

INTIMATE PARTNER VIOLENCE: Insights into Military Personnel and Veterans

A Facilitator's Guide

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Intimate Partner Violence: Insights into Military Personnel and Veterans

A Facilitator's Guide

Introduction

This film and facilitator's guide are designed for presentations and trainings on intimate partner violence (IPV) involving military personnel and veterans. Understanding IPV and intervening to stop it remains a complex social issue. For years, practitioners, researchers, advocates, and the criminal justice system have sought solutions to behavior (often criminal) that tears families apart and causes thousands of injuries and deaths annually. The military hasn't been immune from IPV perpetrated by active duty military personnel, and veterans perpetrate IPV after leaving the military.

The discussions that come out of this training are intended to further our understanding of IPV, especially among professionals who intervene with victims/survivors and IPV perpetrators. Military Family Advocacy Program personnel, victim advocates in the military and civilian sectors, Department of Veterans Affairs (VA) personnel, probation officers, military police and civilian law enforcement officers and others in the criminal justice system and human service fields will find the film and training helpful.

TRAINING OPTIONS

The content and discussions in Modules 1 and 2 provide important foundational information on IPV, so it is suggested that this material is presented before showing the film: *Intimate Partner Violence: Insights into Military Personnel and Veterans*. There are background notes in each module to assist the facilitators in preparing their presentations. The facilitators may choose to produce a PowerPoint based on the material in the guide and related information on IPV that is germane to community where the training will be held. There are two options that you can use to conduct a training on the film *Intimate Partner Violence: Insights into Military Personnel and Veterans* and the material in this facilitator's guide.

Option 1: If you have sufficient time for a three-hour training, you may decide to complete all three modules. The modules are designed for a multi-disciplinary audience of professionals who are intervening in IPV cases.

Option 2: Training organizers may decide based on time limitations, or the kind of information your audience needs, to only show the film *Intimate Partner Violence: Insights into Military Personnel and Veterans* and have a discussion. If you choose this option, you could weave in some of the foundational information into the discussion of the film.

TRAINING MODULES

Module 1: Understanding Intimate Partner Violence

This module is designed for a lecture and discussion focusing on the dynamics of IPV. This module includes information on the importance of having knowledge of the contextual nature of IPV and assessing the level of risk to victims during and after interventions.

Approximate time: 30 minutes

Module 2: Intervention with Military Personnel and Veterans

This module is designed for a lecture and discussion focusing on some of the causal factors for IPV and approaches that might stop it. Also included in this module is information on screening, assessment and treatment.

Approximate time: 30 minutes

Module 3: Intimate Partner Violence: Insights into Military Personnel and Veterans

This module is a film that includes an in-depth interview with Hector Matascastillo, an Army Ranger and combat veteran who battered his wife, was arrested, diagnosed with post-traumatic stress disorder (PTSD), and began a transformative journey of change. The film also includes interviews with April Gerlock Ph.D., an expert on IPV involving military personnel and veterans. Together, they provide insight into the experiences and thinking of military personnel and veterans who have used violence in intimate relationships and how interveners should respond in these cases.

The film is 39 minutes long and is divided into four sections. Facilitators can either show the film in its entirety, or stop it after each section for discussion. Suggested discussion questions are included after each section that may help engage the audience in dialogue.

Training organizers could also broaden the discussion by adding a panel of interveners from the military (if there is an installation nearby), the VA, and community programs who have expertise in IPV. Panel members address questions related to the law, policies, or procedures, and review local services and resources. Panel members might also expand on the dynamics of IPV cases, issues specific to military personnel and veterans, research, and/or coordination of interventions.

Approximate time: 2 hours

NOTE: At the end of each module, there is an outline for presenting the material. There are also discussion questions after each of the four sections of the film. Facilitators can adapt these questions and presentations to fit the training, their training styles, who is in attendance, whether you have included a panel of interveners, and the experience level of participants.

TRAINING OBJECTIVES

- Participants will recognize the emotional and psychological impact on children who are exposed to IPV at home.
- Participants will understand how boys are influenced by societal messages that the only emotions boys and men should express are aggression and anger.
- Participants will explore arguments about whether PTSD causes IPV and why it's important for military personnel and veterans to be assessed for both PTSD and IPV.
- Participants will identify how IPV with coercive controlling behaviors impacts and damages the lives of victim/survivors.
- Participants will understand why victims/survivors are reluctant to call the military police or civilian law enforcement and report acts of IPV.
- Participants will be able to identify risk factors associated with lethality in IPV cases.
- Participants will understand veteran's courts and counseling programs specifically designed for IPV perpetrators.

PREPARATION

Organizing a successful training on IPV requires planning and organization. When choosing facilitators or presenters, think about who your audience will be. What do they likely need to learn about IPV and the military, VA, and civilian responses? What questions are they likely to ask? For instance, if you're inviting military personnel and civilians from communities adjacent to the installation, it might be helpful to have the training co-facilitated by someone from the installation and someone from a surrounding community who are frequently involved in responding to IPV cases. You might want to have a co-facilitator from the local VA facility. For a longer training, consider having a panel of interveners (law enforcement, prosecutor, advocate, counselor, etc.) comprised of individuals from the military, VA, and community programs to answer specific questions at various stages of the training. Facilitators and invited interveners should have a grounded analysis of IPV, be aware of the state laws, military directives, VA policies, current practices and procedures, and available resources, including:

- The role of civilian and military law enforcement.
- Arrest and detention procedures.
- How to obtain a civil or military protection order and what reliefs can be considered.
- State laws on domestic abuse and related crimes.
- Collaboration agreements between military, VA, and civilian interveners.
- Victim advocacy on military installations, in the VA, and in civilian communities.
- Shelter services.
- The role of the Family Advocacy Program.
- The chain of command in the military.
- Confidentiality for victims seeking assistance.
- The role of child protection services and reporting requirements.

- Definitions of IPV in the military, VA, and civilian community.
- The role of the prosecutor, staff judge advocate, and judge advocate general.
- Counseling and education classes for IPV perpetrators.
- Jurisdiction in IPV cases.
- Service and resources for LGBTQ victims and perpetrators.
- The role of the military Incident Determination Committee (IDC) and Clinical Case Staffing Meeting (CCSM).
- The role of probation and the courts.
- Risk assessment and victim safety.

The background notes in this guide provide facilitators with basic information to discuss the dynamics of IPV, help participants understand the context of violence, increase awareness of what interventions enhance victim safety, explain why assessing for risk is important, and describe treatment options for perpetrators. The film *Intimate Partner Violence: Insights into Military Personnel and Veterans* and the background notes also provide facilitators with concrete information on military personnel and veterans who are IPV perpetrators and possible interventions with those that have co-occurring conditions like PTSD, traumatic brain injury (TBI) substance abuse problems and depression. If you choose to just show the film, the background notes and discussion questions after each module should provide a springboard for a dynamic discussion.



