STRENGTH AT HOME

MOTIVATIONAL AND TRAUMA-INFORMED STRATEGIES TO END INTIMATE PARTNER VIOLENCE IN SERVICE MEMBERS AND VETERANS

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May 9, 2024
1035 - 1135 ET

ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Presenter

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National Center for PTSD
Posttraumatic Stress Disorder

Disclosures

- Dr. Casey Taft is the primary program developer of the Strength at Home (SAH) program.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. government
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Explain the social information processing and survival models for violence for survivors of trauma and their partners.
2. Identify contributing factors that can increase risk for intimate partner violence among survivors of trauma and their partners.
3. Describe a strategy for motivating those who use intimate partner violence to increase their engagement in the therapy process.

UNDERSTANDING LINK BETWEEN TRAUMA AND INTIMATE PARTNER VIOLENCE

Survival Mode Model

- Vigilance to threats in warzone leads combat veteran to enter into survival mode inappropriately when stateside
- Perceive unrealistic threats
- Exhibit hostile appraisal of events
- Overvalue aggressive responses to threats

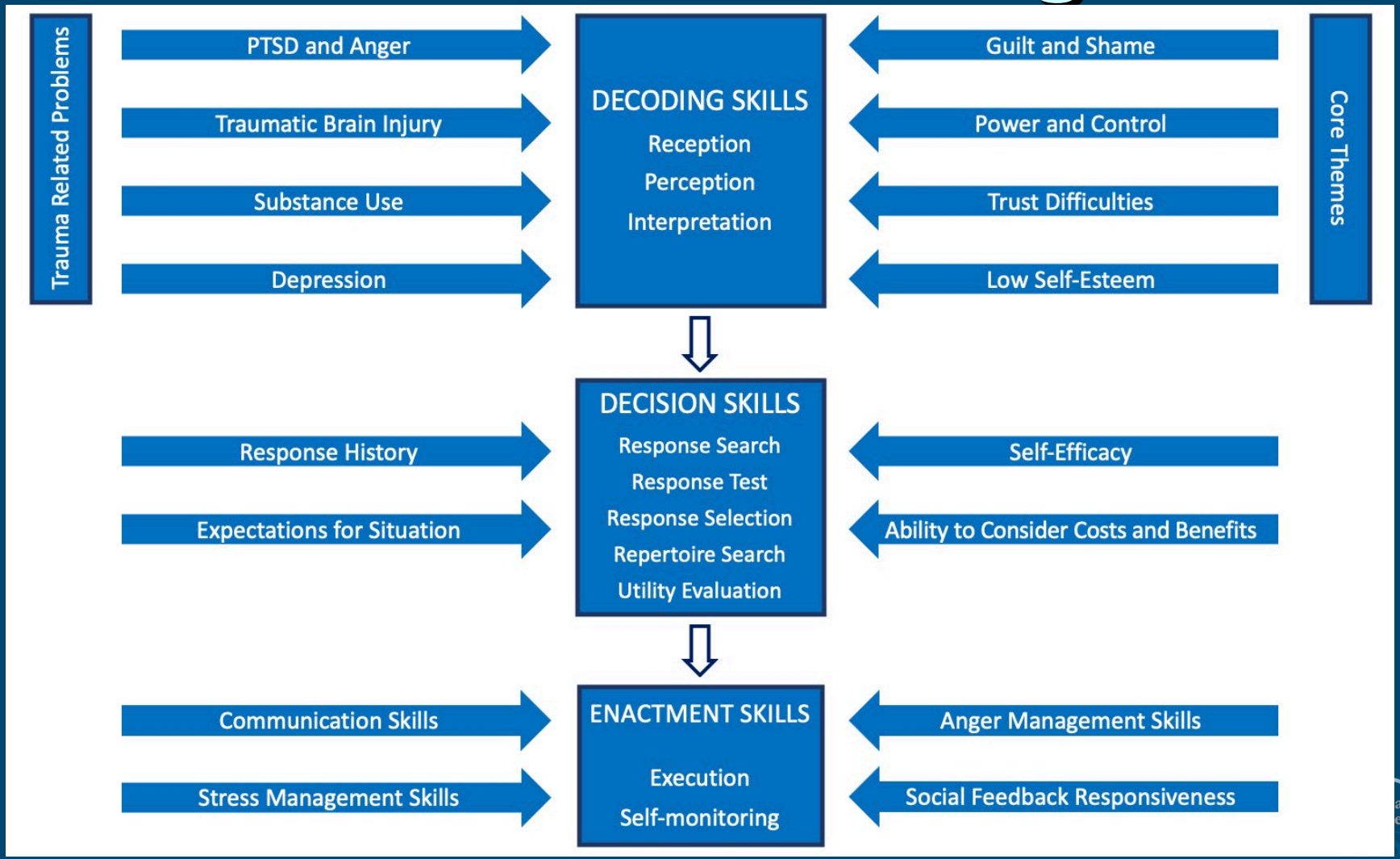
(Chemtob et al., 1997)

Social Information Processing Model

- Individuals using partner aggression exhibit cognitive deficits (e.g., faulty attributions) that impact interpretation (decoding stage)
- Individuals using partner aggression have deficits generating variety of nonviolent responses (decision skills stage)
- Individuals using partner aggression lack skills to enact competent response (enactment stage)

(Holtzworth-Munroe, 1992)

Trauma-Informed Social Information Processing Model

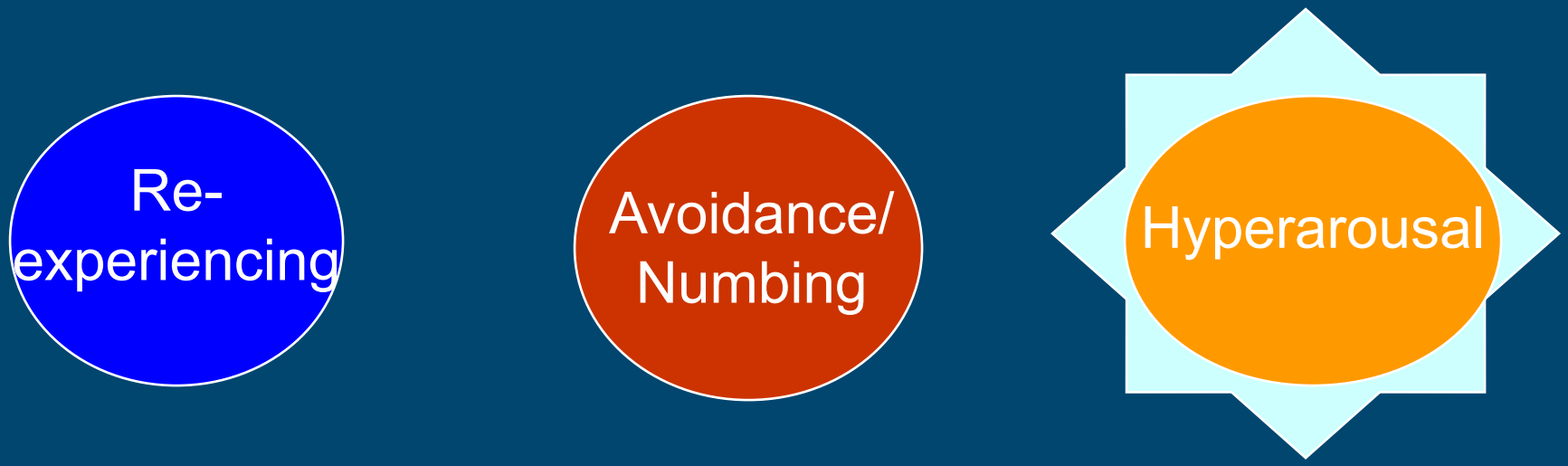


(Taft et al., 2016)

PTSD and Partner Aggression

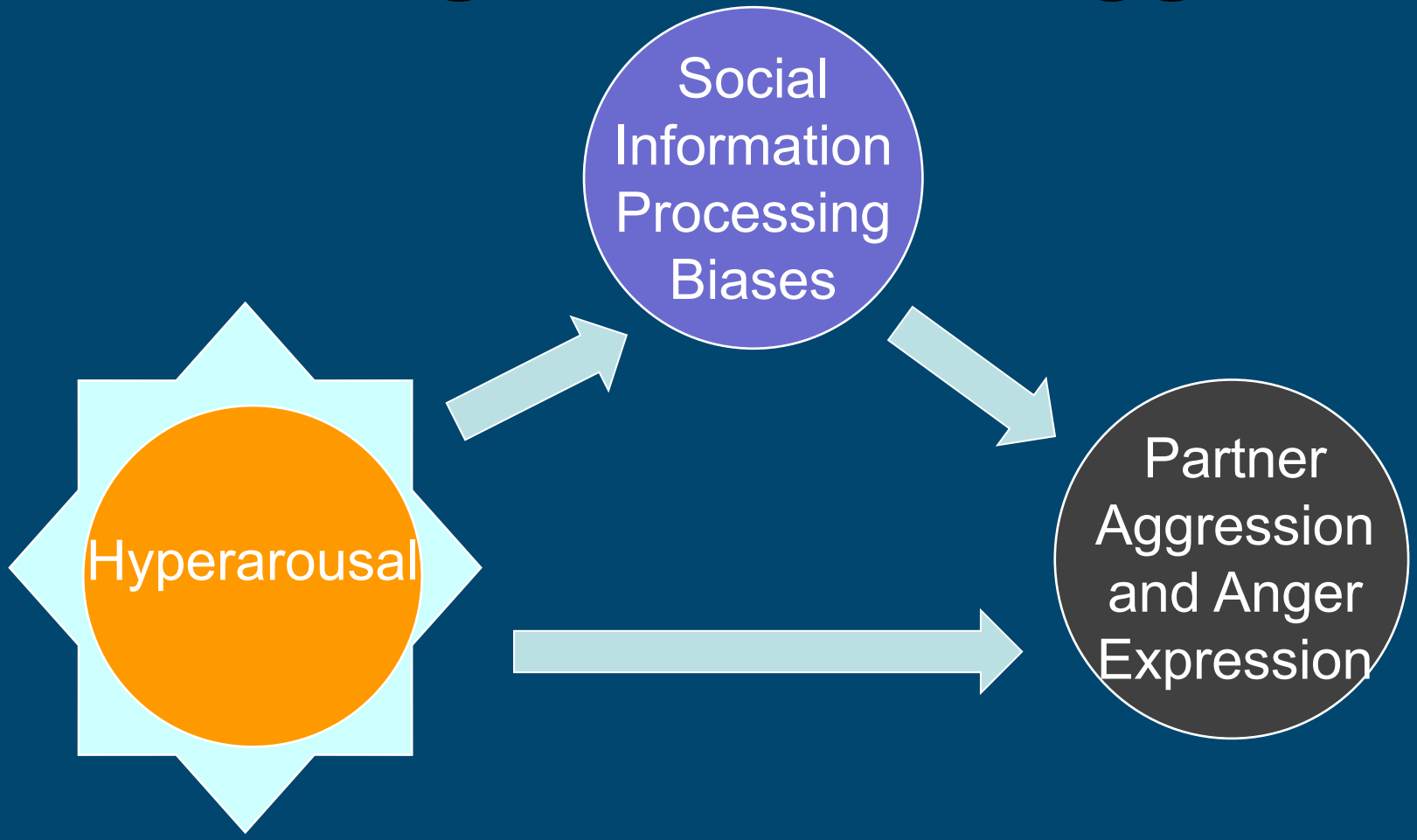
- Service members without posttraumatic stress disorder (PTSD) not more aggressive than civilians (Bradley, 2007)
- Physical aggression in National Vietnam Veterans Readjustment Study (Kulka et al., 1990)
  - Veterans with PTSD = 33%
  - Veterans without PTSD = 13.5%
- Meta-analytic results (Taft et al., 2011)
  - PTSD and physical aggression: r = .42
  - PTSD and psychological aggression: r = .36

