

## Tri County Batterer Intervention Provider Network Meeting Minutes September 10, 2013

Attendance: Mark Amoroso (MEPS), Jaime Chavez (Cedar Counseling Center), Krystal Duff (Bridges 2 Safety), Debbie Tomasovic (A Better Way Counseling), Pam Howard (Allies in Change), Wendy Viola (Portland State University), Matt Orenstein (Allies in Change), Matt Johnston (Domestic Violence Safe Dialogue), Jeff Hartnett (ChangePoint), Samantha Naliboff (VOA Home Free), Jennifer Hopkinson (Clackamas Women's Services), Emmy Ritter (Raphael House), Tammy Jones (OJD – DV Case Manager), Olga Parker (Modus Vivendi), Regina Rosan (A.R.M.S.)

Facilitator: Regina Rosan

Minutes by Wendy Viola, edited by Chris Huffine

### Topic: DV Among Combat Veterans

Presenters: Julie Kingsland and Eddie Black

Julie Kingsland is a former Air Force sergeant and the executive director of the C.A.D.R.E Program. She is a veteran of the Air Force, and worked with combat veterans as a social worker for a number of years before beginning her own BIP, the MEPS program. Within her first few months as a provider, several veterans were referred to the program, and she realized that working with them effectively would require breaking them out into a separate group to address their PTSD before she could address their perpetration of IPV. See the slideshow for contact info. [jkingsland@mepscounseling.com](mailto:jkingsland@mepscounseling.com), 503-260-3458  
[www.CADREProgram.org](http://www.CADREProgram.org)

Eddie Black is a member of the US Marines, Oregon Army National Guard. He has been a combat soldier, and currently trains other soldiers in resilience, combat, and, upon their return, reintegration. Contact info: [eblack@cadreprogram.org](mailto:eblack@cadreprogram.org), 503-737-5968

A disclaimer about today's presentation: the presenters' goal is to accurately represent their experiences working with military personnel, which likely will not be very politically correct. Please feel free to get up and leave and/or speak to Julie or Eddie after the presentation if you are upset by anything that they say. They also don't intend to make any statements about war in general or any specific wars.

CADRE is a non-profit program that provides IPV intervention services to combat veterans. The program strives to maintain an awareness of veterans' unique experiences and reasons for perpetrating IPV without making excuses for them. Currently, the program serves only men, though they hope to eventually conduct groups for women, as well. In the future, they also hope to provide their services to combat veterans free of charge.

The belief in military culture is that anything feminine (including reading a book) is weak and bad. This belief is so deeply ingrained in military personnel that seeing a picture of a marine crying makes soldiers very uncomfortable, as it is so counter to the scripts and schemas that have been ingrained in them. Within the military, women have to work twice as hard as men to get

half as much respect, and are still described as “women marines.” Women in the military are expected to act like men, and any feminine behaviors leads to a complete loss of respect.

In American culture, extending beyond the military, the only way to be considered a man is to be able to beat somebody up, and our scripts and schemas for dating and rape are largely overlapping.

The Marine Corps is run so that marines are trained to kill people as opposed to be members of a corporation. Within the Marine Corps, and military culture more broadly, there’s no middle ground between being in charge and being abused. Any indication that an individual is being placed in a more passive position relative to another person leads to a behavioral assertion of aggression and dominance.

“The aim of military training is not just to prepare men for battle, but to make them long for it” – Louis Simpson. Part of military training is teaching soldiers to crave battle and to have a positive emotional reaction to it. Among Marines, going into battle eventually comes to feel like a rush. Having the opportunity to shoot people feels good because it is their job. If Marines don’t have the opportunity to do their job, they feel useless and fight with each other, for fun and to feel productive.

There is no transition out of the military. Military personnel tend to feel incredible pride in the sacrifices that they make, their discipline, and the magnitude and consequence of the work that they do every day during active duty. As a result, they tend to perceive civilians as lazy, weak, and petty, and resist becoming “just civilians” again. In the military, there isn’t time to be polite, so veterans tend to re-enter the civilian world with a different communication style. Marines who are transitioning back to the civilian world have to be told explicitly to use “please” and “thank you” when they interact with civilians. There are different types and volumes of symptoms across branches of the military. For example, many returning veterans have *no* short-term memory.

Soldiers are trained to put the lives of other soldiers before their own, to die for the benefit of their troop, and to kill individual troop members if it will save the lives of multiple others. Being ready for combat involves being able to think about life and death in a way that’s removed and calculated enough to make these decisions.

In Bagdad, the streets tend to empty out immediately before a fight, but as soon as the first bullet is fired, civilians come out to watch. The Iraqi people are very used to the combat, so much so that they sometimes even put themselves in danger. The potential of injuring civilians is the troubling part for many soldiers. In order to constantly witness the horrendous circumstances of the Iraqi people, soldiers have to be emotionally numb, it’s too much heartache to see.

