

# Preliminary Results of a Randomized Controlled Trial of SAH Among Civilians in Israel

Ohad Gilbar, Ph.D.

The Hebrew University of Jerusalem  
School of Social Work and Social Welfare

Casey Taft, Ph.D.

Chobanian & Avedisian School of Medicine, Boston University  
Boston VA Healthcare System  
National Center for PTSD

# Presentation outline

- Basis of trauma-informed intervention
- The Strength at Home (SAH) program and previous study results
- Current study results

# IPV Perpetrated by Men

- Major social problem and a significant health issue for women (WHO, 2013)
- Between 10% and 50% of women worldwide experience IPV (WHO, 2013)
- Intergenerational transmission of violence is a central explanation (Lawson, 2012; Wareham, Boots, & Chavez, 2009)
- Trauma theory is another main explanation in the field

# Intimate Partner Violence and PTSD

- PTSD rates among men who perpetrate IPV: 18.4%-26.2% (Jakupcak & Tull, 2005)
- Three times more PTSD than in a community sample (Dutton, 1995; Maguire et al., 2015; Taft et al., 2016)
- Association between PTSD and IPV, especially hyper-arousal, among combat veterans (Taft, Street, Marshall, Dowdall, & Riggs, 2007; Taft, Weatherill, Woodward, Pinto, Watkins, Miller & Dekel, 2009; Trevillion et al., 2015)
- POWs (Solomon, Dekel, & Zerach, 2008)

# PTSD as an Explanation for the Connection Between Trauma and IPV

- “Survival mode” – hyper-arousal symptoms (Chemtob, 1997; Taft et al., 2016)
- Violence is a part of hyper-arousal symptoms (DSM-5 , APA, 2013)
- Social cognitive processing (Holtzworth-Munroe, 1992)

# Survival Mode Model

- Vigilance to threats in warzone leads combat veteran to enter survival mode inappropriately when stateside
- Perceive unrealistic threats
- Exhibit hostile appraisal of events
- Overvalue aggressive responses to threats
- Exhibit lower threshold for responding to the threat

# PTSD and IPV

Re-  
experiencing

Avoidance/  
Numbing

Hyperarousal

e.g., Taft et al., 2007

# Social Information Processing Model

- Individuals who use IPV exhibit cognitive deficits (e.g., faulty attributions, irrational beliefs) that impact interpretation (**decoding stage**)
- Individuals using IPV have deficits generating a variety of nonviolent responses (**decision skills stage**)
- Individuals who use IPV lack the skills to enact a competent response (**enactment stage**)
- Influenced by factors that impact executive functioning (e.g., alcohol use and traumatic brain injury), psychiatric factors (e.g., PTSD and depression), and core themes



# 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)

# Strength at Home 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

# Session Content - 12 Sessions

## 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”

# **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>

## It is illegal to post this copyrighted PDF on any website. A Randomized Controlled Clinical Trial of the Strength at Home Men's Program for Partner Violence in Military Veterans

Casey T. Taft, PhD<sup>a,\*</sup>; Alexandra Macdonald, PhD<sup>a</sup>; Suzannah K. Creech, PhD<sup>b</sup>;  
Candice M. Monson, PhD<sup>c</sup>; and Christopher M. Murphy, PhD<sup>d</sup>

### 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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<sup>a</sup>National Center for PTSD, VA Boston Healthcare System, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts

<sup>b</sup>Providence VA Medical Center, Warren Alpert Medical School of Brown University, Providence, Rhode Island, and VHA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, Texas

<sup>c</sup>Department of Psychology, Ryerson University, Toronto, Ontario, Canada

<sup>d</sup>Department of Psychology, University of Maryland, Baltimore County, Baltimore, Maryland

\*Corresponding author: Casey T. Taft, PhD, VA Boston Healthcare System (116B-4), 150 South Huntington Ave, Boston, MA 02130 (casey.taft@va.gov).

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).<sup>1,2</sup> 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.<sup>3</sup>

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.<sup>4-6</sup> Evidence from pilot studies suggests the effectiveness of SAH-M in reducing physical and psychological IPV,<sup>7,8</sup> 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.<sup>9</sup> 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.<sup>10</sup>