PTSD and Partner Aggression



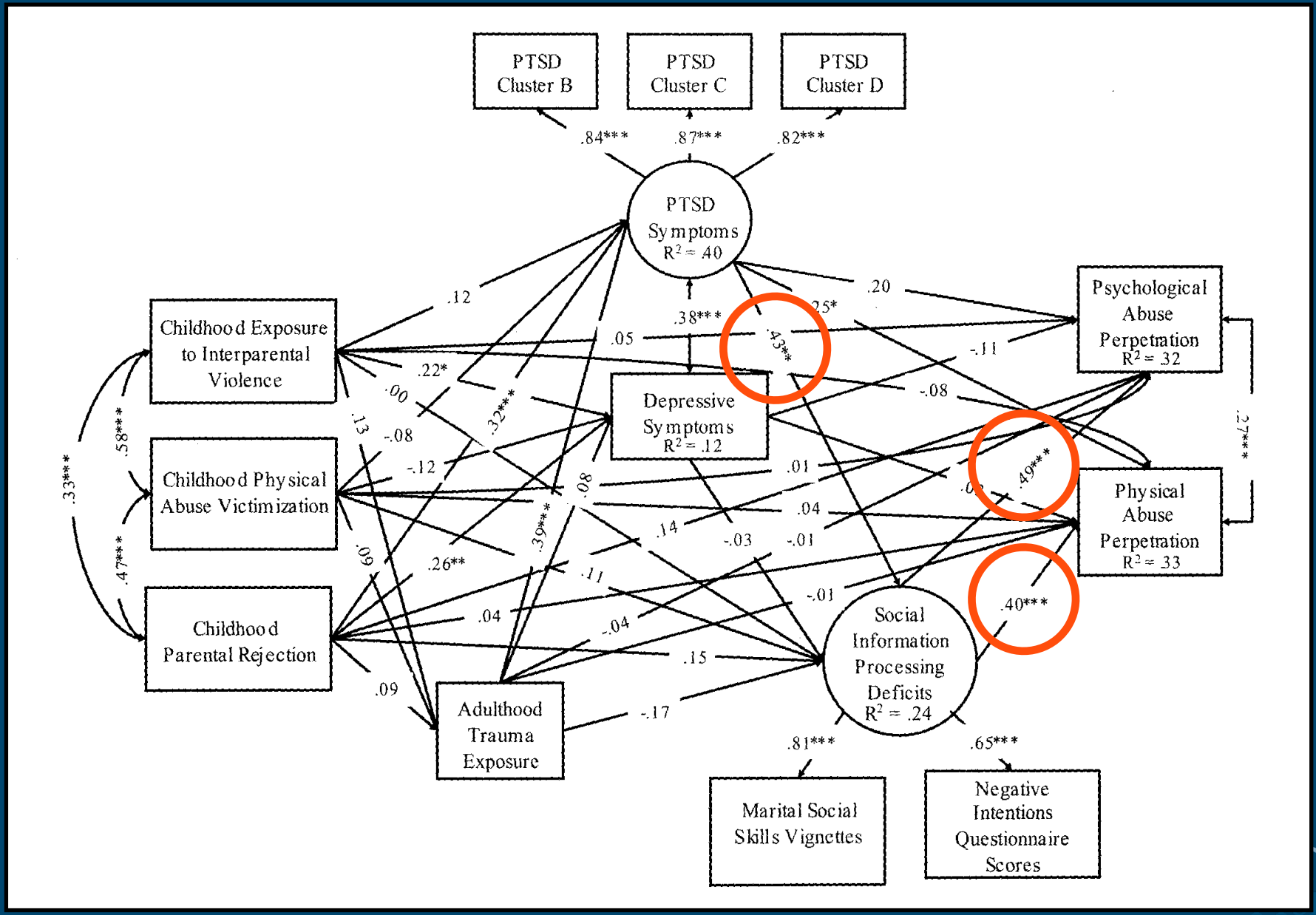
(Taft et al., 2007)

PTSD, Social Information Processing, & Partner Aggression



(Taft et al., 2015)

Research Findings in Civilians



(Taft et al., 2008)

Core Themes

1. Trust
2. Self-Esteem
3. Power Conflicts
4. Shame

Trust

- Trauma may have been caused by someone who was supposed to be trustworthy
- May feel they can't trust anyone or others are out to hurt or betray them
- Mistrust can carry over into relationships
- Controlling behavior may result

Self-Esteem

- May unfairly blame self for trauma
- Low self-esteem leads to relationship insecurity, controlling behavior, and partner aggression

Power Conflicts

- Exposure to trauma may contribute to a sense of powerlessness
- Powerlessness contribute to power conflicts in relationships
- Military communication regarding power and control may impact relationship communication

Shame

- Client may experience trauma-related shame
- Aggression may represent maladaptive effort to avoid shame and associated feelings of weakness, inferiority, and worthlessness (Gilligan, 2003)
- Shame hinders responsibility-taking

Intimate Partner Violence Intervention

Lack of Empirically Supported Interventions

- No prior clinical trial with treatment effects in military population (e.g., Dunford, 2000)
- Those receiving intervention average only 5% reduction in recidivism relative to untreated groups (Babcock et al., 2004)
- Studies using survivor reports show no significant reductions (Cheng et al., 2021)

Limitations of Existing Interventions

- Often not trauma informed
- May ignore psychiatric factors
- Many strictly psychoeducational
- Often large, impersonal groups

STRENGTH AT HOME

Program Objectives

- Department of Defense
- Department of Veterans Affairs
- Model program for partner aggression in service members/veterans
- More recent evaluations with civilians

Structure and Format

- Clients who have engaged in physical or psychological partner aggression
- Small closed groups
- Trauma-informed
- Psychoeducational and therapeutic
- Informed by interventions for violence and trauma-related problems

Intimate Partner Involvement

- Contacted before group begins and after group completion
- Safety planning, hotline numbers, mental health services, other support
- Perceptions of partner aggression
- Program feedback

Program Structure

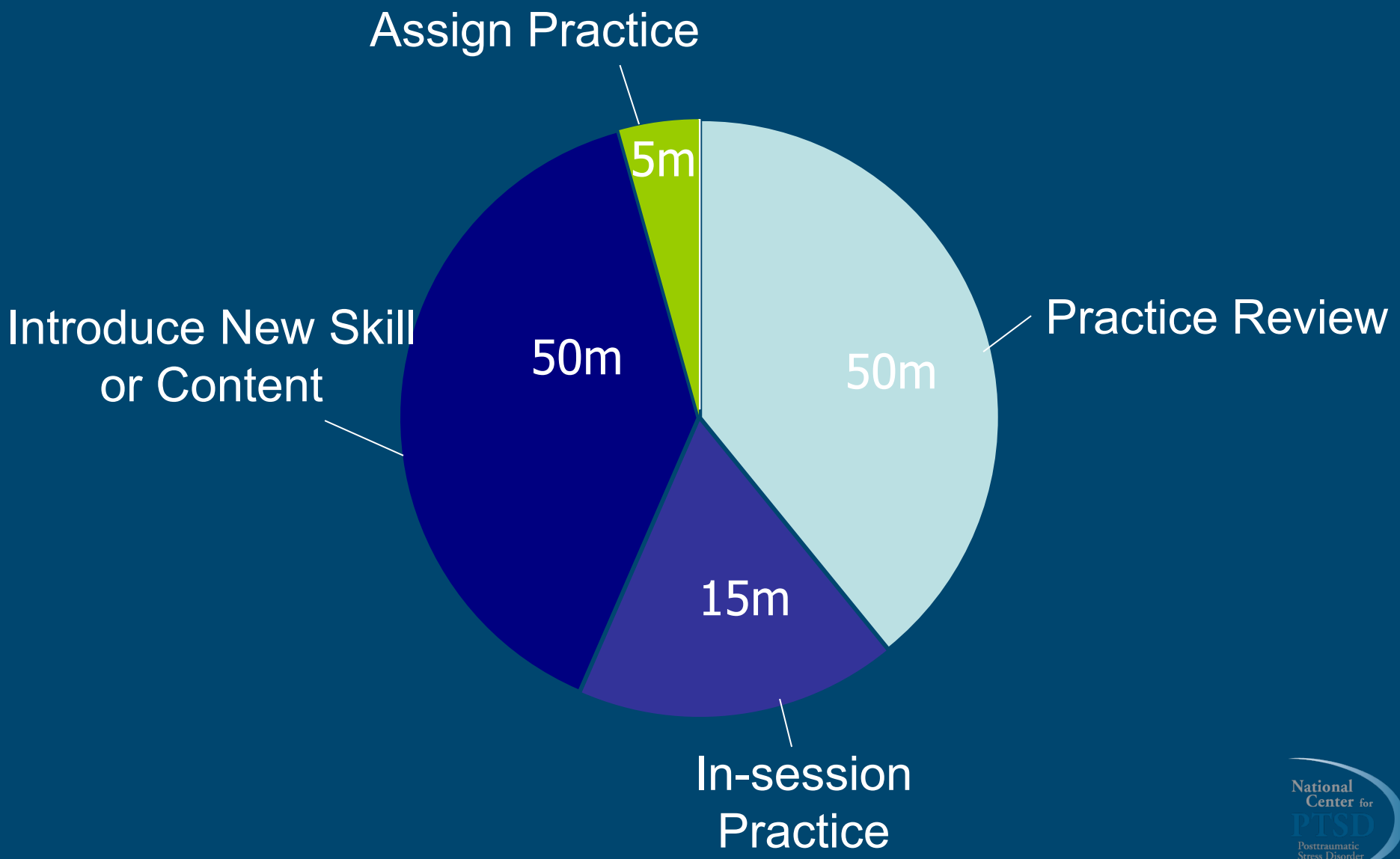
Session Content

Psychoeducation (Sessions 1-2)	• Pros/cons of abuse • Forms of abuse and impacts of trauma • Core themes • Goals for group
Conflict Management (Sessions 3-4)	• The anger response • Self-monitor thoughts, feelings, physiological responses • Assertiveness • Time Outs to de-escalate difficult situations
Coping Strategies (Sessions 5-6)	• Anger-related thinking • Realistic appraisals of threat and others' intentions • Coping with stress • Problem-focused versus emotion-focused coping • Relaxation training for anger
Communication Skills (Sessions 7-12)	• Roots of communication style • Active Listening • Assertive messages • Expressing feelings • Communication "traps"

Follow Up Options

Strength at Home Stage 2	• 8 sessions • Additional trauma-relevant material
Strength at Home Stage 3	• 6 sessions • Relapse prevention
Strength at Home Couples	• 10 sessions • Couples group format • Strong supporting research evidence

Session Structure



Studies in Service Members and Veterans

Strength at Home Primary Clinical Trial Findings

This paper is available on the SAH Coordinating Office's SharePoint here: VA SharePoint Site or Strength at Home Website

Taft, C. T., Macdonald, A., Creech, S. K., Monson, C. M., & Murphy, C. M. (2016). A Randomized Controlled Clinical Trial of the Strength at Home Men's Program for Partner Violence in Military Veterans. *The Journal of Clinical Psychiatry, 77*(9), 20066

https://doi.org/10.4088/JCP.15m10020

A Randomized Controlled Clinical Trial of the Strength at Home Men's Program for Partner Violence in Military Veterans

Casey T. Taft, PhD[a,*]; Alexandra Macdonald, PhD[a]; Suzannah K. Creech, PhD[b]; Candice M. Monson, PhD[c]; and Christopher M. Murphy, PhD[d]

ABSTRACT

Objective: We evaluated the efficacy of the Strength at Home Men's Program (SAH-M), a trauma-informed group intervention based on a social information processing model to end intimate partner violence (IPV) use in a sample of veterans/service members and their partners. To date, no randomized controlled trial has supported the efficacy of an IPV intervention in this population.

Method: Participants included 135 male veterans/service members and 111 female partners. Recruitment was conducted from February 2010 through August 2013, and participation occurred within 2 Department of Veterans Affairs hospitals. Male participants completed an initial assessment that included diagnostic interviews and measures of physical and psychological IPV using the Revised Conflict Tactics Scales and were randomly assigned to an enhanced treatment as usual (ETAU) condition or SAH-M. Those randomized to SAH-M were enrolled in this 12-week group immediately after baseline. Those randomized to ETAU received clinical referrals and resources for mental health treatment and IPV services. All male participants were reassessed 3 and 6 months after baseline. Female partners completed phone assessments at the same intervals that were focused both on IPV and on the provision of safety information and clinical referrals.

Results: Primary analyses using hierarchical linear modeling indicated significant time-by-condition effects such that SAH-M participants compared with ETAU participants evidenced greater reductions in physical and psychological IPV use ($\beta = -0.135$ [SE = 0.061], $P = .029$; $\beta = -0.304$ [SE = 0.135], $P = .026$; respectively). Additional analyses of a measure that disaggregated forms of psychological IPV showed that SAH-M, relative to ETAU, reduced controlling behaviors involving isolation and monitoring of the partner ($\beta = -0.072$ [SE = 0.027], $P = .010$).

Conclusions: Results provide support for the efficacy of SAH-M in reducing and ending IPV in male veterans and service members.

Trial Registration: ClinicalTrials.gov Identifier: NCT01435512

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Intimate partner violence (IPV) in veterans and service members is a serious public health problem, with notable elevations in IPV found among those who experience symptoms of posttraumatic stress disorder (PTSD).[1,2] The scope of this problem is underscored by the fact that 23 million veterans reside in the United States, and the total US military force currently includes over 1.4 million active duty personnel, of which 55% are married and 86% are male.[3]

There is a pressing need to deliver effective IPV intervention for veterans and military families. The Strength at Home Men's Program (SAH-M) was developed with this aim in mind. SAH-M is a cognitive-behavioral, trauma-informed group therapy program that is based on social information processing models of trauma and IPV.[4–6] Evidence from pilot studies suggests the effectiveness of SAH-M in reducing physical and psychological IPV,[7,8] but a more rigorous randomized controlled clinical trial is needed to demonstrate program efficacy.

To date, no randomized controlled trial in a military or veteran population has demonstrated the efficacy of an IPV intervention in reducing or preventing IPV use.[9] Although the research base is limited, negative findings mirror those from nonmilitary settings that have shown IPV intervention programs to have very modest effects, with those receiving IPV interventions averaging a reduction in recidivism of only 5% relative to untreated groups.[10]

We examined the efficacy of SAH-M relative to an enhanced treatment as usual (ETAU) condition in which the veteran/service member and their partner received referrals and monitoring. We hypothesized that men who were assigned to SAH-M would have greater reductions in physical and psychological IPV use than men assigned to ETAU, as assessed using reports from both the male participant and his collateral reporting female partner.

