

# preventing violence in the homes of military families

The wars in Iraq and Afghanistan have demanded unprecedented service from all branches of the armed services and at every level of the military including active duty, reservists, and National Guard. Servicemembers are engaging in multiple, lengthy combat tours with limited family “dwell” time between deployments.

These deployments are fundamentally impacting the stability of military families. Many of the almost two million Americans who have served our country in Iraq and Afghanistan come home with serious mental health injuries, making them and their families more vulnerable to marital strain and family violence.

Blue Shield of California Foundation recognizes the importance of supporting military and veteran families and is investing in innovative efforts to help combat veterans leave behind the violence they have experienced abroad.

This issue brief summarizes what we have learned about violence in the homes of military families and shares insights about the challenges facing servicemembers and their families, the prevalence of family violence, and efforts to support these brave warriors.

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## **Mental Health Injuries and Family Violence**

The multiple, lengthy tours of combat duty by our servicemembers have taken a significant toll on their emotional and psychological health. RAND Corporation’s 2008 breakthrough report, “Invisible Wounds of War,” provided the first and

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only large-scale, in-depth look at the mental health injuries facing military servicemembers who have served in the Middle East. Their research, conducted now three years ago, indicated that nearly 19 percent (303,000) of servicemembers have symptoms of post-traumatic stress disorder (PTSD) or major depression and another seven percent suffered from traumatic brain injury (TBI).<sup>1</sup>

Figures from the Department of Veterans Affairs (VA) suggest that these numbers have since almost doubled, with 44 percent of those who came to the VA for help (24 percent of the troops who served in the region between 2002 and 2008) were diagnosed with one or more mental health injuries.<sup>2</sup>

While research on previous generations of veterans has established that PTSD and depression create heightened risk for family violence within the home, there is virtually no data on the prevalence of family violence among combat veterans of the current wars.

Active duty military and their families are often reluctant to report abuse lest it jeopardize the servicemember's career and the family's financial well-being. The VA and Department of Defense (DoD) have not yet engaged in comprehensive data collection on family violence. The only published study on the issue to date, looking at domestic violence among veterans with PTSD who seek couples therapy, found that this generation of veterans is at high risk of perpetrating violence in the home:

- Male veterans with PTSD were two to three times more likely to engage in intimate partner violence compared to those without PTSD – a rate up to six times higher than the general civilian population;<sup>3 4</sup>
- 81 percent of veterans suffering from depression and PTSD engaged in at least one violent act against their partner in the past year;<sup>5</sup> and
- Over half of veterans with PTSD performed one severe act of violence in the past year – a rate more than 14 times higher than the general civilian population.<sup>6</sup>

The confluence of family violence, TBI, PTSD, and other mental health disorders among war veterans is not fully understood at this point. For some, PTSD violence can involve “flashing back,” where a trigger causes an instinctive lashing out in self-defense. TBI can be even more unpredictable, resulting in complete loss of impulse control and lashing out without provocation. While these circumstances do not fully account for all domestic violence incidences among military families, they do point to the need for greater investigation into the various causes leading to violence in these families, and how to address these factors.

## Services

To prevent violence in the homes of military families, it is essential to develop programs that effectively treat servicemembers suffering from mental health injuries

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to mitigate family violence that might occur in the absence of treatment. The prevalence of PTSD and TBI experienced by active and inactive military personnel and veterans has led the DoD and the VA to place greater emphasis on addressing these needs. Two such efforts, the Yellow Ribbon Reintegration Program and the Real Warriors campaign, aim to reach military families before, during, and after deployment by building resilience, facilitating recovery, and supporting reintegration of returning servicemembers, veterans, and their families. Likewise, the VA has a formal post-deployment screening process to detect symptoms of PTSD, depression, and high-risk alcohol use and refer those veterans to treatment.

Yet despite these efforts, most combat veterans do not access the mental health services they need. Care systems are bureaucratic and complex, and there remains a strong stigma associated with asking for help. And loved ones, who might be best positioned to signal the need for treatment, are not the conduit for care. Both the DoD and VA face fundamental capacity challenges as the needs of servicemembers dramatically outpace what these institutions are able to provide.

Furthermore, research has found that military families are more likely to seek help from non-military, community-based organizations, which may or may not have the cultural competence to address the unique issues associated with military life.

### **Blue Shield of California Foundation – Military Family Wellness and Prevention Efforts**

Blue Shield of California Foundation believes that foundations and policymakers can and must support innovative, effective community-based strategies and programs for military and veteran families, which complement and extend essential services provided by the DoD and VA.

The Foundation has invested over \$1,600,000 to:

- Contribute new knowledge about what works to promote stability in military families;
- Support effective and innovative mental health wellness programs; and
- Engage new stakeholders, especially other foundations, to provide military and veteran family support.

Our grantees include:

- **Alternatives to Domestic Violence**, a domestic violence family counseling center that is building a model civilian partnership with March Air Reserve Base to provide services to military personnel, veterans, guard, reserve, and their families.
- **Blue Star Families**, which is launching a series of celebrity public service announcements to raise the national visibility of the behavioral health needs of military families.

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- **Iraq and Afghanistan Veterans of America (IAVA)**, which is releasing an issue brief “Challenges for Military Families Left at Home” to help policymakers understand how prevention of family violence can contribute to military wellness and readiness.
- **National Center on Family Homelessness**, which has created a scalable community-based family violence prevention model for veterans and their family members that is being piloted in multiple sites across the nation.
- **Northern California Institute for Research and Evaluation (NCIRE)**, which is generating the first large-scale, scientifically rigorous study that examines the prevalence of family violence among the current generation of veterans.
- **San Jose State University**, which is producing a replicable violence prevention model specifically tailored for veterans and their partners who are attending California community colleges and state universities.
- **Swords to Plowshares**, which is training first responders to build their understanding of the military to more effectively provide support to veterans and their families.

### Next Steps

To ensure military and veteran families – in California and beyond – are equipped to successfully navigate post-deployment family reintegration, the Foundation is evaluating these innovative approaches. Over the next 18 months, we will be sharing key findings and results with stakeholders. If you would like to be included in these updates, please contact:

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