



MILITARY  
SPECIAL OPERATIONS  
FAMILY COLLABORATIVE

## *Adding Certainty to the Journey for Special Ops Families*





# Trouble at Home Orient towards Healing

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# Introductions

## What is the Military Special Operations Family Collaborative (MSOF)?

- Nonprofit **public health initiative** for the special operations forces (SOF) community



**MSOF**  
COLLABORATIVE

## Madeline Vann LPC, CSAC

- Trauma Program Manager, The Farley Center
- Private practice, Therapy Owls, LLC
- Headstrong Provider, SOF Network Provider
- MI, EMDR and CPT trained
- Spouse of a USN SWCC vet, mom of US Army Infantryman, granddaughter of WWII vets
- *Caveats: I am not a prescriber, so I can't recommend medications or answer many questions about meds.*

# Roadmap of our Conversation

- Define and estimate scope of problem
- Explore solutions
- Key Takeaways

## What you should know

- ★ Treating alcohol/substance use and/or trauma makes interventions more effective
- ★ Working on cognitive deficits and TBI/RBE reduces family violence
- ★ Couples therapy enhances connection and communication
- ★ Anger management reduces family violence
- ★ Social support is essential



# Defining the Problem

## What you should know

- Domestic Violence **is** Intimate Partner Violence (IPV)

“Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.”

– US Department of Justice

## Dept. of Defense (DoD) - Definitions Vary by Service

encompasses a range of physical, sexual, or psychological harms or stalking behavior by a current or former partner along a spectrum of severity.

*Army*

any abuse or aggression that occurs in a romantic relationship, or continues after the relationship ends

*Navy*

includes verbal threats, yelling, intimidation, harassment, criticism, lying, withholding information and isolation from family or friends

*Air Force*

- 2021 GAO report listed 32 priority recs (most involve developing a PPt)

[https://www.gao.gov/products/gao-21-289#summary\\_recommend](https://www.gao.gov/products/gao-21-289#summary_recommend)

## Case Study

### Consider this story

Returning from deployment, service member Client A reports **home feels unfamiliar** and “alien”. They can’t seem to **communicate** or **connect** with their spouse and children. They often **withdraw and drink**, or go out and drink. As the night wears on, they become **verbally aggressive** towards family, and **sometimes physically aggressive**. They don’t always remember these events – but their spouse and children do.



# Case Study

## Consider this story

Client B reports that **spouse relentlessly verbally assaults** them, calling them “pathetic,” “stupid,” and “lazy,” and saying, after multiple deployments, that they aren’t happy being married and “can’t imagine having children” with Client B.

# Domestic Violence Stats

## Surprising Numbers

- About **35.6%** of women and **28.5%** of men experienced sexual violence, physical violence, or stalking by an intimate partner during their lifetime and reported a related impact.
- **1 in 5** homicide victims is killed by an intimate partner.
- **Over 50%** of female homicide victims are killed by a current or former male partner.
- Same sex partnerships have ***increased rates*** of intimate partner violence

-National Domestic Violence Hotline.

<https://www.thehotline.org/stakeholders/domestic-violence-statistics/>

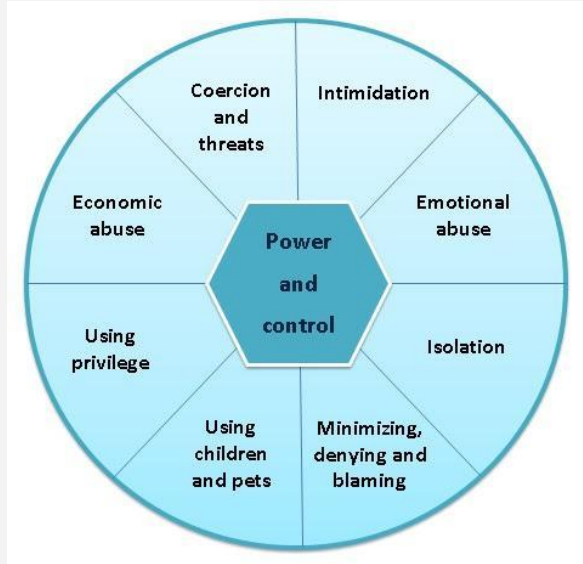
## Heavy Stats



- **Military Men with PTSD**
  - Verbal/Psychological Abuse **91%**
  - Physical Abuse **33%**
  - ***In the past year (2024)***

