Domestic Violence and the Military
April 18, 2013
FJCA Conference, Fort Worth
Cooperation, Coordination, Collaboration:

The Three C’s of Partnership

This presentation as an example: Content is in part drawn from joint presentations:
• developed with Russ Strand, Chief of Family Advocacy Law Enforcement, Army Military Police School, Fort Leonard Wood, Missouri,
• from a presentation at the New York for the Office of Court Administration’s State Conference on Veterans, and
• The 10th Annual Conference of the Florida Chapter, Association of Family and Conciliatory Courts

This is your training!
○ Share what you have
○ Ask for what you need
○ And be in touch down the line if I or NCDSV can help!
Disclaimer

- Presenter has a great deal of knowledge and experience – but is not official spokesperson for the Department of Defense, chaired the DTFDV 2000-2003.
  (March 19, 2003)

- Here to inform, discuss, and to improve civilian and military working together to end violence in the military community.
Agenda

- Background IPV and SV in military community
- Magnitude, Military Structure, Approach
- Context, Theories and Intents
- Implications for Offenders and Victims, Your Practice
- Creating Partnership, C’s, what were they?
Handouts

- National Center on Domestic and Sexual Violence Website, www.ncdsv.org
  - Military Tab

- And on the Family Justice Center Alliance Conference Website
BACKGROUND
Responsibilities of the Movement to End Violence Against Women

• Collaborate with battered women and victims of sexual assault.
• Build organizations that learn and are responsive.
• Create cooperation, coordination and collaboration in the community.
• Create a society and world without violence.

— Debby Tucker
Abuse can occur in different forms. It can be physical, emotional, sexual, spiritual, social and/or economic. The diagrams below describe some of the abuse tactics batterers use as they attempt to gain or maintain power and control over their intimate partners. Abuse does not always progress in the steps shown here. Sometimes the abuse may advance from pushing or hitting directly to more severe physical violence such as the use of a weapon. Although each relationship is unique, any type of abuse must be considered a serious cause for concern. Despite different circumstances, it is important to remember that abuse can escalate (especially if there is no intervention). A coordinated community response holding batterers accountable for their abusive behaviors is essential, as is a response acknowledging and respecting the rights of victims of domestic violence.

**Exercise:** It is helpful to be aware of the different manifestations of domestic violence. Circle the type(s) of abuse you are now experiencing (or that you have experienced). Notice if the violence is increasing in intensity, severity or frequency. Talk to a domestic violence advocate to develop or review your current safety plan or explore your options. Remember, domestic violence is never your fault, even if you were drinking or using drugs.

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**Emotional Abuse**
- insulting jokes
- ignoring of feelings
- jealousy
- isolation
- humiliation
- harming of pets
- calling you “crazy,” a “drunk” or a “junkie”
- silent treatment
- insults
- blaming/accusations
- monitoring of activities
- threats
- degradation
- homicide/suicide

**Physical Abuse**
- scratch
- slap
- push
- hit
- target hit
- kick
- strangle
- beat
- use of a weapon
- murder
- deny physical needs
- bite
- force drug use
- punch
- throw objects
- burn
- deprive of sleep
- poison
- disablement/disfigurement

*continued...*
Terminology

- **Battering:**
  - A term recognized, defined, and brought to public attention in the 1970s by the battered women’s movement
  - Describes an ongoing pattern of coercion, intimidation, and emotional abuse, reinforced by use and threat of physical and sexual violence

- **Domestic or family violence:** Legally in many states has come to mean all violence involving family members, however most often used to describe harm committed by one partner to another partner

- **Sexual violence:** any aggression when the perpetrator targets sex organs or insists upon sexual acts regardless of the partner or child’s actual consent
Definition of Intimate Partner Violence (IPV)

- When there has been physical and or sexual violence in an intimate relationship, the range of behaviors continually remind victims that violence is always a possibility:
  - Intimidation
  - Coercion and threats
  - Emotional abuse, e.g., name calling, put downs, mind games, public embarrassment
  - Use of children
  - Economic coercion
  - Using minimization, denial, lying and blaming the victim
  - Stalking

- Military has own definition, encompassing state laws and now *does include* violence in homosexual couples.
MAGNITUDE
Active Duty Military

- All-volunteer military force
- Over 1.4 million as of 2011 (includes Coast Guard, does not include Reserves and National Guard)
  - 85% male
  - 15% female
- Average age is 28 years old
- Nearly half of the active duty force is under age 26
- 2.9% dual military families
- 5.9% single parents
- Less than 1% (.75%) of the population of the United States serves in the military
Family Members

- Over half are married and nearly half have children.
- The number of military family members outnumbers the number of active duty military members.
- Close to 2 million family members of active duty military personnel, including spouses, children, and adult dependents.
- Nearly 50% of children 0-5 years old.
- Nearly 66% of children under 11 years old.
- Extended family live with servicemembers as well.
National Guard and Reserves

