Domestic Violence Among Veteran Families
SCREENING GUIDE

FOR CALIFORNIA BAY AREA
DOMESTIC VIOLENCE PROVIDERS AND ADVOCATES TO IDENTIFY VETERAN FAMILIES EXPERIENCING DOMESTIC VIOLENCE

Developed by Swords to Plowshares Domestic Violence Protocol Working Group
INTRODUCTION

This guide provides domestic violence organizations clear, concise, and effective information on how to identify veterans and veteran families within their organization, effective strategies for working with veteran families, military and veteran methodology and the understanding of veteran issues, as well as resources for veteran-specific services when they may fit in with their current treatment plans.

About the Domestic Violence Screening Protocol Working Group

In April 2011, Swords to Plowshares hosted a roundtable, funded through Blue Shield against Violence to extend dialogue between the Veterans Administration and community-based veteran service providers, community-based domestic violence advocates, and criminal justice personnel regarding resources and information sharing in the prevention and response to violence within veteran families. The roundtable findings included the need for dialogue and resource sharing between the fields of domestic violence and veteran services to create a greater understanding and support system for domestic violence in the veteran community.

Since then, Swords to Plowshares has gathered experts from the roundtable to identify an appropriate screening protocol for both domestic violence and veteran providers. The working group has been hard at work identifying issues, resources and promoting an understanding between the two fields. The objectives in this guide have been determined by the working group.

About Swords to Plowshares

War causes wounds and suffering that last beyond the battlefield. Swords to Plowshares’ mission is to heal the wounds, to restore dignity, hope, and self-sufficiency to all veterans in need, and to significantly reduce homelessness and poverty among veterans.

Founded in 1974, Swords to Plowshares is a community-based, not-for-profit organization that provides counseling and case management, employment and training, housing and legal assistance to veterans in the San Francisco Bay Area. We promote and protect the rights of veterans through advocacy, public education and partnerships with local, state and national entities.

Special thanks to our working group:

- Elizabeth Brett, VJO Specialist, VA
- Mary Dudum, Founder and Facilitator, East Bay Collaborative for Military Veterans and Families
- Rachel Guerra, Veteran Justice Outreach Specialist, VA
- Jude Litzenberger, Coordinator, San Diego Veterans Treatment Court
- Duncan MacVicar, Veteran Treatment Court Educator, VA
- Claire McCullough, Community Programs Director, La Casa de las Madres
- Christine Timko, Senior Research Career Scientist, VA Health Services Research and Development
- Beverly Upton, San Francisco Domestic Violence Consortium
- Amy Fairweather, Director of Policy, Swords to Plowshares
- Starlyn Lara, Women Veteran Coordinator, Swords to Plowshares
- Megan Zottarelli, Policy Analyst, Swords to Plowshares
BACKGROUND

The transition from military to civilian life can bring enormous strain to the family. Indeed, the common terminology when leaving the military is not retirement but separation, and encompasses a true separation from one culture to another. This includes coping with service-related issues such as post-traumatic stress (PTS) or traumatic brain injury (TBI). Economic challenges such as unemployment, transferring a military career to a civilian job and transition to school can bring additional challenges. Veterans and their families may feel isolated, not knowing how to access care and deal with the stresses of their changing roles in the family. Caregiver burden, the stress which often arises in family members of veterans from the overwhelming financial and emotional responsibility of caring for them, can occur. These factors are known to increase the chances of the veteran either committing or falling victim to violence.

Why Screening is Important

Domestic violence has touched all of our communities, and the trauma of war can easily come home. Addressing violence among veteran families means addressing the root cause—which can be the psychological or cognitive war trauma—that triggers the violence. Many of us are insular, and are either unaware of existing resources or are more apt to use our own. Domestic violence organizations are handling a wave of cases, often without even knowing that the victim or spouse is a veteran and not knowing the specific service-related issues and resources they might be able to link the veteran to. Veteran organizations may not know that their clients are either accessing or need to seek domestic violence services. Many communities attempt to identify veterans but may not know appropriate questions to ask.

Goal of this Screening Guide

This guide serves to help you understand military and veteran culture and how to appropriately engage veteran families. Our accompaniment, the Domestic Violence Resource Directory, will give you resources and services to connect to when encountering domestic violence. The focus of the committee and of this Screening Guide is to ensure the safety of the veteran family and prevent or mitigate any possible abuse in the home. We also hope that providers are able to consider the unique issues facing veterans and that their situational needs may differ from others who experience domestic violence, and thus are able to route the veteran to culturally sensitive and appropriate treatment. We encourage this guide to be part of a safety plan to use in coordination of services for the victim or abuser, but by no means are we instructing you on how to properly treat the veteran. We hope this guide can augment existing services. This guide does not in any way provide excuses for veteran family violence, instead it provides context, which we hope will allow community-based advocates and providers resources to address a unique population.

If your treatment plan does not call for linking victims or perpetrators to veteran-specific resources and services, then this guide can be a stand alone for you to gain a greater understanding of the clients you are serving.