MODULE #1

Understanding Intimate Partner Violence

Introduction

Over the years the terminology to describe men’s violence against women in intimate relationships has changed. Legally, the criminal and civil justice systems use the terms domestic assault, domestic abuse or domestic violence. For many years, advocates and practitioners who work with perpetrators used the term battering to describe not just the physical violence used by perpetrators, but also intimidation, coercion, threats, and other abusive tactics when the intention of the behavior is to dominate an intimate partner.

More recently, many researchers and practitioners in the mental health field have been using the term intimate partner violence (IPV). The rationale behind this new definition is that the legal definition of domestic abuse or domestic assault can be applied to all kinds of violence in the home, including a parent abusing a child. All of the terminology is somewhat interchangeable, but for the purposes of this facilitators’ guide, IPV will be used.

IPV perpetrators come from all economic classes. Some grew up with violence in the home and others did not. Some have formal education and others dropped out of school. Some become violent when they are under the influence of alcohol or drugs, and others are abusive when they are sober. Perpetrators come from all races, religions, and cultures.

NOTE: This guide doesn’t address same-sex IPV, which is more prevalent than originally thought and presents different dynamics and challenges. At the beginning of the training, the facilitators should briefly address this issue. Explain that despite recent policy changes in the military on same-sex relationships, individuals who are LGBTQ face discrimination (as they do in the civilian world) which may influence whether a victim or a perpetrator feels safe to seek help and assistance. If men or women are victimized by an intimate partner in a same-sex relationship, it is probably safest for them to seek help initially from local or national LGBTQ organizations, or confidential domestic abuse programs.

Addressing Gender and Understanding Context and Risk

The film *Intimate Partner Violence: Insights into Military Personnel and Veterans* focuses on a story of a man who battered his wife, the impact of his military experiences on his life, and his change process. It examines how men are socialized to view masculinity, women, entitlement and decisions about using violence to resolve conflicts.

Invariably, the topic of women’s violence will emerge in discussions of IPV. It’s important to acknowledge that women do use violence. In IPV cases, women hit, kick, bite, scratch, throw things—usually in self-defense, sometimes in retaliation, and though infrequently, as a way to intimidate their partners. A man can usually end a woman’s violence against him by stopping his own use of violence or by leaving the relationship. A battered woman cannot always stop a man’s violence even if she leaves.

Understanding the context of the violence is important for all interveners. There are situations where the IPV is atypical, the victim isn’t fearful, and coercive behaviors aren’t accompanying the violence. But IPV cases with only a single incident of violence without coercive controls are infrequent and difficult to validate. The courts are asked to sort out the evidence in these cases and substantiate whether IPV occurred and what should be the appropriate response. In these limited cases of an alleged isolated incident, the courts may impose less punitive sanctions on the perpetrator after input from victim advocates and professionals who have completed an IPV assessment of the perpetrator with input from the victim.

The courts are far more likely to see what we call *IPV with coercive controls*. In addition to being physically violent, an IPV perpetrator is also using coercive behaviors with the intent to control and dominate his intimate partner. In these cases, the IPV perpetrator has an arsenal of abusive behaviors that can be harmful and terrifying. For instance, the use of intimidation, (slamming doors, punching walls, glaring, clenching fists, towering over his partner, blocking his partner’s physical space, and displaying

weapons) can be extremely frightening; the person being intimidated is never sure if physical violence will follow. IPV perpetrators using coercive controls may also make threats and use coercion to maintain power and domination over their partners. A perpetrator may threaten to leave his partner without any resources, harm her, the children, other family members or pets. Some perpetrators threaten to take away or gain custody of the children. Others threaten to expose embarrassing parts of his partner's life on the internet or by calling the authorities to report real or false allegations of criminal activities. Others threaten to harm themselves or commit suicide. In a relationship where a perpetrator is using coercive controls, he is usually isolating his partner by sabotaging, manipulating, or making demands that his partner end her relationships with certain friends or family members. She not only becomes socially isolated, but loses her support system. The continued use of coercive controls, coupled with sexual and physical violence, can immobilize a victim--she feels trapped and she adapts her own behavior to survive.

NOTE: Given that the majority of perpetrators who use IPV with coercive controls are men, this guide and the accompanying discussion questions are formed with that reality in mind; hence references to males as perpetrators and females as victims. When we examine the context of the violence, it becomes easier to see why many battered women don't leave an abusive partner who is not only violent, but also using coercive controls. The Power and Control Wheel, created by the Duluth Domestic Abuse Intervention Project, is an illustration of IPV with coercive controls. The wheel is held together by physical and sexual violence. Inside the wheel are coercive controlling behaviors and other tactics that an IPV perpetrator can systemically use to control his partner. In the center of the wheel are the words power and control. The intention of most IPV perpetrators using coercive controls is to dominate their partners. Not all IPV perpetrators have this intent, but all IPV perpetrators use some of the behaviors on the wheel.



In some IPV cases, one party is using what is sometimes called *resistive violence*. In these cases, one party is defending her/himself against sexual or physical violence, is reacting to threats of violence, or is protecting her/his children or other family members. It is critical that law enforcement and prosecutors not only establish whether one party used violence in self-defense, but also, if both parties used violence, and determine the *predominant aggressor*. Establishing the predominant aggressor requires a determination of potential risk of future harm to one party or the other, the likelihood of one person escalating or continuing to abuse if an intervention doesn't take place, who needs protection from whom, what protective measures may be needed, what interventions may increase risk to the victim, and whether intervening will protect the children.

Failure to distinguish context can endanger battered women if victims are inappropriately arrested, charged and prosecuted. The perpetrator might become emboldened and the victim may be reluctant to seek help in the future. By understanding the *intent* of the violence, *effects* of the violence on the victim, and the *history* of the perpetrator's previous behavior, interveners can assemble a more comprehensive analysis of the situation.

In addition to context, other factors in IPV cases indicate different levels of risk of lethality. Researchers have been able to develop risk or danger assessment tools that are increasingly being used by medical personnel, victim advocates, some law enforcement agencies, and other interveners. Some key risk factors that interveners should consider:

- Is the perpetrator making threats against his partner?
- Does he have access to weapons?
- Has he used physical or sexual violence against his intimate partner in the past?
- Does he have antisocial attitudes and behaviors?
- Has there been a recent separation or divorce or is separation/divorce being considered by the victim/survivor?
- Has the perpetrator experienced life stressors, including employment/financial problems or recent loss?
- Did the perpetrator witness or was he a victim of family violence in his childhood?
- Is there evidence that the perpetrator has mental health problems?
- Is the perpetrator resistant to change and lacks motivation in treatment?
- Does the perpetrator have attitudes that support violence toward women?

