

Abilene Christian University

Digital Commons @ ACU

Electronic Theses and Dissertations

Electronic Theses and Dissertations

Spring 5-2018

Adult Maltreatment in the United States Military

Gordon Storey
gxs15c@acu.edu

Follow this and additional works at: <https://digitalcommons.acu.edu/etd>



Part of the [Military and Veterans Studies Commons](#), [Social Welfare Commons](#), and the [Social Work Commons](#)

Recommended Citation

Storey, Gordon, "Adult Maltreatment in the United States Military" (2018). Digital Commons @ ACU, *Electronic Theses and Dissertations*. Paper 100.

This Thesis is brought to you for free and open access by the Electronic Theses and Dissertations at Digital Commons @ ACU. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons @ ACU.

ABSTRACT

The scope of sustained military operations has placed incredible stressors on the men and women of our United States Armed Forces; consequently, this strain has encroached on and impeded their relationships at home and after their military service. Adult maltreatment in the United States military is a serious concern that negatively impacts military members, their partners, their families and subsequently can prove detrimental to the mission of the military. In order to effectively address this growing concern, it is imperative that mental health practitioners understand the military culture and utilize the best interventions in their treatment. This research conducted a systematic review to examine the literature regarding adult maltreatment on both civilian and military populations. The goal of this study was to identify the best intervention models for adult partner maltreatment. CBT has been shown to be an effective treatment modality for those who have engaged in emotional and/or physical violence towards their partner. Group therapy is also an effective mode of treatment for veterans and should be studied further. For long-term stability, all contributing factors (depression, anxiety, PTSD) should be treated as well. Military members receive extensive training to utilize violence as a means to maintain our country's security. They deserve the best interventions possible to promote healthy relationships.

Adult Maltreatment in the United States Military

A Thesis

Presented to

The Faculty of the Graduate School

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science in Social Work

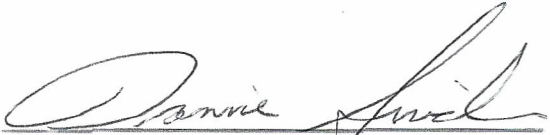
By

Gordon E. Storey

May 2018

This thesis, directed and approved by the candidate's committee, has been accepted by the Graduate Council of Abilene Christian University in partial fulfillment of the requirements for the degree

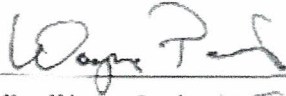
Master of Science in Social Work


Assistant Provost for Graduate Programs

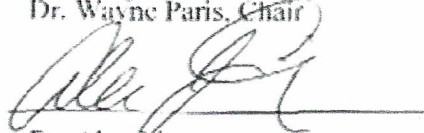
Date

6-8-18

Thesis Committee



Dr. Wayne Paris, Chair



Dr. Alan Lipps



Major Kamy Jenkins

I dedicate this work to my Father, Jack Baker Storey, Sr. I remember the twinkle in his eyes when I told him I was going to pursue my master's degree, and I so wish he could be here to share this moment with me now. I love and miss you very much, Dad.

ACKNOWLEDGEMENTS

First and always, I thank God for my many blessings. I salute the men and women of the United States military and extend to them all my love, gratitude and respect for their service to our great nation. It was my honor to serve amongst you, and it is my hope to serve you as a social worker.

Next, I would like to first thank Mrs. Amber Coody for the opportunity to work with her in the development of the literature review. Originally our plan was to conduct a very extensive joint research project that, for reasons out of our control, was not possible. The current literature review draws heavily on the initial collaborative work and should not be considered as plagiarized material.

I would like to thank my classmate, Mrs. Eduwem Turner. I don't know how I would have made it through this without your advice, assistance and constant reminders.

I want to thank Kendall Pruett for his unwavering friendship. You're my lunch-buddy, unofficial therapist and best friend!

Although I hated his red pens and his lack of knowledge about Sugar gliders (they're marsupials, not "rodents"), I love and appreciate Dr. Wayne Paris for his dedication, support and coffee.

I want to thank my Uncle El, who constantly encouraged me to pursue an education. His stories of the farm boy who would sit in the closet reading books both amused and inspired me.

I also want to thank my “2nd” Mother (I loathe the term “step”), my Mother-in-law, my best friend Tim’s Mom and my Aunt Sue, who is like another mother to me. There was never a shortage of maternal influence in my life!

To my “2nd” Father, thanks for your military service, all the laughs, and for accepting me as family. Thanks to my Mother for teaching me that when you give of yourself, you receive tenfold. I acquired my propensity towards charity and service from you. I could never have done this without your love and support.

I extend my love and appreciation to my wife and son, because they got the short end of the stick when it came to sharing my time with my studies.

TABLE OF CONTENTS

	LIST OF TABLES	ii
I.	INTRODUCTION	1
II.	LITERATURE REVIEW	5
	Civilian versus Military Stressors	5
	Military Sociology	6
	Military Deployments	7
	Domestic Abuse in the Military	10
	Substance Abuse	11
III.	METHODOLOGY	14
	Design	14
	Search Terms	15
	Interventions	15
IV.	RESULTS	17
V.	DISCUSSION	27
	FAP Interventions	34
	Summary	36
	Limitations	37
	REFERENCES	39

LIST OF TABLES

Table 1: Civilian Journals	19
Table 2: Military Journals	21
Table 3: Substance Abuse Journals.....	23
Table 4: Deployment Journals	25

CHAPTER I

INTRODUCTION

Intimate relationships are an amalgamation of people's personalities, wants, desires, likes, dislikes, roles, responsibilities and more. People in relationships experience stress as they strive to coexist as a "couple" and bring harmony into their daily lives. The stressors in every family can be very similar in the context of marriage problems, work issues and child behavior. When a family is a part of the military system, there are more specific stressors on the family. When these stressors are elevated, and there is a lack in interventions and social support, the chance of family maltreatment increases.

These outcomes are defined as family violence for civilian families or family maltreatment for military families. The Texas Family Code, Section 71.004 (2017) defines family violence as an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm. Maltreatment is generally conceptualized as the perpetration of non-accidental physical, sexual, or emotional trauma, abuse, or neglect of a partner or child (Bowen, Jensen, & Williams, 2016). The terms family violence and family maltreatment in this report include partner maltreatment and child maltreatment. When maltreatment occurs in civilian families the local authorities, such as the police department and district courts, have the responsibility to ensure allegations are investigated and prosecuted. Additionally, civilian families

receive prevention services and intervention services from the community. The Uniform Code of Military Justice (UCMJ) is federal law, enacted by Congress. The UCMJ defines the military justice system and lists criminal offenses under military law (Uniform Code of Military Justice, 2011). The local military installation command determines when and if a military member has met qualifications under the UCMJ for a general court-martial, for serious offenses, or a nonjudicial punishment, known as an Article 15. Depending on the severity of a UCMJ offense of partner and/or child maltreatment will a military member receive a military discharge. Military members receive prevention and intervention services through the Family Advocacy Program located on military installations.

In 1981, the Department of Defense (DoD) issued a policy directive to establish a Family Advocacy Program (FAP), which mandated each service branch create a program to address the prevention, evaluation, and treatment of family maltreatment in the context of its own requirements and resources (Bowen et al., 2016). The Family Advocacy Program (FAP) has the responsibility for preventing abuse and providing intervention, research and program evaluation, and treatment for all individuals impacted by domestic violence (Arincorayan, Applewhite, & Robichaux, 2010; Travis, Collins, McCarthy, Rabenhorst, & Milner, 2014). According to Alysha D. Jones (2012) article entitled, "Intimate partner violence in military couples: A review of the literature", she cited 12,043 allegations of family maltreatment were generated from 708,228 couples in the military, with nearly two percent being substantiated. That's a decrease from fiscal year 2005, where there was just under 16,000 cases of spouse abuse reported to FAP (Savitsky, Illingsworth, & DuLaney, 2009).