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

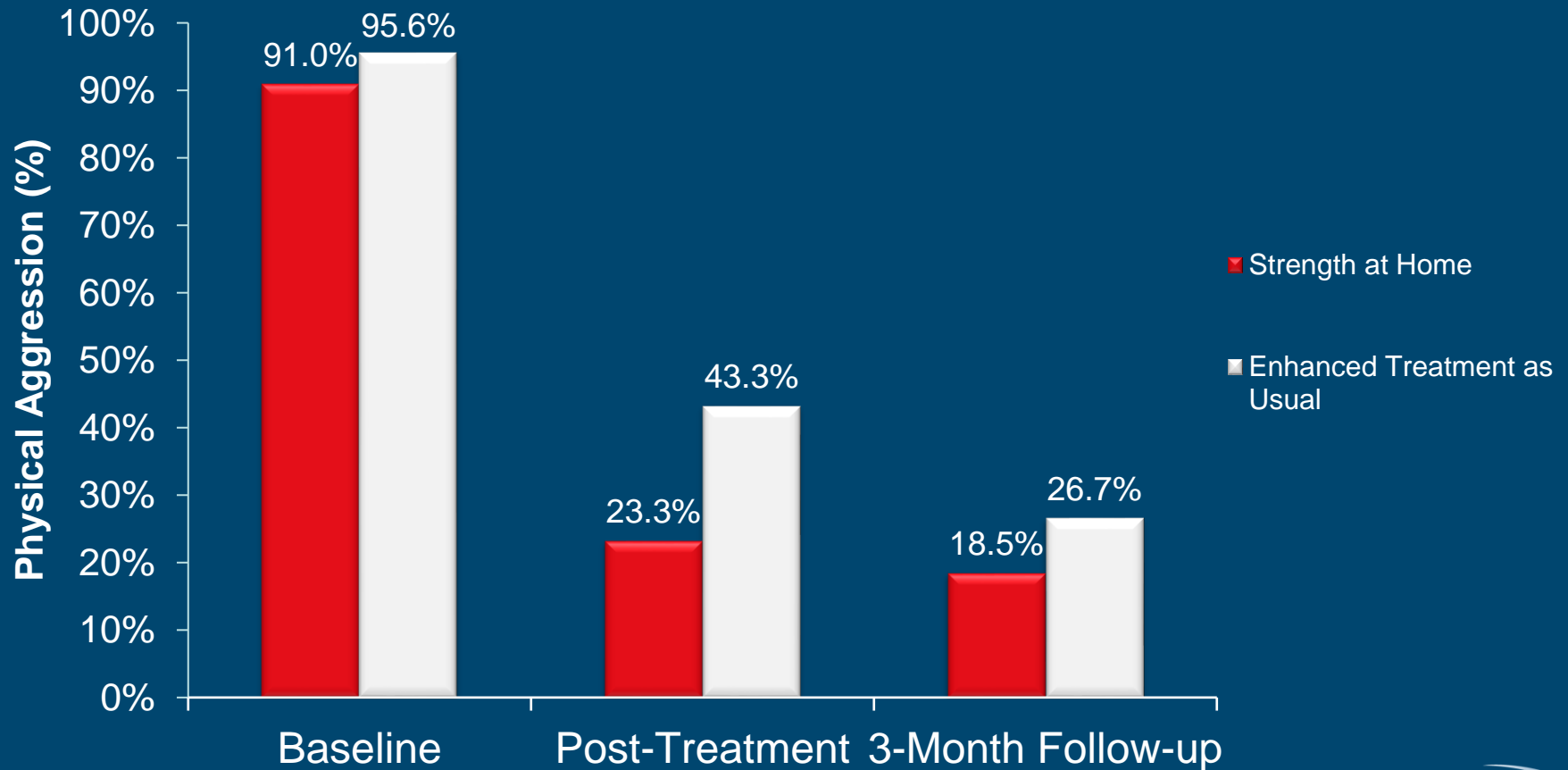
#### Participants & Procedure

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

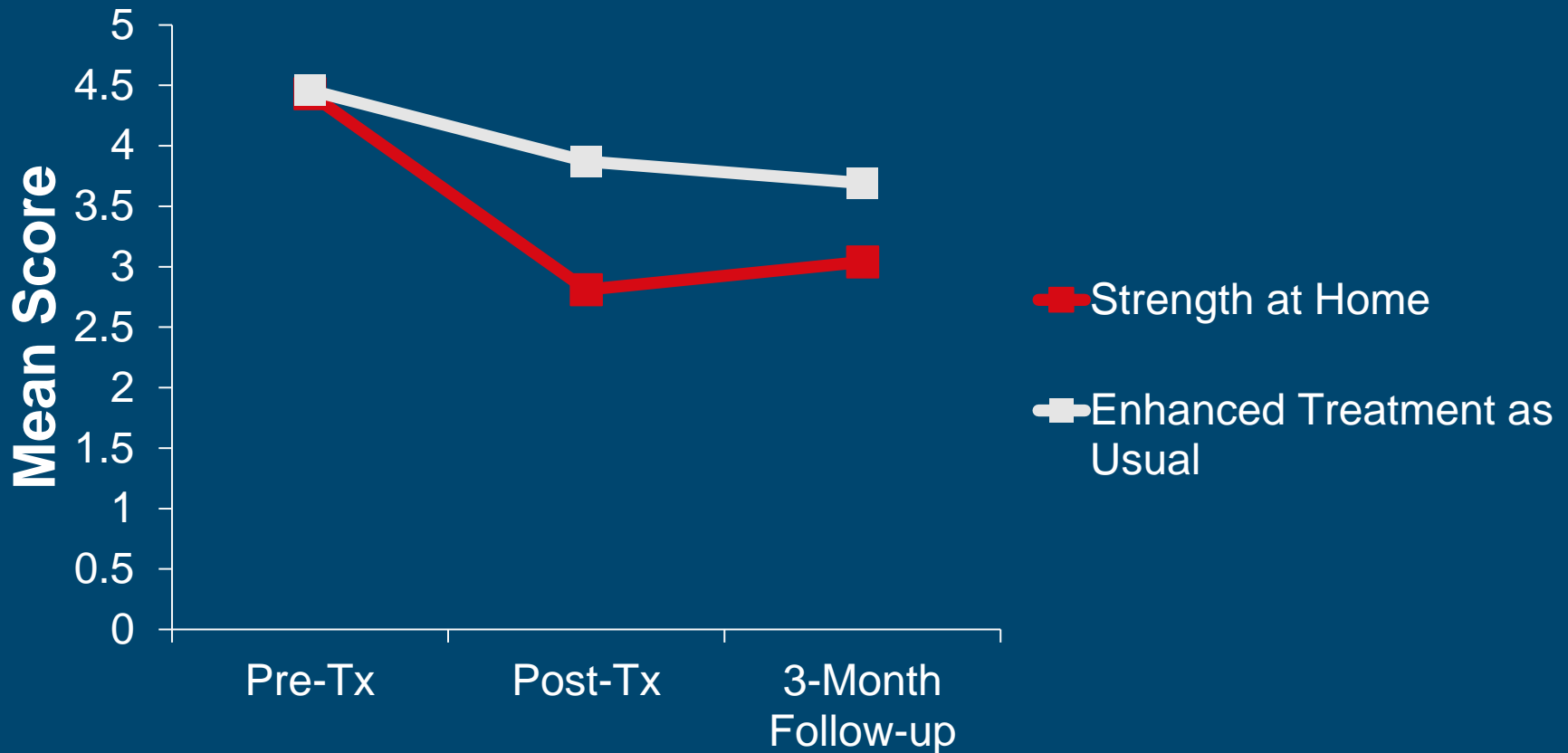
# Sample Characteristics

- 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

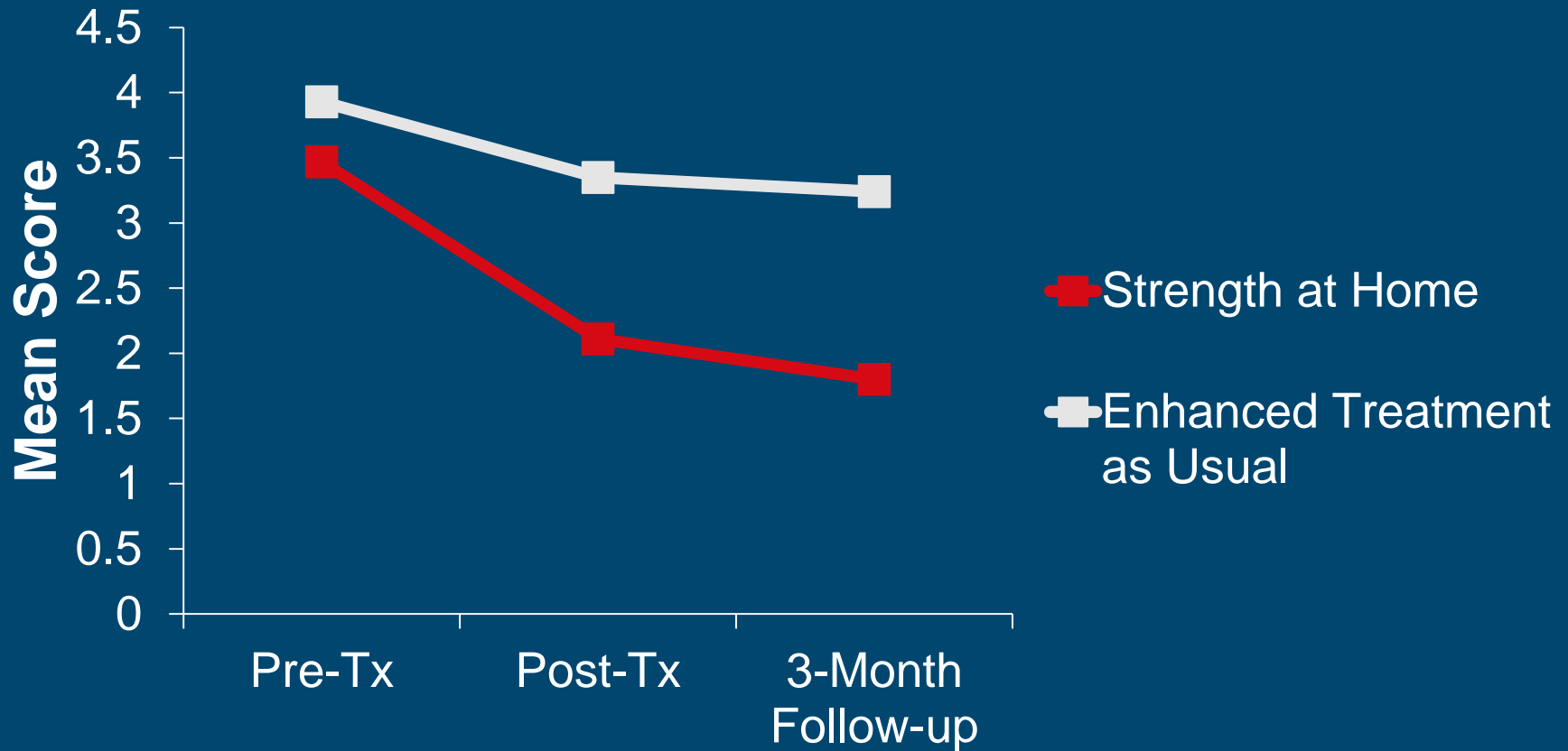


# Psychological Partner Aggression



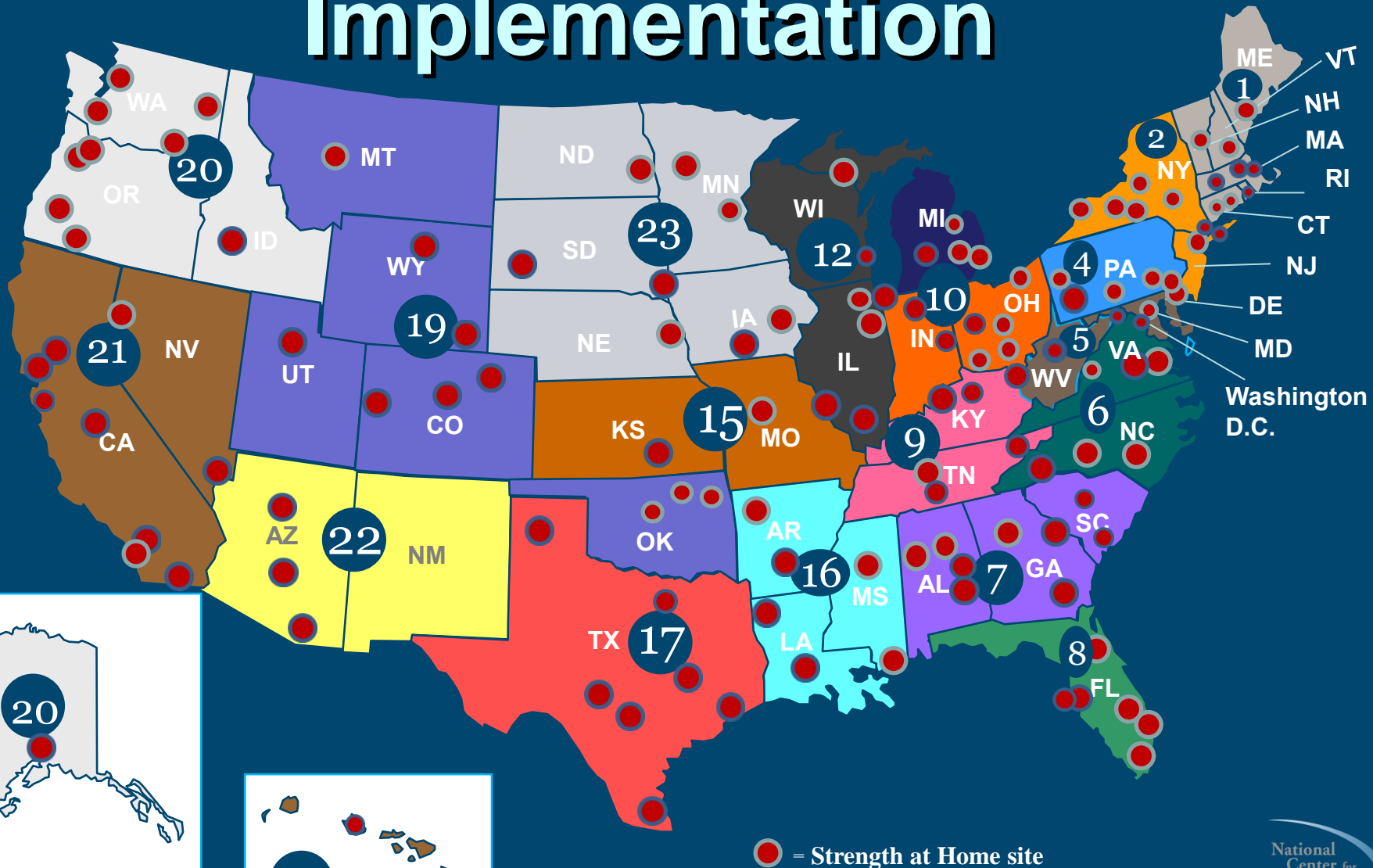


