Police Response in Domestic Violence Situations Involving Veterans Exhibiting Signs of Mental Illness

Fred E. Markowitz, Ph.D.
Department of Sociology
Northern Illinois University

Amy C. Watson, Ph.D.
Jane Addams College of Social Work
University of Illinois at Chicago

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Background

• Since 2001, over 2 million military personnel have been deployed to combat and support roles in Iraq and Afghanistan
• Veterans are at an increased risk of post-traumatic stress disorder (PTSD), depression, substance abuse disorders, and homelessness
• It is estimated that over 300,000 post-deployment military personnel are dealing with symptoms of depression and PTSD.

Police Options in Mental Illness Crisis Situations

• Transport to hospitals for psychiatric treatment (might lead to follow-up treatment)
• Arrest—sometimes leads to diversionary treatment programs, mandatory outpatient commitment, or treatment in jails/prisons
• Handle the matter informally (get participants to ‘cool down’ or ‘work things out’)
• There is tremendous discretion on the part of police officers

• Given the associations between mental illness, substance use, and violence, veterans are also at an increased risk of involvement in domestic and other types of violence
• One (unfortunate) pathway to mental health treatment is through the criminal justice system, often following crisis situations involving police
Many police officers are military veterans

- Police departments have a substantial proportion of officers with military backgrounds (11-40%).
- In a 2003 study, 23% of all police agencies (93% in large cities) had reservist officers called up for duty in Iraq and Afghanistan.

Research Questions

Building on attribution, labeling, and policing theory and research:

- Are police officers inclined towards less punitive treatment of military veteran suspects who show signs of mental illness in domestic violence situations compared to suspects who are not military veterans?
- Does injury to victim and non-cooperation with officers override potential effects of suspects’ military veteran status?
- To what extent do attributions for the cause of troubling behavior and perceptions of dangerousness mediate the effect of veteran status on preference for punitive vs. mental health treatment?
- To what extent does officers’ own military experience affect decision-making?

Response to persons with mental illness in domestic violence situations could be also be affected by police officers’:

- Crisis Intervention Training (CIT)
- Adherence to departmental pro-arrest policies
- Familiarity with mental illness

Possible Consequences of Police Responses

- Punitive (vs. therapeutic) treatment may result in damaging criminal records, further limiting opportunities for recovery and reintegration
- Leniency (by not formally processing suspects) may result in many veterans inadvertently not getting the mental health services they may need
- Leniency could compromise victims’ and community safety
Summary of Main Hypotheses

Among suspects in domestic violence situations showing signs of mental illness:

- Veteran status, injury, and non-compliance increase preference for punitive response and decrease preference for treatment or informal resolution.
- Internal attributions for troublesome behavior increase punitive response and decrease preference for treatment or informal resolution.
- External attributions for troublesome behavior reduce punitive response and increase preference for treatment or informal resolution.
- Perceived dangerousness increases preference for punitive response.
- The effects of veteran status, injury, and non-compliance on punitive and treatment outcomes will be mediated by attributions and perceived dangerousness.
- Police officers with military experience may be less inclined towards punitive response.

Methods

- Hypothetical vignettes followed by survey questions.
- Randomized vignettes allows for experimental manipulation of key features of the situation (veteran status, injury, compliance).

Sample

- Police officers were recruited from in-service training courses offered by North East Multi-Regional Training, Inc. (NEMRT) in North Aurora, IL.
- NEMRT provides in-service training to law enforcement personnel at sites throughout metropolitan cities in Illinois, Wisconsin, and Indiana.
- Officers attending NEMRT programs span rank/level of experience.
- This allowed us to sample officers from a range of urban and surrounding communities without having to secure cooperation from many individual police agencies.
- A total of 309 officers from 17 courses were surveyed (93% response rate).
Vignette (Independent Variables)

Compliance
Injury
Veteran Status

A police officer, responding to a call for a ‘domestic disturbance’ arrives at the door of a residence that is opened by a man named Michael. [Michael tells the officer, “mind your own business!” and refuses to open the door further when the officer asks him to.] Also at the door is Michael’s wife, Amber, who looks like she’s been crying. [She is holding an ice pack over her left eye.] Following his training, the officer speaks to Amber alone. During this conversation, Amber tells the officer that Michael hit her during an argument. She confides that since Michael returned from Afghanistan, following his second tour of duty, he “has not been himself lately, he’s been really down and moody, some days he stays in bed for most of the day, he’s been drinking a lot, he’s jittery, and he gets angry easily.”

Outcome Measures

“There are no right or wrong answers. When responding to the questions below, assume you have full discretion to determine how best to respond to the scenario described above: “

Continuous Outcomes

Punish (α = .70)

“I should arrest Michael.”
“I should bring Michael to the police station for further questioning.”
Putting Michael in jail where he can’t hurt anyone is best.”

Mental Health Treatment (α = .60)

“I should bring Michael to the hospital for mental health treatment.”
“Michael should be required to take medication for his problems.”
“Michael should be required to go to therapy.”