The USAF requires any information of suspicion of family maltreatment be reported to the FAP, and these referrals are generated from a variety of military and civilian sources (Jones, 2012; Travis et al., 2014). The military procedures to address and prevent family maltreatment are so complex in nature. When maltreatment occurs, the question of who is responsible and who has authority over the perpetrator, whether it be the military member and their civilian spouse, differs in interventions and consequences. The purpose of this research is to create a best practice model for military practices for partner and child abuse and neglect.

Air Force Instruction (AFI) 40-301 defines and outlines the FAP program. FAP is tasked to provide training and consultation services to active duty members and their families, base leadership, helping agencies and other eligible beneficiaries. FAP seeks a proactive approach to domestic abuse through a series of educational and awareness programs. However, FAP will also take a reactive role to ensure the safety of the victims of domestic abuse, provide a therapeutic intervention to overcome the trauma and training to end the cycle of destructive patterns of behavior. There are three components of the FAP program: Prevention (to include the outreach program), maltreatment intervention and research and program evaluation. Prevention is the cornerstone of the FAP program, providing public awareness on issues of maltreatment as well as preliminary prevention when there are early indications of risk associated with partner or child abuse.

Allegations of domestic abuse by service members can derive from both military and civilian sources. After a service member is reported to FAP, each incident is assessed by the Central Registry Board (CRB) and the allegations are assessed to

determine whether or not the circumstances “met criteria” or, in cases of insufficient evidence or where maltreatment has not occurred, the allegations are classified as “not met criteria for maltreatment” (Travis et al., 2014). Prior to the CRB review, service members reported for alleged domestic or child abuse will be required to attend the Family Advocacy Safety Education Seminar (FASES) or its equivalent program.

CHAPTER II

LITERATURE REVIEW

The following discussion integrates the findings of articles discussed in this review of the literature pertaining to adult maltreatment and intimate partner violence.

Civilian versus Military Stressors

Military families contend with four major sources of stress: frequent relocations, family separation, adapting to danger, and acclimation to the military way of life (Padden & Agazio, 2013). The stressors a military member experiences on the job are distinctly different than a civilian's occupational stress because of uncertainty of military deployment and the potential for person harm these deployments subject a military member to (Williston, Taft & VanHaasteren, 2015). The military member's exposure to war and violence creates a new psychological state where aggression becomes a norm and once the member returns home from their deployment this exposure to war violence is superimposed at the family level (Paley, Lester & Mongil, 2013; Williston et al., 2015; Nandi, Bambonye, Reichert, Elbert, Weierstall & Zeller, 2017). FAP specifies partner maltreatment can be both physical and emotional.

Partner emotional abuse is defined as the nonaccidental act(s) or threat(s) adversely affecting the psychological well-being of the partner and is used to control, degrade, humiliate and punish a spouse through verbal abuse such as yelling, name-calling, blaming, shaming, isolation, intimidation, controlling behavior, and threats of

physical violence (Rabenhorst, Thomsen, Milner, Foster, Linkh, & Copeland, 2012; Jones, 2012). Physical abuse is defined as a nonaccidental use of physical force against a partner that results in any physical injury or the reasonable potential of injury, and for the military to label the abuse as severe the injury either requires inpatient medical treatment or causes, either temporarily or permanently, a disability or disfigurement (Stamm, 2009; Rabenhorst et al., 2012). Although physical abuse is more easily identifiable and often presents an immediate physiological concern, studies show the impact of emotional abuse is more concerning and serves a precursor to future episodes of physical abuse (Padden & Agazio, 2013; Foran, Heyman & Smith, 2014).

Military Sociology

The life of a military member is both physiologically and psychologically challenging, and service members receive extensive and ongoing training in these areas to maintain combat readiness (Williston et al., 2015). Service members involved in direct combat are exposed to the most life-threatening stressors imaginable. Deployments separate service members from the lives they know and the people they love and send them to remote areas where they may encounter direct combat, resulting in numerous adverse psychological and behavioral issues like posttraumatic stress disorder (PTSD), depression, alcoholism, anxiety, intense fear, antisocial behavior, aggression and increased likelihood of chemical dependency (Savitsky et al., 2009; Rabenhorst et al., 2012; Hogan, Hegarty, War & Dodd, 2012, Padden & Agazio, 2013). Even after providing service members with extensive training, the emotional strain of deploying, especially into combat areas, is exceedingly demanding and often service members find themselves incapable of dealing with the experience of sustaining personal injuries, the

act of taking another person's life, or witnessing the injury or death of a comrade. While a slight majority of military members are single, 44% of military personnel are married with children who, in their own way, must also deal with the trials and tribulations of a military lifestyle (Padden & Agazio, 2013).

Military Deployments

The United States has always had a military, but for nearly twenty-eight years America has been in a persistent and constant state of military conflict in the Middle East. In 2011, the White House surveyed military members three to six months after a combat deployment and reported that: 9% of service members expressed symptoms of PTSD; nearly 20% reported symptoms of traumatic brain injury (TBI); and more than 27% suffered from depression (Frey, Collins, Pastoor & Linde, 2014). The physiological and psychological needs of our military members and their families are steadily increasing largely due to an increase of deployments; where military members once remained at home station for 18 - 24 months, they now find themselves redeploying in half that time (Paley et al., 2013; Rabenhorst et al., 2013; Frey et al., 2014). The increased frequency of military deployments disrupts the family structure, challenges each member's adaptive coping strategies and increases the likelihood of maltreatment. Subsequently, this contributes to an increase in divorce, infidelity and substance abuse (Arincorayan, Applewhite & Robichaux, 2010). Deployments are broken down into three phases, with each phase presenting challenges: pre-deployment, deployment, and post-deployment.

The pre-deployment begins upon notifying the service member they will deploy. The military, depending on the mission, may or may not inform the service member where and for how long they will deploy. Service members must make preparations to

ensure their families are legally prepared during their deployment, such as providing powers of attorney so spouses can act on the deployed member's behalf. This typically covers legal or economic issues military families may experience while the service member is deployed, such as filing taxes. Ensuring families are mentally prepared is much more difficult, as the family will not only contend with the emotional aspects of this loss but also with the service member's absence in the daily routines: financial, chores, repairs, childcare, etc. Studies have shown that the pre-deployment stage results in high rates of depression, anxiety and other mental health symptoms for the military member's spouse, who can easily become overwhelmed (Erbes, Meis, Polusny, & Arbisi, 2012).

The first week of the deployment stage might possibly be the most difficult, as it can take several days or even weeks before the service member can communicate with their spouse and family. Although developing communication is important, it can also be problematic for some families as more frequent communications can increase the family's awareness of each other's stressors resulting in feelings of guilt, frustration and further increased anxiety (Paley et al., 2013). The service member whose mission limits communication with their family may experience different obstacles as their families may depend on the media for insight into their spouse's deployment (Padden & Agazio; 2013; Link & Palinkas, 2013). This has the tendency to escalate and fluctuate their emotions between hope, despair and even fear of their spouse's death. Even the best orchestrated deployment and establishment of routine communications can leave the homestead spouse feeling disoriented. The realization to the spouse that they are alone can result in a plethora of conflicting and ricocheting emotions: feeling empty, lonely, abandoned,

fear, pride, gratitude, excitement and even anger over unresolved conflicts with the deployed spouse (Padden & Agazio, 2013; Cafferky & Shi, 2015).

Post-deployment, which is when the service member returns to home station and their families, alleviates some of the challenges previously discussed; however, it brings an assortment of new and potentially more challenging obstacles for the family to contend with. One of the first challenges a family may experience is the reintegration of the service member back into family life. For six months or longer, the spouse has basically become the “head of household” assuming all the financial, parental and domestic responsibilities. Although this role is often a great source of stress, many spouses report they acquire a heightened sense of independence, self-reliance and power they either consciously or subconsciously do not desire to relinquish upon the return of the service member, and this can manifest itself into resentment and conflict over the most mundane of everyday activities such as parental roles, household chores or paying bills (Williamson, 2012; Kees, Nerenberg, Bachrach & Sommer, 2015). Life as the family knew it may not be possible. Not only are the roles and responsibilities altered, the spouse and family now may have to contend with the realization that the effects of armed conflict have potentially, and perhaps irreversibly, altered the service member.

