

● Tri-County Batterer Intervention Provider Network Meeting Minutes 5/12/09

Attendance/Introductions:

Joan Scott/Allies, Paula Manley/Manley Interventions, Johnnie Burt/ARMS, Regina Rosann/ARMS, Roberto Olivero/MRC, Sara Windsheimer-Roark/CHOICES, Samantha Naliboff/VOA Home Free, Jennifer Warren/MRC&WCC, Leonard Larson/ARMS, Shawn Larson/ARMS, Julie Kingsland/MRC.

Minutes by Paula Manley, edited by Chris Huffine

Topic: Working With Combat Vets in Batterer Intervention

Guest speaker: Julie Kingsland

Julie currently runs a specialized batterer intervention group for combat vets at Men's Resource Center (Oregon City location).

Combat veterans who also perpetrate domestic violence bring their own unique challenges and difficulties to batterer intervention programs. The goal of this presentation is to give folks a better sense of the way that subgroups may view the world a little differently than others. There is no judgment as to whether war is wrong, and some of the language on the handouts some may find offensive, but this is intended to give people a better sense of the combat vet's world view.

Included with these notes are three hand-outs: The Soldier Box; Basic Training and Emnification; and Family Safety A Significant Concern for Returning Veterans and Their Families.

The Soldier Box is like "the Man Box on steroids." This is the world the soldiers live in - their reality. It's a hard box to step out of once you've been in it.

Jules, her daughter and father have all been in the military. Basic training is 8-13 weeks. Recruits are 17-22, usually, although these days some are as old as their 40s. Generally they are taking kids right out of high school. Her daughter did basic training between her junior and senior year.

All individuality is removed. Outside contact is limited, personal items removed. Everyone dresses the same, even the same kind of glasses. 4-6 hours/night of sleep. 15 minutes to get chow and eat. Some people have 20 seconds to eat their food. They are yelled at, degraded, must answer "yes sir" or "yes ma'am" all the time. Peer pressure is encouraged. Many recruits are beaten with superiors' knowledge. Many women are raped during basic training. There is not a lot of difference with what we do to our recruits and what our offenders do to their partners.

In the Army, Jules saw her daughter crawling under Constantine wire, with live fire overhead, then would have to stab a dummy, yelling "kill, kill, kill," and on to the next dummy and the next. After they are broken down, they are built up to be soldiers.

The officers are preparing recruits for war, so do what they feel they need to toughen them up for life and death experiences. Some veterans in a generic DV group will talk about their experience. Some will say basic training is no less degrading than it used to be.

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DEHUMANIZATION - whoever the target is, they dehumanize the likely target, so it will be easier to kill the enemy. Names such as A-hab, rag head, desert rats, Al-kill 'ems, camel jockey, camel smoker. They teach the recruits black and white thinking. That is the orientation the veterans are given.

Women have specific issues about sexual exploitation. Rape of female recruits is not uncommon in the military. Too often it is pacified rather than dealt with. The Air Force has a Sexual Assault Response team, where there is some prevention and a hotline.

Another aggravating factor was the deception of how long Guardsmen would be deployed. The Guardsmen were told that, in the event of war, you will only be deployed for 6-8 months at a time, and then will be stateside. So most of these people have been deployed for a year or two, sometimes without enough ammunition or other proper equipment.

The men - especially Guards - have a lot of resentment because they were lied to by the government, and because there is a question as to whether this is an illegal war. A lot of people signed up after 9/11, thinking they were going to defend the country. Then they were diverted to Iraq.

They also were not even given the physical resources necessary to do their job. Some of these men were then given four live rounds when sent out to fight, because there was not enough ammunition. Having soldiers having to put their boots together with duct tape is a crime.

Keep in mind that it isn't just domestic violence that can be exacerbated by the trauma of combat. Yesterday, there were 5 people killed in a mental health services hospital in Baghdad. A client sent there to be evaluated had been disarmed earlier in the day, came back with a weapon and killed a couple of service providers and some clients.

Emotional Aftermath

There is little patience, tolerance for, or acknowledgement of mental health issues while deployed. If someone seeks help overseas, they are told that if they get PTSD, they will be put in the galley for the duration, or given a dishonorable discharge. They are told to "buck up" instead of dealing with the problem. There is a great deal of humiliation involved when someone in the military seeks help. Getting help is seen as a weakness in the military culture.

Each soldier has to find his/her own solace upon returning home. They don't routinely have time to process these deaths while deployed. To take time to grieve is to possibly die. Grieving is another part of the process of returning home. Some men can realize they did what they did as a soldier because they had to, and can leave it at that. Others take it all on themselves. Some soldiers need to believe what they did was OK. Other soldiers feel they were forced into being murderers. The soldiers returning now are stuck in anti-war sentiment - not the ones in Afghanistan, but the Iraq veterans, because the whole country is against the war. Listed below are some of the more common symptoms seen among returning combat vets.