Note: There is little to no research looking at women with PTSD as perpetrators of IPV. (Taft et al, 2009)

# The Big Question



- Characterological vs Situational?
- **50-80% of IPV is *Situational***
  - Eg due to work stress, financial stress, intoxication, poor communication
  - It's manageable **with help**
  - But people often don't seek help due to **not wanting to be told to separate**

<https://www.johngottman.net/wp-content/uploads/2011/10/REDUCING-SITUATIONAL-VIOLENCE-IN-LOW-INCOME-COUPLES-BY-FOSTERING-HEALTHY-RELATIONSHIP-AND-CONFLICT-MANAGEMENT-SKILLS.pdf>

## Barriers to Seeking Help

- Denial
- Love
- Stigma
- Money
- Security clearance
- Fear

## Types of Domestic Violence

- Emotional
- Psychological (verbal/coercive)
- Physical
- Sexual
- Technological (Cyber, Digital)
- Financial



“I didn’t beat them but ....”

I **rained** on their **parade** ...  
I told them their **hobby is stupid**...  
Forgot their **birthday on purpose**....  
**Refused** to do **family photos**....  
**Embarrassed** them **in front of friends** .....  
*(it all still causes damage)*



# Signs of Trouble at Home

- Avoiding friends and family
- Unexpected changes in mood, behavior, appearance
- Age-inappropriate conversations
- Poorly explained injuries or work/school absence
- Weak excuses for a family member's poor behavior
- Lacking access to funds that should be available

# Case Study

## Consider this story

A military spouse reports that their partner manages all the finances. The military dependent has **no access to financial information, no credit or debit card**, and is **not named** on the mortgage or car titles.

The military dependent suspects they are carrying a lot of debt, but when they ask about it, their spouse insults them and says “**you could never understand our finances.**” The dependent is given limited spending money, in cash with which they are expected to buy groceries and necessities for the household and children. **They are punished** if they can not keep the budget. The dependent is **prevented from seeking a job**, with the active duty spouse threatening to leave and take the children if the dependent is employed.



# Risk Factors

- Trauma/PTSD
- Addiction
- Mood disorders
- Attention/cognitive deficits (including TBI, RBE)
- Anger
- Impulsivity
- Childhood trauma, especially parental rejection
- Rigid gender roles/psychological inflexibility

## Substance Use $\longleftrightarrow$ Trouble at Home (Mehr JB et al, 2023)

- Substance use increases the risk of escalating abuse
- IPV increases the risk of escalating substance use
  - Targets of abuse often increase substance use
- Alcohol and cocaine most increase violence

# SOF Specific Risk Factors

- Back-to-back deployments
- Blast exposure/TBI
- Stigma/stereotypes about SF
- Op-tempo
- Isolation and dependence (frequent PCSs, lack of social support)
- Reduced emotional range
- Negative career events, eg not making rank, being removed from a team, etc
- Deployment cycle (especially reintegration)\*
  - Stress of separation, jealousy/infidelity
  - Difficulty adapting to new roles\*



# Case Study

## Consider this story

Client C reports their spouse is convinced they are unfaithful. Spouse has **placed a GPS tracker** on their vehicle, tracks their phone, goes through their phone and social media without permission, and **verbally accuses** them of cheating. Client reports **increasing fear** as their partner's belief that this is true, and increasingly **aggressive tone** of voice, is scaring them. Client reports that at least one time, their spouse **placed a firearm on the table** between them during an argument – which client read as a threat.