The ravages of war and armed conflict and its impact on the military service member can have potentially prolonged and possibly irreparable physical and mental damage. A service member who is exposed to combat, participates in wartime violence, sustains combat injury, or witnesses combat injury or death may develop combat-related PTSD, TMI, depression and/or anxiety (Link & Palinkas, 2013). Any of these situations can have a profound impact on the family and increase the likelihood of domestic

violence, physical and mental health problems, and divorce, which can place an enormous burden on the caregiver. The family may have to contend with a service member who experiences a heightened sense of vigilance and may channel combat aggression into the community, both civilian and family (Nandi et al., 2017).

Domestic Abuse in the Military

To understand the impact of domestic abuse in the U.S. military, one must understand the service member. Military members are often told they are “the property of the U.S. military” and, although they may be released from their military duties at a specific time of day, they are military twenty-four hours a day, seven days a week. Civilians have careers, but for most people who wear a military uniform their enlistment in the U.S. military becomes an identity (Stamm, 2009). This identity creates distinct challenges in any therapeutic intervention. A military member may guard this identity like an average person guards an injured appendage, and a substantiation of domestic abuse could result in a service member being dishonorably discharged, meaning they are stripped of their career and thus their identity (Stamm, 2009). As a result, this fear often impedes a military member’s treatment as they are apprehensive and untrusting about utilizing services, such as FAP, designed to assist them, and the thought of discharge may actually increase the abuser’s propensity to use violence because they feel there is nothing more to lose (Jones, 2012).

The vast majority of research focuses on females as the victims of domestic violence; however, that is not to say males are never the victim. There are few studies that exclusively focus on males as the victims in cases of domestic violence. In fact, there are those that assert male victims of domestic violence do not exist, that it is

exclusively a woman's issue, and when a woman does aggress towards their male partner that it is only in an act of self-defense (De Puy, Abt, & Romain-Glassey, 2017). The University Hospital in Switzerland established The Violence Medical Unit in 2006 and found that 10% of their physical violence consultations were males that experienced physical abuse at the hands of a female partner (De Puy et al., 2017). The first US domestic abuse helpline for men established in 2000 revealed a male's experience was similar to a female's; however, unlike females, males also felt victimized by a system designed exclusively for females (Hogan et al., 2012). Males in the military have a similar inability to recognize men as the victim of domestic violence or are extremely reluctant to report maltreatment or seek assistance from military agencies as it challenges their masculinity or causes fear of shaming by their comrades.

Substance Abuse

For most of US military history, the consumption of alcohol wasn't just tolerated or condoned, it was encouraged. Meeting at the Non-Commissioned Officer (NCO) or Officer's club after work for drinks was customary, and those service members who did not participate in this ritual were viewed as not being team players. This was not only limited to casual, social gatherings but actual formal events and occasions for recognition.

Air Force Dining-Ins are social gatherings that pre-date the establishment of the USAF and are designed to instill a sense of camaraderie. One highly anticipated event at these functions is the tradition of "taking a trip to the grog bowl," which is an amalgamation of a wide variety of alcohols commonly poured into a massive bowl utilizing military helmets or combat boots. Service Members who do not strictly adhere

to the Grog Bowl protocols must consume more of the Grog. With the growing awareness of the negative effects of alcoholism, these functions now have a non-alcoholic version of “the Grog,” which is typically a concoction that most people simply do not find palatable.

Another military tradition that encourages the consumption of alcohol in the US military is the observance of “the challenge coin”. The challenge coin is a commemorative token typically presented by a service member of some importance, like a commander, chief or First Sergeant to a lower ranking service member in recognition of some type of superior service or action. A military member slamming their challenge coin down upon a table or surface is initiating “the coin challenge”. All other service members must [quickly] slam their coins down upon the table or surface in response to the challenge. The last one to do so, or the military member who does not have their coin in their possession, must then buy a round of drinks for everyone. To not participate in either tradition like the grog or the challenge coin was cause to ostracize one’s self from their comrades and potentially subject the service member to other, far less desirable, military traditions such as the “Blanket Party”.

In addition to the lingering influences of consumption of alcohol as a military tradition, some military members utilize alcohol as a means to self-medicate against existing PTSD symptoms or depression, which can result from family separation (Skipper, Forsten, Kim, Wilk, Hoge, 2014). Military members suffering from depression typically experience low levels of depression in the early stages of deployment that escalate throughout the deployment cycle, and those members utilizing alcohol as a means to combat their depression typically experience a similar increase in the amount of

alcohol they consume (Erbes, Arbisi, Kramer, & DeGarmo, 2017). Unfortunately, the end of a deployment, returning to home station and the unification of a service member with their family does not necessarily alleviate the problems.

In as early as 90 days upon returning home from a deployment, studies have shown that up to 15% of active duty and National Guard/Reserve service members exhibited alcohol related problems (Skipper et al., 2014). Military members are held to a higher standard of regulations concerning alcohol and drug use compared to civilians. Bray et al. (2003) compared rates of substance abuse among military personnel to those in the civilian population, standardizing national data to the characteristics of the military. They found that military personnel are more likely to report heavy alcohol use than civilians, but because of extensive and random drug screening, military members are much less likely to utilize illegal drugs. Although alcohol consumption is legal, in contrast to other forms of substance abuse, the association between alcohol and domestic violence is more pronounced than with other substances (Cafferky et al., 2018). The misuse of alcohol has direct correlations to a military member's inability to utilize good judgement and impairs impulse control; subsequently, instances of domestic abuse are significantly more severe when the consumption of alcohol is a contributing factor (Rebenhorst et al., 2013; Skipper et al., 2014).

CHAPTER III
METHODOLOGY

Design

This research initially gave consideration towards utilizing surveys and/or interviews for analysis; however, given numerous issues that prevented human subject approval, the current work is based on identifying a best practice model for adult maltreatment in the United States military. This research originally planned to evaluate Dyess Air Force Base's Family Advocacy Program (FAP) interventions. However, given that it was not possible to secure existing data, the thesis was revised to address primarily a systematic review of best practices found in the literature and compare to the military's program. Practice models specific to the United States Air Force are virtually non-existent, so this paper will extrapolate previous best practice models addressing adult maltreatment in both the civilian and general military communities and create a criterion to evaluate the quality of the FAP best practice interventions for military personnel at Dyess Air Force Base in Abilene, Texas.

This research systematically reviews literature to identify the best prevention and intervention services for adult partner maltreatment and intimate partner violence in both the civilian and military populations. The literature review of both civilian and military interventions is essential due to the fact the military FAP provides services to military members who are commonly in relationships with civilian personnel, thus, necessitating

the need for understanding maltreatment's impact on both groups. This research will utilize the data and examine the preventative education and the maltreatment intervention services provided by the Family Advocacy Program to create a model that illustrates best practice interventions for military members and their partners, regardless of their partner's military affiliation.

Search Terms

The researcher utilized Abilene Christian University library's EBSCO data base to search for scholarly journals and other articles applicable to the research topic. The following are the search terms this research utilized to procure the information that is evaluated for the systematic review: maltreatment, domestic abuse, intimate partner violence, USAF, Air Force, US military, maltreatment interventions, intimate partner violence interventions, domestic abuse interventions, family advocacy program, and any combination of these terms by use of Boolean operators. The additional parameters utilized to narrow the search to the most current and dependable information were full-text, scholarly reviews with a publication date from January 2012 – January 2018.