Risk and danger assessments can be useful diagnostic tools for a victim/survivor to examine the behaviors, actions and changes made by perpetrators that may indicate increased risk. However, the assessment she completes today may produce very different results from those of an assessment she completes in the future, depending on the situation, such as the decisions she's made, the decisions her partner or ex-partner has made, and other changes in her life. Ultimately, any assessment results should be viewed in light of the victim/survivor's instincts and experience, especially when her sense of risk is more heightened than the assessment indicates.

Unfortunately, people who might be in a position to intervene, (friends, family, supervisors, co-workers, mental health counselors) don't always recognize the *red flags* or don't believe they have the authority or ability to suggest to either party that they need to get help. As Hector explained in the film, he had used violence in the past, had access to weapons, had witnessed IPV at home, had been physically abused by his father, had been diagnosed with PTSD, had sexist attitudes about women, and his wife wanted a divorce. This constellation of red flags could have triggered an intervention, but never did. His ex-wife never sought help from a battered women's advocate or law enforcement, and though Hector's behavior was erratic when he was in the Army, a ranking officer never identified him as a troubled service member.

Presentation

1. Acknowledge that women do engage in IPV, but when you examine the context of the violence, a woman typically isn't an IPV perpetrator who is also using coercive controls.

- Do people agree with this assessment?
- Ask participants to describe the differences in how men and women use violence in intimate relationships.

Explain that most battered women's shelters or domestic abuse programs should have referral information for men, or can provide some assistance for men who are victims of IPV.

2. Talk about how some people will invariably ask why a victim stays in a relationship where there has been IPV.

- Ask the participants to list the possible reasons a victim/survivor may feel trapped in a relationship with an IPV perpetrator who is using coercive controls. For instance, a victim may fear for her safety; be afraid she'll lose her children; holds out hope that her partner will change; doesn't have a support system; has fears of being alone; feels pressured by family members or her religion to stay in the relationship, etc.
- Are there different reasons for victims whose intimate partners are in the military? For instance, a victim may be concerned that her actions will ruin her partner's military career; be fearful of the kinds of threatening and intimidating actions her partner learned in the military; may feel isolated by the culture in and around military installations, etc.



Put these reasons on a flip chart or dry board to demonstrate all of the factors that may be influencing her decision-making.

3. Give a brief presentation on context by highlighting IPV with coercive controls and resistive violence.

- Ask whether these two categories make sense based on the participant's professional experience working with perpetrators and victims/survivors.

If you are using a PowerPoint presentation, show the Power and Control Wheel and explain how the wheel illustrates IPV with coercive controls.

4. Review the risk factors. A PowerPoint slide can be made to help with this discussion based on the literature review (on page 10 of this guide) and the Danger Assessment produced by Jacquelyn Campbell, PhD. The following are the top ten risk factors in the Danger Assessment which Campbell's identified in her research that is used by many interveners and researchers.¹

The perpetrator:

- Owns a gun.
- Is unemployed.
- Has threatened to kill the victim.

1 Campbell, J.C. et al., "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," *American Journal of Public Health*, vol. 93, no. 7 (2003): 1089–1097.

- Has threatened the victim with a weapon.
- Has been left by his partner after living with her during the past year.
- Has a stepchild in the home (her biological child, not his).
- Has forced sex.
- Has strangled or attempted to strangle the victim.
- Has threatened to harm the children.
- Has increased the severity and/or frequency of abuse.

5. Summarize the discussion and ask if anyone has questions or comments at this stage of the presentation.



MODULE #2

Intervention with Military Personnel and Veterans

Introduction

Military personnel and veterans returning from Afghanistan and Iraq and other combat zones who are diagnosed with PTSD and TBI are more likely than veterans without these mental health problems to engage in IPV and other criminal behavior.² While American involvement in both of these wars is winding down, military personnel are still being deployed to these countries and other areas in this volatile region. We can never be sure where and when the American military will be asked to go to war.

After being deployed away from their homes, intimate partners, and families, we should expect some readjustment problems. However, most military personnel and veterans, including those who were engaged in combat, don't abuse their intimate partners after their war-time experiences.

What makes the contributory connection of a diagnosable mental health problem and IPV difficult is determining whether a service member was an IPV perpetrator before being deployed, or how his combat experiences might be contributing factors in his IPV. The VA doesn't have standardized protocols to screen and assess for IPV victimization and perpetration across the system. However, the VA is piloting an IPV Assistance Program at several VA Medical Centers that will ultimately be implemented across the VA. Additionally, court-mandated perpetrators usually aren't assessed for PTSD, TBI or depression by mental health agencies and domestic abuse programs who run groups for IPV perpetrators.



In this film, Hector explains that his attitudes and beliefs about women and violence were formulated long before he joined the Army. He had been abusive and controlling with women before, during, and after his combat experiences. He does state that his military experiences reinforced his beliefs that women were inferior to men. In his training, he was taught that to be a "warrior" you had to dehumanize the enemy, which, in different but similar ways, is how IPV perpetrators often rationalize their violence.

Following his combat experiences, Hector had PTSD episodes (bad dreams/nightmares, flashbacks, agitation, easy irritation or annoyance, was jumpy, was easily startled by noises, and was mistrustful) that were associated with his violent behavior, especially with his ex-wife. He would be the first to say that his PTSD did not cause his violence. He needed treatment for both his PTSD and his IPV. When triggered, he is now able to compartmentalize episodic incidents without having them impact his relationship with his new wife and children. In the past, when he heard sounds like fireworks going off, he would have a startling reflexive response which he described as a reaction to protect himself. If his ex-wife woke him up from a nightmare, he would immediately get emotionally and physically defensive fearing that his life was in danger. Today, he knows that these experiences are normal and he doesn't lash out like he would have in the past.

What Causes the Violence and How to Stop It

What causes IPV remains a controversial issue. Since the 1970s and 1980s, when IPV became a publicly-recognized social problem, different causal explanations have been provided by the criminal justice system, policymakers, researchers, and advocates. What stops the violence is equally elusive and controversial to professionals in the field. While some practitioners and researchers criticize arrest and prosecution policies, most agree that there has to be consequences for IPV in the military and ci-

2 Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. Elbogen, Eric B.; Johnson, Sally C.; Newton, Virginia M.; Straits-Troster, Kristy; Vasterling, Jennifer J.; Wagner, H. Ryan; Beckham, Jean C. *Journal of Consulting and Clinical Psychology*, Vol 80(6), Dec 2012, 1097-1102.

vilian communities. There is also agreement that rehabilitation (counseling, treatment, or educational classes) should be ordered to deter further acts of violence by the IPV perpetrator against his current or future partner. What kind of treatment remains a contentious issue.

