



Psychiatry & Behavioral Science Section - 2016

I20 Effects of a Treatment Program for Combat Veterans Charged With Domestic Violence

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After attending this presentation, attendees will better understand the effects of combat/war-related trauma as it relates to domestic issues and relationships, as well as on the therapeutic interventions targeted at treating the clinical and psychological consequences of such trauma and their impact on relationships back home. Furthermore, the specialized treatment programs for Domestic Violence (DV) perpetrators have been considered effective in preventing violent behavior in domestic situations and will result in valid applications for both clinical and forensic purposes.

This presentation will impact the forensic science community by outlining the factors and correlations that could influence the outcome of a program for combat veterans charged with DV.

Introduction: DV charges include a broad spectrum of different offenses. For example, behaviors associated with DV include fighting with someone within the domicile, use of weapons in the home, sexual assault, threatening to harm, and breaking into your own apartment after being evicted by your significant other. In Arizona, the consequences for these charges are significant, bringing drastic changes in the perpetrators' lives. For example, one may not be able to find employment or could be terminated from their current job, usually ending up homeless. Many studies confirm the high prevalence of DV among combat veterans, leading to the assumption that combat exposure could play a relevant role in the behavior of veterans coming home to their significant others.

In addition, co-variables of mental illness, substance abuse, and homelessness are known to be highly predictive of an increased risk of suicide. Therefore, entering a program will be a positive intervention in all variables. Substance abuse should be addressed during the program, but only as it impacts and complicates the issue of domestic violence in itself.

Method: During August 2008 and March 2012, 255 veterans were admitted into a DV treatment program in a Phoenix, AZ, medical center. Of the 255 veterans, 135 (53%) were Operation Enduring Freedom-Operation Iraqi Freedom veterans. All were court ordered to complete either a 26- (191 veterans), 36- (54 veterans), or 52- (10 veterans) week program, based on the charge(s). After an initial assessment (a 1:1 intake conducted by a forensic Registered Nurse (RN), which included a brief history of military service, a review of charges by the court/police report; a self-report by the veteran of what had occurred, a Dangerousness Assessment/Risk for Violence self-report of physical injuries, a brief orientation of what was to be expected of the veteran if accepted, and a signed agreement by the veteran), the program was based on individual psychotherapy (Cognitive Behavior Therapy (CBT) and group therapy. The forensic RN serves as a reporting authority to the probation office and to judges if the veteran is non-compliant with the rules of the program.

Results: The program was not completed by 31 of the veterans for the following reasons: 2 had charges dropped, 16 dropped out or showed non-compliance, 10 went to jail, 2 passed away before the program ended, and the judge would not allow 1 veteran to come to a program.

At some point after graduation, ten re-offended and were court-ordered to repeat the program (3.92% recidivism rate). Their general attitudes were documented and over time could be seen to be noticeably changed within their 26 or 36 weeks in the program, to the point that many did not want to leave. Many were sent for evaluation for Traumatic Brain injury (TBI) or for Post-Traumatic Stress Disorder (PTSD) treatment. Typically, the behaviors/symptoms/diagnoses presented included anger/hostility (with disregard for authority figures and women), insomnia and/or nightmares, paranoia, generalized anxiety disorder, panic attacks, amphetamine abuse, alcoholism, depression, suicidal thoughts, isolation of self, and bereavement in young men in their 20s to early 30s.

Conclusions: Specific correlations were found between trauma exposure and the clinical appearance of disorders. Generally, there were no significant outcome differences between long- and short-term treatment, suggesting a key role played by personality traits and motivation to follow the program.

A relevant factor that was recognized in a positive influence on outcome was represented by the quality of interventions, both regarding the personnel (competency, high experience, and ability of empathy) but also the specificity of the program that was reworked to accommodate veteran therapeutic needs. The benefits of the treatment could be confirmed by the registered low rate of recidivism after completion of the program.

Combat Veterans, Domestic Violence, Treatment Program

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