# Coercive Control



$B = -0.072$  (SE = .027)

# Strength at Home VA Implementation



● = Strength at Home site



# 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>



## 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

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*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.

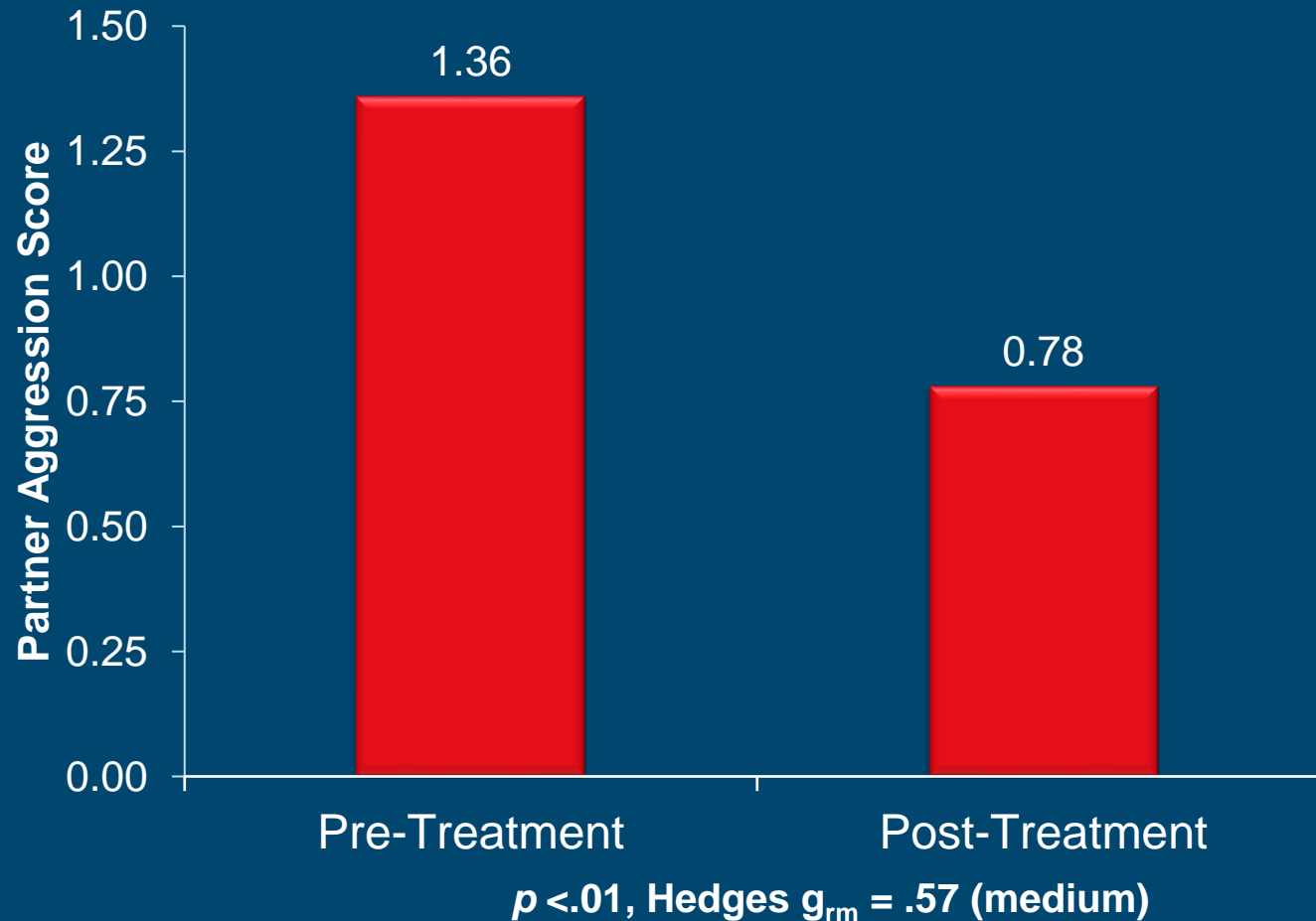
## + Supplemental content

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

# 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”

# **Preliminary Results of RCT in Israel: Pre-Post Assessments**

**Funded:**

**US - Israel Binational Science Foundation  
(BSF)**

# Study Objectives

To examine the effectiveness of Strength at Home in reducing IPV perpetration (i.e., physical and psychological IPV) among civilians