Most interveners and policymakers agree that an effective military/civilian coordinated community response (CCR) is the best way to reduce IPV involving military perpetrators. VA participation in the community CCR where they are located would be helpful to address IPV perpetrated by veterans. A successful CCR centralizes victim safety by: 1) adopting written policies and procedures for intervening agencies; 2) building risk assessments into every step of the intervention process that identify the context and severity of the abuse; 3) implementing an interagency process to evaluate and resolve problems; 4) creating an independent entity that monitors and tracks cases to ensure intervener accountability; 5) recognizing that most IPV is a patterned crime that requires ongoing engagement with victims; 6) using the criminal justice system and/or military command to hold perpetrators accountability for their behavior; and, 7) offering perpetrators opportunities for rehabilitation through counseling or educational classes. Jail or separation from the military, and other sanctions, may be deemed appropriate depending on the severity of the violence or repeated acts of violence.

Hector, the Army Ranger interviewed in the film *Intimate Partner Violence: Insights into Military Personnel and Veterans*, explained how law enforcement officers could have easily killed him the night he assaulted his wife. He posed an imminent threat to his wife, the responding officers and himself. Instead, the officers convinced him to drop his weapons and he was arrested. The staff at the county jail called in a psychologist to have Hector assessed for PTSD based on the evidence law enforcement officers had documented at the scene. He was charged with multiple felonies, but his conviction was stayed on the condition that he complete court-mandated counseling. The courts ordered Hector into a domestic abuse group, and he was required to continue his therapy for his PTSD.

In his domestic abuse group, counselors challenged him to stop blaming his wife and take responsibility for the choices he made to be violent. He learned about the many ways that the culture and his father had shaped his views about masculinity, his beliefs about women and entitlement and his use of violence to resolve disagreements. Like many men who are ordered into domestic abuse groups, Hector was initially resistant. He was still rationalizing and minimizing his abusive behavior. Had the courts not held a jail sentence over his head, it is doubtful that he would have completed counseling and wouldn't have started his change process. An effective CCR uses a combination of *interventions, sanctions, and rehabilitation* to hold offenders accountable for their behavior and to deter further acts of violence.

The history of some, but certainly not all IPV perpetrators, is mired in childhood abuse, relationships with male role models who have shown hostility toward women, exposure to violent pornography, violence in neighborhoods, chronic substance abuse, and the denial of love and nurturing as a child. We can't discount that these adverse childhood experiences impact men who are IPV perpetrators. However, these individual experiences can easily become both an explanation of why a man uses violence against his intimate partner and an excuse for him to continue using this behavior, especially when mental health practitioners focus on childhood trauma as the prime motivating factor for the IPV.

If the issue of childhood trauma is raised in a training, it is important to acknowledge the emotional and psychological impact of trauma on an IPV perpetrator. It's also helpful to point out that girls experience as much, if not more childhood trauma than boys, but the number of female IPV perpetrators pales in comparison to men. Additionally, we don't typically hear about girls and women committing mass shootings at high schools, colleges, places of business and military installations because of being slighted or bullied. As we seek solutions to IPV, avoiding a discussion about gender does a disservice to perpetrators and victims alike.

Focusing on the individual psychological problems of an IPV perpetrator while not challenging his beliefs and attitudes about women and male entitlement usually won't result in sustained behavioral changes. This is not to say that some IPV perpetrators don't have mental health problems that need to be addressed. Hector was ordered into a domestic abuse program and also learned how to control his

PTSD through individual therapy.

Some mental health practitioners may promote marriage counseling for IPV perpetrators and their partners. While marriage counseling might be useful at some point in a couple's relationship, unless the violence and other coercive behaviors have ceased, the IPV perpetrator has completed a domestic abuse program, and the victim feels safe, marriage counseling is ill-advised and sometimes dangerous.

Some courts order IPV perpetrators into anger management programs. In these programs, perpetrators describe their violence with language like; "I just lost it." "I have a short fuse." "I lost control." "I have a bad temper." "I was provoked by my wife and I flew into a rage." Whether intentionally or not, practitioners who run anger management programs encourage these explanations and rationalizations by focusing on anger and poor impulse control as being the causal factors for the violence. They try to teach IPV perpetrators to "control" their stress and anger. While a perpetrator may be able to use some anger management techniques to avoid being violent, if the intent of an IPV perpetrator is to have power over his intimate partner, he will ultimately resort to physical violence and other coercive behaviors when he encounters resistance to his attempts to control her.

IPV perpetrators may experience themselves as out of control or controlled by emotions, but their behavior is not without purpose. Their actions may become almost automatic, but with few exceptions every abusive act has intent, such as imposing one's will or ending a disagreement, which is why many domestic abuse programs with a gender analysis rely on cognitive-behavioral treatment (CBT). CBT focuses on helping people with behavioral problems explore the relationship between their thoughts, feelings, and behaviors by examining how they create patterns that lead to actions and conduct destructive to intimate partners, children and themselves. Counselors using CBT insist that an IPV perpetrator won't fully change until he not only stops using physical violence, but ceases the use of ALL coercively controlling behaviors. The goal is to help perpetrators explore how they might have a healthy intimate relationship with a partner that is based on equality, mutual respect, support, and love.

As previously stated, it's difficult to separate gender and socialization from a discussion on IPV. Most men are socialized to view sensitivity and the expression of vulnerability with hostility. These qualities are perceived as the opposite of what is required to be a real man. As Hector disclosed in the film, as a boy he was punished (sometimes severely) if he cried or wasn't tough enough. Failure to live up to the male persona may bring the scorn and ridicule of their peers and fathers, so boys quickly learn to adapt. By the time they are adults the "real" man now enters into a relationship with a woman, often bringing with him suppressed feelings and unrealistic expectations of how men are supposed to behave.

Domestic abuse groups using CBT or any treatment approach will not change all IPV perpetrators, but treatment with a tight CCR that holds offenders accountable is more likely to have successful outcomes. For men like Hector, getting arrested and receiving help through his domestic abuse group and therapy for his PTSD dramatically changed his life. He became violence free and is now working with IPV perpetrators in a counseling program.

Screening, Assessment and Treatment

Many military members and veterans returning from war zones have multiple problems, (sometimes co-occurring), including PTSD, TBI, substance abuse and depression. The challenge for practitioners is determining a clear relationship between deployment to a combat zone and the perpetration of IPV.