UNDERSTANDING MILITARY AND VETERAN FAMILY DYNAMICS

Military Family Culture

Family members are not official members of the rank and file, however they uphold many key responsibilities in supporting the military in their mission. The responsibilities of family members are not alleviated upon separation from the military but often actually intensify after the commitment to the military is complete and veterans return home.
Military families are a unique culture. They most often live on military bases with other families and thus they are often viewed as a “closed society.” Service members and their families become indoctrinated in the culture, relying on the military and military instillations for all of their needs including daycare, healthcare, dining, groceries, and even shopping and going to the movies.

Being on base can be an isolating experience, especially when the service member is deployed. Families learn to function in the absence of the service member during deployments which can be very difficult for the service member to get used to after returning home. Often times the entire family dynamic shifts as the spouse runs the household without the direct support of service member. This transition can be very difficult for the entire family, often more difficult than the separation itself.

- 48 percent of active duty service members are married.
- 6 percent are in dual military marriages (whereby both are serving in the military).
- 43 percent have children.
- There are 36 million dependants of veterans of all eras in the U.S.
- Together veterans, dependents, and survivors make up about 19 percent of America’s population.
- Today, the overall divorce rate in the military is comparable to the civilian population. However, for female service members, the divorce rate is nearly three times as high as male service members.

**Family Risk Factors for Violence**

Veterans are not the only ones who experience mental stress as a result of military service. Families of veterans are the often forgotten and unseen members of military society who experience economic, emotional and relational strain as a result of their loved one’s deployment. They must adjust to changes in their loved one when they return, and often carry the responsibility of caring for an injured veteran.

When loved ones return from military service with mental health issues, the impact and stress on the family can be great and often leads to mental issues for the rest of the family. Post-traumatic stress (PTS) is generally defined as an anxiety condition that can develop after exposure to a traumatic event or ordeal in which grave physical harm occurred or was threatened. Veterans with PTS and/or depression face a broad range of physical, cognitive, behavioral, emotional and social challenges. Social support is a very important predictor of one’s likelihood to develop mental health issues. For this reason, National Guard and Reserve families who often live far from base, in rural and isolated areas away from community resources, are at an increased risk for mental health issues.

There is also a high co-morbidity of mental health issues and substance abuse among OEF/OIF/OND veterans. Rates of substance abuse among veterans diagnosed with PTS or other mental health issues range from 21 to 35 percent. Alcohol and/or substance abuse may increase impulsivity and further increase the risk of domestic violence.
Studies have shown that spouses of veterans with post-traumatic stress (PTS) have higher levels of emotional distress.\textsuperscript{10} Studies of Vietnam and WWII era veterans on the long-term effects of PTS on relationships and family life show that they were more likely to be divorced, less likely to be satisfied with their marriages and sex lives, more likely to have parenting troubles, intimacy problems, and more likely to experience domestic violence.\textsuperscript{11} A more recent study of OEF/OIF/OND veterans found that those who had PTS had problems adjusting within their marriages and as parents upon their return.\textsuperscript{12} For OEF/OIF/OND veterans in VA care for a mental health issue, 66 percent of married or co-habiting veterans reported adjustment problems, 22 percent reported that their children “did not act warmly to them,” or were “afraid of them,” and 56 percent reported conflicts involving “shouting, pushing or shoving.”\textsuperscript{13}

Deployment of parents has a multitude of negative effects on children as well and includes depression, worry about the deployed parent and behavioral problems such as a drop in academic performance and lashing out in anger. The mental health status of the at-home caretaker largely effects how the child will respond.\textsuperscript{14}

There may also be significant economic factors at play. Unemployment among young veterans is high, military pay is low, and many veteran families are dealing with debt. In addition, family financial control may be impacted by deployment during which complete Power of Attorney is conferred to one spouse.

**IMPACT**

**Battlemind**

Battlemind is a framework developed by the military that includes understanding the battle mindset which prepared service members for deployment and combat but may now be affecting the veteran’s social and behavioral health at home. Training includes survival skills which influence thoughts and behaviors long after separation from the military. These skills are learned for survival and become an automatic response to stimulation, but these skills do not translate well into civilian behavior.

While in combat, the service member may be fearful for their safety and their lives; they are anxious, feel exposed and vulnerable. They participate in dangerous missions all day, every day with very little recovery time. Their adrenaline levels are high, they are making life and death decisions in a heartbeat. Their fight or flight response is only turned on to fight.

**So how does this training translate when they return home to the community?** The military spends a lot of time training service members to be vigilant, resilient and responsive. Although they take care to provide post-deployment decompression training after deployments and family reconnection efforts, the symptoms of post-traumatic stress, hyper-arousal, anti-social behavior, irritability, numbness, impulsivity, or aggression that a service member may experience as a result of their military experience can seriously impact relationships and contribute to problems in the home. Aggression is a tool that is useful in the military, but destructive on the outside. They may drive aggressively to avoid triggers that remind them of events which occurred while deployed or simply to maintain control of their environment. Weapons make them feel safe; without them they may feel vulnerable. This is particularly important for civilian providers to understand, as veterans, even those not dealing with post-traumatic stress or those prone to violence may carry arms. Post-traumatic stress significantly increases risk of weapons and assault charges, \textsuperscript{15} and when there is access to weapons there are additional considerations for the safety of the veteran family.
Domestic Violence

Not all familial stress related to military service is a recipe for violence in the home. However, veterans who return with mental health disorders are at risk for domestic and/or inter-partner violence (IPV).\textsuperscript{16} Readjustment issues such as mental, cognitive, or physical injuries as well as co-occurring substance abuse, depression, and irritability are known to intersect with domestic violence.