# Case Study

## Consider this story

Client D reports that their spouse is largely **disengaged** from the family, until one of the kids gets something wrong. Then spouse **yells** at them excessively, and **gives excess consequences**. The **kids avoid** the spouse, and leave home as often as possible.

# Poor Outcomes of Family Violence

- Command impacts: Command calls, Impaired fitness for duty, NJPs
- Threat to a career, security clearance
- Minors exposed to violence have greater lifetime risks of poor outcomes
- Addiction, PTSD, TBI, etc
- Death
- Injury
- Financial consequences

# The Way Forward

- Screen for IPV
- Treat: Addiction, PTSD, TBI
  - Substance Use worsens family violence and makes treatment less effective
- Couples/sex therapy
- Family therapy
- Anger management
- Communication skills
- Motivational enhancement strategies
- Skills building, for cognitive performance improvement
- Mindfulness practices

# Therapy Targets (Lila & Gilchrist, 2023; Taft et al, 2016)

- Emotional decoding
  - Accurately reading emotions in facial expression, body language, tone of voice
- Perspective taking
- Emotional empathy
- Cognitive flexibility
- Sobriety
- Anger management
- Emotion regulation/distress tolerance



# Case Study

## Consider this story

Client reports **high conflict arguments** with spouse. When client tries to remove themselves from the situation, the spouse follows, **verbally insulting** them and, at times, **throwing things, punching walls or slamming doors**. Client finds they are unable to leave the home, with spouse **barring the door** physically.



## Case Study

### Consider this story

Client reports spouse requires them to **perform sexually**, even when they do not want to have intercourse. Client reports both parties are **usually “buzzed”** during these times. Client reports that **refusing sex leads to physical threats** and, at least once, rape. Client reports **drinking alcohol or using a sleep aid** to be able to sleep beside partner.



# Seeking Help: Levels of Care

- Peer Support
- Group therapy
  - Works when group cohesion is strong, working alliance is strong
- Outpatient 1:1 Therapy
- Medication management



- Intensive outpatient
- Residential treatment for addiction, trauma



# How to Help a Friend

- Express concern kindly but specifically, eg “I don’t like how she talks to you”
- DO NOT pressure a person to leave the relationship
- Educate yourself about safety planning, and other resources
- Ask before tagging or checking in on social media (safety)
- Listen well, without judgment
- Be a role model
- Be a source of safety
- Get clean and sober
- Build a support network
- Create a safety plan
- Get into counseling

# How to Help Yourself (& the Kids!)

- Get clean and sober
- Build a support network
- Ask for help
- Create a safety plan
- Get into counseling



# Evidenced Based Treatments

- 30-45 day inpatient residential treatment for Substance Use Disorder
- Brief interventions
- Motivational Interviewing, Acceptance and Commitment Therapy, EMDR/FLASH, CBT
- Contingency Management (incentives to attend, reduce drinking/use)
- Social and logistical supports (eg case management to continue therapy, employment, housing, transportation, etc)
- Peer support

# Barriers to Treatment Effectiveness

- High dropout rates
- Low motivation to change
- High levels of denial
- Minimization of responsibility
- Victim blaming
- Being mandated to treatment
- Type of violence (more success reducing physical violence over sexual or psychological)
- Perpetrators' pre-existing addiction, TBI or trauma reduce effectiveness



# Effective Therapy

- 30% of success in therapy is the therapeutic relationship
- EXCEPT for addiction recovery – relationships with peers in recovery are more important to success than the therapeutic relationship
  - Group therapy and peer support groups are keys to success
- 50% of success in therapy is due to client factors
- Let clinicians know if you have a TBI so they can help you be successful or make a referral
- People with TBI are more likely: to drop out of therapy, have difficulty engaging, and be viewed as noncompliant (if TBI is unknown/provider lacks skills)





# How to Vet a Program

- Check licenses online
  - Every provider in every state is in a searchable public database, with information about complaints
  - How to pay for the program
- Ask for proof of trainings/certifications and evidence base of the program
- Be skeptical of flashy marketing and “miracle cures”
- Word of mouth, from people you trust
- Avoid clinicians/programs asking for: testimonial, photo, name, to be used
- Avoid clinicians more interested in war stories than your goals.
- Avoid clinicians who share their story with you. You want their expertise, not their own experience.