Interventions

Although there are hundreds of articles regarding adult maltreatment there is a significant amount of redundancy found within them. Therefore, a limited number of articles most appropriate that best met the selection criteria focusing on the identification and intervention of adult maltreatment and intimate partner violence in both the military and civilian sectors from the year 2014 through 2018 were selected for review. These articles' methodologies ranged from analyzing data from preexisting intervention studies, assessment of perpetrators and victims after intervention processes to reviews of existing

laws, policies and regulations. Three of the eleven articles reviewed the works of 6,662 journals and, after a full review, incorporated 315 for inclusion into their studies. Four of the eleven studies either surveyed or interviewed 740 participants for their data collection. Five of the articles included military personnel in their studies; four out of the eleven articles were specific to military personnel, and one of the eleven articles included military personnel in their study. While the six articles that addressed adult maltreatment interventions focused on the civilian sector, their analysis and findings of the interventions coincided to the articles focusing on a military demographic with exception of certain contributing factors that are distinctly unique to the military, such as deployments into areas of hostile fire. That unique military stressor and its effect were reflected in three of the eleven articles which addressed military deployments' influence on adult maltreatment and intimate partner violence. Four of the eleven articles discussed the effects of substance abuse, to include the consumption of alcohol, in cases of adult maltreatment and intimate partner violence.

CHAPTER IV

RESULTS

While maltreatment rates in the U.S. military continue to increase, the corresponding literature addressing prevention and intervention is limited, especially to information specific to the United States Air Force. There is a plethora of information about civilian maltreatment and intimate partner violence, as well as ample research on the cause and effect of military maltreatment. However, literature addressing strategies of therapeutic interventions specific to military maltreatment is nominal. Given the absence of information on the topic, this research has the propensity to benefit the physiologic and psychological wellbeing of military members, thus strengthening the overall mission readiness of these members by comparing previous to current FAP prevention and interventions and providing insight to increase the effectiveness of these interventions. Since this research did not utilize human subjects, this proposal was exempt in requiring Abilene Christian University Institutional Review Board approval (see Appendix A).

Based upon the research collected in the literature review, this research has identified three broad but significant areas of concentration regarding creating a best practice model for prevention and intervention services for adult maltreatment: deployment, domestic abuse, and substance abuse. These three broad areas were used to

identify the most recent research from the last 10 years to pertaining to family maltreatment.

Selected research was reviewed to create a best practice model for prevention and intervention of military family maltreatment. Once created, a best practice model will be utilized to compare the old best practices of Family Advocacy to new best practices given agency policy, practice and services. Suggestions will then be made regarding the new prevention and intervention services that serve military families of Dyess Air Force Base in Abilene, Texas

This study selected eleven articles focusing on adult maltreatment interventions, with four journal reviews focusing on military and one including military personnel in their study.

These journals (Table 1) focused on a civilian audience. Most of these journals depended on a systematic search of multiple databases as the method of their data collection, while two utilized participants. The general synopsis of these articles suggests the most effective interventions utilize an empathetic and educational approach but ensuring to address each client's unique needs. Victims of domestic abuse desire compassionate, caring and non-judgmental interactions from their health care professionals. Since identification of perpetrators and victims are difficult to determine, utilizing screening tools is recommended. In one study, cognitive behavioral therapy and teaching conflict resolution skills demonstrated a potential to reduce occurrences of violence in mild forms of abusive behavior.

Table 1

Civilian Journals

Author(s)	Article or Study Title	Purpose	Method	Findings
Cafferky, B.; Mendez, M.; Anderson, J., & Stith, S.	Substance use and intimate partner violence: A meta-analytic review (2018). <i>Psychology of Violence</i> , 8(1), 110-131	Examines the strength of the link between substance use and intimate partner violence.	Analyzed data from 285 studies with a sample size of 627,726.	Clearly establish an empirical link between substance use and adult maltreatment.
Choo, E.; Gottlieb, A.; DeLuca, M.; Tape, C.; Colwell, L., & Zlotnick, C.	Systematic review of ED-based intimate partner violence intervention research (2015). <i>Western Journal of Emergency Medicine</i> , 16(7), 1037-1043.	Identify ED IPV intervention studies and evaluate the presence of a consistently positive effect on the control groups.	Systematic search of electronic databases for intervention studies addressing intimate partner violence.	The study emphasized a critical gap in emergency medicine literature on intimate partner violence and stressed the need for further studies cautioning, “the absence of evidence is not evidence of absence.”
Eckhardt, C.; Murphy, C., & Sprunger, J.	Interventions for perpetrators of intimate partner violence (2014). <i>Psychiatric Times</i> , 1-7.	A reflection and review of the progress of etiologic models of intimate partner violence and interventions.	A summarization of the salient points regarding intimate partner violence.	Article supports careful screening for intimate partner violence in mental health practice and integrated services that address IPV in the context of treatment for SA, traumatic stress, neurocognitive conditions, and emotional dysregulation and should be integrated into clinical practice.

<p>Hesser, H.; Axelsson, S.; Backe, V.; Engstrand, J.; Gustafsson, D.; Holmgren, E.; Jeppsson, U.; Pollack, M.; Norden, K.; Rosenqvist, D., & Andersson, G.</p>	<p>Preventing intimate partner violence via the internet: a randomized controlled trial of emotion-regulation and conflict management training for individuals with aggression problems (2016). <i>Clinical Psychological & Psychotherapy</i>, 24, 1163-1177.</p>	<p>Investigate the effect of an internet-delivered cognitive behavior therapy on intimate partner violence.</p>	<p>Random selection of 65 participants with aggression problems in intimate adult relationships and participated in internet based cognitive behavioral therapy intervention.</p>	<p>Cognitive Behavior Therapy that focuses on enhancing conflict management skills and emotion-regulation ability has the potential to decrease mild forms of abusive behavior. In addition, treatment should focus on building effective relationship and communication skills.</p>
<p>Messing, J.; Ward-Lasher, A.; Thaller, J., & Bagwell-Gray, M.</p>	<p>The state of intimate partner violence intervention: Progress and continuing challenges (2015). <i>National Association of Social Workers</i>, 305-313.</p>	<p>Understanding the personal or cultural needs of victims of intimate personal violence (IPV) who want to remain in an abusive relationship.</p>	<p>A discussion of the importance of social works understanding of IPV policies, services and laws in moving forward to develop evidence-based interventions that serve all victims of IPV.</p>	<p>Demonstrates a positive association between educational interventions and its impact on future occurrences of domestic abuse. Future research would greatly benefit from increased multi-agency coordination, support and disclosure of information.</p>
<p>Sawyer, S.; Coles, J.; Williams, A., & Williams, B.</p>	<p>A systematic review of intimate partner violence educational interventions delivered to allied health care practitioners, (2016).</p>	<p>Examine the effects of intimate partner violence educational interventions.</p>	<p>Systematic search if IPV studies based on methodological quality, education context and outcome measurements.</p>	<p>Future studies should be conducted using rigorous methodology and validated instruments to measure evidence-based outcomes.</p>

Table 2 focused on a military audience. Journals utilized surveys, participants, and literature reviews. Findings show that, in spite of harsh penalties for domestic abuse, military females are either percent more likely to be the victims of domestic abuse than their civilian counterparts, and females in general are three times more likely to be victims of domestic abuse than males. Military perpetrators of domestic violence are exceptionally problematic to identify and treat due to their reluctance to seek help and fear of repercussions. The use of screening tools to identify those military members in need of help can be beneficial since military members are reluctant to seek assistance. The VA's Strength at Home Program utilizes cognitive behavioral, combined with group therapy, to treat members who have engaged in domestic abuse, and their results provide support for the efficacy of preventing intimate partner violence.