As Dr. Gerlock explained in the film, the constant mobility from deployments can exacerbate problems in an intimate relationship. IPV screening and assessment is critical to determining the context of the violence and identifying military personnel and veterans with histories of IPV and patterns of coercive control in intimate relationships pre-deployment. In some jurisdictions, mental health agencies and domestic abuse programs have started veterans' groups. Some of the military personnel and veterans either mandated or volunteering to participate in these groups have mental health problems (PTSD, TBI, substance abuse, and depression) and some don't. A number of VA clinics and community-based

programs offer anger management classes, but as stated, these programs usually don't explore the IPV dynamics that a traditional domestic abuse program does using cognitive behavioral therapy with a gender analysis.

Some jurisdictions have started specialized veterans groups for IPV perpetrators. Concerns have been raised by some practitioners and advocates that veterans ordered into a specialized veteran's group may use their combat experience as a justification for their violence. Others contrast these concerns by maintaining that in a specialized group, counselors and other group members will challenge perpetrators who blame war or the military for their IPV.

Mental health agencies and domestic abuse programs considering specialized groups for military personnel and veterans should work with battered women's programs, the courts, the VA, the military, and other providers to explore potential unintended consequences of starting a veterans' group. For instance, will the previous military rank of the veterans' counselors be a problem for some participants? How will IPV perpetrators who use PTSD or TBI as an excuse for their violence be addressed by the program? Does the idea of a veterans' group send a message to victims/survivors to forgive their abusive partners because of their experiences in a war zone? Are we asking the courts to treat IPV cases differently because a perpetrator was in the military or served in a combat zone? More research needs to be conducted on the efficacy of specialized groups. While some programs have the capacity to provide concurrent treatment for PTSD and IPV, others rely on community mental health agencies and chemical dependency programs to treat offenders before they enter a traditional domestic abuse program.

Presentation

1. Give a brief explanation of some of the common causal theories for why IPV occurs including psychological problems/personality disorders, poor impulse control/anger, relationship dysfunction, male socialization/entitlement. You can also produce a PowerPoint slide.

- Ask participants to comment on each theory and what kind of treatment corresponds with each theory. For instance, marriage counseling might be recommended for relationship dysfunction and communication problems with the couple.
- Ask what the benefits or unintended consequences are of each theory and treatment approach.

2. Engage participants in a discussion on the influence of gender in IPV cases.

- How does our culture influence boys and men to view women, relationships, and male beliefs in entitlement?
- How do these cultural messages shape boys and men to explain and rationalize their use of violence in an intimate relationship?
- How can we change the ways boys and young men are socialized?

3. Ask the panel of interveners (if you have one for this training) or people from the audience about mental health services that screen for IPV, PTSD, TBI, substance abuse and depression. What are their practices? Who gets referred? Do they assess for co-occurring conditions? What are their treatment recommendations?

4. Ask participants what they think about specialized IPV perpetrators programs and veterans' courts. Are they helpful? What are the unintended consequences?

5. Summarize the discussion and ask if anyone has any additional questions or comments at this stage of the presentation.

MODULE #3

Hector's Story: Insights Into Military Veterans

Introduction

Hector was born in Guatemala in 1973. His mother's and father's families were on opposing sides of a brutal civil war that was occurring at the time in this poor Central American country. Family members were being brutally killed and loyalty issues were a constant fact of life. His parents sought asylum to the United States as an option for some level of peace and security. In 1974, they immigrated to America and set up roots in a predominantly Latino neighborhood in Chicago.

Hector grew up in an abusive home where his father battered not only his mother, but also severely abused him. He joined the Army at a young age and became a Ranger. He was deployed to multiple combat zones around the world. His life exemplifies how boys and men learn about manhood, the objectification of women and violence from our culture.



After he left the Army, Hector moved to Minnesota and tried to build a life for himself. He had a stormy relationship with his then wife. He was violent and abusive with her and found himself in a standoff with eight police officers after assaulting her.

The violence Hector witnessed at home and later used in war were extreme and somewhat unimaginable for people who have never witnessed IPV at home, who were never abused as children, or who have never been in combat. However, Hector's story is typical of many male IPV perpetrators. When Hector abused his intimate partners, his rationalizations were no different than countless other men who have been arrested for IPV and who never went to war or experienced childhood trauma at home. The messages Hector learned from our culture about masculinity and his sense of entitlement with women are not dissimilar from the experiences of most boys and men.

Hector abused his first two wives. After he was arrested for assaulting his second wife, he was ordered to complete counseling at a domestic abuse program. He also went to therapy to deal with his PTSD. He has since remarried, obtained his master's degree in social work and is running groups for men who batter.

The following are excerpts from the film divided into FOUR parts. There are questions after each part to spark group discussion.

PART 1

From Childhood to Warrior

In this section, Hector talks about growing up in a Latino household and the values he learned about what a man should be. His father had strong beliefs about masculinity and the role of men in the home. Hector's father told him there were three reasons for why Hector was alive. One was to work very hard. His dad said, "People would know you by the work that you did and that the role of a man was to provide for their family." The second reason he was alive was to protect his siblings. The third reason (which was most important) was to protect his mother from everybody. But Hector said that this was difficult because this meant that he had to protect his mother from his father.

Hector's dad taught him that men had to control their families. Men are supposed to be strong and not show emotions, except being aggressive. He said his mother tried to teach him different values, so what he learned from his parents was in conflict. He also said he was influenced by growing up in a Latino neighborhood in Chicago where there was violence in the neighborhood.

The violence in Hector's home was frequent. He said the police would rarely intervene and when they did, officers would say things like, "We don't speak Spanish; you'll have to take care of this." Hector found himself in the middle of the IPV in his home as the interpreter with law enforcement and also in the role of trying to protect his mother from his father's violence.

Hector talks in the film about one of the earliest incidents that he recalls. He saw his father push his

mother into the bedroom. His mom wasn't crying, but he heard slapping. When he entered the bedroom, his dad was holding his mom by the ankles upside down and was whipping her with a belt. She had something in her mouth to stop the screaming. He said at the time he believed that his dad had this omnipotent power over the family. Hector thought his dad was convinced that he had an obligation to rigidly discipline his children and that he also felt justified in punishing his mother for what he thought were her transgressions as a wife and mother.

Hector was abused alongside his mother. At the early age of nine his father stopped hitting him with a belt, but he stated that this now meant that his father would "treat him like a man" and ball up his fist and punch Hector. He remembers getting knocked out and having his nose broken by his father. If he lost a fight at school, his dad would say, "You can't come home until you go back and beat that kid up."

Hector joined the infantry at the age of seventeen. He chose to become a Ranger. From the beginning, the indoctrination was to overcome the fear of killing. He shared a story about one sergeant who showed the troops a film where people were killing dogs and the sergeant equated the killing of the enemy as the same as killing dogs. He said, "We dehumanized the enemy--they weren't human--they were like dogs." You didn't have to worry about the consequences. He was trained to do the worst possible thing to the enemy to break their spirit and will to fight.

