The Center for Research and Outreach

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for Military Families



"Strength at Home" Intervention for Male Veterans Perpetrating Intimate Partner Aggression: Perceived Needs Survey of Therapists and Pilot Effectiveness Study

Love, A. R., Morland, L. A., Menez, U., Taft, C., MacDonald, A., & Mackintosh, M. A. (2015). "Strength at Home" intervention for male veterans perpetrating intimate partner aggression: Perceived needs survey of therapists and pilot effectiveness study. *Journal of Interpersonal Violence*, 30(13), 2344-2362. doi:10.177/0886260514552445

SUMMARY: This study examines the experience of a small group of Veterans participating in a pilot study of a program called the Strength at Home intervention, a 12-session group treatment program for military personnel with a history of intimate partner aggression. Participants in this pilot study showed decreased emotional abuse and anger expression after participating in the program.

KEY FINDINGS:

- Veterans who participated in the Strength at Home pilot study showed decreased psychological aggression and increased anger control, both shortly after treatment and at the six-month follow-up.
- The program retention rate was quite high, with 86% of the Veterans who began the treatment completing the 12-session protocol.
- During post-treatment focus groups, Veterans expressed a positive response to the program and reported that it was culturally appropriate.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide workshops for Service members to enhance skills, such as effective communication, that may help prevent intimate partner aggression in those who have experienced combat trauma
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- Offer peer support programs for Service members at risk for perpetrating intimate partner violence

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend periodic screening of Service members and their families for family violence perpetration and victimization
- · Promote the development and evaluation of military-specific family violence prevention and treatment programs
- Encourage providers who care for families affected by intimate partner violence to receive training that includes information about the specific context in which this violence may occur for military families

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.







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METHODS

- Male Veterans were recruited from the Veteran's Administration (VA) Pacific Island Health Care System through provider referral or self-referral from posted flyers.
- Veteran participants and their female partners completed assessments of conflict, physical aggression, psychological aggression, and anger at three time points: baseline, shortly after treatment, and six months after treatment.
- Following treatment, Veterans participated in focus groups to collect qualitative data about their experiences.

PARTICIPANTS

- There were six Veterans who participated in the pilot study, ranging in age from 24 to 67 years old, with a mean age of 43.8 years old (SD = 16).
- These Veterans were Latino/Latina (33%), Multiracial (33%), White (17%), and Native American (17%).
- Of those participating, 67% of the Veterans served in the Army, 17% in the Air Force, and 17% in the Marines.

LIMITATIONS

- The sample was very small, with only six participants, so it is difficult to generalize results to larger populations.
- The Veterans self-selected into the program, so participants may differ from non-participants in some important ways that limit the ability to extend findings beyond this specific group.
- There was a wide age range among participants, and with the small sample size, it is difficult to differentiate results within or across age groups.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Survey a broader sample of mental health providers to assess the need for military-specific intimate partner violence (IPV) treatment programs nationwide
- Run larger-scale clinical trials of the Strength at Home intervention to increase knowledge about the program's effectiveness
- Investigate characteristics of the eligible Veterans who were referred to the study but did not complete treatment to better understand possible self-selection bias

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