- Over 850,000 personnel in the Reserve component of the United States military
  - 82% male
  - 16% female
- Average age 32 years old
- 33.2% married with children
- 1.4% dual military families
- 8.7% single parents
- 29% of children 0-5 years old
Veterans

- Over 22 million veterans
- 7% of US population veterans
- Over 1.8 million women (8%)
- 2.4 million from Iraq and Afghanistan
- 500,000 die a year
- Veterans live in every state
- States with most veterans: CA, FL, TX, NY, PA, OH, IL, MI, NC, VA
Deployment Iraq and Afghanistan

- Nearly 2.5 million served in Iraq and Afghanistan
- Over 500,000 National Guard and Reserves
- Multiple deployments
  - 58.2% deployed since 9/11
  - 34% more than one deployment (1-15 months)
- 42% deployed had children
- 30,000 children experienced parent death or injury
- Drawdown
The Military Are Us

- People who enter the military do so from every walk of life, community and sometimes too other countries
- They are our relatives, friends, and neighbors
- They are not different from us – they are us!
Current Statistics

NCDSV, Military Stats

www.ncdsv.org,
then Military Tab,
then Drop-Down to
Statistics/Research Page
MILITARY STRUCTURE AND APPROACH TO DOMESTIC VIOLENCE
Military Life Cycle

- **Active Component (full-time military life)**
- **Reserve Component (part-time military life)**
- **Combat Deployment**
- **Deployment-connected injury**
- **Veterans Administration Care**

- **Discharged – “veteran”**

**Flowchart:**
- From Active Component (full-time military life) to Full-time civilian life.
- From Pres. Exec. Order calls to active duty to Combat Deployment.
- From Reseve Component (part-time military life) to Full-time civilian life.
- From Deployment-connected injury to Service-connected injury.

**Terms:**
- "combat vet"
- "veteran"
Military Programs

- For decades all military services have had evolving services and programs to properly respond to and intervene in family violence
  - Family Advocacy Programs
  - Commander, healthcare providers, legal, law enforcement, and service member training programs
  - Victim advocates added as a result of DTFDV
  - Community collaboration
  - Multidisciplinary approach to determine if violence occurred and to design intervention
Challenges

- War (violence, stress, injuries, death)
- Frequent absence/deployments
- Permanent change of station
- Demographics
- Finances
- Bureaucracy
- Downsizing
- Offender accountability
Strengths

- Family advocacy
- Community service programs (financial readiness, relocation assistance, team building, resiliency training, supportive civilian resources)
- Medical care (physical, mental health)
- Military Family Life Consultants
- Chaplains (Battlemind, family life chaplains)
- Restricted reporting
- 100 % employment
- Values based training
- Support from civilians

National Center on Domestic and Sexual Violence, www.ncdsv.org    Debby Tucker
CONTEXT
Context is Everything

- Offender’s INTENT in his/her use of violence (especially coercion, intimidation)
- MEANING of the violence to the victim
- EFFECT of act on the victim, children (especially entrapment)
- RISK and likely lethality of further violence
Four Contexts

- Violence in exercise of coercive control (battering)
  - Patterned set of behaviors
  - Coercion and intimidation distinguish it from non-battering
  - Entrapment essential goal
- Violent resistance
  - Part of a broader strategy to stop or contain the abuse, including violence directed at the abuser
- Non-battering use of violence
  - NOT part of an attempt to establish an ongoing position of dominance in a relationship or in response to being battered (common couple, situational)
- Pathological violence – may be influenced by psychological problems, substance abuse – may be battering simultaneously with other issues
Context

- Not meant to excuse criminal behavior, rather can assist Judges and others in the criminal justice system to make more informed decisions regarding offender dispositions and victim safety.
- Looking at the context of the violence means going deeper than just the one incident – to the history.
- Context determines appropriate interventions and safety planning.
THEORIES OF VIOLENCE
Theories: What causes domestic violence?

1. Individual pathology
2. Relationship dysfunction
3. Learned response to stress and anger
4. Theory of dominance
Individual Pathology

• The person using violence has some kind of illness or condition (mental, PTSD, TBI), now more relevant in today’s world
• Batterer is problem – not society
• Individual problem preferred way of thinking for too long
• Individual psychiatric care, treatment for addiction, or counseling is a typical response
Relationship Dysfunction

- “It takes two to tango”
- Both parties are playing off of each other
- Either party could stop the violence
- Both parties are responsible
- Couples counseling or relationship counseling separately, is needed
Learned Response to Stress and Anger

- “Cycle of Violence” theory – Lenore Walker
  - tension-building phase
  - explosion of violence
  - honeymoon phase or respite
- Men socialized to use violence
- Increases in frequency and severity
- Popular theory
- Anger management is a typical response
Theory of Dominance