- There is a significant link between the severity of PTSD and domestic violence/IPV severity.\textsuperscript{17}
- A study of Vietnam-era veterans showed that those with PTSD are more likely to commit acts of domestic violence than those without PTSD.\textsuperscript{18}
- A more recent study of OEF/OIF/OND veterans showed that 60 percent of veterans in families who were referred for a mental health evaluation at a VA center experienced mild to moderate IPV with 53.7 percent reporting “shouting, pushing or shoving.” Three-quarters of the veterans had some kind of family readjustment issue such as feeling like a stranger in their own home, being unsure about their family role, or having their partner afraid of them.\textsuperscript{19}
- Transition phases (deployment and reintegration) cause increased stress on the family and have been linked to child mistreatment.\textsuperscript{20}
- The statistics for women veteran victims are frightening: women veterans and female service members are more likely than non-veterans to experience intimate partner violence. Thirty-nine percent of women veterans and 30-44 percent of active duty women report having experienced intimate partner violence.\textsuperscript{21}

WHAT TYPE OF ABUSE MIGHT THE VETERAN FAMILY EXPERIENCE?

Although the type of abuse a veteran family might experience is likely to be similar to civilian families, there are unique circumstances that providers may need to identify.

Intimidation and threats, both non-weapon and weapon use: A victim spouse/partner may be especially scared as the service member has in depth training in hand-to-hand combat and weaponry and may have close access to guns. Most military domestic violence cases do not involve weapons, but access to and skilled use with weapons (by both service members and veterans) makes them a unique cohort.

Economic abuse: This is a common type of abuse among military families. This can occur when a victim spouse/partner may fear leaving the relationship with the service member because of a loss of financial benefits. Often spouses stay at home and are not part of the workforce as the family may move around frequently. Service member victims may experience this abuse when deployed and the spouse is in charge of finances, may hold Power of Attorney and may withhold money from the spouse. Veteran victims reliant on benefits from the VA may have them withheld by spouses or caregivers.

Caregiver burden: A veteran with injuries related to military service may rely on their spouse/partner as a caregiver. The caregiver might experience stress as a result of the overwhelming financial and emotional responsibility of caring for them. This most often occurs when the veteran has PTSD, TBI, or another service-related issue. The impact of co-occurring IPV perpetration is even greater in this circumstance, as the caregiver has the added stress of taking care of the perpetrator. The caregiver victim may be less willing to leave the service member if they are the primary caregiver. On the flipside, a caregiver may experience such a great amount of stress that it may escalate to abusing the veteran.
**Isolation:** As mentioned, military families can be a “closed society.” Even further, a service member may use these cultural attitudes such as upholding secrecy to isolate the military spouse/partner. The constant moving and geographic mobility further isolate the spouse/partner who is often away from family and friends.

**Witness abuse/resistive violence:** Children and siblings may witness the abuse of one another or their parent. This may be accompanied by threats from the perpetrator to keep the “family secret.” Also, the spouse/partner victim may engage in resistance violence to mitigate abuse and prevent it from escalating.

**Using children:** A military spouse/partner may threaten to move children away while the service member is deployed.

**Mutual abuse and women perpetrator abuse:** IPV among veteran couples can often be mutual whereby the veteran can be both victim and perpetrator. Also, female service members are just as likely to commit domestic violence.

**Socioeconomic factors:** Socio-demographic differences in risk for violence have been found for gender, race/ethnicity, pay grade, religious faith, marital status, and career type (e.g. lower rank predicted higher risk for both perpetration and victimization across men and women).

**Stigma of Reporting Abuse**

Victims may fear reporting abuse to Command as it may only increase the abuse. Often, military spouses are afraid to report because they know the service member has extensive military training as well as access to guns.

Reporting may also jeopardize their partner’s career or their own career. Often the service member is the head of household and conduit to care, and income and healthcare is lost if they are discharged from the military.

Because of the “closed society” nature of the military, there is a potential for word of the abuse to reach other service members and families on base. This lack of privacy makes the family fear being judged by other families and often inhibits reporting.

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*Obstacles to Reporting*

- Impact on military/post-military career
- Financial stress
- Veteran as the conduit to care
- Lautenberg Act
- Lack of privacy

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1. Lautenberg Act: Pub.L. 104-208, 18 U.S.C. § 922(g)(9); A gun ban for individuals convicted of a misdemeanor or crime of domestic violence. The act bans shipment, transport, ownership and use of guns or ammunition by individuals convicted of misdemeanor domestic violence, or who are under a restraining (protection) order for domestic abuse in all 50 states. Service members will lose access to firearms for the course of their duties, and are often discharged as a result of both the domestic violence conviction and being unable to assume their duties. A small number of cases may not result in a discharge of the service member if the service member does not have to use weapons as a result of their military job.
MILITARY JURISDICTION AND REPORTING

Military Jurisdiction

One of four types of jurisdiction will apply to the military installation:

Exclusive federal jurisdiction: The federal government holds all authority, and civilian authorities have essentially no power. All offenses, including domestic violence, are handled only by the military or other elements of the federal justice system. For offenses or actions that have taken place off the installation, civilian authorities have the “right to serve process” or present legal papers, such as arrest warrants, subpoenas, civil orders, and civil process papers, but they can only enter the installation with military approval.