‘Work Things Out’ (α = .60)

“Amber should be more supportive and understanding.”
“I should talk to Michael and Amber and try to get them to ‘work things out.’

Responses coded: 4 = “strongly agree,” 3 = “agree,” 2 = “disagree,” 1 = “strongly disagree”
Items were added then averaged.

Fixed-Choice Outcome

“What would be the best way to handle the situation? (Please circle ONE of the following):”

a. Arrest Michael
b. Take Michael for mental health treatment
c. Get Michael and Amber to cool down and work things out
External Attributions ($\alpha = .79$)

- "I feel sorry for Michael." (R)
- "Michael's situation is due to the stress he is experiencing." (R)
- "Michael has a mental illness." (R)
- "Michael is depressed." (R)
- "Michael has Post-Traumatic Stress Disorder (PTSD)." (R)

Internal Attributions ($\alpha = .78$)

- "Michael is responsible for this situation." (R)
- "Michael is to blame for this situation." (R)
- "This situation is not really Michael's fault." (R)
- "Michael is not responsible for this situation." (R)

Responses coded: 1 = "strongly agree," 2 = "agree," 3 = "disagree," 4 = "strongly disagree"
Items were added then averaged.
R= indicates reverse coded

Danger to Officer ($\alpha = .89$)

- "How threatened by Michael would you feel?"
- "How scared of Michael would you be?"
- "How frightened of Michael would you be?"

Danger to Others ($\alpha = .73$)

- "How much of a danger do you feel Michael is?"
- "How much of a danger is Michael to the community?"
- "How much of a threat to Amber's safety is Michael?"

Responses coded: 1 = "not all," 2 = "somewhat," 3 = "very much"
Items were added then averaged.

Additional Variables

**CIT Training**

- "Have you received "Crisis Intervention Training" (CIT), a 40-hour curriculum for responding to mental health crisis calls (you would have been given a CIT pin at end of training)?"

**Pro-Arrest Policy**

- "Does your department have a special pro-arrest policy in cases of domestic violence?"

**Military Service**

- "I have served in the military."

**Combat Veteran**

- "Are you a combat veteran?"

Responses coded: 1 = "yes," 0 = "no"

Familiarity with mental illness ($\alpha = .72$)

- "I have worked with a person who had a mental illness at my place of employment."
- "A friend of the family has a mental illness." (R)
- "I have a relative who has a mental illness." (R)
- "I have a friend or relative who has PTSD (Post-Traumatic Stress Disorder)." (R)
- "I have a friend or relative who is dealing with depression." (R)
- "I have a friend or relative with drinking problems." (R)
- "I have a friend or relative with drug problems." (R)
- "I have lived with a person who has a mental illness." (R)

Each response coded: 1 = "yes," 0 = "no" and summed to form an index.
Demographic Variables

Sex (1 = male, 0 = female)

Age (years)

Race (1 = white, 0 = black/Hispanic/multiracial)

Married (1 = married, 0 = not married)

Education (1 = "HIGH SCHOOL GRADUATE," 2 = "SOME COLLEGE OR ASSOCIATE'S DEGREE," 3 = "COLLEGE GRADUATE (BS/BA)," 4 = "GRADUATE DEGREE (MA/MS/MSW)"

Table 1. Descriptive Statistics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Veteran</th>
<th>Injury</th>
<th>Non-compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>.53</td>
<td>.48</td>
<td>.46</td>
</tr>
<tr>
<td>SD</td>
<td>.50</td>
<td>.50</td>
<td>.50</td>
</tr>
</tbody>
</table>

Table 2. Effects of Veteran Status, Injury, and Non-Compliance on Mediating Variables

<table>
<thead>
<tr>
<th>Mediating Variables</th>
<th>Internal Attribution</th>
<th>External Attribution</th>
<th>Danger: Officer</th>
<th>Danger: Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran</td>
<td>-.251***</td>
<td>.534***</td>
<td>.096</td>
<td>.147*</td>
</tr>
<tr>
<td>Injury</td>
<td>.130*</td>
<td>.005</td>
<td>.081</td>
<td>.122*</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>.134*</td>
<td>.019</td>
<td>.132*</td>
<td>.097</td>
</tr>
</tbody>
</table>

R²                             .147         .318         .078       .111

# p < .10
* p < .05
** p < .01
*** p < .001

Note: Standardized coefficients are shown. Results shown net of additional variables.