- System of power and control tactics
- Includes:
  - Physical violence
  - Sexual violence
  - Other tactics on Power and Control Wheel
- Battering comes from social conditions, not individual pathology, most accepted view today
- Response is to balance power differential by using power of the state
- Re-education and sanctions
INTENT OF THE VIOLENCE
Use of Violence has Different Intent

1. Battering – intends to control the relationship
2. Resistive violence – intends to stop the battering
3. Situational violence – intends to control a situation
4. Pathological violence – intent is controlled to some degree by pathology
5. Anti-Social Violence – abusive to many in public and private settings
Battering

- System of power and control
  - Includes:
    - Fear
    - Threats
    - Intimidation
    - Coercion
  - Belief in entitlement
  - Social movement

National Center on Domestic and Sexual Violence, www.ncdsv.org   Debby Tucker
Resistive Violence

- Substantial numbers of victims of battering use force against the batterer
- May not legally qualify as self-defense
- Victim’s violence *usually* different
- Less sympathy from practitioners
- Different impact – individual and social
Situational Violence

- The violence is related to a situation
- Not part of a larger system of controlling tactics
- No pattern of dominance
- Battering looks like this if the pattern is invisible
Pathological Violence

- Violence is due to some kind of illness
  - Mental health
  - Alcohol
  - Drugs
  - Brain injury
  - PTSD

- Not typically part of system of controlling tactics

- Because a person’s violence is linked to a pathology does not preclude that its intent can also be to batter, to resist battering, or to control a situation
Anti-Social Violence

- Abusive in several settings: bars, work, home, sports field, etc.

- No empathy, shame, or remorse, and little understanding of consequences

- Not gendered – appears to be caused primarily by childhood abuse, neglect and chaos

- Not amenable to change through self-reflection or therapy, may not benefit from existing batterer’s programs (Gondolf, 1999)

- 25% of men court ordered to batterer’s programs could be ‘anti-social’ (Gondolf, 1999; Gondolf & White, 2001)

- Separate anti-social violence of individuals from group violence created by systematic oppression and domination
Understanding Intent or “Cause” is Important

Why?

- Help us to differentiate between acts of violence
- Help us to determine most appropriate response
- Not getting it right could be dangerous
POWER AND CONTROL WHEEL

Produced and distributed by:
NATIONAL CENTER on Domestic and Sexual Violence
6912 West Creek Blvd. - Austin, Texas 78716
512.445.9000 (phone and fax) - www.ncdsv.org

Developed by:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134
Pathological Violence
Military Context

Active Duty and Veterans

Post Traumatic Stress Disorder

Traumatic Brain Injury

SEE additional detail slides at end
Consider the Source of the Conduct

- Regardless of source, offender must be held accountable and victim protected
- Accountability strategy must take into account the source and how to intervene appropriately
- In other words, untreated TBI sufferer unlikely to be helped by battering intervention
**Consider the Source of the Conduct**

- Nor should a batterer escape appropriate consequences for conduct by alleging TBI or PTSD when those are NOT the cause.
- We must be thoughtful and vigilant to ensure the intervention fits the offense.
How do we determine the source?

- Is the conduct new?
- Have there been other incidents of violence directed to non-family?
- What other factors require attention?
- Does the offender avoid situations that remind him of the original trauma?
- Are power and control tactics more pronounced?
Principles of Intervention

- Victim Safety and Well-being
- Offender Accountability
- Changing the Climate of Tolerance to Violence in the Community
Emphasis on family violence has increased

- Programs within DoD did assist victims of family violence in various ways, and need more connection with civilian movement advances.
- We and DoD can always do more.
- There have been many new policy changes and additions to enhance the military’s response to family violence since 2003, DTFDV.
- DoD and Military Services have further built bridges of trust with victims of family violence and built additional partnerships with professionals in the community.
National Domestic Violence Hotline
Military OneSource

A 24/7 Resource for Military Members, Spouses & Families

1. Private Help 24/7
   - Call and Talk Anytime 1-800-342-9647
   - or call OCONUS:
   - E-mail AND GET ANSWERS
   - Schedule an Appointment FOR HELP AT YOUR CONVENIENCE

2. Visit the Army OneSource web site

3. WHAT CAN MILITARY ONESOURCE DO FOR YOU?
   Military OneSource is a valuable tool for military members and their families. To see some of the valuable features that Military OneSource has to offer, view this page for an overview.

4. Army OneSource
   Working together, Military OneSource and the United States Army Family Covenant provide support to Soldiers and their families throughout the world. Visit the new Army OneSource site to see the Army support programs.