# Method

- Design:** RCT among male IPV perpetrators  
18 domestic violence centers in Israel
- Procedure:** Self-report questionnaires  
(participants and female partners)  
January 2022-June 2024
- Measures:** Conflict Tactics Scale (CTS2; Straus & Douglas, 2004)  
Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999)

# Description of control group

- Offered at family violence centers in Israel
- 12 sessions
- Psychoeducation/process-oriented group
- Use of cognitive-behavioral tools (e.g. “power and control wheel”, “cycle of violence”)

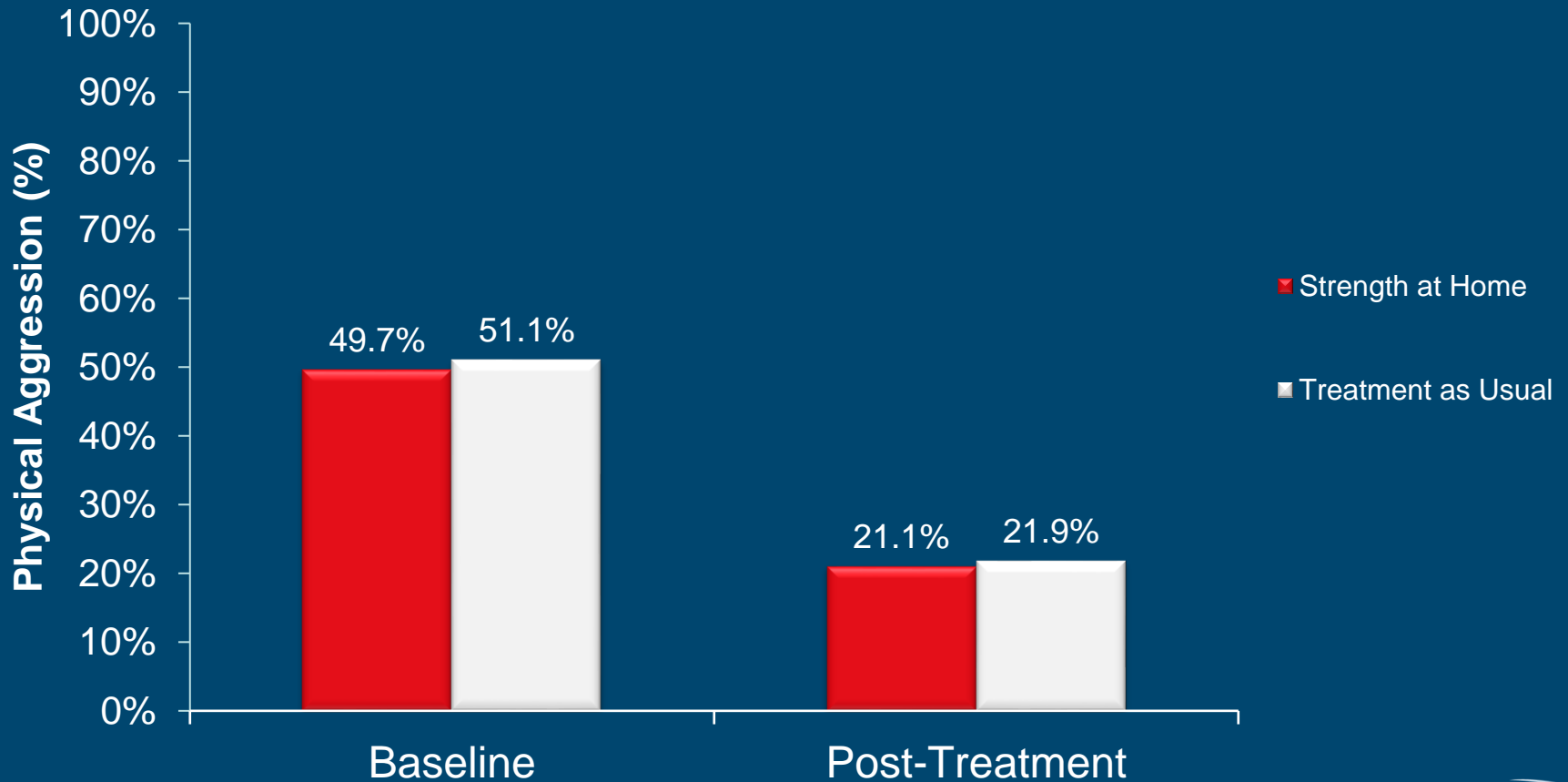
# Sample Characteristics

- 294 enrolled in study (151 to Strength at Home, 143 to Enhanced Treatment as Usual)
- 226 participants at post-treatment (76%)
- Average age = 43.99, SD= 11.04
- Born in Israel (78.1%), European countries (10.6%), Asia (6.2%)
- Married/living in a partnership (67.4%), divorced/separated (26.7%), single (4.5%)