Table 3. Effects of Veteran Status, Injury, Non-Compliance, and Mediating Variables on Outcomes

<table>
<thead>
<tr>
<th>Response Variables</th>
<th>Punish</th>
<th>Treatment</th>
<th>'Work things out'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran</td>
<td>-.057</td>
<td>-.035</td>
<td>.254***</td>
</tr>
<tr>
<td>Injury</td>
<td>.370***</td>
<td>.307*</td>
<td>.119#</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>.163*</td>
<td>.138*</td>
<td>.088</td>
</tr>
</tbody>
</table>

R²                             .137      .360        .128      .378

# p < .10
* p < .05
** p < .01
*** p < .001

Note: Standardized coefficients are shown. Results shown net of additional variables.
Table 4. Analysis of Fixed-Choice Outcome

<table>
<thead>
<tr>
<th>Veteran</th>
<th>Injury</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest</td>
<td>70%</td>
<td>76%</td>
</tr>
<tr>
<td>Treatment</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>Work things out</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

χ², 2 d.f.: 5.53   25.15   9.81
P: .063   .000   .007

Table 5. Effect of Officers’ Military Service on Fixed-Choice Outcome

<table>
<thead>
<tr>
<th>Military Service</th>
<th>Combat Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest</td>
<td>68%</td>
</tr>
<tr>
<td>Treatment</td>
<td>26%</td>
</tr>
<tr>
<td>Work things out</td>
<td>5%</td>
</tr>
</tbody>
</table>

χ², 2 d.f.: 1.40   7.43
P: .497   .024

Table 6. Logistic Regression of Fixed-Choice Outcome (Punish vs. Mental Health Treatment) on Experimental and Mediating Variables.

<table>
<thead>
<tr>
<th>Punish vs. Treatment</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>β</td>
<td>exp(B)</td>
</tr>
<tr>
<td>Veteran</td>
<td>-.898*</td>
<td>.397</td>
</tr>
<tr>
<td>Injury</td>
<td>.675*</td>
<td>1.964</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>1.047**</td>
<td>2.849</td>
</tr>
<tr>
<td>Internal attribution</td>
<td>-.210***</td>
<td>.808</td>
</tr>
<tr>
<td>External attribution</td>
<td>-.085</td>
<td>.918</td>
</tr>
<tr>
<td>Danger, officer</td>
<td>-.509</td>
<td>1.609</td>
</tr>
<tr>
<td>Danger, others</td>
<td>-.509</td>
<td>1.609</td>
</tr>
<tr>
<td>Model-Chi-square</td>
<td>24.497</td>
<td>61.476</td>
</tr>
</tbody>
</table>

χ²: .140   .100

Interpretations

- Consistent with expectations, lower internal and higher external attributions for troublesome behavior are made for veterans with signs of mental illness in domestic violence situations compared to non-veterans in the same situations.

- Veterans are likely to be seen as a somewhat greater danger to intimates and the community, but not to police officers.

- Visible injuries increase internal attributions and perceived dangerousness to others.

- Non-compliance increases internal attributions and perceived dangerousness to the officer.
Interpretations

• While veteran status does not significantly reduce preference for punitive measures (conceptualized along a continuum), it does increase preference for mental health treatment and ‘working things out’ compared to non-veterans.

• The presence of visible injuries increases preference for punitive response and treatment, but reduces preference for ‘working things out’.

• Internal attributions are associated with greater punitiveness, while external attributions and are associated with increased preference for mental health treatment and ‘working things out’.

• Perceived danger to the community is associated with greater punitiveness and mental health treatment, but with lower preference for ‘working things out’.

• Substantial portions of the effects of veteran status, injury, and non-compliance on outcomes are due to attributions and perceived community danger.

Interpretations

• When presented with a fixed-choice option, somewhat similar findings emerge:
  – Overall, officers preference is for arrest (73%), compared to mental health treatment (21%), or ‘working things out’ (6%).
  – Veteran status reduces preference for arrest (by 6%) and increases preference for treatment (by 10%), and working things out (by 3%), compared to non-veterans.
  – Visible injury increases preference for arrest (by 23%), reduces preference for mental health treatment (by 12%), and for ‘working things out’ (by 11%).
  – Non-compliance increases preference for arrest (by 16%), reduces preference for treatment (12%) and for ‘working things out’ (by 5%).
  – Internal and external attributions account for the effects of veteran status, injury, and non-compliance on the preference for arrest vs. mental health treatment.

Interpretations

• Examining the effects of officers’ military service on outcomes finds that, in the fixed-choice outcome:
  – Officers with military experience are slightly more inclined towards arrest (by 6%) and more inclined towards treatment (by 7%), compared to those without military service, although these differences were not statistically significant.
  – However, officers with combat experience are significantly more inclined towards arrest (17%) and more inclined towards treatment (by 24%), compared to those without combat experience.

• Other variables have little effect on outcomes, attributions, and perceived dangerousness.

Limitations/Next Steps/Conclusions

• Examine similar processes for non-intimate violence

• Hypothetical vignettes may have limited generalizability to real world situations where a multitude of other factors are operating (e.g., weapons, complainants’ preferences, witnesses, repeated calls, availability of diversionary mental health programs)

• Nevertheless, the findings suggest countervailing processes may be operating in the response to veterans in crisis situations—on one hand, a degree of sympathy, recognition of causes beyond one’s control and of the need for mental health treatment, on the other hand, concerns over community safety and legal constraints

• Highlights the need for programs/policies related to community mental health treatment for veterans (e.g., peer-intervention) that may help prevent crisis situations