Concurrent jurisdiction: Both state and federal governments share authority over the area and either may be the first responder and may prosecute offenses. These arrangements vary and depend on state and local agreements between civilian and installation authorities.

Partial jurisdiction: States give the federal government authority in some areas of law but reserve the authority over others. States vary as to which powers are reserved.

Proprietary-interest jurisdiction: Except as specified by the U.S. Constitution, the federal government does not have jurisdiction, and all legal authority is maintained by the state.

Military Reporting

In the military, there is an emphasis from Command to take care of families. Command knows that reenlistment often depends on the spouse, so investing in the service member means supporting the family. This role often means encouraging family advocacy and making treatment available. Some deploying units in the Marine Corps, for example, have a family readiness officer on division staff to ensure that domestic violence briefings are given to family members both during and immediately after deployments to OEF/OIF/OND units. The Lautenberg Act impacts this relationship as well: the service member’s career is often at stake since they often cannot transfer to another position in the military which does not hold weapons, and Command cannot afford to lose the service member. Command therefore often pays attention to preventing violence in the home.

In the civilian world, accusing your spouse of domestic violence will likely result in an arrest, court appearance, with possible jail time and a batterer’s intervention program. In the military (at least when committed on base and not through restricted reporting), the report goes to the chain of command, who has a very broad authority to determine consequences. The commander may impose treatment or disciplinary measures which may include loss of firearms, rank, pay, or discharging the service member from the military.

Many assume that a military installation is under complete federal control, but this is not often the case. Although the Department of Defense (DoD) does not maintain records of jurisdiction type, the majority of installations fall under shared or complete civilian jurisdiction. Civilian authorities may have jurisdiction (and may be first responders) over any cases that occur on installations.

Restricted reporting allows victims to receive medical care without notifying Command or law enforcement so long as the report is made to an advocate or healthcare provider. However, if there is imminent danger or harm to the victim, or if an Emergency 911 call is made on base (including by a third party), then the report is unrestricted and the Command may be notified of the abuse.
Domestic violence that occurs off base is under the jurisdiction of local civilian authorities, although civilian and military authorities could decide to handle the case through the military justice system rather than the civilian justice system.29

The Department of Defense (DoD) Instruction Number 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel is a policy for each branch of the military that explains the responsibilities of Command and first responders for responding to domestic violence. Review this document to help understand military protocol around reporting. It’s available online at www.dtic.mil/whs/directives/corres/pdf/640006p.pdf.

MILITARY FAMILY ADVOCACY PROGRAMS

Family Advocacy Programs (FAP)—sometimes called Fleet and Family Services Centers—is a service-wide program which provides resources and support for families experiencing domestic violence. FAP is responsible for providing victim intervention and support as well as treatment for offenders. FAP programs and services are available to service members, their spouses, and children. FAP programs vary in their response and treatment programs among each service branch as well as among military installations. Contact your local FAP to learn more about their program and how they respond to domestic abuse on their installation.

Screening

Now that you have gained an understanding of military/veteran family culture, risk factors for violence, and military reporting parameters, you can now identify appropriate ways to screen veteran families experiencing domestic violence.

How do you start?

Simply asking, “Are you a veteran?” during an intake assessment is complicated for many reasons. Current active duty, National Guardsmen or Reservists, women veterans, veterans with less than honorable discharges, veterans who did not see combat, and young veterans may not self-identify when asked specifically if they are a veteran. Additionally, many veterans may not self-identify at booking for fear that they will lose their financial benefits if their status is reported to the VA or Social Security. (See Appendix C for financial benefit information and incarcerated veterans.)

The questions in Table 1 have been found to be most impactful to identify veteran and veteran family clients. We recommend implementing the screening at any time during your treatment, as you see fit. The questions are meant to be a quick inquiry and reference point. See Appendix A for an intake worksheet. If you would like to perform a more in-depth screening to inquire about veteran status, additional questions are included in the intake worksheet.