Table 2

Military Journals

Author(s)	Article or Study Title	Purpose	Method	Findings
Creech, S.; Benzer, J.; Murphy, C.; Macdonald, A.; Poole, G., & Taft, C.	PTSD symptoms predict outcome in trauma-informed treatment of intimate partner aggression (2017). <i>Journal of Consulting and Clinical Psychology</i> , 85(10), 966-974.	Extend findings from the randomized controlled trial of the Strength at Home Men's Program (SAH-M) for military veterans.	Utilized data from 125 male veterans who participated in the SAH-M program over a 9-month period to examine intimate partner aggression predictors.	This study showed significant effect of the Strength At Home Men's Program (SAH-M) in reducing intimate partner violence. The study suggests, while SAH-M does not need to be modified, outcomes could be enhanced through additional direct treatment of PTSD symptoms.
Iverson, K.; Stirman, S.; Street, A.; Gerber, M.; Carpenter,	Female veterans' preferences for counseling related to intimate partner violence:	Identification of female veterans' priorities and preferences for healthcare-based	Web-based survey administered to a national sampling of 411	Women prioritized counseling that focuses on physical safety and emotional health, with less

L.; Dichter, M.; Bair-Merritt, M., & Vogt, D.	Informing patient-centered interventions (2016). <i>General Hospital Psychiatry</i> , 40, 33-38.	intimate partner violence counseling.	female veterans with a 75% participation rate and 55% reporting intimate partner violence.	importance given to learning about community resources. Treatment works best if it is individually tailored and utilizes modular-based approaches to counseling.
Marchiondo, C.	Treatment of intimate partner violence perpetration among male veterans: An example of a comprehensive approach (2015). Springer Science, 37, 271-280.	Describe the risk factors of intimate partner violence and the challenges in treatment.	An examination of an interdisciplinary, comprehensive treatment approach of intimate partner violence.	Presents a cognitive behavior therapy-based group intervention that simultaneously considers and treats various contributing factors while carefully assessing progress and adjusting treatment as needed.
Taft, C.; Creech, S.; Gallagher, M.; Macdonald, A.; Murphy, C., & Monson, C.	Strength at Home couples program to prevent military partner violence: A randomized controlled trial (2016). <i>Journal of Consulting and Clinical Psychology</i> , 84(11), 935-945.	Evaluate the efficacy of Strength at Home Couples preventative intervention.	Recruitment, through two Department of Veteran Affairs Hospitals, of 69 male service members or veterans and their female partners.	Results provide support for the efficacy of Strength at Home Couples in preventing domestic physical abuse and reducing psychological abuse. It appears a cognitive behavioral trauma-informed prevention approach can help reduce the myriad negative consequences of intimate partner violence.
Tinney, G., & Gerlock, A.	Intimate partner violence, military personnel, veterans, and their families (2014). <i>Family Court Review</i> , 52(3), 400-416.	Increasing understanding of domestic abuse and how it may or may not overlap with co-occurring combat-related conditions.	General review of 55 journals providing relevant information pertaining to intimate partner violence by military personnel and veterans.	Domestic abuse and intimate partner violence are not caused by military or combat experience or the co-occurring conditions; however, they may be contributing factors, and they need to be addressed by people with a military expertise.

Table 3 reports the component of substance abuse as a contributing factor of adult maltreatment. For military members, alcohol is the most commonly abused substance because of the military’s extensive drug screening program and because the consumption of alcohol is legal. Both military members and their victims demonstrate a tendency to minimize and conceal the abuse out of fear of shame, fear of the potential ramifications of ending the military member’s career; thus, the loss of income and benefits. Again, screening is recommended for identifying those in need of therapeutic services. The preferred intervention method is cognitive behavioral therapy, which there are several CBT models specifically tailored to military personnel. In addition, success of CBT training is amplified when the therapist incorporates group therapy into the intervention. Finally, “extratherapeutic factors” are encouraged and it essential for the therapist to possess a thorough understanding and deep regard for military culture, customs, courtesies and knowledge of the military.

Table 3

Substance Abuse Journals

Author(s)	Article or Study Title	Purpose	Method	Findings
Cafferky, B.; Mendez, M.; Anderson, J., & Stith, S.	Substance use and intimate partner violence: A meta-analytic review (2018). <i>Psychology of Violence</i> , 8(1), 110-131	Examines the strength of the link between substance use and intimate partner violence.	Analyzed data from 285 studies with a sample size of 627,726.	Clearly establish an empirical link between substance use and adult maltreatment.
Eckhardt, C.; Murphy, C., & Sprunger, J.	Interventions for perpetrators of intimate partner violence (2014). <i>Psychiatric Times</i> , 1-7.	A reflection and review of the progress of etiologic models of intimate partner	A summarization of the salient points regarding intimate partner violence.	Article supports careful screening for intimate partner violence in mental health practice and integrated services

		violence and interventions.		that address IPV in the context of treatment for SA, traumatic stress, neurocognitive conditions, and emotional dysregulation and should be integrated into clinical practice.
Marchiondo, C.	Treatment of intimate partner violence perpetration among male veterans: An example of a comprehensive approach (2015). Springer Science, 37, 271-280.	Describe the risk factors of intimate partner violence and the challenges in treatment.	An examination of an interdisciplinary, comprehensive treatment approach of intimate partner violence.	Presents a cognitive behavior therapy-based group intervention that simultaneously considers and treats various contributing factors while carefully assessing progress and adjusting treatment as needed.
Taft, C.; Creech, S.; Gallagher, M.; Macdonald, A.; Murphy, C., & Monson, C.	Strength at Home couples program to prevent military partner violence: A randomized controlled trial (2016). Journal of Consulting and Clinical Psychology, 84(11), 935-945.	Evaluate the efficacy of Strength at Home Couples preventative intervention.	Recruitment, through two Department of Veteran Affairs Hospitals, of 69 male service members or veterans and their female partners.	Results provide support for the efficacy of Strength at Home Couples in preventing domestic physical abuse and reducing psychological abuse. It appears a cognitive behavioral trauma-informed prevention approach can help reduce the myriad negative consequences of intimate partner violence.

Table 4 addresses the component of military deployments as a contributing factor of adult maltreatment. These journals utilize military participants in their studies. Christopher Marchiondo's 2015 article, "Treatment of Intimate Partner Violence Perpetrating Among Male Veterans: An example of a comprehensive approach" identifies adult maltreatment as a complex problem with a mixture of risk factors and barriers to interventions. The literature supports that posttraumatic stress disorder had a strong correlation with both physical and psychological abuse. The literature recommends screening tools and cognitive behavioral therapy as the best intervention for military members.

Table 4

Deployment Journals

Author(s)	Article or Study Title	Purpose	Method	Findings
Creech, S.; Benzer, J.; Murphy, C.; Macdonald, A.; Poole, G., & Taft, C.	PTSD symptoms predict outcome in trauma-informed treatment of intimate partner aggression (2017). <i>Journal of Consulting and Clinical Psychology</i> , 85(10), 966-974.	Extend findings from the randomized controlled trial of the Strength at Home Men's Program (SAH-M) for military veterans.	Utilized data from 125 male veterans who participated in the SAH-M program over a 9-month period to examine intimate partner aggression predictors.	This study showed significant effect of the Strength At Home Men's Program (SAH-M) in reducing intimate partner violence. The study suggests, while SAH-M does not need to be modified, outcomes could be enhanced through additional direct treatment of PTSD symptoms.
Marchiondo, C.	Treatment of intimate partner violence perpetration among male	Describe the risk factors of intimate partner violence and the	An examination of an interdisciplinary, comprehensive treatment	Presents a cognitive behavior therapy-based group intervention that simultaneously

	veterans: An example of a comprehensive approach (2015). Springer Science, 37, 271-280.	challenges in treatment.	approach of intimate partner violence.	considers and treats various contributing factors while carefully assessing progress and adjusting treatment as needed.
Taft, C.; Creech, S.; Gallagher, M.; Macdonald, A.; Murphy, C., & Monson, C.	Strength at Home couples program to prevent military partner violence: A randomized controlled trial (2016). Journal of Consulting and Clinical Psychology, 84(11), 935-945.	Evaluate the efficacy of Strength at Home Couples preventative intervention.	Recruitment, through two Department of Veteran Affairs Hospitals, of 69 male service members or veterans and their female partners.	Results provide support for the efficacy of Strength at Home Couples in preventing domestic physical abuse and reducing psychological abuse. It appears a cognitive behavioral trauma-informed prevention approach can help reduce the myriad negative consequences of intimate partner violence.