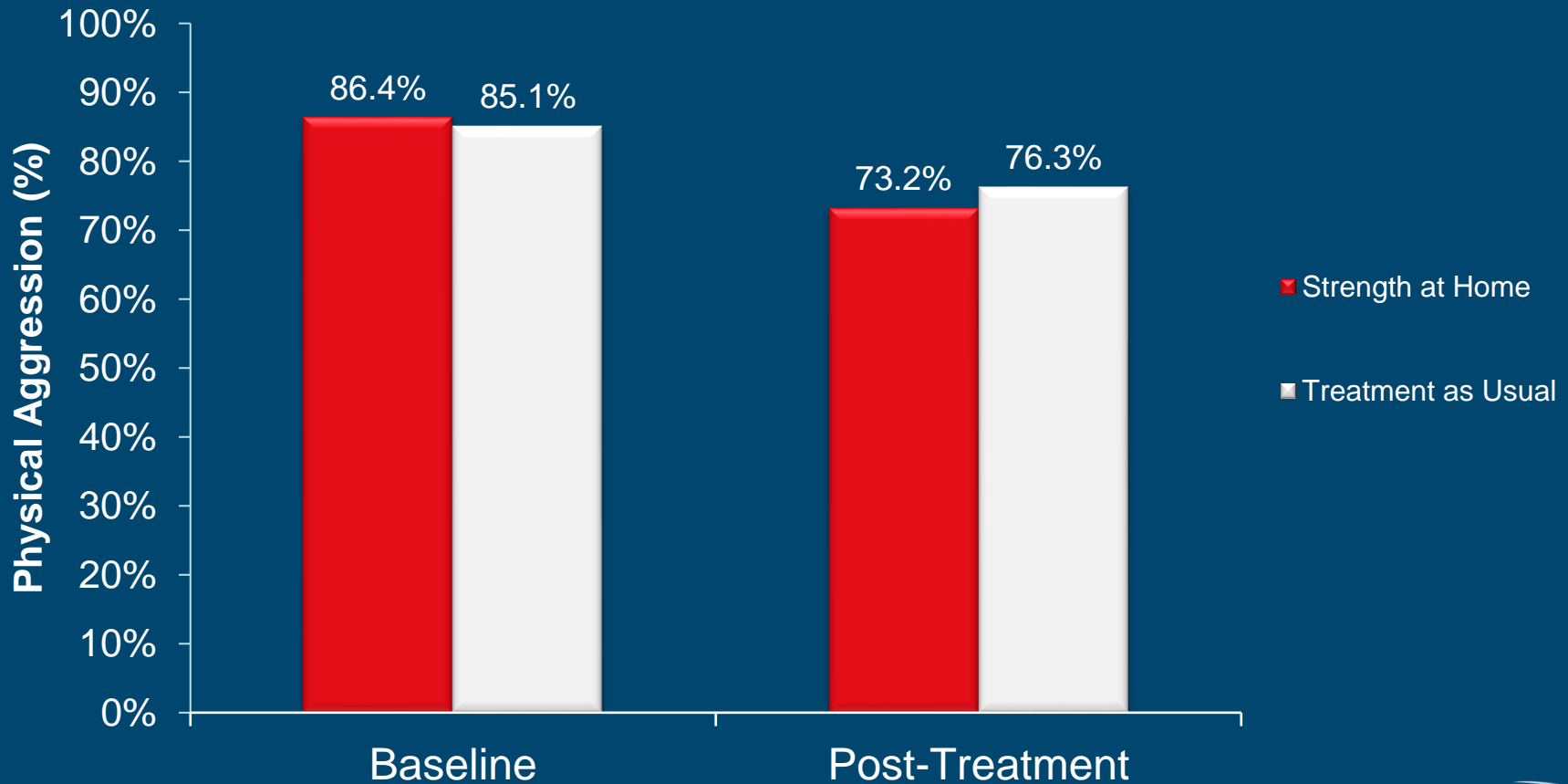
# Sample Characteristics

- Reason for seeking treatment:
  - 64.9% self-referred, 36.1% referred by an external source (police, court, etc.)
- Monthly income of up to 2400\$ shekels per month (53.1%); monthly income of over 2400\$ per month (46.9%).