METHOD

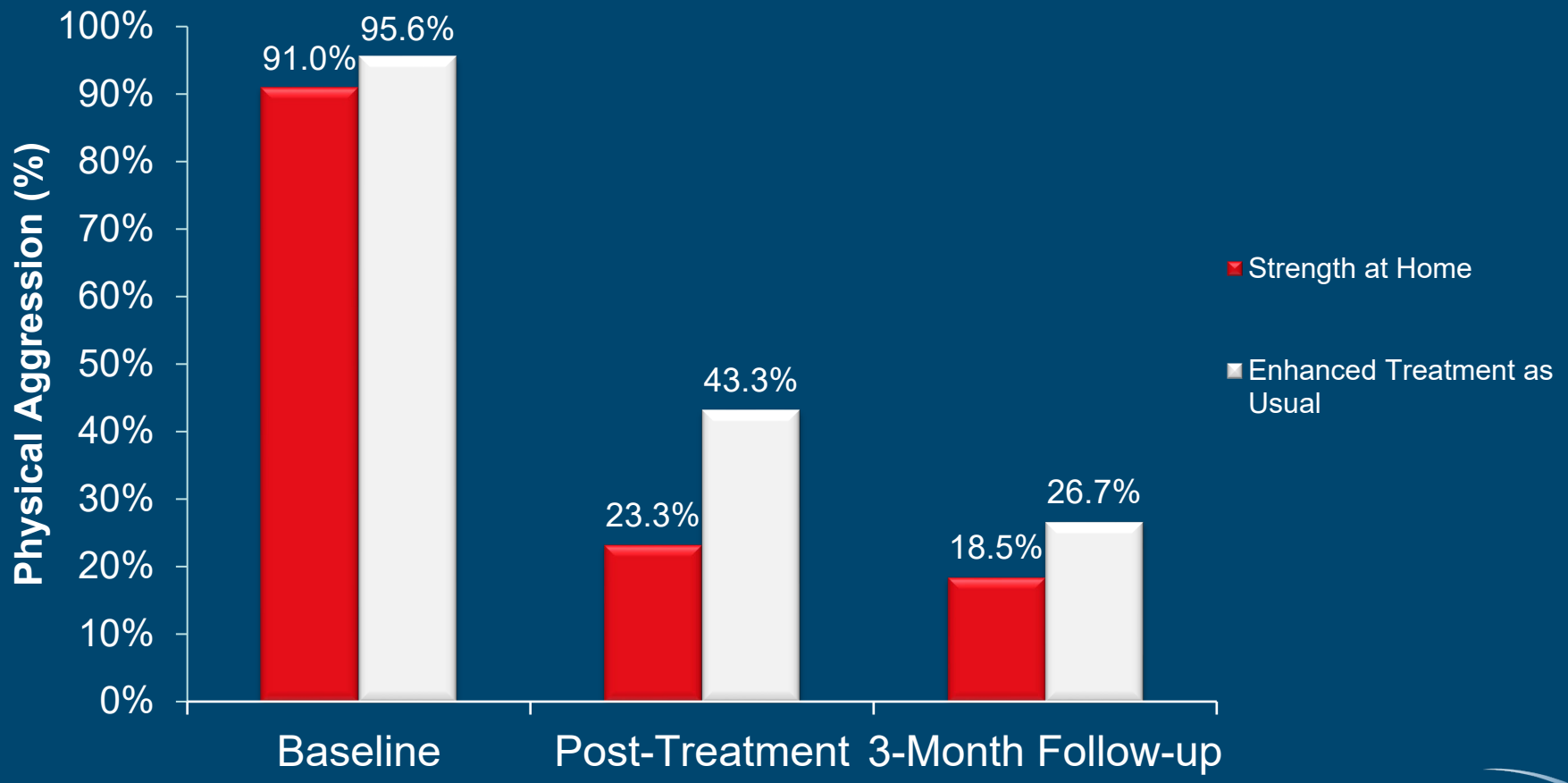
Participants & Procedure

This randomized controlled trial was registered at ClinicalTrials.gov (NCT01435512). Participants were recruited from February 2010 to August 2013 from 2 major metropolitan areas in the Northeast by clinician-referrals, self-referrals, and court-referrals. Inclusion criteria were (1) male participant and his partner were over 18 years of age, (2) male participant was a veteran or service member; (3) male participant provided partner contact consent; and (4) a self-, collateral- or court-report of at least 1 act of male-to-female physical IPV over the previous 6 months or of severe physical

Sample Characteristics

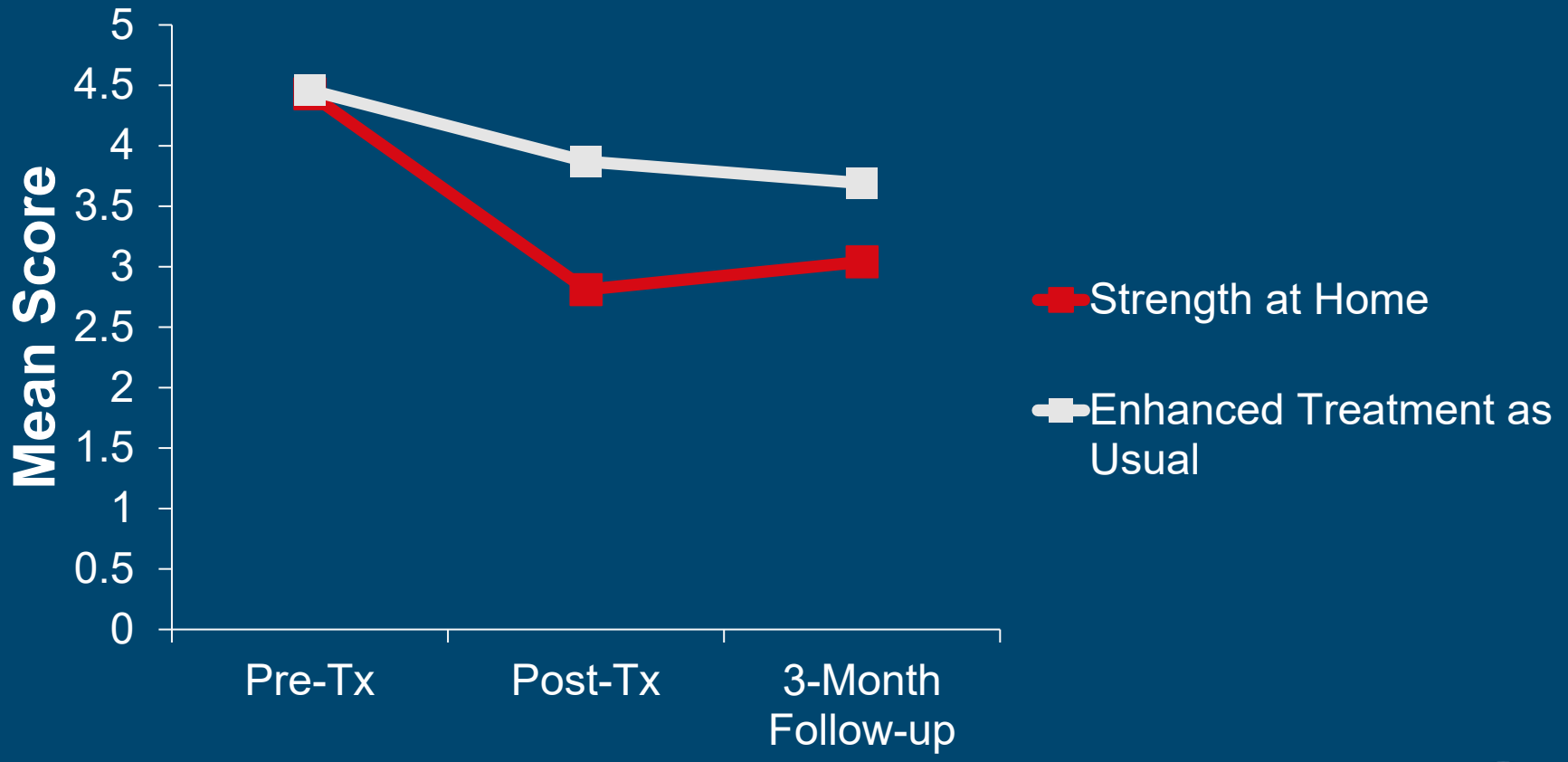
- 135 enrolled
  - 67 randomized to Strength at Home
  - 68 randomized to Enhanced Treatment as Usual
- 59% Court-involved
- Average age = 38.10
- 77% White, 14% Black/African-American
- 34% married, 23% dating, 14% single
- 57% Iraq/Afghanistan, 13% Vietnam, 8% Gulf War

Physical Partner Aggression



(Taft et al., 2016)

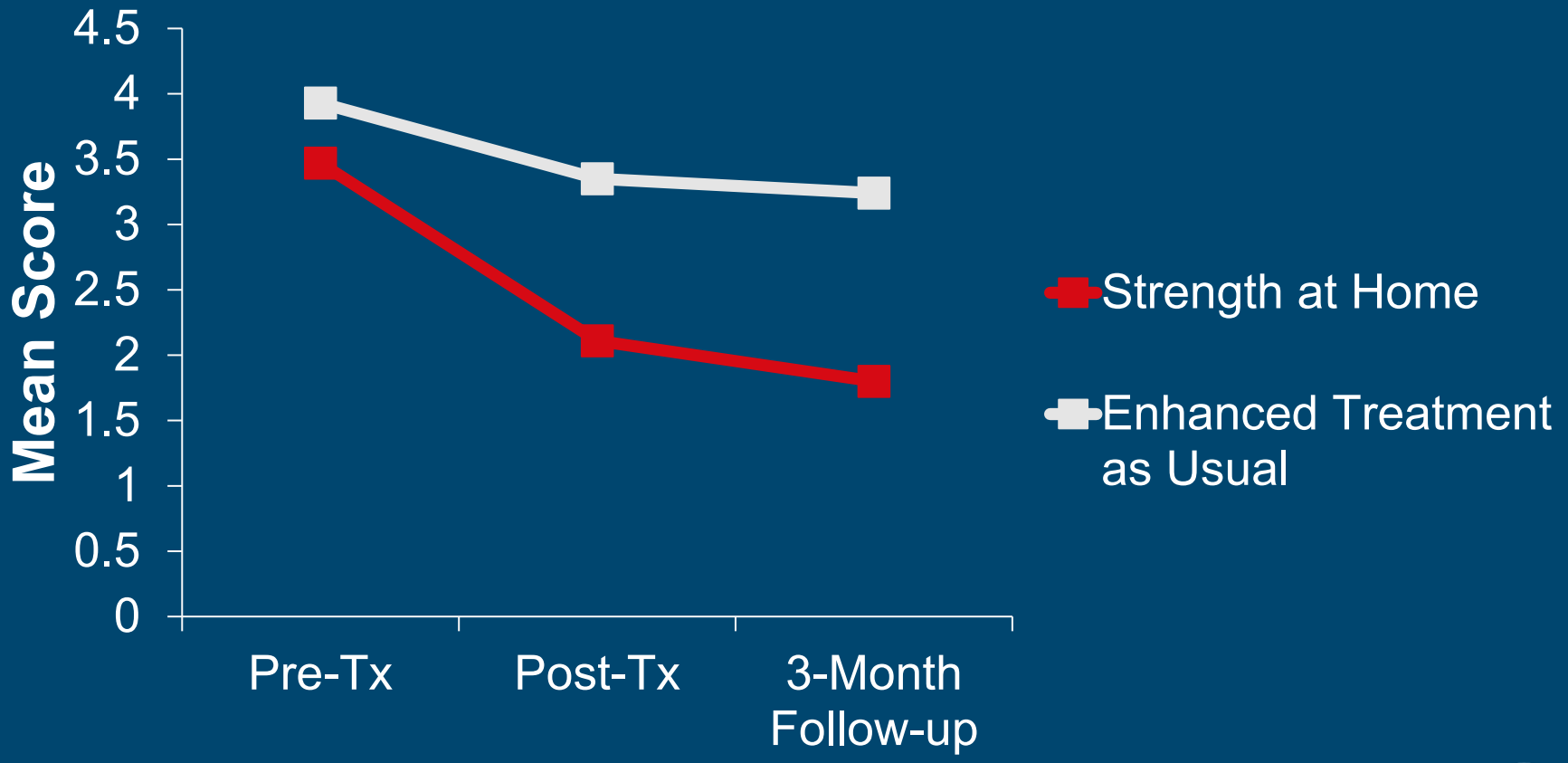
Psychological Partner Aggression



B = -0.304 (*SE* = .135)

(Taft et al., 2016)

Restrictive Engulfment



B = -0.072 (SE = .027)

(Taft et al., 2016)

Strength at Home Follow-Up Study

This paper is available on the SAH Coordinating Office's SharePoint here: VA SharePoint Site or Strength at Home Website

Creech, S. K., Macdonald, A., Benzer, J. K., Poole, G. M., Murphy, C. M., & Taft, C. T. (2017). PTSD Symptoms Predict Outcome in Trauma-informed Treatment of Intimate Partner Aggression. *Journal of Consulting and Clinical Psychology, 85*(10), 966–974.

https://doi.org/10.1037/ccp0000228

Journal of Consulting and Clinical Psychology

In the public domain
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PTSD Symptoms Predict Outcome in Trauma-Informed Treatment of Intimate Partner Aggression

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Objective: This study sought to extend findings from a randomized controlled trial of the *Strength at Home Men's Program (SAH-M)* for intimate partner aggression (IPA) in military veterans by examining the impact of pretreatment posttraumatic stress disorder (PTSD) symptoms on treatment efficacy, and by examining new data on postintervention follow-up for individuals who received *SAH-M* after completing the *enhanced treatment as usual (ETAU)* wait-list control condition. ***Method:*** Using data from 125 male veterans who attended the *SAH-M* program immediately after an intake assessment or after waiting 6-month in the *ETAU* condition, this study used generalized linear modeling to examine predictors of physical and psychological IPA over a 9-month period of time. ***Results:*** PTSD symptoms at intake significantly predicted both physical and psychological IPA use, even after accounting for the effects of treatment condition, time, and number of sessions attended. PTSD had a strong association with both physical and psychological IPA. An interaction between PTSD and *SAH-M* was observed for psychological IPA but not physical IPA, and the magnitude of the effect was not clinically significant. There was a significant effect of *SAH-M* in reducing IPA in the full sample, including previously unanalyzed outcome data from the *ETAU* condition. ***Conclusion:*** The study results suggest that while *SAH-M* does not need to be modified to address the interaction between PTSD and treatment, outcomes could be enhanced through additional direct treatment of PTSD symptoms. Results extend prior analyses by demonstrating the effectiveness of *SAH-M* in reducing use of IPA in both the treatment and *ETAU* conditions.