5. TroopTube
   - MILITARY INSTALLATIONS
   - PLAN my MOVE
   - ARMY OneSource
   - BURSTING with PRIDE

6. Links
   - Army
   - Are You Lix to the Army?
   - Army
   - Army Career and Alumni Program
   - Army Families Online: Army Well-Being


8. Debby Tucker
Understanding Memory & Trauma
Advocacy
Usual Understanding of Advocacy

Helping Battered Women

- Safety
- Consider options
- Devise strategy
- Make decisions
- Implement justice
- Speak / advocate for self / children
**Advocacy Wheel**

**Empowerment**

**Respect Confidentiality ...**
All discussion must occur in private, without other family members present. This is essential to building trust and ensuring her safety.

**Promote Access to Community Services ...**
Know the resources in your community. Is there a hotline or a shelter for battered women?

**Believe and Validate Her Experiences ...**
Listen to her and believe her. Acknowledge her feelings and let her know she is not alone: Many women have similar experiences.

**Help Her Plan for Future Safety ...**
What has she tried in the past to keep herself safe? Is it working? Does she have a place to go if she needs to escape?

**Acknowledge the Injustice ...**
The violence perpetrated against her is not her fault. No one deserves to be abused.

**Respect Her Autonomy ...**
Respect her right to make decisions in her own life, when she is ready. She is the expert on her own life.
Where do victims of domestic violence seek help?

- Domestic Violence Specialists, Shelters, 911, Women's Groups, Batterer Programs
- Counselors, Therapists
- Employers, Schools
- Informal Support Networks
- Social Service Agencies
- Health Providers, Faith Communities
- Friends, Family, Neighbors
Impact of Trauma/PTSD

- Victims experience PTSD after the violence
- Those who use violence MAY be experiencing PTSD from prior victimization, or
  - as a result of trauma in combat or other life-threatening circumstances.
5 Things to Say to a Battered Woman

1. I am afraid for your safety.
2. I am afraid for the safety of your children.
3. It will only get worse.
4. I am here for you when you are ready for change.
5. You don’t deserve to be abused.
5 Things to Say to an Abuser

1. I’m afraid you’ll really hurt her badly or kill her next time.
2. I’m afraid you’ll hurt your children.
3. It will only get worse.
4. I’m here for you when you’re ready to change.
5. No one, including you, has the right to abuse/hurt another person.
“Norman won’t collaborate.”
Bringing together CCRs to support military and veterans
Chain of Command

- Rank is everything, with rank comes increasing responsibility & authority = respect
- Chain of Command is the law of the hierarchy
- Access to those high in the Chain of Command will be filtered by his / her staff
“Only the strong survive”

- Deficiencies must be corrected and eliminated
- Someone is always to blame, i.e., responsible for any identified “deficiencies”
- Failure is not an option
Directives / Regulations Govern Everything

• ...except Command prerogative, much like our judges

• “Domestic Violence...will not be tolerated in the Department of Defense” – DepSecDef

• Defense Task Force on Domestic Violence, visit www.ncdsv.org, Military Tab
This wheel begins to demonstrate the ideal community response to the issue of domestic violence. Community opinion, which strongly states that battering is unacceptable, leads all of our social institutions to expect full accountability from the batterer by applying appropriate consequences. This wheel was developed by Mike Jackson and David Garvin of the Domestic Violence Institute of Michigan (P.O. Box 130107, Ann Arbor, MI 48113, tel: 313.769.6334).

**COMMUNITY ACCOUNTABILITY WHEEL**

**COMMUNITY OPINION**

**MEN WILL:**
- Acknowledge that all men benefit from men’s violence.

**MEDIA WILL:**
- Educate the community about the epidemic of violence against women. Prioritize safety, equal opportunity, and justice for women and children over profits, popularity, and advantage. Expose and condemn patriarchy privilege, abuse, secrecy, and chauvinism. Cease the glorification of violence against women and children.

**Clergy WILL:**
- Conduct outreach within the congregation regarding domestic violence and provide a safe environment for women to discuss their experiences. Develop internal policies for responding to domestic violence. Speak out against domestic violence from the pulpit. Organize multi-faith coalitions to educate the religious community. Interact with the existing domestic violence intervention community.

**Educational system WILL:**
- Dialogue with students about violence in their homes, the dynamics of domestic violence, and how it's founded on the repression of women and the worship of men. Provide a leadership role in research and theoretical development that prioritizes gender justice, equal opportunity, and peace. Intervene in harassment, abuse, violence, and intimidation of girls and women in the educational system.

**Justice system WILL:**
- Adopt mandatory arrest policy for men who batter. Refer batterers exclusively to intervention programs that meet state or federal standards. Never offer delayed or deferred sentence options to batterers. Provide easily accessible protection orders and back them up. Insure batterers for noncompliance with any aspect of their adjudication.