Hector explains that your "brothers" came before wives. In the Ranger regiment, there were separate quarters for the married men, so if there were problems at home the men had a place to go and no questions would be asked. He said in his experience women in general were objectified in the military.

April Gerlock, an expert on IPV involving military personnel and veterans, provides observations in each subsequent section.

Dr. Gerlock states that we haven't had military operations to this level in a long time, since Vietnam. Consequently, we're seeing an increase in the number of veterans seeking help and a lot of troubled people returning from Iraq and Afghanistan. She explains that there is considerable research showing a high rate of IPV among returning veterans with PTSD and not just those with war-zone experiences. She goes on to say that while there is a relationship between (PTSD) and IPV, one doesn't cause the other, but there is significant overlap between the two.

Discussion Questions

1. Give a brief review of Hector's childhood and the violence he was exposed to based on this part of the film. How might Hector's childhood exposure to IPV and the child abuse he experienced shape his own relationships with intimate partners? Can observing IPV as a child normalize the behavior for some boys and young men? Facilitate a discussion on some of the issues that may get raised. For instance, men like Hector may be influenced by their childhoods to believe that:

- Men are supposed to be the head of the household.
- Women are supposed to be subservient to men.
- Beatings are acceptable forms of discipline for children.
- Fathers are omnipotent.

2. Why do some men who are exposed to IPV as children become perpetrators themselves and others don't? Facilitate a discussion on some of the responses you're likely to hear. For instance:

- People ultimately make choices to be violent or abusive in an intimate relationship.
- Some men reject what they intuitively know to be ethically or morally wrong.
- There are other balancing influences in a young man's life (teachers, coaches, faith community, friends, family members, etc.) that alter beliefs and attitudes about gender and violence.

3. Review some of the messages from the film that Hector might have gotten about masculinity and women from his father and the military. Facilitate a discussion on some of the response that you're likely to hear. For instance:

- Hector may not have believed that he measured up to his father's expectations of being a man.
- Women don't belong in combat units.
- Women aren't valued in the military.
- The military needs to dehumanize the enemy. Some young men (including Hector) struggle with being relational after their military training and combat exposure.
- Real men don't show emotions, except anger and aggression.

4. What other issues were raised during this part of the film?



PART 2:

Relationships

Hector met his first wife after one of his deployments. They moved into a little town in Georgia near the Fort Stewart Army base. He explained that during this period of their relationship his ex-wife and he weren't getting along and there was a lot of arguing. His pattern during these arguments was to simply take the car keys and leave. He would typically go to a bar. He said that on one occasion when he tried to leave, his ex-wife grabbed the car keys and the couple struggled. He stated that he ripped the keys out of her hand, although it is unclear from the interview whether he injured her. But the police were called. Hector said he didn't know if his ex-wife or the neighbors called the police. He said that when he got home the police officers were there and started asking questions about whether there was a domestic assault incident. At this time, Hector believed that his ex-wife was equally responsible for their arguments, even the ones that became violent and abusive. He indicated that he felt totally vindicated when the police came, because they asked questions of both parties and didn't make an arrest.

Hector remembers being very intimidating in his first two marriages. He admits to slamming tables and doors and screaming. With his first wife, he said that they were constantly arguing over money, because he believed (like his dad) that men should control the finances. He broke things including the phone. Ending an argument with Hector always meant that he left in a rage and his wife never knew what kind of mood he would be in when he returned. He tells one story about spinning out on his motorcycle which threw gravel back at his ex-wife as he was leaving.

He said that his abusive behavior was designed to demonstrate how powerful he was. In one police report, his ex-wife said "that he went totally military." He explains what "going military" means in the film. When he was angry, he would use a certain tone, raise his voice, and do a hand-pointing gesture that he effectively used to discipline his troops. He said that this action always frightened her. His intent was to intimidate her and get her to stop arguing with him, respect him and to do what he wanted.

Hector said that he had many dissociative episodes associated with PTSD. He would have nightmares and find himself on top of his ex-wife. While in bed, he heard a car backfire and thought he was under attack. He threw his ex-wife in the air and told her to get down on the ground. He'd be crawling around and giving her commands. In these moments of stress he would go straight to his instincts. He said, "I can't imagine living with me during this time."

His ex-wife told Hector that he needed help. He'd respond that she was the one who needed help. The couple was isolated and he said, "Silence became their enemy." They never revealed that there were problems in the home. He said that his ex-wife thought that she really picked a good man despite the arguments and the violence. Part of her silence was shame and her concern that if she said anything it would destroy his military career. He admits that he did need help, but didn't know what to do.

Dr. Gerlock states that it is difficult to differentiate IPV from PTSD, or IPV from TBI, or for some of the veterans and returning service members, all three conditions may co-occur. She goes on to say that some veterans may have co-occurring depression as well.

She notes that PTSD can have incredible impact on relationships. Some of the PTSD behaviors include isolating oneself, irritability, restlessness, or getting angry easily. She explains that PTSD is distinct from IPV, adding that these behaviors are not necessarily IPV, unless they are accompanied by a pattern of coercive controlling behavior, threats of violence, or the actual use of physical violence.

Discussion Questions

1. What might be the significance of Hector taking the car keys and leaving after an argument? What did he get out of this behavior? What was the impact on his ex-wife? Facilitate a discussion on some of the responses you're likely to hear.

- He got to leave and his ex-wife was isolated at home.
- Given Hector's past use of violence, his ex-wife might be frightened about what kind of emotional state he'll be in when he returns.
- Hector didn't have to deal with the money problem or other disagreements that he talked about in the film.
- He got his way and ended the argument on his terms.

2. When the police were called, it seemed to validate Hector's belief that both parties were responsible for the violence. How common is this dynamic? Facilitate a discussion on some of the responses you're likely to hear.

- When police officers arrive at a household, some IPV perpetrators are cooperative and purposely act calm while victims sometimes act out in frustration and anger which can be confusing to law enforcement.
- Hector wasn't arrested, so in his mind he didn't do anything wrong.
- Since the officers talked to Hector and his ex-wife, he believed that it was simply a relationship issue that officers frequently deal with.

3. Why might Hector's ex-wife be reluctant to tell the authorities about the IPV or the incident that resulted in law enforcement being called? Facilitate a discussion on some of the responses you're likely to hear.

- She might be concerned that if Hector was arrested for committing a domestic assault it would jeopardize his military career.
- As Hector stated in the film, his ex-wife still believed that he was good man and had a future in the military. Some partners of IPV perpetrators hope that things will change.
- The military culture has a long history (albeit changing) of trying to keep family problems from interfering in the combat readiness of service members.

