Attitudes Towards Police Response in Domestic Violence Situations Involving Veterans With Mental Illness

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• Since 2001, 1.64 million military service personnel have been deployed to combat and support roles in the conflicts in Iraq and Afghanistan
• Combat veterans are at an increased risk of mental illness, primarily post-traumatic stress disorder (PTSD), depression, substance abuse disorders, and homelessness
• It is estimated that there are now over 300,000 post-deployment military personnel dealing with depression and PTSD.

• Given the more general associations between mental illness, substance use, and violence, veterans are at an especially increased risk of involvement in domestic and other types of violence
• One important (yet unfortunate) pathway through which many persons with mental illness find their way into treatment is through involvement with criminal justice authorities, often as a result of crisis situations involving police

Police Options

• Bring persons directly for emergency psychiatric treatment in general hospitals, which can then lead to follow-up treatment.
• Arrest—sometimes leads to diversionary treatment programs, mandatory outpatient commitment, or treatment in jails/prisons
• Handle the matter informally
• Tremendous discretion on the part of police officers
Many police officers are military veterans.

- Estimates range from 11 to 40% of police departments are comprised of officers with military backgrounds.
- In a 2003 study, 23% of all police agencies had reservist officers (over 11,000) called up for duty during the recent conflicts in Iraq and Afghanistan.

Leads to following questions:

- Are police officers inclined towards differential treatment of suspects in domestic violence situations with military service?
- Is there leniency extended to suspects with military service, resulting in non-arrest or non-referral to mental health services?

If so, could be due to:

- Professional courtesy?
- Sense of brotherhood as members of military and paramilitary organizations—the so called, “blue code?”
- Familiarity with PTSD?
- Sympathy that results when mental illness and substance abuse problems are attributed to external causes, beyond individuals’ control, such as exposure to traumatic events?

- If these processes operate in the decision-making among officers called to the scene of domestic violence involving veterans, many veterans may inadvertently not get the mental health services they may need.
Police Discretion in Domestic Violence

- Police decisions whether to make arrests in domestic violence situations are complex and research has not been altogether consistent.
- Previous research has used data from police reports, self-reports from officers, and hypothetical vignettes.
- Research focuses on situational (e.g., cooperativeness of victims and offenders, alcohol, weapons, extent of injury) and demographic factors (e.g., race and gender of officers and suspects).

Studies show arrest is more likely when:
- offenses involve weapons
- more severe injuries
- repeated incidents
- additional witnesses are present
- alcohol is involved
- other studies of the general population show mixed results with regard to whether alcohol mitigates blame for violent behavior

- Police, who see troublesome situations through the lens of their role as “law enforcers” are motivated to maintain their authority in conflict situations, often invoking the power of arrest to do so
- Therefore, suspect compliance could be an important factor in the decision to make an arrest in domestic violence incidents.

Attributions of Causes of Mental Illness and Sympathetic Responses

- Studies integrating insights from attribution theory show that when persons perceive others as not responsible for causing their mental illness, there is greater sympathy, more willingness to help, and less likelihood of socially rejecting and coercive responses (Corrigan, Markowitz, Watson et al. 2003; Link et al. 1999)
• Watson et al. (2004) showed that when suspects are described as having schizophrenia, they are viewed by police as less responsible for their condition and more in need of help (but also as potentially more dangerous).

• This suggests that some beliefs about mental illness may increase the sympathy that officers have towards mentally ill veterans, resulting in a lower likelihood of arrest, but their effects on mental health referral are uncertain.

• Beliefs about responsibility and responses towards persons with mental illness are also likely to be influenced by familiarity with serious mental illness.

• This implies that familiarity may reduce perceptions of responsibility (and consequently, punitiveness) for disturbing behavior associated with mental illness.

Main Hypotheses

1. When suspects in domestic violence are known to have military veteran status, there will be less of a preference for punitive response (arrest).

2. External attributions for the causes of mental illness mediate the effects of military veteran status on likelihood of arrest.

3. Injury will increase the preference for punitive response (arrest).

4. Suspect non-compliance will increase the preference for punitive response (arrest).
Figure 1. Veteran status, attribution, and punitive response model

+ + 
Combat veteran + External + Punitiveness 
( vs. not) ( vs. not) attribution

Note: injury, compliance, familiarity, and control variables not shown.