Warriors guilt - the knowledge that you have taken a human life, even if you knew the other person would have killed you.

Survivors guilt - when you are alive and your companions dies. Have to help them reconcile that.

Unusual circumstances guilt; the guilt associated with the death and mutilation of children, the elderly and/or animals. Where bombs are rigged on children, etc., the soldiers know if they stop, the people behind them may die. But though they do it, it hurts.

Hyper arousal - always looking for danger. Even the sound of people walking around makes them nervous.

Sleep disturbance - problems sleeping due to nightmares, or because they have taught themselves

to “sleep with one eye open”.

Anger/Impulse Control Problems.

Low self-esteem and depression.

When veterans who are parents return home, they feel they are no longer needed, because the other parent has gotten along without them.

What is the percentage of vets who develop PTSD? Unknown, but Julie doesn't feel you can go into combat and not have some kind of negative effect. There is some new brain research discussing trauma, where individuals are affected by trauma. There is a higher incidence of TBI in returning to vets.

None of this excuses violence toward their family. As with everyone else, abuse is still a choice each individual makes. There are plenty of combat vets who do not become domestically violent. However, batterer intervention services to this subgroup are about balancing dealing with these feelings, without using them as an excuse for their abuse and learning how to treat their family respectfully.

Percentage of returning vets with DV? 65% of returning vets have increased in arguments, 50% have increased in physical violence (person to person and property). This is self-report.

Specialized needs

Providers have seen a big difference in the combat veterans. The men see themselves as damaged and different from normal folks. One veteran says, “I don't like people. I used to like people, but I don't like people now.”

One DV vet sees the government has betrayed him by arresting him after he has sacrificed so much. He has characteristics as if he were in a cult. He exploded in the group - the facilitator told him he was not being successful at that moment. He was shocked that getting “bigger and bolder” was not being successful. They tried to get him to transfer to the veterans' DV group, but wanted to learn how to socialize like normal people. He sees it as failure if he can't succeed in a regular group.

They can be harder to work with than other abusive men. You have to support them where they are, as they find a meaning and purpose in their experience. If they feel judged, they will shut down. They fear people will judge them for what they are because of low self esteem. You as a therapist are suspect if you have not been in combat.

Soldiers in the middle of DV class are sometimes sent back to active duty before he has completed DV classes. They are being sent back before they can be completely healed.

Interventions/Resources

All Julie's clients are involved with the VA, so do have access to individual counseling. Some need A&D intervention. At present, they get these services free. Some clients can get the Veterans DV classes free, otherwise it's \$95 for intake and \$50 per group (with a sliding scale available). She also does C&P ratings for \$195.

The military is trying to deal with these issues, but there is a long process. They are really behind. They used to think you could combine marriage counseling with DV intervention here in OR. Julie had to explain the problems with that, and show them the Oregon protocols.

In the early 70's there was “Project Transition,” where the military would try to help train them for a couple months, for a career they wanted to do, to help get them out of the military mode.

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Don't we have the responsibility for the government to put resources into deprogramming? The way they handle this is to keep the guys on the bases for 2 weeks, not allowing them to go home. So they are not taking in all the information - all they want to do is get home. Instead, they need to let them go home, then bring them back after a couple months.

How do vets in the outlying area get services? There is Portland, Salem (huge geographic area), Eugene and Redding. They are looking at opening services in Eastern Oregon and in Clackamas County, but it hasn't helped it yet. The DV VA program won't pay for services unless the vet is 50% or more disabled, even though the PTSD is service-related. Also, they have to have seen combat.

In the group setting, what about including military violence in letters of accountability? Jules does not normally encourage clients to talk that much about the combat specifics in the group. It can traumatize others in the group. For example, during WWII we left an entire crew alone in the ocean to die. When Julie heard this veteran talk about this, telling his story, she was angry. But had to submerge it to listen to him and help. These men did what they did for us. She encourages men to talk about it individually, but not generally in the group, such as in the letter of accountability. For some people, leaving it off might be shaming, for others, leaving it in would be shaming. It is all about meeting the soldier where the soldier is out.

With regards to combat related violence, Julie helps them to realize that they had to follow orders.

The vets can be in very different places with regards not only to their healing but whether they are okay being in a group. She has a couple of soldiers that are wanting to work with others. Others can't talk with people. Still others can't leave their house.

For more information, or to make referrals to the MRC veteran's program, contact Julie Kingsland at (503) 260-3458 or Juliekingsland@qwestoffice.net. You can also call Men's Resource Center directly at (503) 235-3433.