Primary Findings

- Physical aggression 56% less likely for those receiving Strength at Home
- Participants with and without PTSD benefited from Strength at Home

(Creech et al., 2017)

Reductions in Alexithymia

This paper is available on the SAH Coordinating Office's SharePoint here: VA SharePoint Site or Strength at Home Website

Berke, D. S., Macdonald, A., Poole, G. M., Portnoy, G. A., McSheffrey, S., Creech, S. K., & Taft, C. T. (2017). Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia. *Behaviour Research and Therapy, 97*, 222–229.

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Behaviour Research and Therapy 97 (2017) 222–229

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Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia

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ABSTRACT

Recent research supports the efficacy of *Strength at Home-Men's Program* (*SAH-M*), a trauma-informed group intervention designed to reduce use of intimate partner violence (IPV) in veterans (Taft, Macdonald, Creech, Monson, & Murphy, 2016). However, change-processes facilitating the effectiveness of *SAH-M* have yet to be specified. Alexithymia, a deficit in the cognitive processing of emotional experience characterized by difficulty identifying and distinguishing between feelings, difficulty describing feelings, and use of an externally oriented thinking style, has been shown to predict PTSD severity and impulsive aggression; however, no studies have investigated the relationship between alexithymia and IPV. As such, the current study examined the role of improvements in alexithymia as a potential facilitator of treatment efficacy among 135 male veterans/service members, in a randomized control trial *SAH-M*. After an initial assessment including measures of IPV and alexithymia, participants were randomized to an *Enhanced Treatment as Usual* (*ETAU*) condition or *SAH-M*. Participants were assessed three and six months after baseline. Results demonstrated a statistically significant association between alexithymia and use of psychological IPV at baseline. Moreover, participants in the *SAH-M* condition self-reported significantly greater reductions in alexithymia over time relative to *ETAU* participants. Findings suggest that a trauma-informed intervention may optimize outcomes, helping men who use IPV both limit their use of violence and improve deficits in emotion processing.

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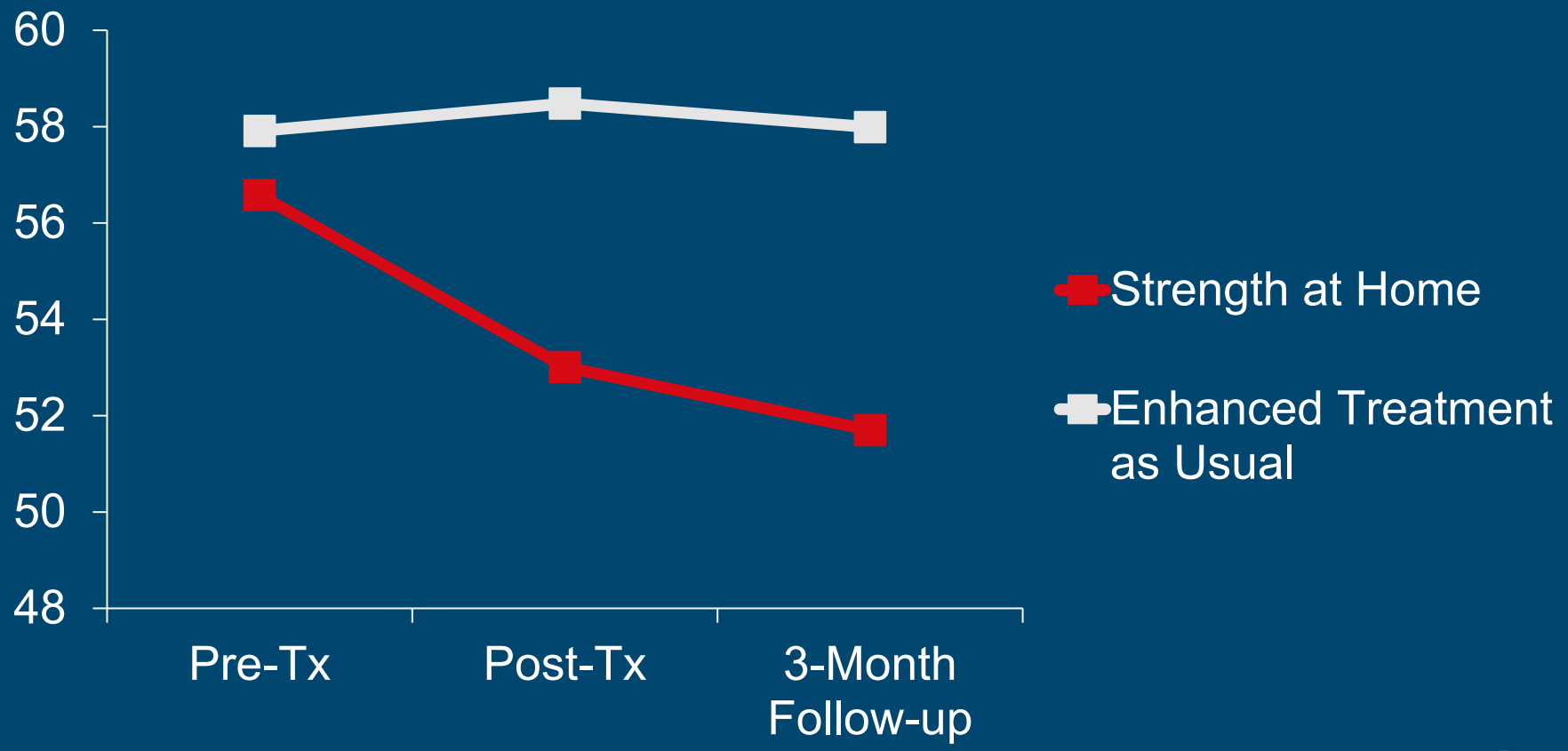
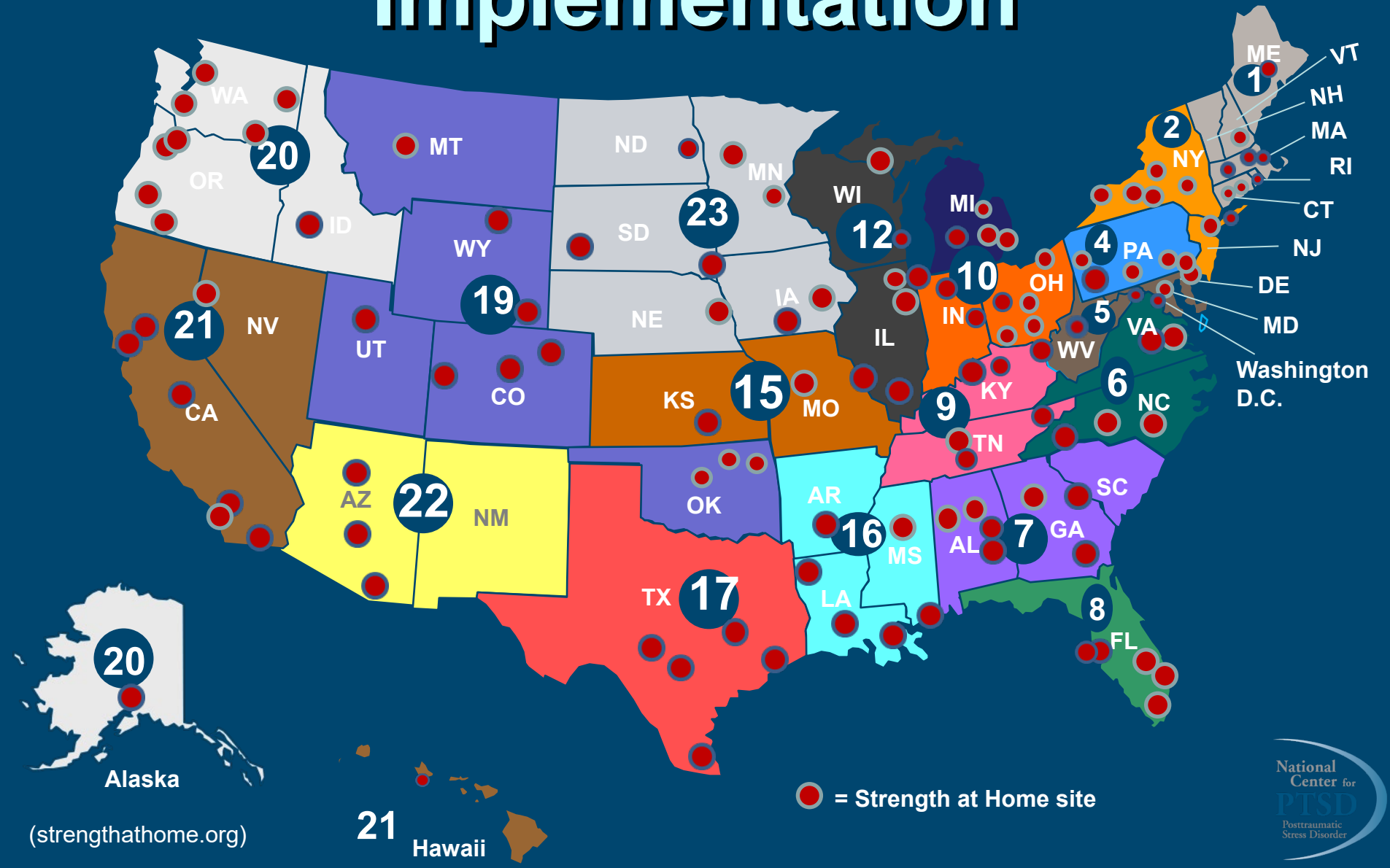
Alexithymia



(Berke et al., 2017)

Strength at Home Implementation



(strengthathome.org)

National Center for PTSD
Posttraumatic Stress Disorder

Strength at Home Rollout: Current Data

- VA facilities trained: 152 of 166
- Regional trainers trained: 52
- VA clinicians trained: 1,203
- Veterans enrolled in group: 2,823
  - in FY23: 1,079

Strength at Home 6-Year VA Outcomes

This paper is available on the SAH Coordinating Office's SharePoint here: VA SharePoint Site or Strength at Home Website

Creech, S. K., Benzer, J. K., Bruce, L., & Taft, C. T. (2023). Evaluation of the Strength at Home Group Intervention for Intimate Partner Violence in the Veterans Affairs Health System. *JAMA Network Open, 6*(3), e232997.

https://doi.org/10.1001/jamanetworkopen.2023.2997

JAMA Network Open

Original Investigation | Public Health

Evaluation of the Strength at Home Group Intervention for Intimate Partner Violence in the Veterans Affairs Health System

Suzannah K. Creech, PhD; Justin K. Benzer, PhD; LeAnn Bruce, PhD; Casey T. Taft, PhD

Abstract

IMPORTANCE Intimate partner violence (IPV) is a serious and prevalent public health issue that is interconnected with experiences of trauma, mental and physical health difficulties, and health disparities. Strength at Home (SAH) is a group intervention for persons using IPV in their relationships. Although previous studies have provided evidence of SAH's effectiveness in reducing IPV, its patient outcomes as implemented within organized health care have not been examined.

OBJECTIVE To evaluate patient outcomes from implementation of SAH in the Department of Veterans Affairs (VA) health system.

DESIGN, SETTING, AND PARTICIPANTS This quality improvement study evaluated patient outcomes from a national implementation and training program conducted between December 11, 2015, and September 24, 2021. Data were collected as part of treatment and submitted by clinicians at 73 VA health care facilities. Patients were 1754 veterans seeking care aimed at addressing and/or preventing their use of aggression in intimate relationships. They completed 1 pretreatment assessment and 1 follow-up assessment in the immediate weeks after group completion.

INTERVENTION Strength at Home is a 12-week trauma-informed and cognitive behavioral group intervention to address and prevent the use of IPV in relationships.

MAIN OUTCOMES AND MEASURES Changes in IPV were measured with the Centers for Disease Control and Prevention 2010 National Intimate Partner and Sexual Violence Survey. Changes in posttraumatic stress disorder (PTSD) symptoms were measured with the PTSD Checklist for *DSM-5*, and alcohol misuse was measured with the Alcohol Use Disorders Identification Test.

RESULTS The study included 1754 participants (mean [SD] age, 44.3 [13.0] years; 1421 men [81%]), of whom 1088 (62%) were involved with the criminal legal system for IPV charges. Analyses indicate that SAH was associated with reductions in use of physical IPV (odds ratio, 3.28; percentage difference from before to after treatment, −0.17 [95% CI, −0.21 to −0.13]) and psychological IPV (odds ratio, 2.73; percentage difference from before to after treatment, −0.23 [95% CI, −0.27 to −0.19]), coercive control behaviors (odds ratio, 3.19; percentage difference from before to after treatment, −0.18 [95% CI, −0.22 to −0.14), PTSD symptoms (mean change, −4.00; 95% CI, 0.90-7.09; Hedges g = 0.10), and alcohol misuse (mean change, 2.70; 95% CI, 1.54-3.86; Hedges g = 0.24).

CONCLUSIONS AND RELEVANCE In this quality improvement study of the patient outcomes after implementation of SAH, results suggested that the program was associated with reductions in IPV behaviors, PTSD symptoms, and alcohol misuse. Results also suggest that IPV intervention in routine health care at VA health care facilities was successful; extension to other organized health care systems could be warranted.