TABLE 1. SCREENING GUIDE

<table>
<thead>
<tr>
<th>Veteran:</th>
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<tbody>
<tr>
<td>Have you ever served in the U.S. Armed Forces?</td>
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<tr>
<td>In what branch(es) of the Armed Forces did you serve?</td>
<td></td>
</tr>
<tr>
<td>What were your dates of service?</td>
<td></td>
</tr>
<tr>
<td>During this time did you serve in a combat zone?</td>
<td></td>
</tr>
<tr>
<td>When were you last discharged?</td>
<td></td>
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<tr>
<td>What type of discharge did you receive?</td>
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</table>

<table>
<thead>
<tr>
<th>Veteran spouse:</th>
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<tbody>
<tr>
<td>Has your partner ever served in the U.S. Armed Forces?</td>
<td></td>
</tr>
<tr>
<td>In what branch(es) of the Armed Forces did he/she serve?</td>
<td></td>
</tr>
<tr>
<td>What were his/her dates of service?</td>
<td></td>
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<tr>
<td>During this time did he/she serve in a combat zone?</td>
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<tr>
<td>When was he/she last discharged?</td>
<td></td>
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<tr>
<td>What type of discharge did he/she receive?</td>
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</table>
Data Collection

While we recognize that not all organizations will have the capacity to report on the data they collect, and we also understand that organizations need to protect their client information, it is important for the Bay Area community at large to know and understand the number of veteran families experiencing domestic violence. There is a lack of information on the magnitude of how many families are being affected. If you would like to share the results of your screenings without sharing the identify or unique identifiers of your clients, contact Megan Klein Zottarelli at Swords to Plowshares at mklein@stp-sf.org. Swords to Plowshares will conduct research to determine how many organizations are seeing veteran families dealing with violence.

DEPARTMENT OF VETERAN AFFAIRS ACCESS POINTS

Accessing Veteran Administration (VA) services can be daunting when you or the veteran doesn’t know where to start, or whether or not the veteran is eligible for services. Here is a breakdown of eligibility and access points. For additional information on benefits, eligibility, and help enrolling in VA services, visit www.va.gov or call (800) 827-1000.

Veterans Health Administration

The Veterans Health Administration (VHA) is composed of 152 medical centers throughout the country. Medical centers provide services for veterans such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy; as well as additional medical and surgical specialty services including audiology and speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care. Some medical centers also offer advanced services such as organ transplants and plastic surgery.

To access these services, the veteran must be eligible for VA services and must enroll at the VA. Because there are only 152 centers throughout the country, getting to the medical center is difficult for many veterans, especially those living in rural areas. For a listing of Bay Area VA medical centers refer to the Domestic Violence Resource Directory.

Veterans Benefits Administration

The Veterans Benefits Administration (VBA) provides a wide range of benefits including, disability, education and training, vocational rehabilitation and employment, home loan guaranty, dependant and survivor benefits, medical treatment, life insurance and burial benefits.
Veterans Administration Eligibility

The following information presents the general rules applicable to veterans seeking VA healthcare and benefits; there are often exceptions to each of these rules.

- Generally, veterans must have:
  - Served at least one day in the military prior to September 8, 1980 with an honorable discharge;
  - Served at least 24 continuous months with an honorable discharge (includes general under honorable conditions discharges) after September 8, 1980;
  - Demonstrate financial need and/or a service-connected disability.\(^{30}\)

- OEF/OIF/OND veterans are eligible for five years of free healthcare and may be eligible for 180 days of dental care after separation.

- Because VA healthcare is rationed, an enrolled veteran is assigned to one of eight priority groups.
  - Service-connected veterans, those with a disability which the VA has determined was incurred or aggravated during service, are given the highest priority.

- In order to apply for VA benefits, veterans must first enroll in VA healthcare.

- Veterans with an other than honorable discharge are eligible for Grant Per Diem (GPD) services (up to two years transitional housing or residential treatment);

- Those who served less than two years after September 8, 1980 with either an honorable or other than honorable discharge are eligible for GPD.

### Eligibility for benefits based on military discharge type

<table>
<thead>
<tr>
<th></th>
<th>Honorable</th>
<th>General</th>
<th>Other than Honorable</th>
<th>Bad Conduct Discharge</th>
<th>Dishonorable Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Medical and Dental</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
<tr>
<td>Hospitalization and Domiciliary Care</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
<tr>
<td>G.I. Bill (^{31}) (education benefits)</td>
<td>X</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
</tr>
<tr>
<td>Home Loans</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
<tr>
<td>Disability Compensation and Pension</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
</tbody>
</table>

X = Eligible; TBD = To Be Determined; NE = Not Eligible
Service Connected Disability Compensation

Service Connected Disability Compensation (SCDC) is a monthly payment for a disability that was incurred or aggravated during military service.

Disability is rated in percentage from 0-100 percent and disability benefits are thereby calculated according to the percentage. Percentage is the “disability rating.” So for example, a veteran with Tinnitus may be rated 10 percent disabled, a veteran with PTSD may typically be rated anywhere from 30-70 percent.

**SCDC is a tax-free benefit and is not reduced by other income.**

How to Apply for VA Benefits

The VA has different ways to apply for VA benefits based on the status of the veteran. Also, in order to apply for VA benefits, the veteran must first enroll in VA healthcare.

**The Pre-Discharge Program:** A joint VA and Department of Defense (DoD) program that affords service members the opportunity to file claims for disability compensation up to 180 days prior to separation or retirement from active duty or full time National Guard or Reserve duty.

**The VONAPP (Veterans Online Application):** The VONAPP website is an official VA website that enables service members, veterans and their beneficiaries, and other designated individuals to apply for benefits using the Internet. You can access the website at www.ebenefits.va.gov.

**Apply at a Local Regional Office:** VA regional offices can assist the veteran with filing the appropriate VA forms.

**Veteran Service Organizations (VSOs):** VSOs can assist the veteran as well by petitioning on behalf of the veteran for services, appealing the veteran’s case, and answering questions related to VA benefits and claims.