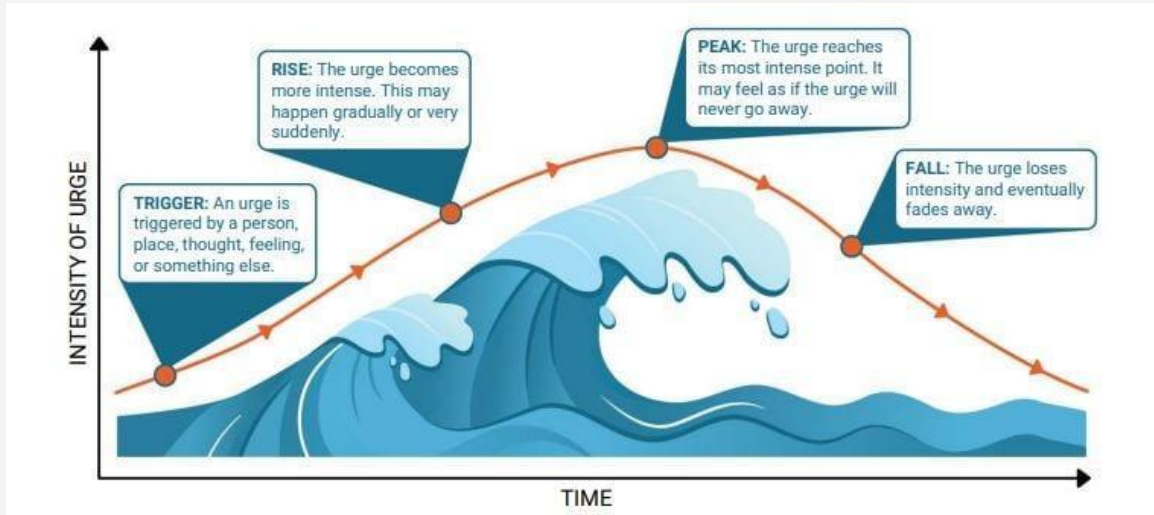
# What to Expect from a Therapist

- Confidentiality
- Empathic, nonjudgmental listening
- Initial assessments, and regular reassessment
- Diagnoses
- Answers to your questions (but NOT advice!)

# Therapist Ethics: All have annual ethics training

- No advice giving, no gift giving
- Understand and respect boundaries, on both sides
- Limit contact outside of therapy / Limit dual relationships with therapists
- Absolutely no romantic or sexual relations with a therapist
- Strongly limit contact outside of sessions
- Should be competent in the help you need, or willing to get training
- Should never ask for your testimony or use your name Understand when confidentiality has to be broken
  - Additional federal protection for information about substances (42 CFR Pt2)

# Riding the Wave: Using Mindfulness to help with urges



## IPL Urge Surfing Meditation

Meditation adapted for high performers and TBI



Rather than giving in to urge, you can ride it out, like a surfer riding a wave. Used for reactivity for interpersonal skills or difficult situations as well.



# Resources

- *Monsters in Love* by Resmaa Menekam
- *Seven Principles for Making Marriage Work* by John and Julie Gottman
- *Listening Well* by William Miller (97 pages of pure gold – if you only read one book, make it this one)



# Questions & Comments

If you have any questions later, email or call:

[Maddie@therapyowls.com](mailto:Maddie@therapyowls.com)