JAMA Network Open. 2023;6(3):e232997. doi:10.1001/jamanetworkopen.2023.2997

Key Points

Question Is the Strength at Home (SAH) intervention associated with reductions in intimate partner violence (IPV) in an implementation evaluation at 73 Department of Veterans Affairs (VA) health care facilities?

Findings This quality improvement study examined preintervention and postintervention outcomes from 1754 patients who participated in an implementation and training program. Results suggested that SAH was associated with reductions in IPV, posttraumatic stress disorder symptoms, and alcohol misuse.

Meaning The findings suggest that SAH was associated with improvement in IPV behaviors and associated problems and that IPV intervention was successful as part of routine health care at VA facilities.

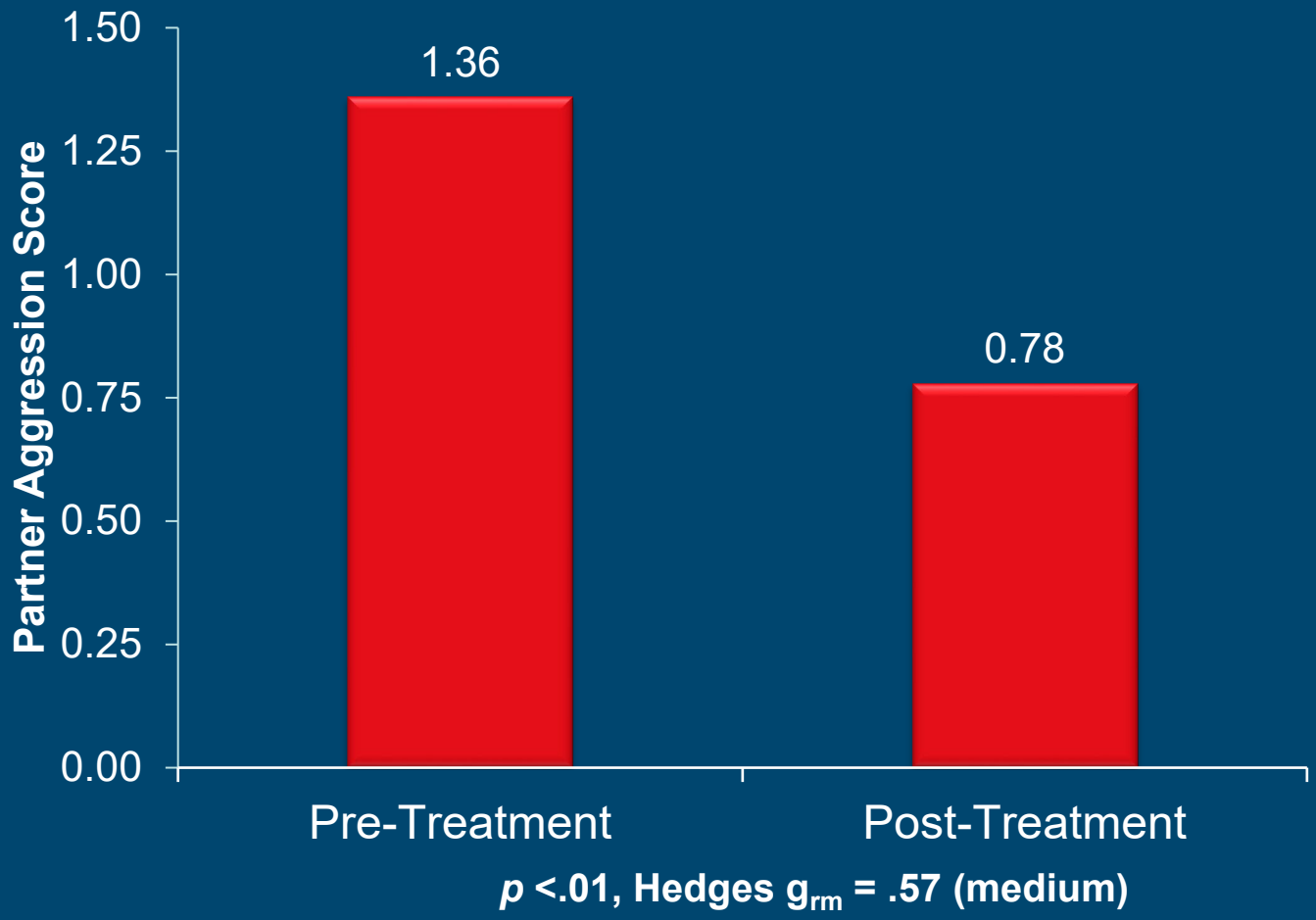
+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Sample Characteristics

- *N* = 1754 completed intake (19% women)
- 62% court involved
- Average age = 44
- 26% Black; 59% White/Non-Hispanic; 7% White/Hispanic
- 44% married; 38% separated/divorced; 17% single
- Service era: 68% Iraq/Afghanistan; 31% Gulf War; 17% Vietnam

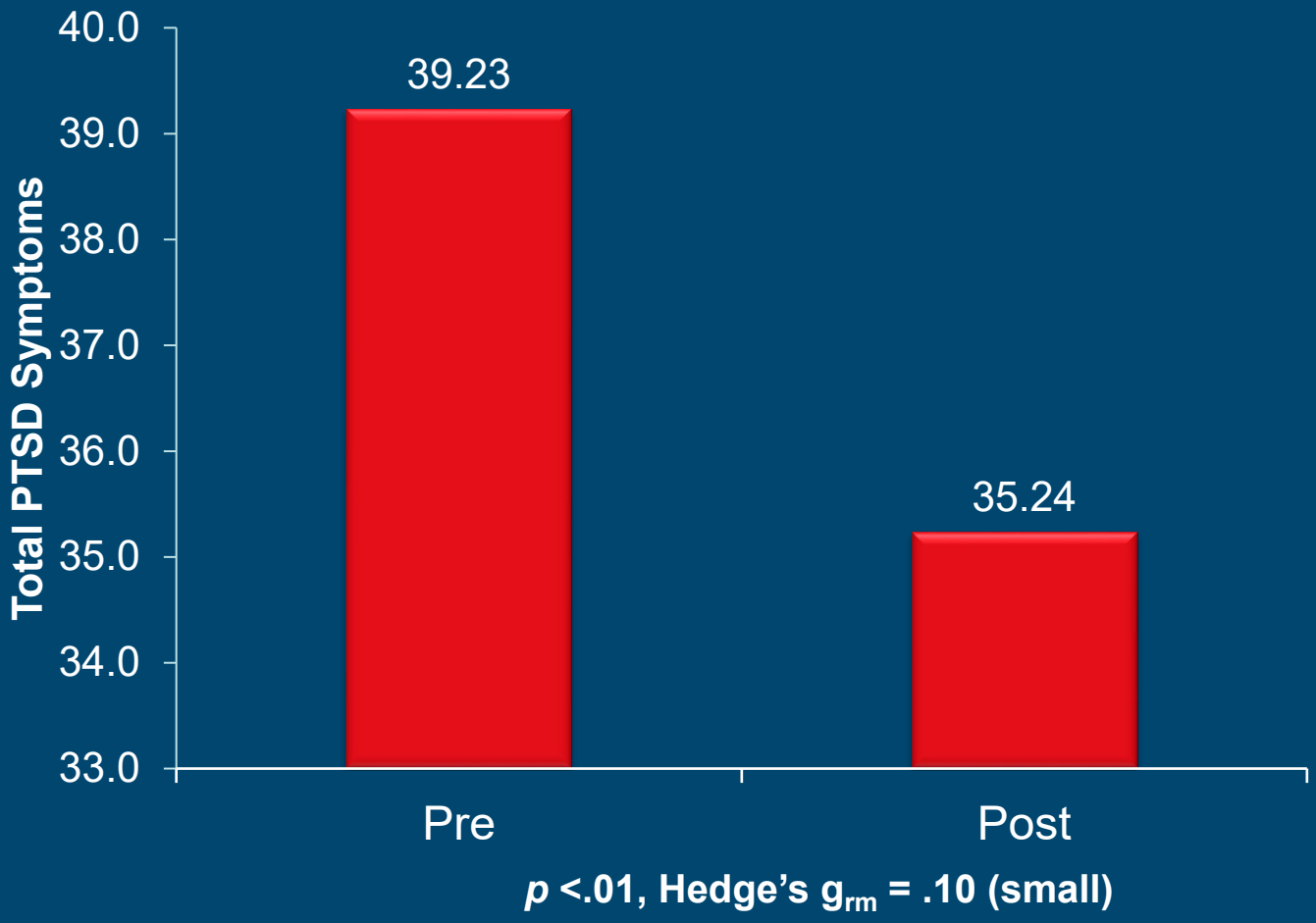
Number of Types of Partner Aggression



- Significant decrease in partner aggression

(Creech et al., 2023)

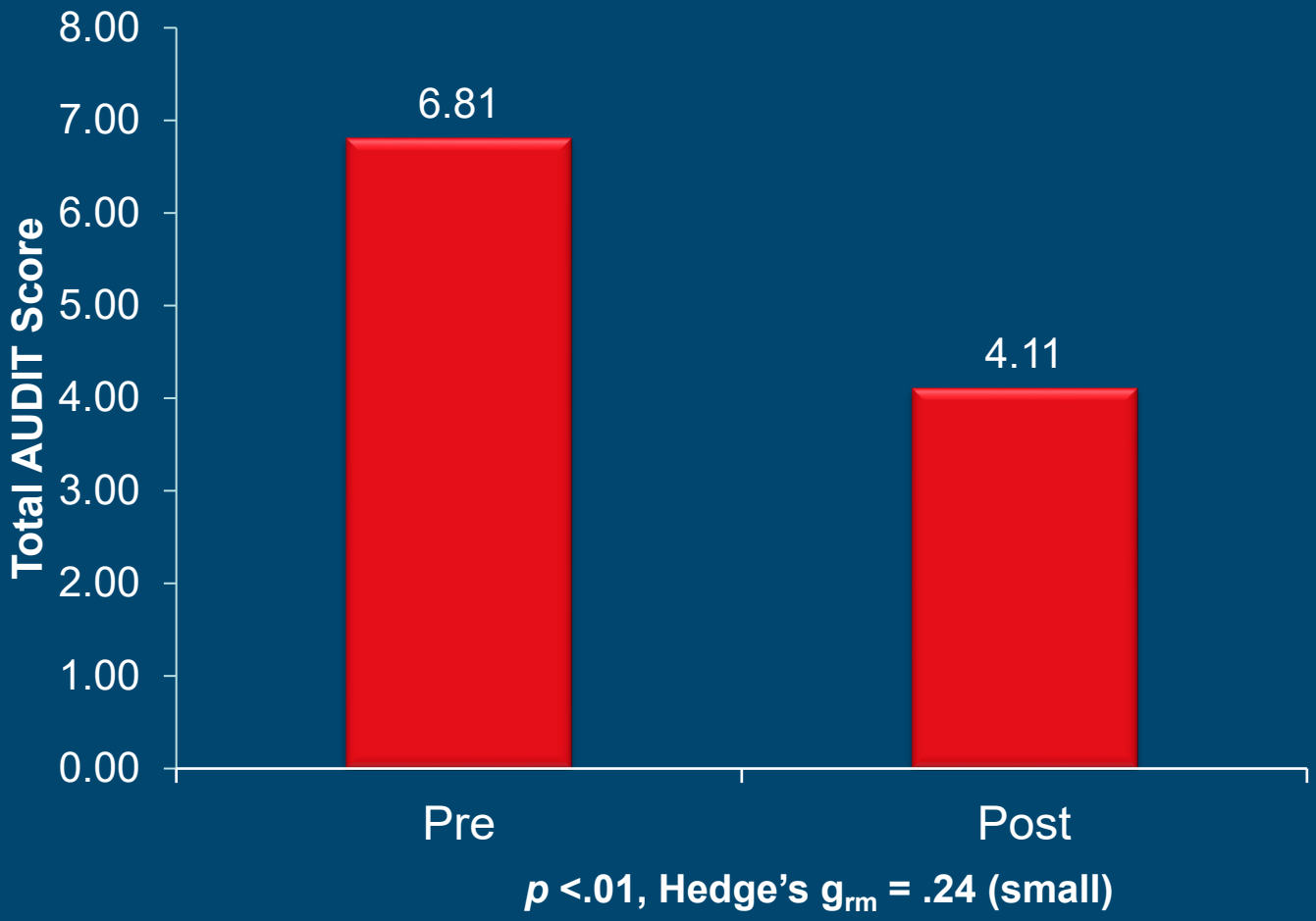
PTSD Symptoms (PCL-5)



- Significant decrease in PTSD symptoms

(Creech et al., 2023)

Alcohol Misuse (AUDIT)



- Significant decrease in alcohol misuse

(Creech et al., 2023)

Program Satisfaction

- When asked if they would recommend program to a friend
  - 82% responded “Yes, definitely”
  - 17% responded “Yes, I think so”
- When asked how much the program helped them deal more effectively with their problems
  - 75% reported helped “a great deal”
  - 23% reported helped “somewhat”

Studies in Civilians

Strength at Home in Civilians Rhode Island Study

National Institute of Mental Health

Strength at Home for Civilians

This paper is available on the SAH Coordinating Office's SharePoint here: VA SharePoint Site or Strength at Home Website

Taft, C. T., Franz, M. R., Cole, H. E., D'Avanzato, C., & Rothman, E. F. (2021). Examining Strength at Home for Preventing Intimate Partner Violence in Civilians. *Journal of Family Psychology, 35*(6), 857–862.