CHAPTER V

DISCUSSION

Military members, like civilians, are influenced by the environment in which they function. The military environment and lifestyle present extreme challenges in the acquisition of reliable and forthright information. Military members, especially males, are trained to repress feelings and rebuke any and all indications of weakness, to include a perceived vulnerability in seeking assistance from “helping” agencies, such as Family Advocacy (Heath et al., 2017; McDermott et al., 2017). Overcoming this stigma is just one of the challenges. As such, a treatment plan to address a civilian’s maltreatment and/or intimate partner violence intervention will be similar to a military member’s treatment.

Tinney and Gerlock (2014) concluded domestic violence is not caused by a military member’s combat involvement; however, their unique and traumatic experiences are certainly contributing factors. Although PTSD is not exclusive to military personnel, it presents a stronger risk factor to military and veteran populations (Creech et al., 2017). Military deployments into hostile fire areas is also a stressor unique to the military. Other combat related co-occurring military conditions are traumatic brain injuries (TBI), SUD, suicidal ideologies, substance abuse and depression (Tinney & Gerlock, 2014; Cefferky et al., 2018). Since some or all these conditions can contribute to the severity of domestic abuse and intimate partner violence, it is imperative to treat the service member as a

whole, addressing the primary and contributing conditions beginning with the most severe; however, when multiple co-occurring conditions exist, prioritizing the interventions can become problematic (Tinney & Gerlock, 2014; Marchiondo, 2015).

In addition, most military personnel subscribe to a paranoia of “double jeopardy,” as their transgressions can be punishable by both civilian law and additionally under military law as a violation of the Uniform Code of Military Justice. Assuring accurate data collection of this highly suspicious population is extremely problematic, as military personnel feel the confidentiality aspect of surveys and interviews will be broken. Subsequently, they feel participating in such data collection may jeopardize their careers. Thus, the determination was made that the most reliable and ethical source of information for researching the prevention and intervention of adult maltreatment resides within the review of journals and research of people who have actively engaged in said interventions.

Perhaps Messing et al. (2014) provides the most prudent advice in addressing adult maltreatment interventions, and this is that there is not a “one-size-fits-all” intervention approach. Although the diagnosis of adult maltreatment is simple, one person that is physiologically and/or psychologically abusive towards another person, the contributing factors can be extremely diverse and complex. While there is ample research that examines adult maltreatment and intimate partner violence within the civilian sector, there is considerably less research and information regarding couples where either one or both members are active duty members or military veterans. This is both odd and alarming since the US military has not been as combat active since the Vietnam War, and the evidence suggests this prolonged state of military engagement is

harmful and damaging to service members' physiological and psychological well-being. While there are some aspects of maltreatment interventions that can apply to both our military and civilian sectors, the military culture necessitates additional considerations to maltreatment interventions.

Like the military, civilian couples experience economic, career, relationship, and family stressors. The military amplifies these stressors and adds additional stressors civilians do not have to contend with. Military training in and of itself is just one aspect of being a service member that can be exceedingly stressful, being pushed both mentally and physically (sometimes past the point of human tolerance) in an effort to prepare a person to engage in combat and potentially refute the instinct of self-preservation in the defense of their country. In addition, service members are often required to work long hours, multiple schedules, accept assignments to undesirable and/or potentially life-threatening locations, and endure the pressure of knowing that their military obligations place an enormous burden and instill fear in their families. For the past two consecutive years, CNBC.com has cited enlisted military personnel as the most stressful job in America. Understanding the complexity of the military culture and the psychological risk factors is imperative in the implementation of adult maltreatment interventions. The first step in providing an effective maltreatment intervention for a client is to have a client. Although this might sound rudimentary, it is potentially the most challenging component in helping our service members.

There is an enormous stigma within the military of service members utilizing a military installation's helping agencies. First, there is the lack of full confidentiality, as military members (with exception of Chaplains) are required to report any suspected

incidences of domestic or child abuse or harm to oneself or others. Perpetrators are reluctant to seek help and victims are reluctant to report abuse because of the impact to the military members career with ramifications ranging from reassignment, to reduction in rank and forfeiture of pay, to being dishonorably discharged from the U.S. military. A military member may want assistance in dealing with their abusive tendencies; however, many military members have a disconnect between their careers and themselves, seeing it as one and the same. If a military member subscribes to the mantra “the military comes first” then all other considerations are secondary, to include their personal needs and the needs of their partner and family. The second barrier for service members in seeking treatment is the hypermasculinized military culture.

Males in general are far more likely to avoid seeking counseling than females, and since most perpetrators of adult maltreatment are males, it makes serving this demographic exceedingly difficult (Heath et al., 2017; McDermott et al., 2017; Schreiber & McEnany, 2015). This is even more pronounced in the military, whose culture personifies physical and mental prowess and conditioned self-reliance. Military members typically endorse traditional masculine ideologies that refute the possibilities of being vulnerable or admitting psychological distress, thus, creating a significant psychological barrier that makes it difficult to reach out for assistance and feeling shame for doing so (Gibbons et al., 2014). Military members, both male and female, also fear shaming from their peers who, regardless of continuous and in depth human relations training, often engage in taunting and bullying of service members seeking assistance from helping agencies (McDermott et al., 2017). Acknowledging the reasons why military members avoid seeking help does not negate the fact they need it, nor does it relieve the responsibility to provide a therapeutic intervention to alleviate or manage their

distress. Subsequently, the first challenge lies in the identification of those who need help regardless of their reasons not to seek it for themselves.

Screening for issues of adult maltreatment and intimate partner violence is an important tool in identifying those in need of assistance. Screening can be discreet and concealed, obtained through a few routine questions, which can help identify military members and/or their partners who might potentially benefit from treatment. There are numerous screening tools already in use, such as the Partner Violence Screen, the Woman Abuse Screening Tool and the Abuse Assessment Screen as a means for early identification of potential intimate partner violence perpetrators. Screening tools can be utilized randomly, discreetly and amongst multiple agencies like the medical group, Airman Family Readiness Center, Equal Opportunity, First Sergeants and Commanders. Although some military members or their spouses may either refuse the assessment tool or not provide honest information in fear of the repercussions, maltreatment screening can provide a lifeline for people who either seek to eliminate their violent behavior or escape it.

At the center of domestic abuse is violence. Military members, who are trained to be aggressive, are more likely to be involved in cases of domestic abuse (Williston et al., 2015). Since issues of violence behaviors are activated by external factors and modified by our thought process, altering those thought processes can minimize and even elevate acting out in violent or aggressive behaviors. That is why numerous studies utilize cognitive behavior therapy as an adult maltreatment and intimate partner violence intervention.

Cognitive behavior therapy is one of the few empirically valid talk therapeutic practices proven to be an effective intervention (Taft et al., 2016). In a sense, much of military training already utilizes cognitive behavioral therapy. A typical response of having someone shoot at you is to believe your life is at risk, which results in feeling intense fear and the resulting behavior is to run away or hide. Through a form of cognitive behavioral therapy, the military alters the way people respond in that scenario by making military members aware of the negative ramifications of running away and reframing their belief and resulting behavior. Given the same scenario, a highly trained military member who is attacked will think of their country and comrades, remain calm, and go on the offensive.

Part of cognitive behavioral therapy is understanding and utilizing emotional reasoning, which is how a person sees the world through their feelings. Subsequently, if we can change the emotion of anger, we can alter the ensuing behavior, such as violence. Military members find comfort and structure in uniformity, things that are consistent and familiar. Cognitive behavioral therapy is an effective maltreatment intervention tool for the military because, whether military members or veterans comprehend it or not, it is still a process they are familiar with. Cognitive behavioral therapy alone may not be enough given the reluctant and resistant nature of military members to accept assistance; therefore, it is prudent to utilize the military culture and incorporate it into the therapeutic intervention.

Cognitive behavioral group therapy helps clients to understand the correlation between their beliefs, thinking, and behavior. Group therapy appeals to a military member's sense of teamwork and works to counteract isolation and social avoidance

often associated with military members experiencing trauma. Marchiondo (2015) references a Veterans Affairs Hospital that utilizes a group cognitive behavioral program as their primary mode of treatment for veterans that either have committed or are at high risk of committing maltreatment. The Strength at Home Men's Program is a twelve-session trauma-informed, cognitive behavioral group treatment designed specifically to help active duty or military veterans to reduce or end their inclination towards abuse and violence in their relationships. The experience of participating in a group intervention had a greater effect on lowering physical and psychological maltreatment compared to individual treatment.