4. What do you think about Hector's explanation that he "went totally military?" What are some other examples of intimidating behaviors used by men in the military or IPV perpetrators in general? Facilitate a discussion on some of the responses you're likely to hear.

- In Hector's case he talked about using behaviors that were similar to the actions he would use to intimidate his troops.
- Some IPV perpetrators in the military and veterans will tell their partners all of the different ways they have been trained to kill.
- Some IPV perpetrators make threats to physically harm their partners, the children, other family members, and/or pets.
- Most IPV perpetrators use intimidating behavior such as screaming, clenching fists, pounding tables, throwing things, slamming doors, circling her while they are arguing, glaring, and destroying items that are valuable to her.

5. What other issues were raised during this part of the film?

PART 3:

Terror and Consequences

In this section, Hector talks about the incident that got him arrested for assaulting his second wife. He describes how he and his ex-wife were talking about getting a divorce, but for the sake of the children, they were going to try and work on their relationship. They had made a date to go out and talk things through, but he ended up working late and forgot about this arrangement. He called her and told her the situation. She was angry and hung up the phone.

He started driving home, kept calling her, but she would continually hang up. His ex-wife warned him not to come home and threatened to call the police if entered the house. His level of anger was extremely high and he got more and more agitated. He decided that he was just going to go home and get some of his clothes and sleep in his truck. He acknowledged that his real motivation was that he wanted to go home and finish the argument.

When he walked in the house he started arguing with his ex-wife. He claims that she threw something at him and he “blanked.” He then states that he grabbed a knife and that his ex-wife somehow took the knife away from him. That’s when things escalated.

The police report indicated that he grabbed her, dragged her from the kitchen by the hair, and threw her out the door into the snow. When he let her back in the house he had two handguns. She called the police and told law enforcement officers that Hector was in “military mode” and “was out of control” before he broke the phone.

Hector said he was in a dissociative state. He found himself in a standoff outside of his house surrounded by eight police officers. In his dissociative state, he thought the officers were the enemy. He had his handguns drawn when the police confronted him. His ex-wife screamed to the officers that he didn’t have any ammunition and begged them not to shoot him. He felt he could have killed his ex-wife that night if the police had not intervened. He said he realized later that his behavior was an “act of terrorism.” His son observed the entire incident from his bedroom window. Hector said that the VA was called because he was suicidal and homicidal when he was arrested. The VA refused to accept him and under the circumstances thought he should stay in jail. A psychologist who was also a Vietnam veteran was called by the jail chaplain. This psychologist started assessing Hector for PTSD. Hector kept talking about wanting to die. He talked about his shame, because he really thought he could have killed his ex-wife that night. He also acknowledged that police saved him by the way they responded to this crisis.

Dr. Gerlock explains that many risk factors are similar for returning military members and veterans and non-military IPV perpetrators. When someone is depressed or suicidal, irrespective of whether he/she has been deployed to a war-zone, there is an increased risk of committing homicide. However, there are certain risk factors specific to service members and veterans who have been deployed and who are also IPV perpetrators. When a person has been deployed, they’ve usually had long periods of separation from their intimate partner which can fuel their jealousy and suspicion of the victim, and beliefs related to their IPV. She also notes that military and veteran IPV perpetrators may have access to weapons, a significant risk factor for victims.

Discussion Questions

1. Given Hector's explanation of events the night he assaulted his ex-wife, what risk factors made him particularly dangerous? Facilitate a discussion on some of the responses you're likely to hear.

- Hector was concerned that his relationship was heading for divorce.
- In the film, he said he had a "couple of beers" before he went home in an agitated state.
- He knew he had easy access to firearms.
- He had a history of IPV and made threats to harm his ex-wife in the past.

2. What observations do you have about the interventions by law enforcement, the jail staff, the courts and the VA? Facilitate a discussion on some of the responses you're likely to hear.

- Police officers showed restraint and were able to get Hector to surrender his guns.
- The officers documented evidence of threats made by Hector at the scene, his past use of violence, military experience and statements from his wife in the police report that was used by other intervening agencies.
- Based on the police report and Hector's threats to commit suicide, his behavior triggered a response by the jail staff to bring in a psychologist (who was a veteran) to assess for PTSD.
- The courts ordered Hector into a domestic abuse program and required him to continue his therapy for his PTSD.

3. What other issues were raised during this part of the film?



PART 4:

Aftermath and Change

In this part of the film, Hector talks about the hard times his ex-wife endured living with him and the long-term effects of his violence on her. He says that she has a negative view of men and doesn't trust being in a relationship because of Hector's behavior. He notes that she tried to move out of the state to get away from him, adding that his ex-wife has been very protective of her son because of Hector's violence and abuse, and that the world no longer feels safe for her.

Hector talks about his son's behavioral problems in daycare, pre-school and elementary school. "He was more aggressive than other kids -- he would yell and cry." Hector claims that his son's behavior is just now beginning to turn around. He acknowledges that the IPV had a profound impact on his son and he worries about the long-term effects on his son observing his mother being abused, the events that got Hector arrested and the ongoing IPV.

When he talks about PTSD, he describes it as an organizational disorder. He says he organized his world around a concept that he explains as the world isn't safe--beginning as a child who was abused and then during his war experiences where he lived with constant threats. He states that he now tries to control his environment through situational awareness. He needs to reorganize his world to feel safe. Through his understanding of PTSD, he's now able to manage his life. He says that if he has a nightmare, hears fireworks and is startled, he knows that these reactions are normal.

Hector goes on to talk about his experience being ordered into a domestic abuse program and his thoughts about a growing movement to create Veteran's Courts. When he was ordered into a counseling program as a result of his IPV, he didn't feel he belonged in the program. He saw himself as a veteran and warrior and couldn't accept that he was an IPV perpetrator. He was too enmeshed in his shame to publicly acknowledge that he committed these acts of violence.

While he wouldn't outwardly agree with what was being said in group, he began realizing that he was very much like the other men in the group. He then came to the conclusion that he was choosing to be violent and abusive even if it went against the values he espoused.

Hector talks about the effectiveness of Veteran's Courts--he is a big supporter of them. He states that veterans have to volunteer to participate, so there is an added dimension of accountability rather than just doing ninety days in jail. He says, that in order to participate, you have to take responsibility for your behavior and your change process.

He maintains that veterans need to get counseling whether it is through the VA or community-based programs. He doesn't agree with veterans who claim that because the program isn't run by veterans that they can't attend because the counselors working at a program won't understand their issues. He states that veterans who are IPV perpetrators need to take responsibility for their behavior and take advantage of services where ever they are provided.

Dr. Gerlock argues that people working with a service member or a veteran should do assessments for IPV, PTSD, TBI and depression. Professionals who should do assessments include those working in the mental health field, the criminal justice system in many capacities, the VA, and also military and community-based programs that work with military personnel and veterans. She advises people in human service fields to make referrals for PTSD, IPV, TBI and depression assessments if they don't have the expertise to provide this service.