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BRIEF REPORT

Examining Strength at Home for Preventing Intimate Partner Violence in Civilians

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The *Strength at Home* (*SAH*) intervention, a trauma-informed, cognitive-behavioral intervention for intimate partner violence (IPV), was examined in a sample of court-mandated men. Evidence from prior research indicates that *SAH* is effective in military veterans but the program has not been examined in civilians. It was expected that *SAH* participants would evidence reductions in physical and psychological IPV, as well as secondary outcomes of post-traumatic stress disorder (PTSD) symptoms and alcohol use problems. Participants included 23 men court mandated to IPV intervention. The sample was low income and 72.7% had a reported prior history of severe physical IPV perpetration. Data from these participants and collateral partners were examined across assessments reflecting baseline, post-treatment, and two 3-month follow-ups. The outcome variables were assessed at each time point to examine change over time and a post-treatment satisfaction measure was also administered immediately following the intervention. Participants showed a significant linear decrease between baseline and post-treatment in all of the primary and secondary IPV outcomes, which maintained at 3- and 6-month follow-up time points. Effect sizes across models were moderate to large. Participants reported high satisfaction with *SAH*. Study findings provide preliminary support that the *SAH* intervention is associated with reductions in IPV among civilians and addresses other trauma- and alcohol-related problems. Further research including larger randomized controlled trials are needed to determine the efficacy of this intervention.

Keywords: intimate partner violence, trauma, IPV intervention, Strength at Home, abuse

Intimate partner violence (IPV) is a prevalent national public health problem with high costs to society (Centers for Disease Control & Prevention (CDC), 2003). One approach to preventing continued IPV is through IPV intervention programs that are most commonly used for court-referred men who engage in IPV. Unfortunately, to date, randomized controlled trials have shown limited efficacy for IPV interventions in general, even while large numbers of individuals are court mandated to such programs each year (Eckhardt et al., 2013). Recent evidence suggests that trauma-informed approaches aimed at enhancing social information processing may amplify the effectiveness of IPV intervention (e.g., Romero-Martínez et al., 2018). Likewise, a growing body of research supports the effectiveness of the *Strength at Home* (*SAH*) program, a trauma-informed group IPV intervention based on a social information processing model (Taft, Murphy, et al., 2016). Multiple pilot studies (Love et al., 2014; Taft et al., 2013), a randomized controlled trial (Berke et al., 2017; Creech et al., 2017; Taft, Macdonald, et al., 2016), and implementation studies (Creech et al., 2018; Hayes et al., 2015) indicate the effectiveness of *SAH* among military veterans. The current study represents an initial examination of the *SAH* intervention for reducing IPV and other associated problems in a court-mandated civilian sample reporting high levels of physical and psychological IPV.

SAH derives from a fusion of prior interventions for trauma and IPV that were developed in the civilian community context, integrating elements of cognitive processing therapy for PTSD (CPT; Resick & Schnicke, 1992) and cognitive behavioral interventions for IPV (Murphy & Scott, 1996). The program addresses biases and deficits across stages of social information processing from decoding a situation to choosing and evaluating a response (McFall, 1982), recognizing that trauma-related problems (post-traumatic

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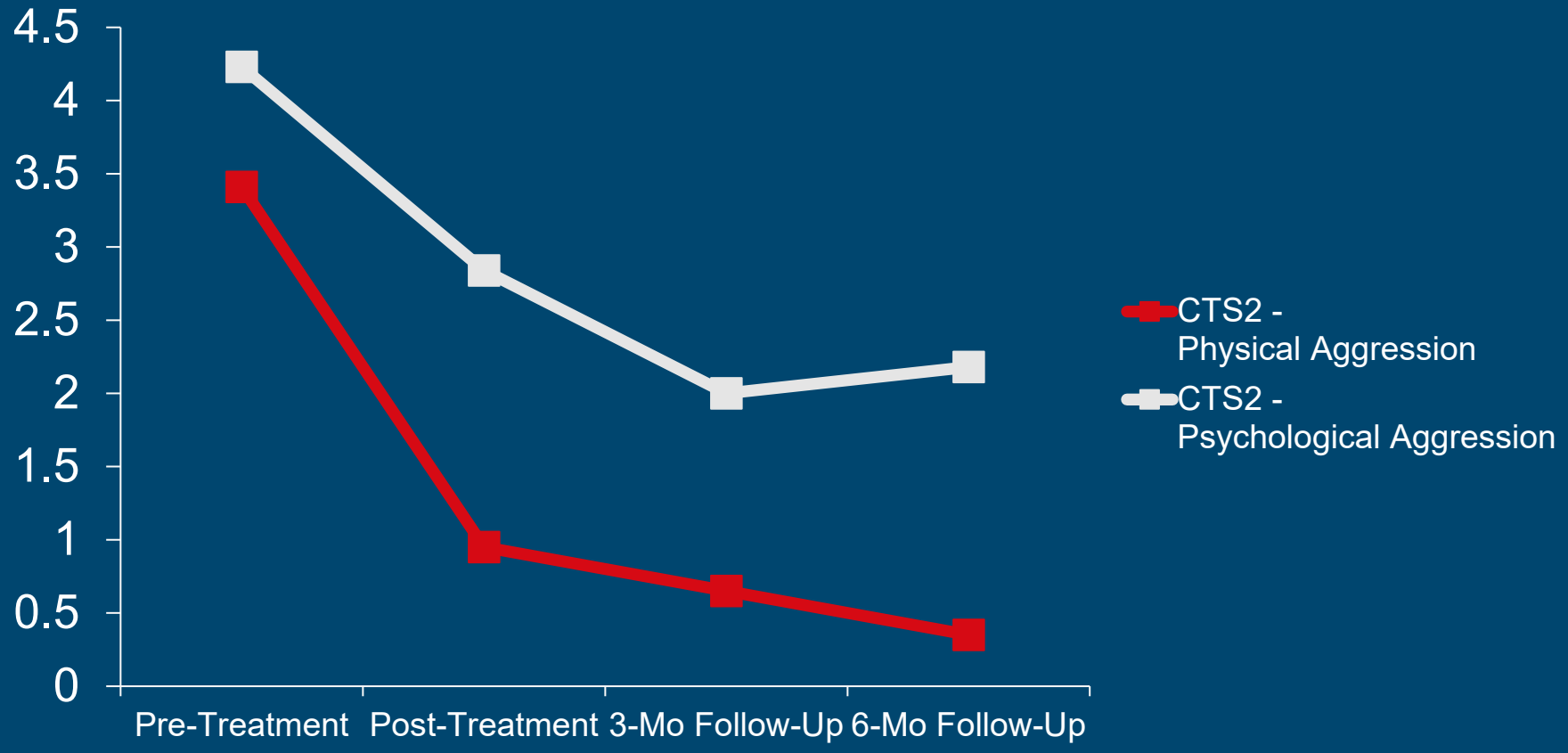
Sample Characteristics

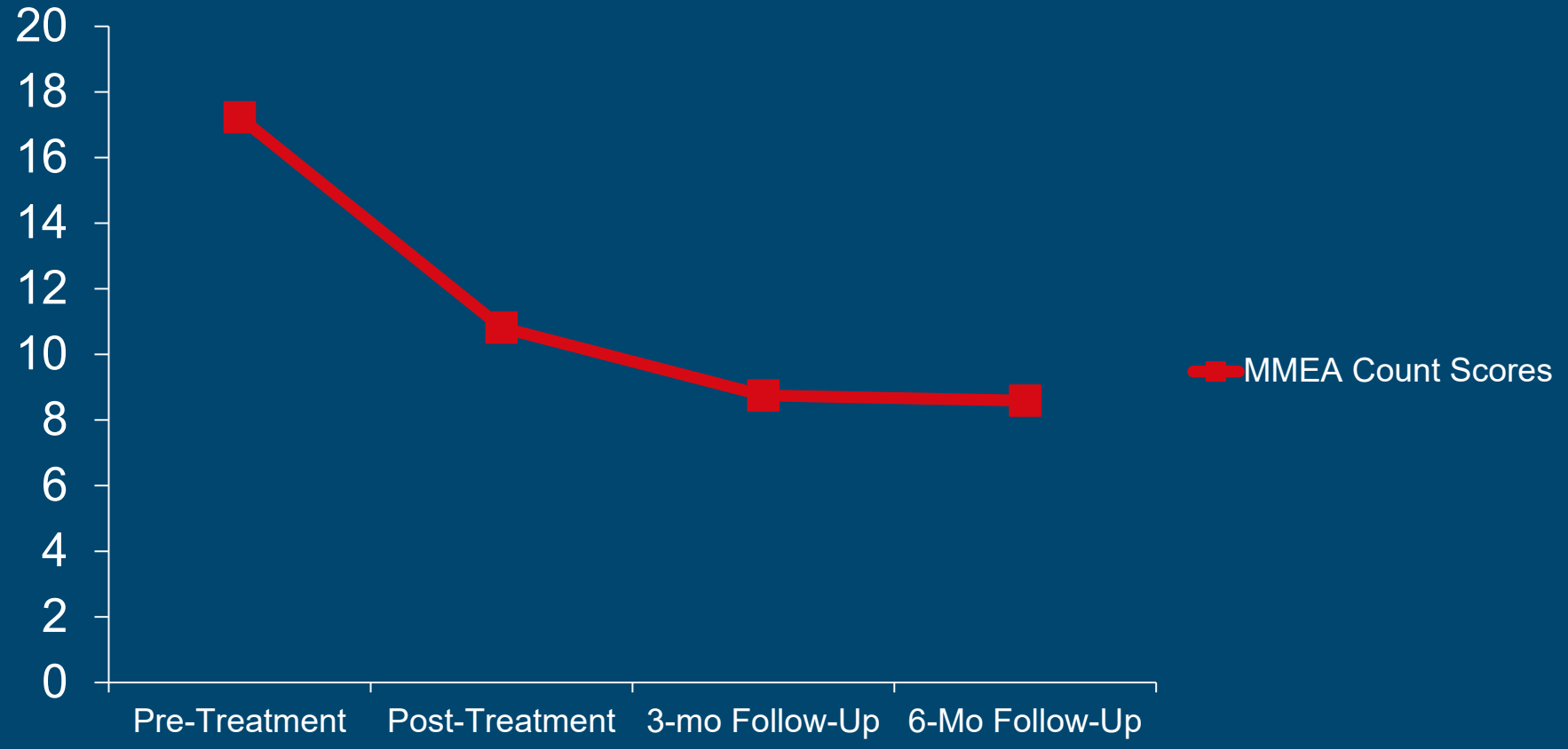
- 23 men enrolled
- All court-mandated
- Average age = 38.3
- 87% identified as racial or ethnic minorities
- Entirely low-income
- 73% history of severe physical aggression
- 78% completed program
- 61% of partners contacted at baseline
  - 71% recontacted after intervention

Physical and Psychological Partner Aggression (CTS2)



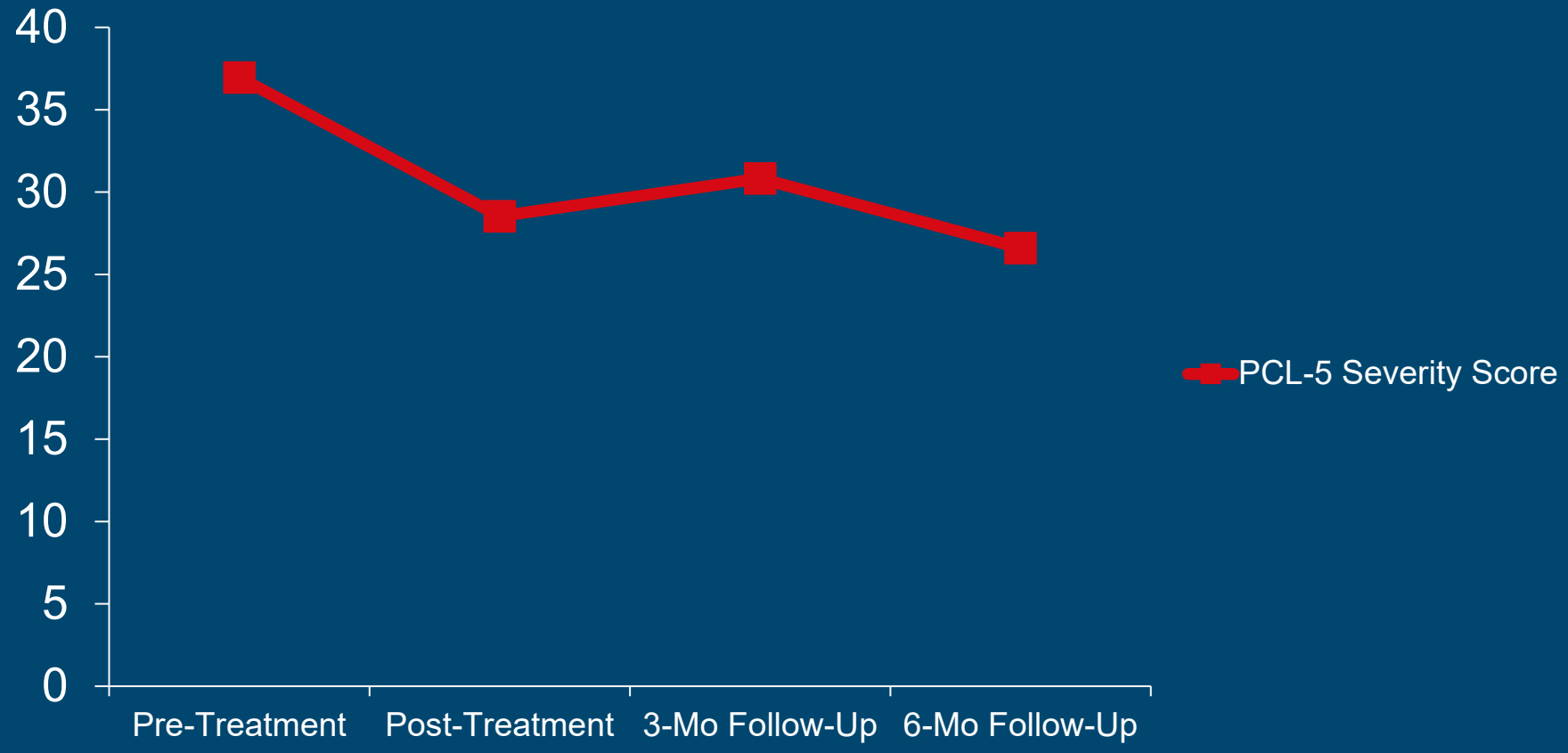
(Taft et al., 2021)

