

Domestic Violence in the Military – Summary Response from the Veterans Health Administration

Domestic Violence (DV), also known as Intimate Partner Violence (IPV), is a complex public health issue requiring collaboration between many programs and agencies to address prevention, provision of safety supports, treatment, and legal consequences. Public health, social service, health, and judiciary agencies will need to provide services that may include physical and/or mental health care, housing/shelter, financial assistance, and legal consultation. This summary will briefly describe only one of the areas needed to address IPV, namely, mental health services.

Little is known concerning risk factors that increase the likelihood of becoming a perpetrator of IPV. However, questions have been raised about Posttraumatic Stress Disorder (PTSD) as a risk factor for IPV. While some individuals with PTSD may engage in aggressive behavior or have difficulties with anger management, this is by no means true for most of those, with PTSD. Further, most perpetrators of IPV do not suffer from PTSD. Several VA medical centers do offer IPV programs directed at the abusing partner.

In terms of consequences of experience of IPV, a number of mental health diagnoses are associated with such victimization, and some patients may benefit from mental health programs specifically designed to address them. While IPV itself is not a mental disorder, many women (and men) are known to suffer from PTSD, anxiety, depression, substance abuse, and other mental health problems as a consequence of their experiences with IPV. VHA has sponsored trainings and on-going consultation in implementing several empirically-based treatments designed to address these mental health diagnoses including:

- Seeking Safety
- Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE)
- Acceptance and Commitment Therapy (ACT)

In part due to the complexity of IPV, the research literature has not endorsed a specific intervention strategy for either IPV victims or perpetrators. Widespread adoption of any particular clinical intervention is not supported. Fortunately, several VA researchers are actively working to develop and test a host of intervention strategies for both Veteran IPV survivors and perpetrators including:

- Developing Cognitive Trauma Therapy for Battered Women
- Using Dialectical Behavioral Therapy for women abuse victims
- Using PTSD-Focused Relationship Enhancement Therapy and PTSD-Focused Cognitive Behavioral Therapy to treat IPV among OEF/OIF Veterans and their significant others
- Using an IPV intervention for male and female Veterans entering substance use disorder treatment

VA researchers are also identifying veterans who may be involved in IPV such as:

- Studying the relationship between PTSD and IPV, noting that while certainly not all Veterans with PTSD perpetrate IPV, it would be beneficial to understand the differences between those who do and those who do not engage in IPV.
- Screening women Veterans within the integrated primary care women's clinic for IPV

In addition to developing and offering patient-focused interventions, examples of provider-focused trainings and emerging best practices related to IPV in VA include:

- Trainings on domestic violence with an emphasis on detecting suicidality in violent partners
- Online training modules for Services for Returning Veterans – Mental Health (SeRV-MH) Teams
- An EES Satellite Broadcast on Domestic Violence scheduled for FY10
- A CME Program on Military Sexual Trauma, which includes a chapter on IPV and Revictimization
- An IPV Fact Sheet for patients developed by the National Center for PTSD.

In summary, IPV is a complex public health issue that requires a multimodal response. Overall VHA addresses the mental health conditions resulting from IPV victimization and also offers some intervention for perpetrators and those who may be at risk of become perpetrators by offering evidence-based mental health services, promoting provider training and education, and investigating and developing preventive and treatment interventions for the mental health consequences associated with IPV.