What documentation is required for a successful disability compensation claim?

- Current diagnosis by a qualified professional.
- Proof of onset during military service.
  - Typically done by using service medical records; however, often is the case that the condition or incident causing the condition was never entered into the service member’s record and so other evidence must then be developed.
- Nexus evidence—opinion by a licensed professional linking the condition to military service.
- Presumption—exception to requirement of proof of onset; the condition is presumed by law or regulation to be service-connected.
  - For example, chronic lymphocytic leukemia, respiratory cancers, and Hodgkin's disease are some of the many conditions presumed to be caused by Agent Orange use during the Vietnam War. Veterans need not prove the condition was caused by military service but must prove they served on the ground in Vietnam.
- Evidence of severity of disability—used to establish the disability percentage rating of 0-100 percent in increments of 10 percent.
VET CENTERS

Vet Centers offer a wide range of psycho-social services to eligible veterans and their families, often including violence prevention counseling. Veterans and families are eligible for services at Vet Centers if the veteran served in any combat zone and received a military campaign ribbon (Vietnam, Southwest Asia, OEF, OIF, OND, etc.), or is a survivor of military sexual trauma. They do not need to be enrolled at the VA, and do not need to have an honorable discharge.

Services include:

- Individual and group counseling for veterans and their families
- Family members of combat veterans are eligible for counseling services for military-related issues
- Bereavement counseling for families who experience an active duty death
- Military sexual trauma counseling and referral
- Outreach and education, community events, etc.
- Substance abuse assessment and referral
- Employment assessment and referral
- VBA benefits explanation and referral
- Screening and referral for medical issues including TBI, depression, etc.

Vet Centers are limited and not always located close to the veteran. To locate a Vet Center in the Bay Area, see the accompaniment, Domestic Violence Resource Directory or call during normal business hours at (800) 905-4675 (Eastern) and (866) 496-8838 (Pacific).

Veteran Justice Outreach Program

The Veteran Justice Outreach Program (VJO) is a program under the Veteran Health Administration for justice-involved veterans. A designated VJO specialist resides at each medical center, and provides direct outreach, assessment, and case management for justice-involved veterans in local courts and jails as well as outreach to state and federal prison veteran inmates, and liaisons with local justice system partners. To contact a VJO specialist in the Bay Area, see the accompaniment, Domestic Violence Resource Directory.

Accessing Veteran Services in your Community

In addition to services from the VA, there are many services for veterans and veteran families available from community organizations. Services include health and social services, mental health services, employment and training, legal assistance for VA claims, housing and residential treatment, wellness counseling and retreats, and more. Many of these organizations vary in their eligibility for services as well as what types of care they offer. Many are knowledgeable about inter-personal violence among veterans and even if they can’t offer services themselves, they may know about other existing resources to refer the veteran or family member. We encourage you to utilize the accompaniment, Domestic Violence Resource Directory to understand what services are offered in the Bay Area.
**ALTERNATIVE SENTENCING FOR VETERAN OFFENDERS**

**Veteran Treatment Courts**

Veteran treatment courts are a rehabilitative alternative to traditional court systems which allow the eligible veteran to access treatment programs in lieu of jail time with a focus on low barrier entry, meaningful treatment, motivational interviewing and assertive case management. The court is not to be seen as a “get out of jail free card” but allows veterans with injuries from their military service which are a contributing factor in their offense to access rehabilitative services. There are 11 courts in California including one in Santa Clara County and the Bay Area is currently (as of March 2012) implementing courts in Alameda County and San Mateo County. Every court varies in their eligibility and treatment programs, depending on resources in the community.

**California alternative sentencing legislation**

Under current California law (Penal Code § 1170.9), a criminal defendant may raise sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of military service as a contributing factor in their commission of a crime. The law allows the court, before sentencing, to enter the veteran in a treatment program in lieu of incarceration. The court makes a determination as to whether the defendant is suffering from the above service-related injuries and may rely on an assessment from community healthcare providers. Veterans sentenced for a commission of a domestic violence offense in California must also complete all charge specific programs in addition to receiving treatment under the Penal Code. This law is the basis for veteran treatment courts in California, but may be used in any jurisdiction regardless of whether or not there is a veteran treatment court. Many defense attorneys are not aware of this law but it may prove useful in advocating for the veteran. See Appendix D for full text of the Penal Code.

**HOW TO INCORPORATE SERVICES INTO EXISTING TREATMENT PLANS**

We encourage this guide to be used as part of a safety plan in coordination of services for the victim or abuser, but by no means are we instructing you on how to properly treat the veteran. We hope the information in this guide can be used at the discretion of the provider who can decide within their own process when they’d like to implement these practices. We also hope that within the safety conversation they may introduce the possibility of seeking veteran-specific services in order to augment the existing treatment plan. If your treatment plan does not call for linking victims or perpetrators to veteran-specific resources and services, then we hope you can use this guide as a standalone for you to gain a greater understanding of the client you are serving.
APPENDICES

Appendix A: Screening intake worksheet

The following questions have been found to be most impactful to identify veteran and veteran family clients. We recommend implementing the screening at any time during your treatment, as you see fit.