**Social service providers WILL:**
- Become social change advocates for battered women. Refer batterers to accountable intervention programs. Stop blaming batterers’ behavior on myths such as drugs and alcohol, family history, anger, provocation, “loss of control.” Etc. Design and deliver services that are sensitive to women and children’s safety needs. Minimize how batterers use them to continue battering their families.

**Government WILL:**
- Pass laws that define battering by men as criminal behavior without exception. Vigorously and progressively sanction men’s battering behavior. Create standards for accountable batterer intervention programs, and require coordinated systems of intervention in domestic violence. Provide ample funding to accomplish the goal of eliminating domestic violence.

**Employers WILL:**
- Condition batterers’ continuing employment on remaining nonviolent. Actively intervene against men’s stalking in the workplace. Support, financially and otherwise, advocacy and services for battered women and children. Continually educate and dialogue about domestic violence issues through personnel services.

Produced and distributed by:
National Center on Domestic and Sexual Violence
DTFDV Reports

www.ncdsv.org

- Military Tab
  - DTFDV
  - DTFDV Implementation
  - Other Tools
  - TFCVSA Implementation
  - Veterans
  - News Accounts
  - Stats / Research
  - Sexual Violence Issues
  - Congressional Testimony……..and more

- Recommendations, Intro Page. Strategic Plan
Domestic Violence Prevention Conceptual Model

**Toolkit**
- Separate from Military and/or Disciplinary Action As Appropriate
- Urgent Danger Assessment & Safety Planning
- Risk & Danger Assessment
- Safety Planning
- Victim Advocacy
- FAP Assessment
- Offender Intervention Program
- Administrative and/or Disciplinary Action As Appropriate
- Child Witness Program
- First Offense Programs

**Groups at Risk**
- Substance Abuse
- Couples with Problems
- Child Abuse History
- Pregnant Women
- History of Violence Against Anyone

- ADM w/PTSD
- Child Witnesses
- Immigrant Spouses
- Controlling Spouses

- Couples Counseling
- Targeted Programs
- New Parent Support
- Child Witness Programs
- Health Care Screening

- Command Climate of Non-Tolerance
- New Accession DV Training
- Public Service Campaigns
- Dating Violence Prevention Programs in DoD Middle & High Schools
- Health Care Screening
- Education and Training
- New Parent Support

* Not all inclusive

** Risk for reoccurrence and danger/lethality
Ten Commitments of Leadership

PRACTICES

Challenge the process.

COMMITMENTS

1. Search out challenging opportunities to change, grow, innovate and improve.

2. Experiment, take risks, and learn from the accompanying mistakes.
Ten Commitments of Leadership

PRACTICES

Inspire a shared vision.

COMMITMENTS

3. Envision an uplifting and enabling future.

4. Enlist others in a common vision by appealing to their values, interests, hopes, and dreams.
Ten Commitments of Leadership

**PRACTICES**

*Enable others to act.*

**COMMITMENTS**

5. Foster collaboration by promoting cooperative goals and building trust.

6. Strengthen people by giving power away, providing choice, developing competence, assigning critical tasks, and offering visible support.
Ten Commitments of Leadership

**PRACTICES**

**Model the way.**

**COMMITMENTS**

7. Set the example by behaving in ways that are consistent with shared values.

8. Achieve small wins that promote consistent progress and build.
Ten Commitments of Leadership

**PRACTICES**

*Encourage the heart.*

**COMMITMENTS**

9. Recognize individual contributions to the success of every project.

10. Celebrate team accomplishments, regularly.

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Felicia Collins-Correia, formerly ED, Domestic Violence Intervention Services, Inc. and now CEO YWCA-Tulsa, OK
Summary

☐ We will continue to enhance a multidisciplinary approach to all forms of violence

☐ We will continue to develop policies, programs, and procedures to enhance our response to victims

☐ We will continue to build bridges of trust and provide the prevention, intervention, and services our soldiers, airmen, sailors, Marines, family members, and civilians deserve

☐ We solicit your comments, ideas, and support
Conclusion

• Contact me if you have questions or need assistance, 512-407-9020
• Debby Tucker, dtucker@ncdsv.org
BACKGROUND
Army Profile FY 09

TOTAL ARMY

Total Strength of the Army

As of September 2009, there were 466,000 cadets enrolled at the U.S. Military Academy (265,000 males and 114,000 females).

ACTIVE-DUTY ARMY

Soldier

Enlisted Accessions

FY09

Total 70,045
Total Non-Prior Service 63,699

Non-Prior Service Demographics

Female 15.6%
Black 16.8%
Hispanic 10.9%
High School Diploma Graduate* 94.6%
Test Score Category I-HIA 66.4%
*Percentage based on NPS accessions minus Tier Two Attrition Screen (TAS) Program.