It is also imperative in a maltreatment intervention to not only address the issue of intimate partner violence but all other contributing factors if the intervention is to be successful over time. Although the fundamental problem may be physiological and/or psychological abuse of a partner, there could and often are a myriad of contributing factors that lead up to the abuse.

Common contributing factors to both military and civilian instances of domestic violence are finances, jealousy, and substance abuse; however, these are the factors that are more common to military couples: depression, post-traumatic stress syndrome, social anxiety and traumatic brain injury. It is important that the therapeutic intervention addresses the problem of maltreatment and all its contributing factors. Let's consider the following analogy to emphasize the point. If the treads of your car's tires are worn, then they need replacing; however, what caused them to wear out? If it is not due to everyday wear and tear, but rather a result of your car being misaligned, then in order to ensure a long-lasting remedy, you'll also need an alignment and to have your new tires rotated.

Thus, an intervention designed to prevent a military member from aggressing (the problem: the worn tire) against their partner, then the intervention must also address the reasons (the root cause: the misalignment) for the aggression.

FAP Interventions

Military Family Advocacy offers a variety of services, from general counseling to a myriad of classes, such as stress management, building stronger relationships and parenting. When military members or their civilian partners are the victims of adult maltreatment, Family Advocacy can provide the option of making a restricted report that will afford the victim the opportunity to receive treatment but without involving law enforcement or the military chain of command. When a military member is identified as the perpetrator in a domestic abuse case, Family Advocacy will assign them a clinician that will work one-on-one with the military member. In addition, Family Advocacy will utilize group counseling by requiring the service member to attend two mandatory preventative outreach classes.

Military members identified as domestic abuse perpetrators are required to attend the four-hour Family Advocacy Safety Education Seminar or FASES. FASES utilizes a cognitive behavioral approach to increase the service member's awareness of the impact of their behavior and subsequently reduce or eliminate violent behaviors. FASES help the service member to appraise their interactions with their partner and recognize healthy and unhealthy behaviors and attitudes in their relationship. FASES addresses how emotions and attitudes influences behavior and teaches military members how to implement anger management and improve their communication skills. The FASES curriculum also instructs military members how to utilize relaxation techniques to

address stress in lieu of alcohol and discusses the correlation between alcohol and domestic violence. Finally, FASES addresses the concerns that arise from military deployments and the impact deployments have in relationships. Participants in FASES are provided a pre- and post-test evaluation to assess the level of learning and effectiveness of the course material. Utilizing one military installation's averages from their 2017 and 2018 test results, there was a significant 15.8-point increase from participants' pre-test to their post-test scores.

The other mandatory training class active duty perpetrators of domestic violence are required to attend is Family Advocacy's Change Step program. Family Advocacy's Change Step is rooted from the Domestic Abuse Project's Men's Program but with modifications. Change Step utilizes military terminology and considers the uniqueness of the military culture to better serve veterans in its therapeutic approach. Change Step incorporates the military challenges of deployments, stressors, PTSD and military culture in general into its curriculum to identify with the service member's connection to the military.

Change Step participants meet once a week over the course of 26 weeks. Change Step is specifically geared toward military men who have used abusive behaviors in their intimate relationships. The program was primarily developed by military veterans who recognize that the military culture trains men to use violence to protect themselves, their comrades, and their country. However, this same training can lead to unhealthy relationships, shame, guilt, and isolation. While marching in formation, when a military member is found to be out of step with the rest of their group, the command "Change step, march!" is executed to get that military member back in step. The Change Step

program has the same objective, through extensive training and the incorporation of military culture, the course is designed to get service members back in step.

While FASES and Change Step are “by invitation only”, Family Advocacy offers a wide variety of training classes that addresses contributing factors identified in the intervention literature that could potentially lead up to a domestic abuse incident. These courses are preventative in nature, and are available to everyone and the service member’s attendance will not reflect negatively on their career or appear in their records. In addition to the courses previously mentioned, Family Advocacy offers the following courses: Parenting (different classes according to the age of the child), Couples Relationship, Dads: The Basics, Stress Management, and Anger Management.

Summary

The DoD established the FAP that required each branch of service create a program of prevention, evaluation, and treatment of family maltreatment. The military is the most physically and psychologically grueling career, and the demands of being a military service member often yield arduous harsh consequences. As such, we owe it to our military members and veterans to provide the most effective therapeutic interventions possible. The sacrifices of our service members demand no less than the best service we can provide for their service to our nation.

This research has determined the most effective intervention for adult maltreatment is cognitive behavioral therapy. While the research shows women tend to prefer individual counseling, military males can additionally benefit from cognitive behavioral group counseling that will engage their military sense of teamwork and camaraderie while combating the inclination to self-isolate. In addition, in order to

prevent future occurrences of domestic violence, it is imperative to also resolve any and all contributing factors, such as depression, anxiety or PTSD. It is highly advisable that clinicians have a military background or are extremely familiar with military history, customs and courtesies to gain acceptance from an already distrustful populous. Finally, because military members are reluctant to see help, utilizing screening tools would be greatly beneficial in identifying those military members in need of Family Advocacy's services.

The military's Family Advocacy program meets the criteria for this best practice model for adult maltreatment intervention. The Family Advocacy Program staff's social workers, substance abuse clinicians, nurses, psychologist, psychiatrist and offers an array of educational classes rooted in cognitive behavioral therapy to address domestic violence and its contributing factors. Military medical groups also employ the use of surveys to assist in the identification of those military members and their families that need help.

Limitations

The limitations of this review include a general lack of research information pertaining specifically to the United States military. While there is ample research available on civilian adult maltreatment and intimate partner violence, there was a lack of high quality studies on military personnel and far less on the individual branches. In addition, not all of the articles in this research placed emphasis on specific interventions but rather either generalized the interventions or placed the focus on the causes or effects.

Finally, there are distinct differences between military branches, and those distinctions should be taken into consideration when interpreting the findings. For example, when discussing the generalities of military deployments, the United States Air Force's deployments are usually shorter and experience less direct combat. Most military related studies focused on the Army; however, the military culture of each branch of service is distinctly different and contains their own distinct social nuances.

REFERENCES

- Arincorayan, D., Applewhite, L., & Robichaux, R., (2010). Family advocacy: a program to support an expeditionary army. *MEDCOM Family Advocacy Program Interim Guidance for Handling Cases of Deployed Soldiers*, 37- 42.
- Bowen, G. L., Jensen, T. M., & Williams, B. (2016). Prevention of family maltreatment in the U.S. air force: A systematic review of research on active duty military personnel. *Journal of Family Social Work*, 1-29.
doi:10.1080/10522158.2016.1259137
- Bray, R. M., Hourani, L. L., Rae, K. L., Dever, J. A., Brown, J. M., Vincus, A. A. Vandermaas-Peeler, R. (2003). *2002 Department of defense survey of health related behaviors among military personnel*. North Carolina: RTI International.
- Cafferky, B., Mendez, M., Anderson, J., & Stith, S. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8(1), 110-131.
- Cafferky, B., & Shi, L., (2015). Military wives emotionally coping during deployment: balancing dependence and independence. *The American Journal of Family Therapy*, 43, 282-295. doi: 10.1080/01926187.2014.1034633
- Choo, E., Gottlieb, A., DeLuca, M., Tape, C., Colwell, L., & Zlotnick, C., (2015). Systematic review of ED-based intimate partner violence intervention research. *Western Journal of Emergency Medicine*, 16(7), 1037-1042. doi: 10.5811/westjem.2015.10.27586