During deployment, soldiers tend to gain a new perspective on life and their priorities shift towards the happiness and safety of their families. However, many of the behaviors and beliefs that are engrained by the military are counter-productive for interacting with families. For example, during deployment, you have to be paranoid. Fight overtakes flight and freeze as the

most automatic response. Soldiers are used to taking charge, specifying what everyone in a situation is responsible for, and their distance and direction. Being in control is optimal because it means that you can make sure that the task at hand gets done. Additionally, there is zero intimacy in the military. The behaviors and reactions that are productive and adaptive in combat are unproductive and dysfunctional in the civilian world, but they are very hard to turn off.

The resiliency program, which aids soldiers' return to civilian life, is based heavily on positive psychology. Soldiers who enter the program are facing a number of obstacles. Many drink heavily, as alcohol numbs feelings, and it's socially acceptable. Many self-medicate through means other than drinking, enjoy fighting for fun, and struggle being around fireworks. Additionally, there is not a lot of work available for veterans. Military training engrains the belief that you're only worthwhile if you're doing your mission. If your mission is providing for your family, and you can't do so because you can't find a job, it's crazy making.

Many veterans really don't want to hear another thing about PTSD, and talking about the incidents of PTSD in the military sets up veterans for self-fulfilling prophecies. Vietnam vets with PTSD are much more likely to have perpetrated physical aggression in the last year than those without PTSD (80% vs. 15%), but the majority of Vietnam veterans do not have PTSD.

There are many reasons to be critical of the VA. There is a tremendous amount of drug use among former soldiers because the VA is quick to medicate veterans, and then to take away their prescriptions at the drop of a hat if paperwork is not filed appropriately or for minor infractions. VA counselors spend 20 minutes per client per visit, with visits once every two months. Often, counselors speak with clients for these 20 minutes before writing them a prescription and sending them on their way.

In general, studies of vets have found that the portion of couples with a veteran male partner in which severely violent acts have occurred is dramatically higher than the general US population. The military believes that less than 4% of DV cases in the military are reported, and even so, considering only those cases that are reported, markedly more military veterans have severe violent acts within their romantic relationships.

Members of the National Guard have higher self-reports of DV than Marines, which may be related to their differential rates of PTSD. Members of the National Guard may have higher rates of PTSD because military personnel who go into combat experience a greater sense of control than those who wait on base. Marines also live together on base and see each other more often, while members of the National Guard are more dispersed and experience less support. Additionally, members of the National Guard were initially told that they would not be going to go to combat, but were indeed deployed. They were also told that they'd never be gone longer than 6 months, and that they would have jobs upon their return, neither of which have been proven true. They served their country and their country failed to save their homes from foreclosure. Not many veterans have been interested in attending yellow ribbon events, and many are in denial about their problems with DV.

It's counterproductive to tell veterans to stop being soldiers. A more productive framing is to ask veterans to lay down the tools of being a soldier, but to hold on to them in case they become a soldier again. Sincerity is crucial in working with veterans. In working with veterans, it's important to avoid "stupid questions" (i.e., Did you kill anyone? What does it feel like to kill someone? What was the worst thing that happened over there?). These questions will make veterans shut down and not want to ever talk to you again. If a veteran wants to tell you their story, they'll volunteer it, but don't ask for it. Often, veterans will tell you their story just to get your reaction. If you look appalled or if you have no reaction, they'll never speak to you again. Authenticity is crucial. It's also important not to meet aggression with aggression, not to be too soft or too nice, to avoid politics, and to be disrespectful even if you disagree. Politics does not belong in the therapy room. Some veterans believe that the war was right and some believe that it was wrong, but that's their decision to make. They were the ones who put their boots on the ground.

Are there particular areas of resiliency training or aspects of resilience that are more useful in working with veterans? It's hard to get buy-in from soldiers because they think the idea of resiliency training is touchy-feely. There are not a lot of pathways or basic knowledge to draw upon in teaching things like empathy, but once veterans experience a little bit of it, they're usually eager for more. There's a lot of pushback until you give participants the opportunity to engage in the skills that are taught in resiliency training. Once a single soldier in a troop starts talking about his wife more respectfully and lovingly, everybody else tends to start doing the same. One soldier talking about his wife in that way gives everyone else permission to do so as well. The same thing happens in resiliency training. Once you order participants to talk about their feelings, they have the social permission to do so and ultimately find it very beneficial. It's more effective to speak from personal experience when communicating with veterans than to speak from an intellectual standpoint. It's hard for veterans to feel that they are on the same wavelength with people who haven't had the same experiences.