Methods

• Hypothetical vignettes allow researchers to experimentally manipulate key features of the situation, including the characteristics of victims and offenders, treating other factors as random.

Potential Sample Groups

• Students, including those intending careers in law enforcement and those not intending careers in law enforcement
• Students with military service
• Police officers
• By examining the effects of veteran status on punitive attitudes across a variety of groups, we are able to test for the generality of the predicted processes

Vignette

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 to “mind his own businesses.”] 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, and her lip has been split]. 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 a month ago, following his second tour of duty], he “has not been himself.” He is depressed, often stays in bed for most of the day, has been drinking a lot, and gets angry easily.
Results From Preliminary Pilot

Samples:
114 undergraduate social science students
xxx members of Rotary Club from a Midwestern town

Mediating Variables

Blame/Responsibility
Michael is responsible for this situation.
Michael is to blame for this situation.
This situation is due to Michael's lack of character.

Pity
I feel sorry for Michael.
This situation is not really all Michael's fault.
Michael is not responsible for this situation.

Stress
Michael's situation is due to the stress he is experiencing.

Fear ("not at all," "somewhat," "very much")
How dangerous do you feel Michael is?
How threatened by Michael would you feel?
How scared of Michael would you be?
How frightened of Michael would you be?

Outcome Responses
("Strongly agree," "agree," "disagree," "strongly disagree")

Punish
The police officer should arrest Michael.
The officer should remove Michael from the house.
Putting Michael in jail where he can be kept away from his neighbors is best.

Counseling
The officer should give Michael a pamphlet for anger management counseling.
The police officer should talk to Michael about his anger.
The officer should advise Amber to sleep elsewhere for the night so that Michael can "cool down."
The officer should talk to Michael and Amber and try to get them to "work things out."

Medication
Michael should be required to take medication for his problems.

Hospital
The officer should bring Michael to the hospital for mental health treatment.

Revised Model
Table 1. Descriptive Statistics (n = 114)

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<thead>
<tr>
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<th>Mean</th>
<th>SD</th>
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<tr>
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<td>.50</td>
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<tr>
<td>Injury</td>
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<td>.50</td>
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<tr>
<td>Non-compliance</td>
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<td>.50</td>
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<td>Stress (1-4)</td>
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<tr>
<td>Fear (1-3)</td>
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</table>

* Mean differs from scale midpoint of 2.5 (p < .05)

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

<table>
<thead>
<tr>
<th>Mediating Variables</th>
<th>Blame</th>
<th>Pity</th>
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<th>Fear</th>
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<td>.04</td>
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</table>

R²: .17, .19, .09, .02

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

Note: standardized coefficients are shown.

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

<table>
<thead>
<tr>
<th>Response Variables</th>
<th>Punish (1)</th>
<th>Counsel (2)</th>
<th>Medicate (3)</th>
<th>Hospital (4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
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<td>.12</td>
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<td>.24***</td>
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<td>-.03</td>
<td>-.09</td>
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<tr>
<td>Non-compliance</td>
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<tr>
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<td>-.07</td>
<td>-.30**</td>
<td>-.20</td>
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<tr>
<td>Stress</td>
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<td>Fear</td>
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</tr>
</tbody>
</table>

R²: .05, .22, .02, .06, -.02, -.05, -.17, -.23

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

Note: standardized coefficients are shown.

Preliminary Interpretations

- Veteran status may indirectly affect response outcomes through attribution variables (especially with regard to punitive attitudes).
- Attitudes towards veterans in these situations may be complex: sympathetic on one hand (less blame, more pity, and attributions towards stress), yet fearful on the other.
- Veteran status is related to some pro-mental health mental health treatment attitudes (hospitalization, medication), but not counseling.
Limitations

• Need "grown-ups" sample

• Need police sample (but want to get measures right first)

• Limited measures of certain variables—only single items for stress, medication, and hospitalization

• Small sample size does not allow for full latent variable measurement modeling—preliminary latent variable models indicate that relationships are underestimated due to measurement error (especially among single-item measures)

Other Considerations

• Stigma? Punitive responses could be enhanced among those with stronger stigmatizing beliefs about mental illness.

• Blue Code-responses to police misconduct scale (?) as a variable that might indicate cutting fellow officers/military service-members ‘a break.’

• Interactions involving police officer respondents (i.e., effects of external attributions and compliance enhanced compared to general population)?

• Funding for larger study involving police?