- Creech, S., Macdonals, A., Benzer, J., Poole, G., Murphy, C., & Taft, C., (2017). PTSD symptoms predict outcome in trauma-informed treatment of intimate partner aggression. *Journal of Consulting and Clinical Psychology*, 85(10), 966-974.
- De Puy, J., Abt, M., & Romain-Glassey, N., (2017). Coping with multiple adversities: Men who sought medico-legal care because of physical violence from a partner or ex-partner. *Psychology of Violence*, 7(3), 428-439.
<http://dx.doi.org/10.1037/vio00000101>
- Eckhardt, C., Murphy, C., & Sprunger, J., (2014). Interventions for perpetrators of intimate partner violence. *Psychiatric Times*, 1-7.
- Erbes, C., Arbisi, P., Kramer, M., & DeGarmo, D., (2017). Characterizing spouse/partner depression and alcohol problems over the course of military deployment. *Journal of Consulting and Clinical Psychology*, 85(4), 297-308.
- Erbes, C. Meise, L. Polusny, M. & Arbisi, P., (2012). Psychiatric distress among spouses of National Guard soldiers prior to combat deployment. *Mental Health in Family Medicine*, 9, 161-169.
- Foran, H., Heyman, R., & Smith, A., (2014). Emotional abuse and its unique ecological correlates among military personnel and spouses. *Psychology of Violence*, 4(2), 128-142. doi: 10.1037/a0034536
- Frey, J., Collins, K., Pastoor, J., & Linde, L., (2014). Social workers' observations of the needs of the total military community. *Journal of Social Work Education*, 50, 712-729 doi: 10.1080/10437787.2014.947904
- Gibbons, S., Migliore, L., Convoy, S., Greiner, S., & DeLeon, P., (2014). Military

mental health stigma challenges: Policy and practice considerations. *The Journal for Nurse Practitioners*, 10(6), 365-371.

Heath, P., Brenner, R., Lannin, D., Vogel, D., & Strass, H., (2017). Masculinity and barriers to seeking counseling: The buffering role of self-compassion. *Journal of Counseling Psychology*, 64(1), 94-103. Retrieved from <http://dx.doi.org/10.1037/cou0000185>

Hesser, H., Axelsson, S., Backe, V., Engstrand, J., Gustafsson, T., Holmgren, E., Jeppsson, U., Pollack, M., Norden, K., Rosenqvist, D., & Andersson, G., (2017). Preventing intimate partner violence via the internet: A randomized controlled trial of emotion-regulation and conflict-management training for individuals with aggression problems. *John Wiley & Sons, Ltd*, 24, 1163-1177. doi: 10.1002/cpp.2082

Hogan, K., Hegarty, J., Ward, T., & Dodd, L., (2012). Counsellors' experiences of working with male victims of female-perpetrated domestic abuse. *Counselling and Psychotherapy Research*, 12(1), 44-52.

Iverson, K., Stirman, S., Street, A., Gerber, M., Carpenter, L., Dichter, M., Bair-Merritt, M., & Vogt, D., (2016). Female veterans' preferences for counseling related to intimate partner violence: informing patient-centered interventions. *General Hospital Psychiatry*, 40, 33-38.

Jones, A., (2012). Intimate partner violence in military couples: A review of the literature. *Elsevier*, 17, 147-157. doi: 10.1016/j.avb.2011.12.002

- Kees, M., Nerenberg, L. S., Bachrach, J., & Sommer, L. (2015). Changing the personal narrative: A pilot study of a resiliency intervention for military spouses. *Contemporary Family Therapy, 37*, 221-231. doi:10.1007/s10591-015-9336-8
- Link, P., & Palinkas, L., (2013). Long-Term trajectories and service needs for military families. *Clinical Child Family Psychological Rev, 16*, 376-393. doi: 10.1007/s10567-013-0145-z
- Marchiondo, C., (2015). Treatment of intimate partner violence perpetration among male veterans: An example of a comprehensive approach. *Contemporary Family Therapy, 37*, 271-280. doi: 10.1007/s10591-015-9353-7
- McDermott, R., Currier, J., Naylor, P., & Kuhlman, S., (2017). Special issue: Health implications of masculinity within military populations. *Psychology of Men & Masculinity, 18*(3), 226-237. Retrieved from <http://dx.doi.org/10.1037/men0000117>
- Messing, J., Ward-Lasher, A., Thaller, J., & Bagwell-Gray, M., (2015). The state of intimate partner violence intervention: Progress and continuing challenges. *National Association of Social Workers, 305-313*. doi: 10.1093/sw/swv027
- Nandi, C., Bambonye, M., Reichert, M., Elbert, T., Weierstall, R., & Zeller, A., (2017). Predicting domestic and community violence by soldiers living in a conflict region. *Psychological Trauma, 9*(6), 663-671.
- OneSource, M. (2017, June 27). *The Family Advocacy Program*. Retrieved from Military OneSource: <http://www.militaryonesource.mil/-/the-family-advocacy-program>
- Paden, D., Agazio, J., (2013). Caring for military families across the deployment

cycle. *Journal of Emergency Nursing*, 39(6), 562- 569.

- Paley, B., Lester, P., & Mogil, C., (2013). Family systems and ecological perspectives on the impact of deployment on military families. *Clinical Child Family Psychological Review*, 16, 245-265. doi: 10.107/s10567-013-0138-y
- Rabenhorst, M., Thomsen, C., Milner, J., Foster, R., Linkh, D., & Copeland, C., (2012). Spouse abuse and combat-related deployments in active duty Air Force couples. *Journal of Family Psychology*, 27(5), 254-761. doi: 10.1037/a0034283
- Roran, H., Heyman, R., & Smith, A., (2014). Emotional abuse and its unique ecological correlates among military personnel and spouses. *American Psychological Association*, 4(2), 128-142. doi: 10.1037/a0034536
- Savitsky, L., Illingworth, M., & DuLaney, M., (2009). Civilian social work: Serving the military and veteran populations. *National Association of Social Workers*, 327-339.
- Sawyer, S., Coles, J., Williams, A., & Williams, B., (2016). A systematic review of intimate partner violence educational interventions delivered to allied health care practitioners. *The Association for the Study of Medical Education*, 50, 1107-1121.
- Serving the military and veteran populations. *National Association of Social Workers*, 327-339. doi: 0037-8046/09
- Skipper, L., Forsten, R., Kim, E., Wilk, J., & Hoge, C., (2014). Relationship of combat experiences and alcohol misuse among U.S. special operations soldiers. *Military Medicine*, 179, 301-308.

- Stamm, S., (2009). Intimate partner violence in the military: Securing our country, starting with the home. *Family Court Review*, 47(2), 321-339.
- Taft, C., Creech, S., Gallagher, M., Macdonald, A., Murphy, C., & Monson, C., (2016). Strength at home couples program to prevent military partner violence: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 85(11), 935-945.
- Taylor, C., Ross, M., Wood, J., Griffis, H., Harb, G., Mi, L., & Rubin, D. (2016). Differential child maltreatment risk across deployment periods of U.S. army soldiers. *AJPH Research*, 106(1), 153-158. doi:10.2105/AJPH.2015.302874
- Texas Family Code, Texas Family Code § Sec. 71.004 (2017)
- Texas Family Code, Texas Family Code § Sec. 261.001 (2017)
- Tinney, G., & Gerlock, A., (2014). Intimate partner violence, military personnel, veterans, and their families. *Family Court Review*, 52(3), 400-416.
- Travis, W., Collins, P., McCarthy, R., Rabenhorst, M., & Milner, J., (2014). Characteristics associated with incidents of family maltreatment among United States Air Force families. *Military Medicine*, 179, 1244-1249. doi: 10.7205/MILMED-D-13-00544
- Uniform Code of Military Justice*. (2011). Retrieved 2018, from Military.com.
- Williamson, E., (2012). Domestic abuse and military families: The problem of reintegration and control. *Oxford University Press*, 42, 1371-1387. doi:10.1093/bjsw/br138
- Williston, S., Taft, C., & VanHaastern, K., (2015). Military veteran perpetrators

of intimate partner violence: Challenges and barriers to coordinated intervention.

Aggression and Violent Behavior 21, 55-60.