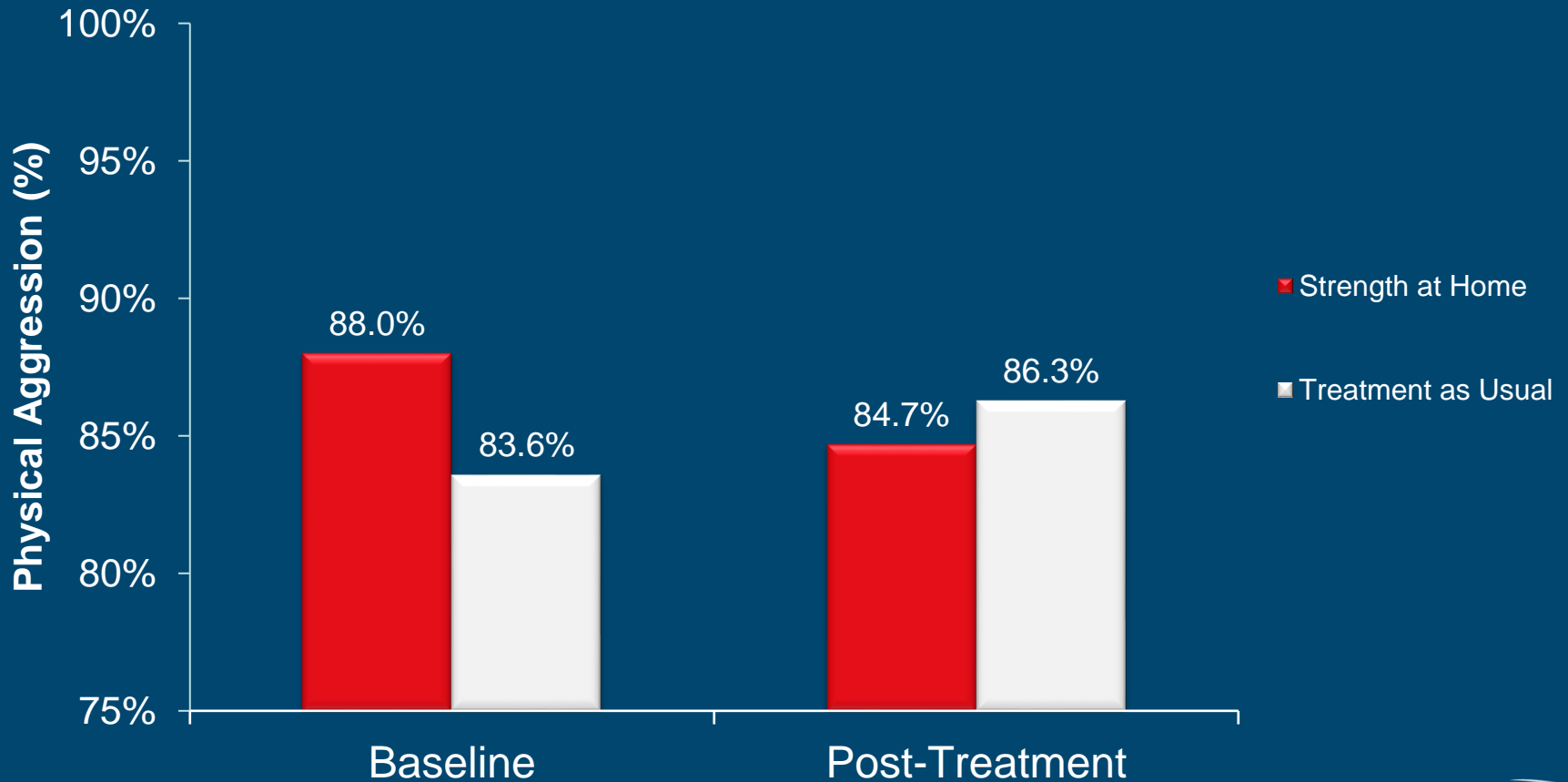
# Physical IPV Recidivism



# Psychological IPV Recidivism



# MMEA Recidivism



# Physical IPV (CTS2)

TAU Effect size:  
 $d=.516$

SAH Effect size:  
 $d=.625$

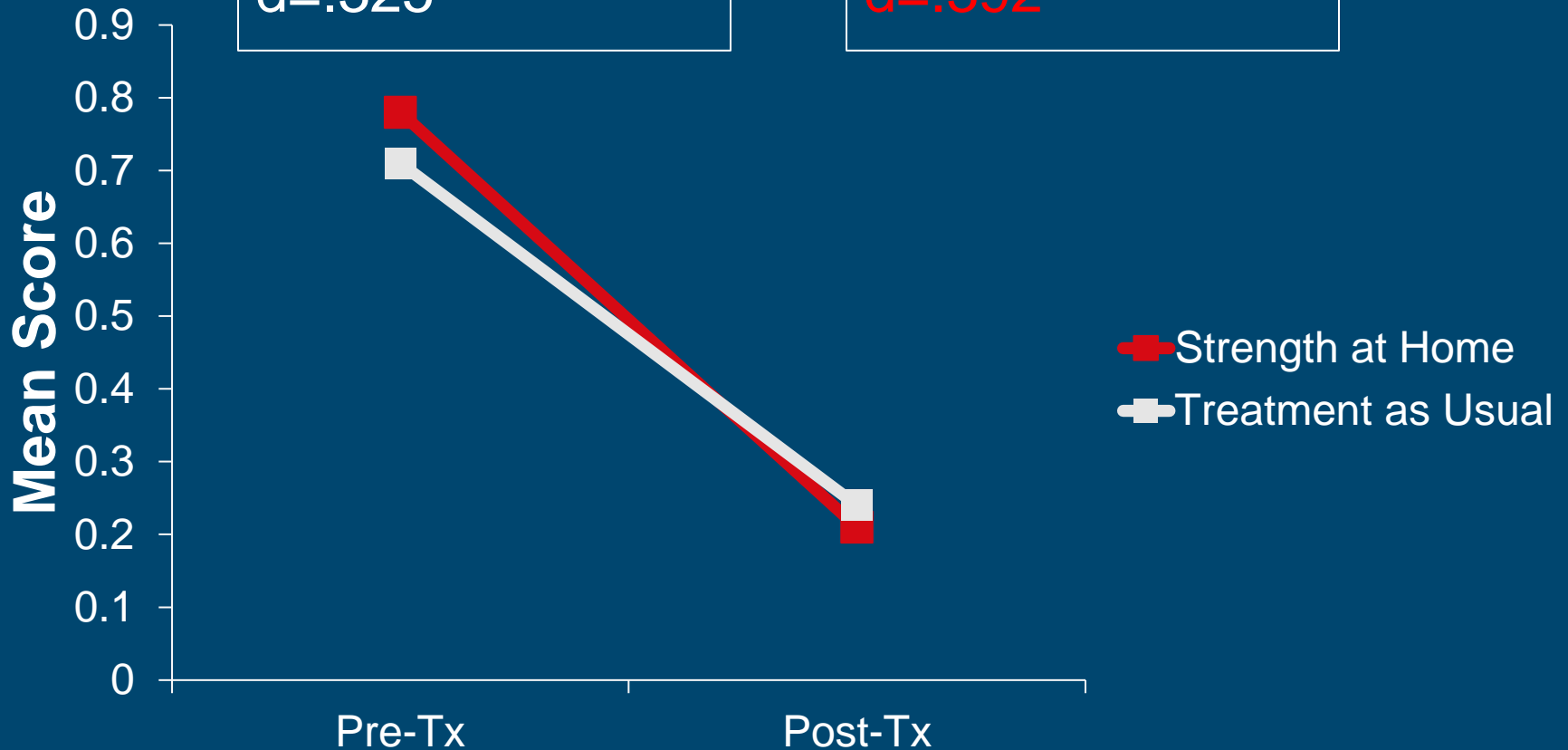




# Injury Subscale of CTS2

TAU Effect size:  
 $d=.325$

SAH Effect size:  
 $d=.392$



# Psychological IPV (MMEA)

TAU Effect size:  
 $d=.318$

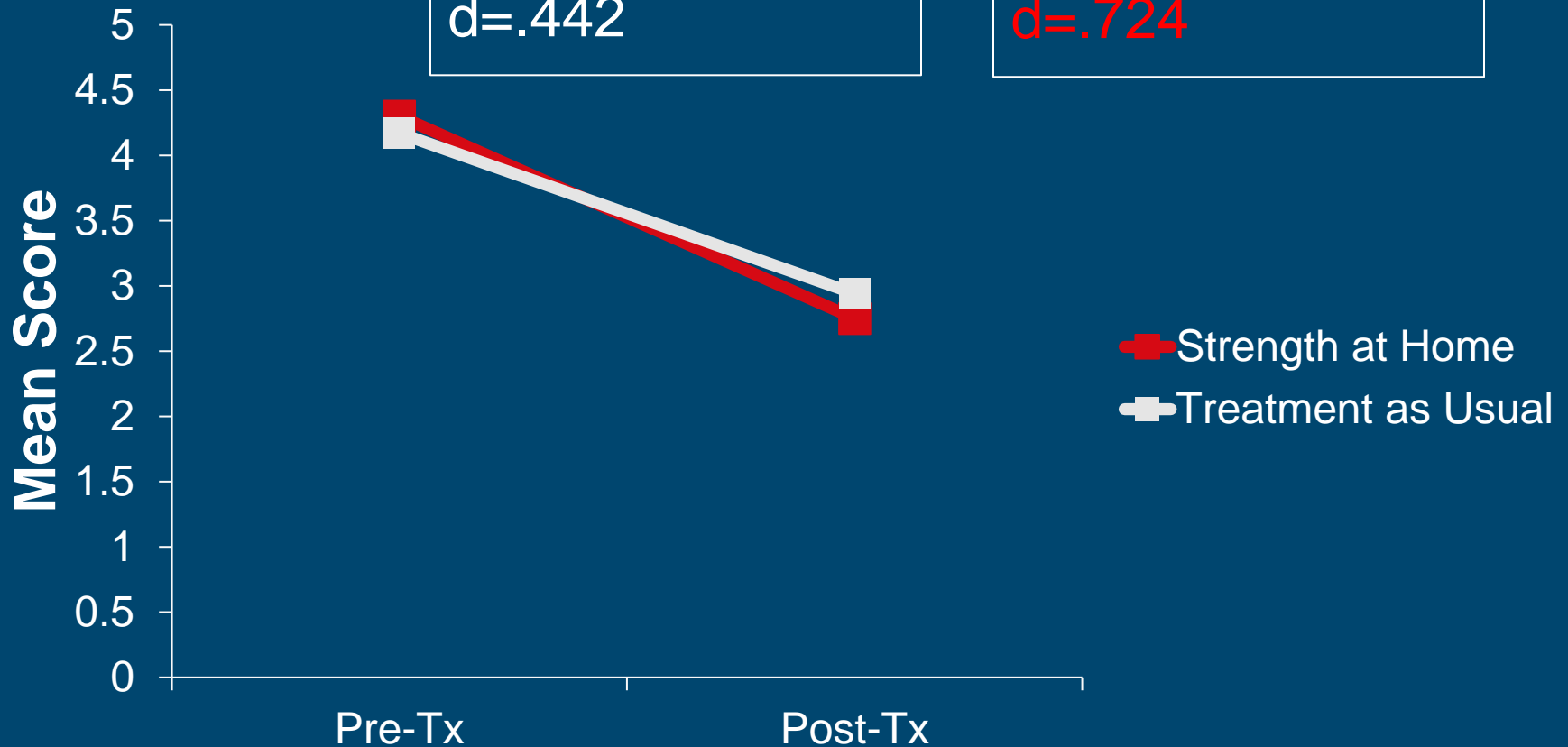
SAH Effect size:  
 $d=.400$



# Psychological IPV (CTS2)

TAU Effect size:  
 $d=.442$

SAH Effect size:  
 $d=.724$



# Effect size

	<b>SAH</b>	<b>TAU</b>
<b>Physical IPV (CTS2)</b>	<b>.625</b>	<b>.516</b>
<b>Psychological IPV (CTS2)</b>	<b>.726</b>	<b>.442</b>
<b>Psychological IPV (MMEA)</b>	<b>.400</b>	<b>.318</b>
<b>Injury Subscale of CTS2</b>	<b>.392</b>	<b>.328</b>

smqll	0.2
medium	0.5
large	0.8

# Program Satisfaction

- When asked about overall satisfaction: :
- reported helped “very satisfied”
  - 55% -SAH
  - 45%-TAU
- When asked how much the program helped them deal more effectively with their problems?
- reported helped “a great deal”
  - 51% -SAH
  - 40%-TAU

# Discussion

- For the first time, SAH is shown to be effective in civilians
- Providers in Israel have less experience facilitating SAH