Preliminary questions/basic intake questions to ask the veteran:

Have you ever served in the U.S. Armed Forces?
- Yes
- No

In what branch(es) of the Armed Forces did you serve? (Check all that apply)
- Army
- Marines
- Merchant Marines
- Navy
- Coast Guard

What were your dates of service? (Multiple enlistments may fill out multiple times)
- Start of Service ___ - ___ - _____
- End of Service ___ - ___ - _____

During this time did you serve in a combat zone?
- Yes
- No

When were you last discharged?
- ___ - ___ - _____

What type of discharge did you receive?
- Honorable
- General (under honorable conditions)
- Other than Honorable
- Bad Conduct
- Dishonorable
Preliminary questions/basic intake questions to ask the veteran family member:

Has your partner/spouse/family member ever served in the U.S. Armed Forces?
☐ Yes
☐ No

In what branch(es) of the Armed Forces did he/she serve? (Check all that apply)
☐ Army
☐ Marines
☐ Merchant Marines
☐ Navy
☐ Coast Guard

What were his/her dates of service? (Multiple enlistments may fill out multiple times)
Start of Service ___ - ___ - ____
End of Service ___ - ___ - ____

During this time did he/she serve in a combat zone?
☐ Yes
☐ No

When was he/she last discharged?
___ - ___ - _____

What type of discharge did he/she receive?
☐ Honorable
☐ General (under honorable conditions)
☐ Other than Honorable
☐ Bad Conduct
☐ Dishonorable
Optional additional questions to ask the veteran

These questions may help the veteran organization better determine eligibility for services.

Current Service Obligation:

☐ Individual Ready Reserve
☐ Reserves
☐ National Guard
☐ None

Are you enrolled in VA healthcare?

☐ Yes
☐ No
☐ Don’t Know
☐ Refused

Are you receiving benefits from the VA?

☐ Yes
☐ No
☐ Don’t Know
☐ Refused

If yes, what type of benefits ____________

If you are receiving service-connected disability compensation, what is your rating?

Percent ____________
☐ Don’t Know
☐ Refused
Appendix B: Legal, military, and veteran alphabet soup

**52 Week Batterer Intervention Program:** State law requires an individual who is placed on probation for a crime of domestic violence to complete a 52-week batterer intervention program approved by a county probation department. The programs are structured courses designed to stop the use of physical, psychological, or sexual abuse to gain or maintain control over a person such as a spouse or co-habitant.

**Bad Paper:** A veteran with a less than honorable discharge is often said to have “bad paper” because they are often ineligible for certain services from the VA and other organizations. This includes general, other than honorable, bad conduct and dishonorable discharges.

**HVAC:** House Veterans Affairs Committee.

**DD (Form) 214:** The certificate of service issued upon discharge. It lists all pertinent service information such as rank, date of rank, awards, special education and nature of service including discharge type.

**DoD:** Department of Defense.

**EAS:** End of Active Service (usually listed on a DD214).

**IED:** Improvised Explosive Device.

**IRR:** Individual Ready Reserve.

**Lautenberg Act:** Pub.L. 104-208, 18 U.S.C. § 922(g)(9); A gun ban for individuals convicted of a misdemeanor or crime of domestic violence. The act bans shipment, transport, ownership and use of guns or ammunition by individuals convicted of misdemeanor domestic violence, or who are under a restraining (protection) order for domestic abuse in all 50 states. Service members will lose access to firearms for the course of their duties, and are often discharged as a result.

**MOS:** Military Occupational Specialty. Just like any company, the military is full of different jobs, from engineers to counter intelligence officers

**MST:** Military Sexual Trauma.

**NJP:** Non-Judicial Punishment, a leadership tool providing military commanders a prompt and essential means of maintaining good order and discipline. These punishments can be issued at an officer’s discretion.

**OEF/OIF/OND:** Refers to the conflicts in support of Afghanistan and Iraq. Specifically, OEF/OIF/OND refers to “Operation Enduring Freedom,” “Operation Iraqi Freedom,” and “Operation New Dawn.” Sometimes these veterans are collectively referred to as “post-9/11” veterans.

**PC 1203.097(a)(6):** If a person is granted probation for a crime in which the victim is a person defined in Section 6211 of the Family Code, the terms of probation shall include (6) successful completion of a batterer’s program, as defined in subdivision (c), or if none is available, another appropriate counseling program designated by the court, for a period not less than one year with periodic progress reports by the program to the court every three months or less and weekly sessions of a minimum of two hours class time duration. The defendant shall attend consecutive weekly sessions, unless granted an excused absence for good cause by the program for no more than three individual sessions during the entire program, and shall complete the program within 18 months, unless, after a hearing, the court finds good cause to modify the requirements of consecutive attendance or completion within 18 months.

**Post-9/11 Veterans:** Any veteran who served on or after September 11, 2001. Often eligibility is based on these dates of service.
PTSD: Post-Traumatic Stress Disorder.

SVAC: Senate Veteran Affairs Committee.