Commissioned Officer

Married by Gender

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<td>Married</td>
<td>283,132</td>
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Dual Military Marriages (Percent of All Marriages)

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Single with Children

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Family Members

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<td>Other Dependents</td>
<td>5,367</td>
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NATIONAL GUARD

Soldier

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<td>81.8%</td>
<td>87.1%</td>
<td>73.6%</td>
<td>74.6%</td>
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<td>Black</td>
<td>7.9%</td>
<td>5.3%</td>
<td>13.7%</td>
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<tr>
<td>Hispanic</td>
<td>6.1%</td>
<td>4.2%</td>
<td>8.2%</td>
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<td>Asian</td>
<td>2.6%</td>
<td>1.2%</td>
<td>2.0%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other</td>
<td>2.6%</td>
<td>2.2%</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td>87.0%</td>
<td>83.0%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Total Enlisted 349,795 59,425 458,220
Factors Associated with a Man’s Risk for Abusing His Partner

- Traditional gender norms
- Social norms supportive of violence
- Weak community sanctions against domestic violence
- Poverty
- Low social capital
- Marital conflict
- Marital instability
- Male dominance in the family
- Economic stress
- Poor family functioning
- Young age
- Heavy drinking
- Depression
- Personality disorders
- Low academic achievement
- Low income
- Witnessing or experiencing violence as a child

Adapted from the World Report on Violence and Health (World Health Organization, 2002)
MAGNITUDE
FACtORS ASSOCIATED WITH MEN COMMITTING RAPE

Society
- Norms granting men control over female behavior
- Acceptance of violence as a way to resolve conflict
- Notion of masculinity linked to dominance, honor, or aggression
- Norms supportive of sexual violence
- Norms supportive of male superiority and sexual entitlement
- Weak laws and policies related to sexual violence and gender equality
- High levels of crime and other forms of violence

Community
- Poverty, low socioeconomic status, unemployment
- Associating with sexually aggressive or delinquent peers
- Lack of institutional support from police and judicial system
- General tolerance of sexual assault within the community
- Weak community sanctions against perpetrators of sexual violence

Relationship
- Associates with sexually aggressive or delinquent peers
- Family environment is characterized by physical violence and few resources
- Strongly patriarchal relationship or family environment
- Emotionally unsupportive family environment
- Family honor considered more important than the health and safety of the victim

Individual Perpetrator
- Alcohol and drug use
- Coercive sexual fantasies; attitudes supportive of sexual violence
- Impulsive and antisocial tendencies
- Preference for impersonal sex
- Hostility towards women
- History of sexual abuse as a child
- Witnessed family violence as a child

Produced and distributed by:
NATIONAL CENTER on Domestic and Sexual Violence
4812 Shoal Creek Blvd  •  Austin, Texas 78756
512.407.9020 (phone and fax)  •  www.ncdsv.org

Adapted from Guidelines for Medical Care for Victims of Sexual Violence: World Health Organization, 2003
Hidden Victims

The Defense Department counted about 2,700 victims of sexual assault last fiscal year, but because of underreporting, it estimates that there were far more—19,000.

Service-member victims in reports of sexual assault by fiscal year

<table>
<thead>
<tr>
<th>Year</th>
<th>Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2,223</td>
</tr>
<tr>
<td>2008</td>
<td>2,395</td>
</tr>
<tr>
<td>2009</td>
<td>2,670</td>
</tr>
<tr>
<td>2010</td>
<td>2,617</td>
</tr>
<tr>
<td>2011</td>
<td>2,723</td>
</tr>
</tbody>
</table>

Source: Defense Department, “Annual Report on Sexual Assault in the Military”
To Catch a Predator

The military booted out just 15 percent of the 791 people it disciplined for sexual assault in fiscal 2011.

Military subjects in sexual-assault cases, fiscal 2011

A total of 1,518 service members were under review in sexual-assault cases in fiscal 2011.

Commanders took disciplinary action against 791 of them. Insufficient evidence and victims choosing not to participate in proceedings accounted for most of the remainder.

In 489 of 791 subjects’ cases, commanders pursued a court-martial. The others faced administrative punishment or nonsexual assault charges.

370 subjects’ cases were decided in fiscal 2011.

Of those subjects, 240 went to trial.

191 subjects were convicted; 49 were acquitted.

122 of those convicted subjects were dishonorably discharged or dismissed from the military. The others faced lesser punishments, such as fines and demotion.

Source: Defense Department, “Annual Report on Sexual Assault in the Military”
IMPACT OF TRAUMA
Impact of Trauma

1. After 1980, when the efforts of combat veterans had legitimated the concept of post-traumatic stress disorder, it became clear that the psychological syndrome seen in survivors of rape, domestic battery, and incest was essentially the same as the syndrome seen in survivors of war.

2. Traumatic events violate the autonomy of the person at the level of basic bodily integrity. The body is invaded, injured, defiled.