- Trauma-informed intervention for IPV

# Limitations

- Cultural study
- Possible differences between court-mandated and self-referred population

# Our Staff Members

Madeline Smethurst

Samuel Frank

Liron Cohen

Ziv Azaria

# Thank You!



## Welcome to Strength at Home

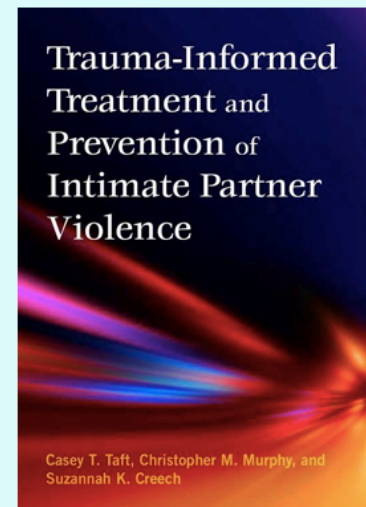
Welcome to the official website for the Strength at Home (SAH) programs, hosted by the primary program developer, Dr. Casey Taft.

### About Strength at Home

Strength at Home consists of two separate cognitive-behavioral group intervention programs for intimate partner violence (IPV):

- **Strength at Home:** An “offender” or “abuser intervention” program for those self- or court-identified as having difficulties with IPV, delivered to individuals within groups; and
- **Strength at Home Couples:** A program focused on IPV prevention in couples prior to escalation to physical violence.

The Strength at Home program can be used for the civilian, military, or Veteran population, and often satisfies court requirements for IPV intervention. The Strength at Home Couples program is primarily for military



*Written by Strength at Home program developers and published by the American Psychological Association.*