origin
- Substance Abuse
- Witnessing IPV as child

Risk Factors for Perpetration of Femicide
- Unemployed
- Weapons in home
- Prior domestic violence
- Non-biological child living in home
- Suicidality of perpetrator
- Animal abuse
Assessment

- Physical, Psychological, Sexual
- Language used to introduce topic is key*
- Gold Standard: Behavioral questions
  (Conflict Tactics Scale: Straus et al., 1996)
  (Fear of Partner Scale: Cohen & O’Leary, 2007)
- Screening is preferred by women
- Men & Women are generally truthful when reporting (O’Leary & Williams, 2006)
- Femicide assessment is different
  (Danger Assessment, Webster, O’Sullivan, Campbell, 2009)
Intimate Partner Violence: Skills Training

Heidi L. Kar, Ph.D., M.H.S.
Bringing up the topic of IPV…

- When?
- With whom?
- What’s the goal?
- How to bring it up? ***
How to Introduce the topic...

- No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in bad moods, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. How do you two settle disagreements? What happens when you have a disagreement?
RADAR

- Remember to
- Ask direct questions
- Document
- Assess safety
- Referrals

(Alpert, 1995)
Phrasing is the key…

- Has anyone ever hit or punched you?
- You aren’t being hurt by anyone, are you?
- Are you experiencing physical abuse?
- Are you the victim of domestic violence?
- Have you ever been afraid of your partner?
- Have you ever been raped?
If time is short...

- What do you prioritize in the assessment?
  - Opening up room for dialogue
  - Injury Assessment
  - Fear Assessment
Assessment: Common Mistakes

- Advising women to leave relationship immediately
- Allowing insistent partners to join medical or psychiatric appointment
- Reporting abuse without giving victim notice
- Confronting partner directly
Safety Plan Basics

- Victim is best predictor of re-assault
  (Campbell, O’Sullivan, Roehl, & Webster, 2005)

- Preparation is key (people, places, things)

- Could be difference b/w life & death

- Key elements*
Safety Plan – First steps

- Is it safe to go home?
- Is there a safe place to go?
- Are there weapons in the home?
- Are drugs/alcohol a factor?
- Are children/pets involved?
Safety Plan – Next steps

Important Phone numbers
*Police: 911
*National Toll Free hotline: 1-800-799-SAFE
*Local resources

Escape Plan
*Open private bank account
*Come up with plan of where to go
*Escape bag
*Inform others of the plan
Safety Plan – Things to take

- Money
- Keys
- Medications
- Clothes
- Documents:
  - Birth certificate, Passport, Driver’s License, School records, Bank records, Credit cards, Medical records, Social Security card, Car registration, etc.
Discussion Point #1

- How do you deal with a partner if he/she will not allow patient to see you alone...
Discussion Point #2

- When would you **not** give your patient a list of domestic violence shelter referrals?
Discussion Point #3

- When would you report child witnessing to CPS?
BIGGEST MISTAKE

- No Assessment
Violence Prevention in VHA

On behalf of: VA Task Force on Domestic Violence
Policy Recommendations

- Obtain permission from VACO to share these
Implementation Process

- National Program Manager: Jennifer Broomfield, JD, MSW
- Pilot projects to evaluation local DV Coordinator needs/role
- Implementation Committee made of DV experts within VA
- Steering Committee
ADDITIONAL SLIDES
Effects of IPV…

*On Children:*

http://www.youtube.com/watch?v=brVOYtNMmKk
(California Attorney General’s Office)
Prevention/ Treatment of IPV

- Couples/Marital Therapy – low level IPV (no fear/no injury)

- Anger Management – general focus

- Court Intervention (arrested, sanctioned): 35% chance of maintaining nonviolence (Babcock, Green & Robie, 2004)

- Court Intervention + Batterer Intervention: 5% extra benefit

- Substance Use Interventions
References


References


References


References


References


References


3 Explanatory Models

1. **Spurious Effects Model**: Young individuals have propensity to use violence & drink, but the two are not related

2. **Indirect Effects Model**: Chronic substance use destructive to relationships → low marital satisfaction leads to IPV

3. **Proximal Effects Model**: Intoxication is causal agent of IPV

(Leonard & Quigley, 1999)
Substance Use Disorders & IPV

- 20% IPV incidents in military populations preceded by ETOH consumption (Brewster et al., 2002; McCarroll et al., 1999)

- ETOH problem severity associated with frequency of IPV incidents in active duty (Rosen et al., 2002)

- Approximately half of partnered men entering substance abuse treatment have battered in the past year (Chermack, Fuller & Blow, 2000; Fals-Stewart & Kennedy, 2005)

- Men in batterer txt are 11 times as likely to batter on a day in which they have been drinking (Fals-Stewart, 2003).