3. Helplessness and isolation are the core experiences of psychological trauma.
Post Traumatic Stress Disorder

- Anxiety disorder after a traumatic event
- During event, your life or others’ lives are in danger
- Feel afraid or that you have no control
- Anyone who has gone through a life-threatening event can develop PTSD
Post Traumatic Stress Disorder

- Not clear, why some develop and others do not. Likeliness may depend upon:
  - Intensity and length of trauma
  - Whether someone dies or is badly hurt
  - Proximity to the event
  - Strength of reaction
  - Feelings of control
  - Help and support received afterwards
Post Traumatic Stress Disorder

Events can include:
- Combat or military experience
- Child sexual or physical abuse
- Terrorist attack
- Sexual or physical assault
- Serious accident, such as car wreck
- Natural disasters, fire, tornado, etc.
4. Traumatic reactions occur when neither resistance nor escape is possible. The human system of self-defense becomes overwhelmed and disorganized and impacts the ordinary human adaptations to life that give people a sense of control, connection, and meaning.

5. Traumatic events destroy the belief that one can “be oneself” in relation to others. The individual’s point of view counts for nothing, and shame, doubt, and guilt appear in the aftermath of the traumatic events.
6. Observers who have never experienced prolonged terror or traumatic events and who have no understanding of coercive methods of control presume that they would show greater courage and resistance than the victim in similar circumstances.

7. Therefore, the common tendency is to account for the victim’s behavior by seeking flaws in her personality or moral charter.

Pathological Violence
Military Context

Active Duty and Veterans

Post Traumatic Stress Disorder

Traumatic Brain Injury

SEE additional detail slides at end
## What to Look For?

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavioral</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Withdrawal</td>
<td>Anxiety or Panic</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Restlessness</td>
<td>Guilt</td>
</tr>
<tr>
<td>Weakness</td>
<td>Emotional Outbursts</td>
<td>Fear</td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>Suspicion</td>
<td>Denial</td>
</tr>
<tr>
<td>Nightmares</td>
<td>Paranoia</td>
<td>Irritability</td>
</tr>
<tr>
<td>Breathing Difficulty</td>
<td>Loss of Interest</td>
<td>Depression</td>
</tr>
<tr>
<td>Muscle Tremors</td>
<td>Alcohol Consumption</td>
<td>Intense Anger</td>
</tr>
<tr>
<td>Profuse Sweating</td>
<td>Substance Abuse</td>
<td>Agitation</td>
</tr>
<tr>
<td>Pounding Heart</td>
<td></td>
<td>Apprehension</td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Traumatic Brain Injury

- Occurs if the head is hit or violently shaken (such as from a blast or explosion)

- Results in a concussion or closed head injury, not life-threatening but may have serious symptoms, worse if exposed more than once, behavior and personality changes possible
Common Symptoms of Brain Injury

• Difficulty organizing daily tasks
• Blurred vision or eyes tire easily
• Headaches or ringing in ears
• Feeling sad, anxious or listless
• Easily irritated or angered
• Feeling tired all the time
Common Symptoms of Brain Injury

- Trouble with memory, attention or concentration
- More sensitive to sounds, lights, or distractions
- Impaired decision-making or problem-solving
- Difficulty inhibiting behavior, impulsive
**Common Symptoms of Brain Injury**

- Slowed thinking, moving, speaking or reading
- Easily confused, feeling easily overwhelmed
- Change in sexual interest or behavior
Understanding Memory & Trauma
Goldstein, 1995

- Abstract thought
- Concrete thought
- Affiliation

- Attachment
- Sexual behavior
- Emotional reactivity

- Motor regulation
- “Arousal”
- Appetite/Satiety

- Sleep
- Blood pressure
- Heart rate
- Body temperature
We create memories – even as they create us…
Collecting Physiological Evidence in Trauma Cases
Adding trauma into the mix

- The prime “directive” of the brain is survival
- The brain is “over-determined” to sense, process, store, perceive, and mobilize in response to the threat (Goldstein, 1995)
- All areas of the brain are recruited and orchestrated for optimal survival tasks
- Cognition, emotional, social, behavioral, and physiological residue of trauma may impact an individual for years – even a lifetime (Perry, 1999)
Confabulation

- When the brain strives to re-create an event, it often grafts details of other memories into it.
- The common wisdom was that once a memory was consolidated into long-term memory – it was stable.
- Many experts now believe that a memory may return to its embryonic state when it’s activated.
- When a consolidated memory is reactivated through retrieval, it may become particularly susceptible to disruption.
Use-dependent memories

- Learning Names
- Phone #s
- Language

- Riding a bike
- Typing
- Dancing
- Playing piano

- Grief
- Fear
- Joy

- Violence
- Stress
Traumatic responses can alter...