Multidimensional Measure of Emotional Abuse



(Taft et al., 2021)

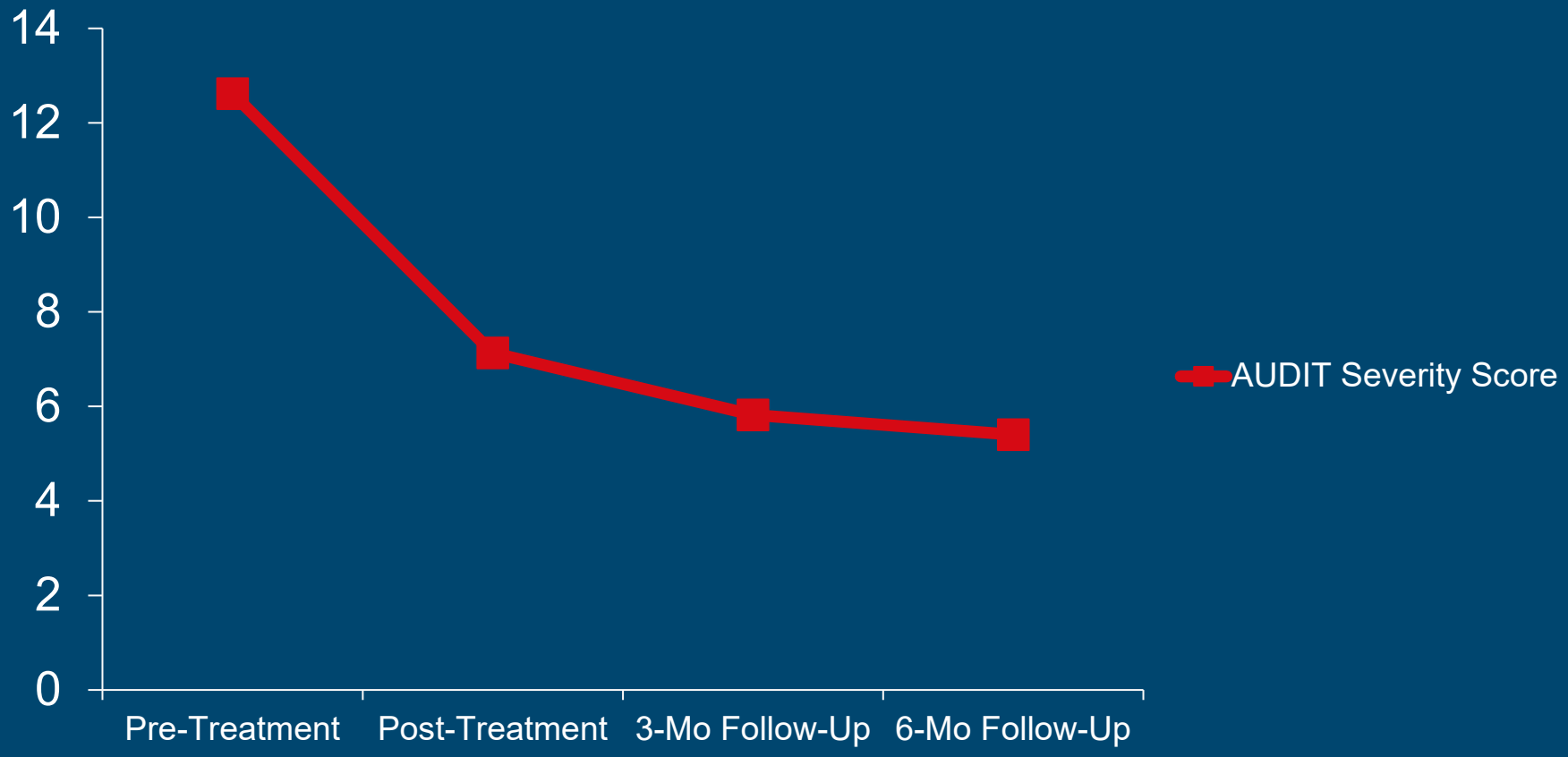
PTSD Symptoms (PCL-5)



(Taft et al., 2021)

National Center for PTSD
Posttraumatic Stress Disorder

Alcohol Misuse (AUDIT)



(Taft et al., 2021)

Program Satisfaction

	4	3	2	1
1. Quality of Service	64.7% Excellent	35.3% Good	0% Fair	0% Poor
2. Kind of Service Desired	58.8% Yes definitely	35.3% Yes generally	0% No not at all	5.9% No definitely not
3. Met Needs	58.8% Almost all met	41.2% Most met	0% Only a few met	0% None met
4. Would Recommend to a Friend	88.2% Yes definitely	11.8% Yes I think so	0% No I don't think so	0% Definitely not
5. Satisfaction With Help Received	82.4% Very Satisfied	11.8% Mostly satisfied	5.9% Indifferent or mildly dissatisfied	0% Quite dissatisfied
6. Helped With Dealing More Effectively With Problem	100% Yes a great deal	0% Yes somewhat	0% No did not help	0% No made it worse
7. Overall Satisfaction	88.2% Very satisfied	11.8% Mostly satisfied	0% Indifferent or mildly dissatisfied	0% Quite dissatisfied
8. Would Use It Again in the Future	88.2% Yes definitely	11.8% Yes I think so	0% No I don't think so	0% No definitely not

(Taft et al., 2021)

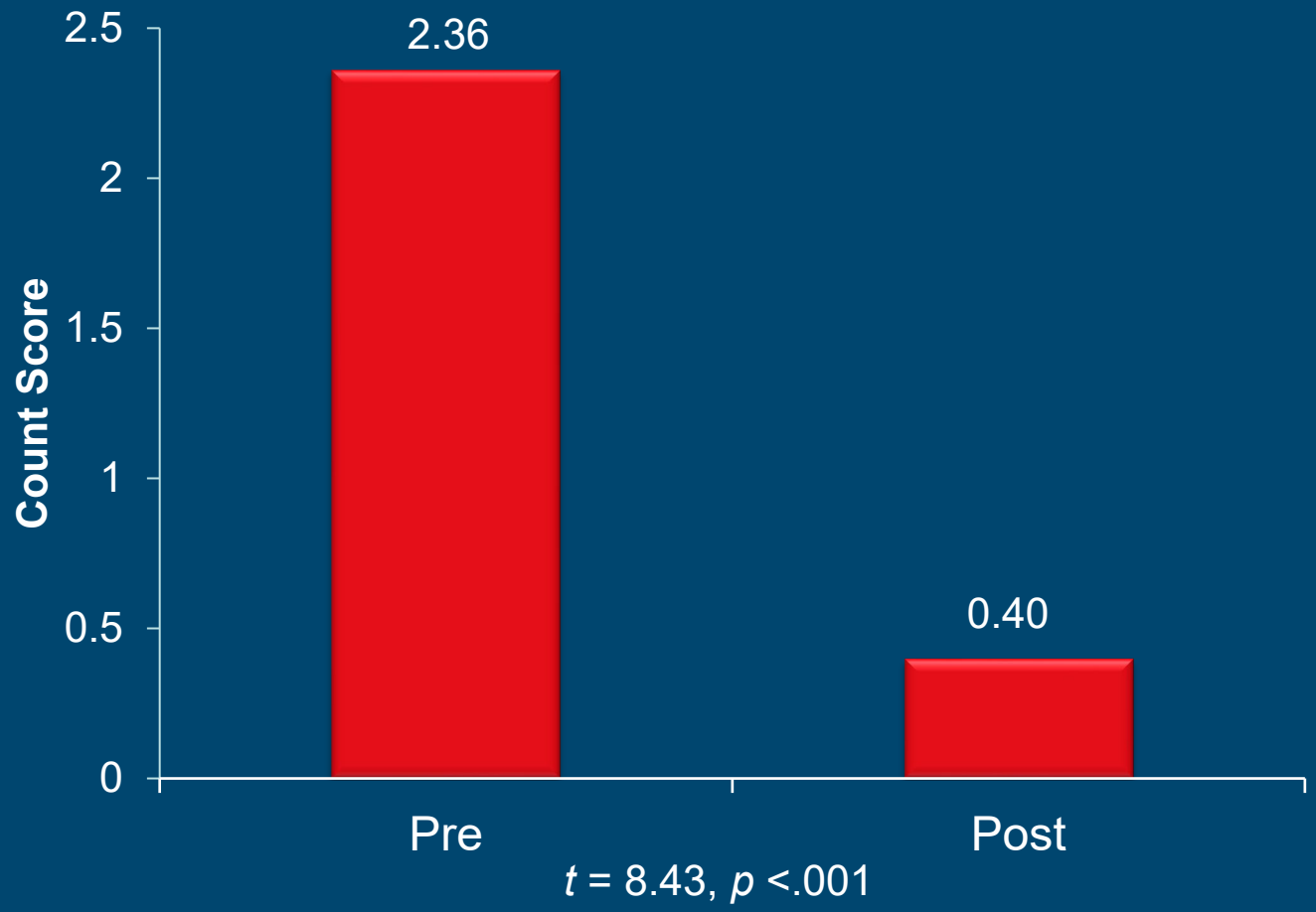
Strength at Home in Civilians New York Implementation

Mother Cabrini Health Foundation
New York State Unified Court System

Client Characteristics

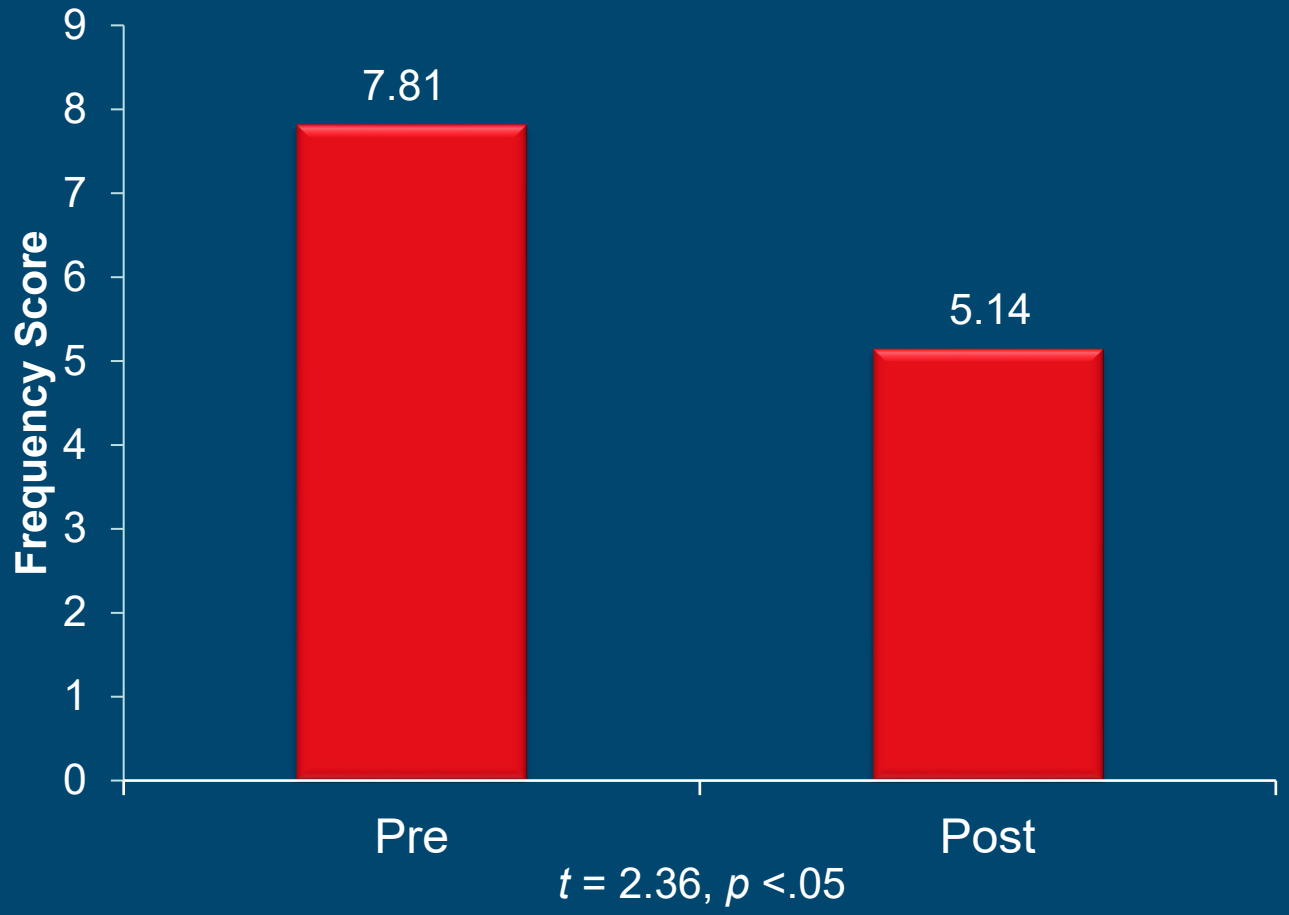
- Referrals from 3 counties
  - 10 more counties planned
- 145 men and 30 women
- All court-mandated
- Average age = 33.0
- 32% Black; 64% White/Non-Hispanic; 18% White/Hispanic
- 83% completed the program