Military training engrains the tendency to get close to a situation before registering any thoughts or feelings about it, which can be problematic in the civilian world. Practicing loving kindness meditation is a way to counter automatic aggressive reactions with which veterans may approach situations. Additionally, military training deeply instilled the belief that maintaining control of a situation is the best way to maintain safety. In the civilian world, a resulting thought pattern may be that asking for others' opinions results in a lack of control, which in turn leads to danger. Generally speaking, recently returning veterans are not jumping out of cars and beating people up. Many are reluctant to give up the hyper-vigilance that they learned as soldiers. Many veterans are resistant to giving up the Soldier Box, but are willing to add more positive aspects to it.

One of the pieces of misinformation about PTSD is that it is a life-long condition. Many veterans habituate to their PTSD symptoms. PTSD is most problematic when veterans believe that the world is a dangerous place that is out to get them. However, when these paranoid beliefs ease up, there is more room to habituate to PTSD symptoms. You can have a diagnosis of PTSD and continue functioning.

We need to provide more training to police about working with veterans. During altercations, police and veterans tend to get in cycles of trying to intimidate each other. Police officers have to communicate in ways that de-escalate situations when working with veterans, but typically, they respond aggressively, even in situations in which veterans are intervening to protect citizens. Nineteen times out of twenty, when the police respond to suicidal veterans, they arrive with guns drawn and yell at the suicidal person to get on the floor. There's an effort to get police to keep their weapons in their holster and to understand that when soldiers raise their weapon above their head, it's an act of surrender. The physical signs that veterans and police use are very different and they have to learn to understand each other.

If you're interested in working with veterans, Mic Hunter's *Honor Betrayed* is very helpful. It provides a good overview of soldiers' experiences, and the chapter on DV is excellent.

A bit more about CADRE: The CADRE program got its name because providers like to tell the men that they're part of a cadre now, and to bring others into the program before they end up getting arrested. They ask the participants to become ambassadors to fellow veterans. The program is a combination of the VA treatment protocol for combat PTSD and the MEPS' protocol for DV intervention. The program has an emphasis on learning warning signs of their violence and their PTSD, tools to manage PTSD, tools to manage anger, and the differences between the Man Box and the Soldier Box. MEPS' program requirements include journals, letters of accountability, and continuing accountability plans. The program also draws upon changed beliefs charts, which asks participants to think about how their beliefs have changed since before going to war, while they were there, and since returning. The first 20 weeks of the program is used to get participants to buy into the program.

CADRE provides free services for veterans who had *no* history of interpersonal violence before going into combat. The remaining CADRE participants pay half the cost of the services. The VA will not pay for any court-mandated treatment, however, veterans' centers have been providing CADRE with the books that they assign to their participants for free. CADRE is developing a training program, which they will distribute, free of cost, to anyone who's interested in providing the program.

CADRE participants tend to struggle with identifying their feelings and emotions. At first, the feeling that they're best at expressing is anger, because they've had to disconnect from other emotions in order to survive while they were in combat. It can take months of work for participants to admit that they feel sadness.

The Soldier Box came out of one of the CADRE groups. It's similar to the Man Box, but more extreme. The contents of this box represent the belief system that the program has to counter. Providers have to respect that this belief system kept veterans alive while they were in combat, but it keeps them from living a full life now that they're back. This has to be explained in a way that veterans will understand and believe. A central component of the Soldier Box is emnification, or the process of dehumanizing the enemy to eliminate any hesitation to kill. The process of unification involves taking 17 – 24 year olds, and controlling every aspect of their

lives: when they go to bed and when they wake up, what they wear, when they get to hear from their family. Soldiers are broken down psychologically, spit on, called names, and trained to kill.

CADRE utilizes another power and control wheel that's specific to veterans. A lot of military wives are from other countries and cultures and don't know much about our culture or our rights after having lived only on military bases amid the culture of military wives. The use of the power and control wheel is more extreme within military culture, due in part to the secrecy that surrounds military action and what happens on base.

MEPS considers veterans and civilians two different populations. Regular groups address beliefs about men and women, and control and abuse. Traditional beliefs in these areas are even more extreme among veterans, and compounded by their trained automatic aggressive responses to any perceived threats. CADRE facilitators try to teach veterans to assess situations before taking action, which is the opposite of what you're supposed to do in combat. Many CADRE participants want to continue in the program beyond what's required of them, so they intentionally don't turn in the required work in order to be able to stay in the program longer.

Combat trauma needs to be dealt with one-on-one, as opposed to in a large group. CADRE participants should be doing individual re-adjustment therapy in addition to group work, to address their combat trauma.

Some other internet resources on DV and the military:

Domestic Abuse Project, based in Minneapolis has a specialty program for working vets who have committed DV. They also provide training related to that issue. For more information, see their website at:

<http://www.domesticabuseproject.com/get-help/therapy/mens-therapy-services/change-step/>

<http://www.bwjp.org/military.aspx>

[http://www.ncdsv.org/ncd\\_militaryresponse.html](http://www.ncdsv.org/ncd_militaryresponse.html)