Discussion Questions

1. Hector talks about the impact of his IPV on his ex-wife. What were some of the effects of Hector's violence and other abusive behavior on his ex-wife? What are some of the effects on other victims/survivors of IPV? Facilitate a discussion on some of the responses you're likely to hear.

- Hector's ex-wife, (like other IPV victims), said she said she was afraid of Hector even after they divorced.
- Hector's ex-wife said she has a hard time trusting men and hasn't been in a long-term relationship since they divorced.
- Hector's violence and emotional abuse might have had an impact on her self-esteem.
- She might blame herself for not protecting their son.

It's important to note that many victims/survivors are very resilient, they heal and become empowered after being away from the IPV perpetrator.

2. Hector talks about the behavioral problems his son had because of his exposure to his IPV at a young age. What have you observed about children exposed to this kind of trauma? Can children restore their relationship with a parent who was an IPV perpetrator? Facilitate a discussion on some of the responses you're likely to hear.

- Hector's son was acting out in school and needed intervention by school counselors and teachers.
- Some children need help adjusting and require a loving support system to heal.
- IPV perpetrators can re-establish relationships with their children, but the process may take time to rebuild trust with the child. The IPV perpetrator needs to know that first and foremost that his violence and abusive behavior must cease. Fathers should be encouraged or ordered to take parenting classes run by a domestic abuse group to understand all of the ways their children may have been influenced by his IPV.
- Children are resilient. Exposure to IPV doesn't automatically mean that a child will become an IPV perpetrator, but there is a greater risk. Children can and do get through the emotional and psychological trauma of observing IPV in the home.

3. Why was Hector, like so many other IPV perpetrators, reluctant to take responsibility for his behavior?

- Hector talks about the shame he experienced knowing that he was capable of killing his ex-wife the night he was arrested.
- Hector has taken responsibility for his IPV, but he still has a hard time talking about what he did. He explains that the night he assaulted his ex-wife, he was in a dissociative state. He relies on the police report to tell some of the story, but at other times in the interview, he has perfect recollection of the episode.
- Most IPV perpetrators blame their partners for the violence, deny what they did, and minimize or rationalize their behavior. Most people have a hard time taking responsibility for behavior that they know is wrong or unethical.

Taking responsibility is the first step toward change.

4. What other issues were raised during this part of the film?

CLOSING THE TRAINING

1. Summarize the discussions that came out of the training and ask if anyone has any additional questions, comments or suggestions.
2. Provide referral information about services on the military installation, at the VA, and in the surrounding communities, e.g., battered women's shelters, advocacy programs, counseling, domestic abuse programs and legal assistance.
3. If you had a panel discussion, allow some time for questions and discussion on the film and closing thoughts.
4. Reinforce the importance of ensuring that service members and their families are safe whether they are on an installation or off-base. The same is true for veterans and families in the civilian sector. Emphasize the need for all intervening agencies to craft policies and procedures, and train staff with an eye toward enhancing victim safety and holding offenders accountable for their behavior.
5. Talk about the need to ensure the participation of battered women, military and civilian advocates, and VA personnel in decision-making relative to policy changes that impact intervention in IPV cases.
6. Express hope that this training is a catalyst for continued discussions on how to reduce IPV and meaningful ways for interveners to collaborate.



APPENDIX

The following are useful resources for military personnel, veterans, victim advocates, and practitioners in the IPV field:

- Eligible veterans can receive free screening and treatment for PTSD and other combat-related mental health issues, TBI, and substance abuse at VA facilities. However services related to intimate partner violence are not provided in every VA facility at the time this guide was written.
- Active duty military personnel can receive free mental health services through Department of Defense and TRICARE health care resources.
- *Returning from the War Zone: A Guide for Military Personnel*, published by the VA National Center for PTSD, contains information on what to expect when returning from combat and how to help military members better transition back to home life. The guide also provides a list of resources. The guide can be found at: www.ptsd.va.gov/public/PTSD-overview/reintegration/index.asp.
- *Returning from the War Zone: A Guide for Families of Military Members* is a similar guide for family members. It can be found at: www.ptsd.va.gov/public/PTSD-overview/reintegration/index.asp.
- Active duty military and veteran families can contact Military OneSource at 1-800-342-9647, twenty-four hours a day, seven days a week. Some states have their own hotline programs. Individuals who are attached to a military installation can contact the installation's victim advocate, the Family Advocacy Program (FAP), law enforcement, and/or IPV/IPV programs in the local civilian community. Contact information for installation FAPs can be found online using the Installation Locator on the Military OneSource Homepage: www.militaryonesource.mil.
- Additional information for understanding the military response to IPV can be found in the handbook *Understanding the Military Response to IPV: Tools for Civilian Advocates* at www.bwjp.org/resource-center/resource-results/understanding-the-military-response-to-domestic-violence-tools-for-civilian-advocates.html.
- Advocates (military and civilian) will find the e-learning course *Safety at Home, Intimate Partner Violence, Military Personnel and Veterans* useful in providing services to military-related families experiencing intimate partner violence (can be found at www.bwjp.org/resource-center/resource-results/safety-at-home-intimate-partner-violence-military-personnel-and-veterans.html). Funded by the Avon Foundation and the Department of Justice Office on Violence Against Women, the eight-module program was produced by the Battered Women's Justice Project (www.bwjp.org). You may also contact a local program in your community that provides services for men who batter.
- Other materials on building a coordinated community response on military installations and surrounding communities and guides for military and civilian advocates can be obtained through the Battered Women's Justice Project.
 - ❖ *Collaborating for Safety: Coordinating the Military and Civilian Response to Domestic Violence Elements and Tools*. This is located at: www.bwjp.org/resource-center/resource-results/collaborating-for-safety-coordinating-the-military-and-civilian-response-to-domestic-violence-elements-and-tools.html.
 - ❖ *Victim Advocate Guide - Intimate Partner Violence (IPV) and Combat Experience*. This is located at: www.bwjp.org/resource-center/resource-results/victim-advocate-guide-intimate-partner-violence-ipv-and-combat-experience.html.

Hector Matascastillo's story was also publicized in the following media outlets in Minnesota:

Hudson, B. (2012). Program Seeks To Keep Vets Mentally Healthy And Free. CBS Minnesota. WCCO. Minneapolis, MN. minnesota.cbslocal.com/2012/01/30/program-seeks-to-keep-vets-mentally-healthy-and-free/.

Miller, H. (2011). Bloomington PD roll call. Bloomington, MN. Time marker 13:00 minutes: www.youtube.com/watch?v=hRifNCyqcSk.