Physical Partner Aggression (CTS2)



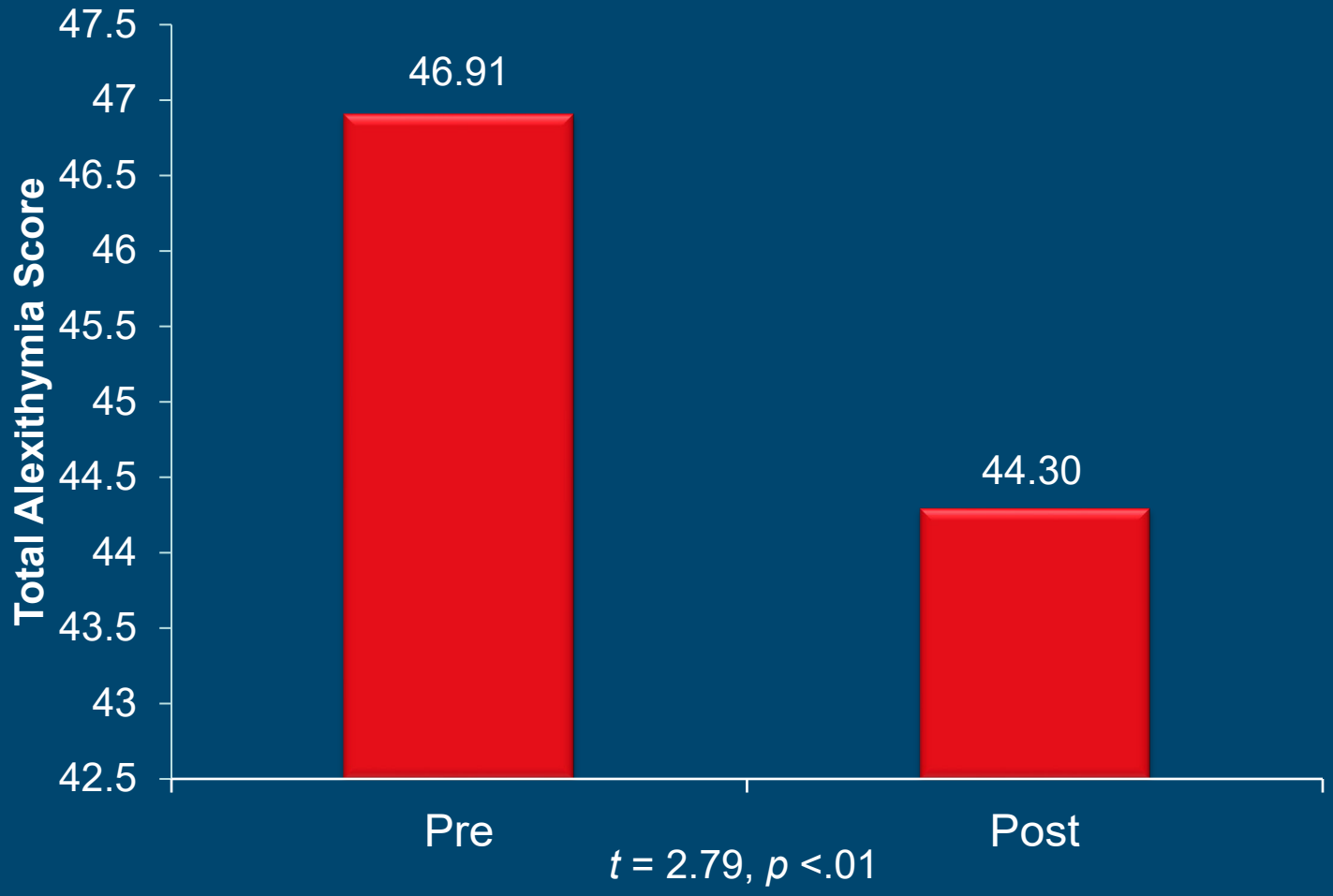
- Significant decrease in physical aggression

Psychological Partner Aggression (CTS2)



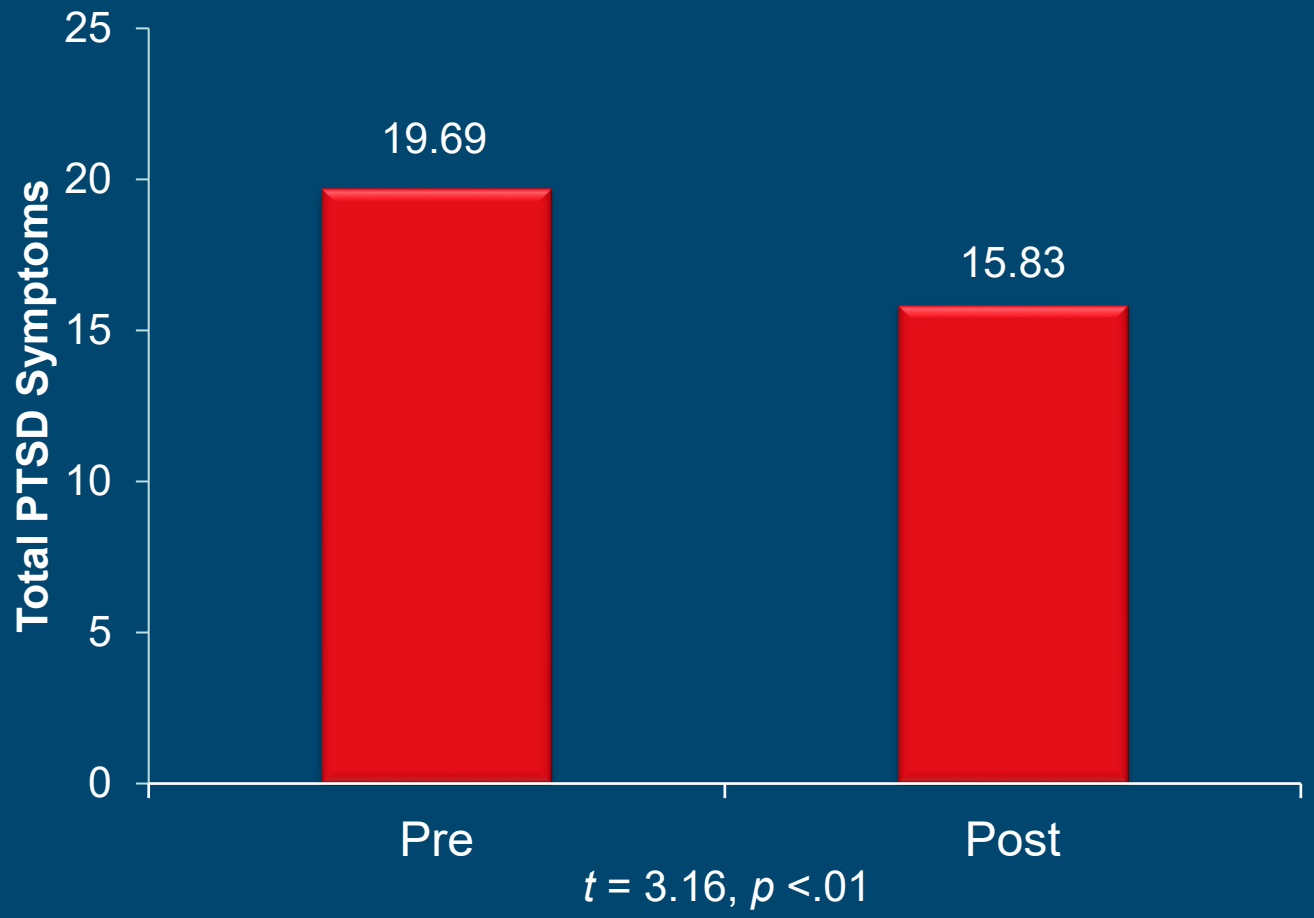
- Significant decrease in psychological aggression

Alexithymia (TAS-20)



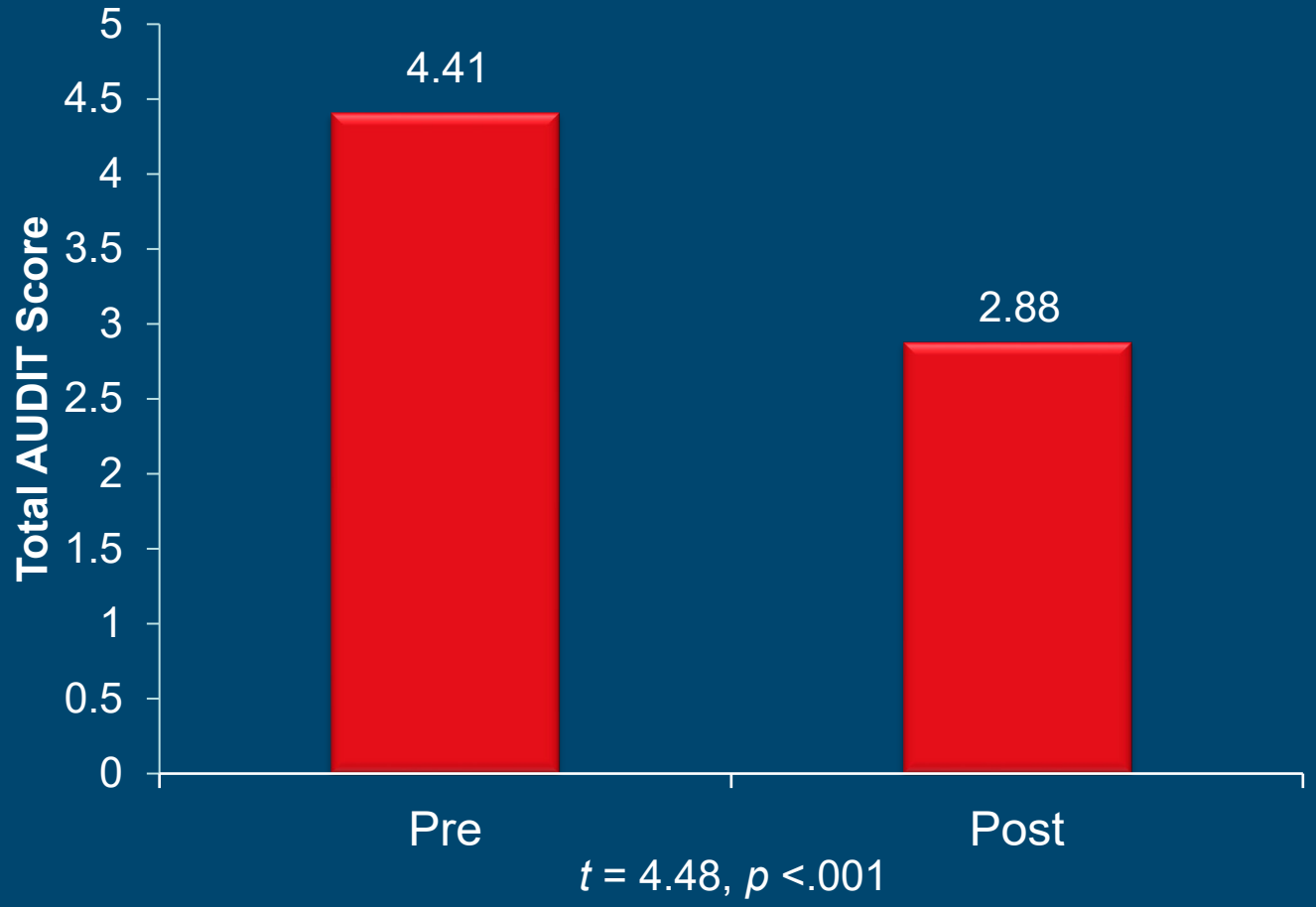
- Significant decrease in alexithymia

PTSD Symptoms (PCL-5)



- Significant decrease in PTSD symptoms

Alcohol Misuse (AUDIT)



- Significant decrease in alcohol misuse

Program Satisfaction

	4	3	2	1
1. Quality of Service	89.3% Excellent	10.7% Good	0% Fair	0% Poor
2. Kind of Service Desired	74.9% Yes definitely	24.0% Yes generally	0% No not at all	1.1% No definitely not
3. Met Needs	63.5% Almost all met	31.5% Most met	4.6% Only a few met	0.4% None met
4. Would Recommend to a Friend	85.1% Yes definitely	14.9% Yes I think so	0% No I don't think so	0% Definitely not
5. Satisfaction With Help Received	73.2% Very Satisfied	23.4% Mostly satisfied	0.6% Indifferent or mildly dissatisfied	2.8% Quite dissatisfied
6. Helped With Dealing More Effectively With Problem	80.6% Yes a great deal	18.8% Yes somewhat	0.6% No did not help	0% No made it worse
7. Overall Satisfaction	81.7% Very satisfied	17.7% Mostly satisfied	0.6% Indifferent or mildly dissatisfied	0% Quite dissatisfied
8. Would Use It Again in the Future	74.3% Yes definitely	23.4% Yes I think so	1.7% No I don't think so	0.6% No definitely not

Key Takeaways

- The ways in which we interpret and process our social world can contribute to IPV risk
- Trauma increases IPV risk through its direct and indirect impacts on social information processing
- Strength at Home uses motivational and trauma-informed strategies to end IPV

www.strengthathome.org

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