- **Physiology**
  - Heart rate, respirations, dilated pupils, dry mouth, knot in the stomach

- **Affective (mood and emotion) responses**
  - Fear, helplessness, horror

- **Cognitive (thought) processing**
  - Memory – fragmented, out of sequence
  - Time distortion
  - Increased confabulation
  - Trauma memory and recall
Victim Interview Best Practices

- People speak more freely and fully when:
  - they feel they are being listened to
  - they feel the listener can tolerate what they have to say
  - the listener can understand what they have to say
  - they can imagine it to be true
The capacity to hear about trauma (rape/DV) does not come easily or all at once.

It must be developed.

Developing this capacity requires:
- An active willing, and empathetic extension of the self into areas of human failure and malevolence.
- Practice.
A New…Groundbreaking Idea
Forensic Experiential Trauma Interview

- Acknowledge their trauma/pain/difficult situation
  - What are you able to tell me about your experience?
    - Tell me more about ... or that...
  - What was your thought process during this experience?
  - What were your reactions to this experience?
    - Physically
    - Emotionally
  - What are you able to remember about...the 5 senses?
  - What was the most difficult part of this experience for you?
  - Clarify other information and details...after you facilitate all you can about the “experience”
Appropriate Open-Ended Questions:
- What did you do next?
- Help me understand?
- Tell me what you were thinking at that point?
- Tell me what you were feeling when he did that?
- Tell me more about that?

This type of questioning will provide the victim an opportunity to talk about thoughts, feelings, and experiences during the assault.

This will help us understand better the reality of the situation and overcome most, if not all, challenges to credibility.
Therefore...

- Sensitivity and empathy are the keys to a successful victim interview
- Be patient
- Be thorough
- Go beyond “He said, She said”
- Build a case in depth
- Don’t stop asking questions until you can in some ways experience what the victim has experienced
- Give the victim time to process and work through the trauma
- Provide the victim with a materials to “journal” their experience
Fatality Review

DOMESTIC VIOLENCE AND CHILD ABUSE
FATALITY REVIEWS

David S.C. Chu
U.S. Department of Defense


www.ncdsv.org
then Military Tab,
then Implementation Drop-Down,
then alpha to “D” for Domestic ......
Lessons learned from fatality review

- Depression
- Suspicion of infidelity
- Substance abuse
- External stressors
- Unwanted separation or divorce
- Special needs child
Domestic Violence & Sexual Assault
Restricted Reporting

- Assists those who don’t want an official investigation
- Provides services
- Builds a bridge of trust
- Restricted reporting avenues
- Exceptions
- Many file official report later
Visit, [www.ncdsv.org](http://www.ncdsv.org), Military Tab, Implementation *Drop Down*

- **DTFDV developed a TOP TEN recommendations to create oomph in advocacy with the Congress, the President and the larger military community.**
- **Most of those have now been acted upon.**
- **Of course more to go!**
Advocacy
Where You **Stand** Depends on Where You **Sit**

- **Community-based Advocates** work in local shelters, domestic violence programs, rape crisis centers, coalitions and *can* be located inside the system

- **System Advocates** typically work in police and sheriff departments, DA’s offices, hospitals and *also the military*
Community Advocates

- Safety of victims
- Agency / authority / autonomy
- Restoration / resources
- Justice
- Most work only with victims of domestic and sexual violence
System Advocates

- Safety of victims
- Accountability of perpetrators
- Deterrence of perpetrators
- Services for victims
- Seamless response, cooperation with criminal justice and social service agencies
- Many work with individuals victimized by a variety of crimes
Military Advocates

• Meshing of roles, usually divided in civilian communities
• Bifurcated responsibilities are the same
  ◦ Individual Advocacy
  ◦ Systemic Advocacy
  ◦ Social / Cultural Change
We are here to listen…not work miracles.

We are here to help a woman discover what she is feeling…not to make the feelings go away.

We are here to help a woman identify her options…not to decide for her what she should do.

We are here to discuss steps with a woman…not to take steps for her.

We are here to help a woman discover her own strength…not to rescue her and leave her still vulnerable.

We are here to help a woman discover she can help herself…not to take responsibility for her.

We are here to help a woman learn to choose…not to keep her from making difficult choices.

We are here to provide support for change.

-Anonymous

Produced and distributed by the National Center on Domestic and Sexual Violence
(512)407-9020 • www.ncdsv.org
Resources (see full listing on handout)

- **Battered Women’s Justice Project**
  
  www.bwjp.org  
  http://www.bwjp.org/military.aspx  
  http://www.bwjp.org/articles/article-list.aspx?id=30

- **Domestic Abuse Intervention Project**
  
  http://www.theduluthmodel.org/

- **National Center on Domestic and Sexual Violence**
  
  www.ncdsv.org  
  http://www.ncdsv.org/ncd_militaryresponse.html

- **National Council on Juvenile and Family Court Judges**
  
  www.ncjfcj.org

- **Praxis International**
  
  www.praxisinternational.org