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# Signs of Stress

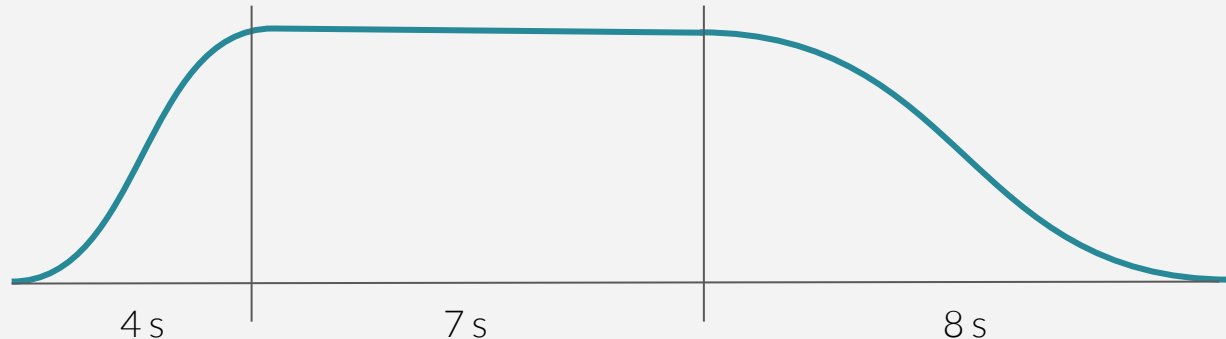
- Physical
- Relational
- Behavioral
- Emotional
- Cognitive
- Spiritual



## Persistent Stress takes a toll

## Deep Breath 4-7-8

- Breathe in through your nose for 4 seconds
- Hold your breath for 7 seconds
- Breathe out through your mouth for 8 seconds
- Repeat







# Take Note of the Good

- Write down three things that happened in the day that you are grateful for (journal, paper, notes app)
- Spend a minute or less reflecting on why they were good
- Repeat daily



# Citations

Byrne C and Riggs D (1996) The Cycle of Trauma: Relationship Aggression in Male Vietnam Veterans With Symptoms of Posttraumatic Stress Disorder Violence and Victims, Vol. 11, No. 3, 1996.  
<https://www.ptsd.va.gov/professional/articles/article-pdf/id09796.pdf>

Jarnecke AM, Saraiya TC. Identifying best practices for substance-related intimate partner violence screening and referral: a narrative review. *Front Psychiatry*. 2024 Jun 18;15:1380102. doi: 10.3389/fpsy.2024.1380102. PMID: 38957738; PMCID: PMC11217329.

Kwan J, Sparrow K, Facer-Irwin E, Thandi G, Fear NT, MacManus D. Prevalence of intimate partner violence perpetration among military populations: A systematic review and meta-analysis. *Aggress Violent Behav*. 2020 Jul-Aug;53:101419. doi: 10.1016/j.avb.2020.101419. PMID: 32714067; PMCID: PMC7375166.

•Lila M, Gilchrist G. Treatment Resistant Perpetrators of Intimate Partner Violence: Research Advances. *Psychosoc Interv*. 2023 May 26;32(2):55-58. doi: 10.5093/pi2023a10. PMID: 37383643; PMCID: PMC10294455.

## Citations cont

Mehr JB, Bennett ER, Price JL, de Souza NL, Buckman JF, Wilde EA, Tate DF, Marshall AD, Dams-O'Connor K, Esopenko C. Intimate partner violence, substance use, and health comorbidities among women: A narrative review. *Front Psychol.* 2023 Jan 27;13:1028375. doi: 10.3389/fpsyg.2022.1028375. PMID: 36778165; PMCID: PMC9912846.

Taft CT, Weatherill RP, Woodward HE, Pinto LA, Watkins LE, Miller MW, Dekel R. Intimate partner and general aggression perpetration among combat veterans presenting to a posttraumatic stress disorder clinic. *Am J Orthopsychiatry.* 2009 Oct;79(4):461-8. doi: 10.1037/a0016657. PMID: 20099937; PMCID: PMC3561901.

Taft, C et al. (2016). *Trauma-Informed Treatment and Prevention of Intimate Partner Violence*. APA. Washington DC.