Title 38 CFR 17.38v: Does not allow the VA to provide outpatient care for a veteran who is: either a patient or inmate in an institution of another government agency, if that agency has a duty to give that care or services.

TBI: Traumatic Brain Injury.

VA: Department of Veteran Affairs.

VBA: Veteran Benefits Administration.

VHA: Veterans Health Administration.

VISN: Veterans Integrated Services Network; VA’s Veterans Health Administration is divided geographically into 23 areas called VISNs.

VSO: Veterans Service Organizations.

VTC: Veteran Treatment Court: Veteran treatment courts serve veterans struggling with serious mental illness, addiction, and/or co-occurring disorders. They promote sobriety, recovery and stability through a coordinated response that involves cooperation and collaboration with the traditional partners found in drug and mental health courts, with the addition of the U.S. Department of Veterans Affairs healthcare networks, the Veterans' Benefits Administration, volunteer veteran mentors and veterans and veterans' family support organizations.
Appendix C: Incarcerated veterans information

This information has been authored by the Legal Services Department at Swords to Plowshares.

Many veterans have inquired about whether benefits are available to them from the U.S. Department of Veterans Affairs (VA) when they are incarcerated. Generally, benefits to incarcerated veterans are extremely limited.

This page will briefly describe the limits on VA benefits. Under “SOURCE,” we have listed citations to the law. If you have access to a law library, you can use the citations and read the law itself.

Service-connected disability compensation

If you receive service-connected disability compensation, it will be reduced:

Any veteran who is incarcerated for more than sixty (60) days for conviction of a felony may receive compensation only as follows:

- If rated at 20 percent or higher, compensation is payable at the 10 percent rate;
- If rated at less than 20 percent, compensation is payable at the 5 percent rate.

SOURCE: Title 38 United States Code §§ 1114(a), 5313(a); Title 38 Code of Federal Regulations § 3.665.

Non-service connected pension

If you receive non-service connected pension, it will be discontinued:

- Any veteran convicted of a felony or a misdemeanor will have his/her pension payments discontinued as of the 61st day of imprisonment following conviction.

SOURCE: Title 38 United States Code § 1505; Title 38 Code of Federal Regulations § 3.666.

Compensation for dependents

If you are incarcerated and your benefits are reduced, your family may be able to receive a portion of your benefits.

- When an incarcerated veteran’s compensation or subsistence income is reduced due to the incarceration, money not paid to the veteran may be apportioned to the veteran’s spouse, child or children, and dependent parents in individual cases. The VA will decide the individual needs of your dependents.


Vocational rehabilitation; subsistence allowances

A subsistence allowance may not be paid to an incarcerated veteran, but the VA may pay all or part of the tuition and fees.

- A subsistence allowance may be paid to a veteran in a rehab program while living in a halfway house as a result of a felony conviction.
- A subsistence allowance may be paid to a veteran in a work-release program as a result of a felony conviction.


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This memo is solely designed to give general information. It is not intended as a substitute for legal or professional advice, and it does not concern any specific situation or set of facts. We urge you to consult with a veteran’s advocate or attorney if you have questions about your VA benefits claim.
Appendix D: California Penal Code 1170.9 Full Text

(a) In the case of any person convicted of a criminal offense who could otherwise be sentenced to county jail or state prison and who alleges that he or she committed the offense as a result of sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems stemming from service in the United States military, the court shall, prior to sentencing, make a determination as to whether the defendant was, or currently is, a member of the United States military and whether the defendant may be suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of that service. The court may request, through existing resources, an assessment to aid in that determination.

(b) If the court concludes that a defendant convicted of a criminal offense is a person described in subdivision (a), and if the defendant is otherwise eligible for probation and the court places the defendant on probation, the court may order the defendant into a local, state, federal, or private nonprofit treatment program for a period not to exceed that which the defendant would have served in state prison or county jail, provided the defendant agrees to participate in the program and the court determines that an appropriate treatment program exists.

(c) If a referral is made to the county mental health authority, the county shall be obligated to provide mental health treatment services only to the extent that resources are available for that purpose, as described in paragraph (5) of subdivision (b) of Section 5600.3 of the Welfare and Institutions Code. If mental health treatment services are ordered by the court, the county mental health agency shall coordinate appropriate referral of the defendant to the county veterans service officer, as described in paragraph (5) of subdivision (b) of Section 5600.3 of the Welfare and Institutions Code. The county mental health agency shall not be responsible for providing services outside its traditional scope of services. An order shall be made referring a defendant to a county mental health agency only if that agency has agreed to accept responsibility for the treatment of the defendant.

(d) When determining the "needs of the defendant," for purposes of Section 1202.7, the court shall consider the fact that the defendant is a person described in subdivision (a) in assessing whether the defendant should be placed on probation and ordered into a federal or community-based treatment service program with a demonstrated history of specializing in the treatment of mental health problems, including substance abuse, post-traumatic stress disorder, traumatic brain injury, military sexual trauma, and other related mental health problems.

(e) A defendant granted probation under this section and committed to a residential treatment program shall earn sentence credits for the actual time the defendant serves in residential treatment.

(f) The court, in making an order under this section to commit a defendant to an established treatment program, shall give preference to a treatment program that has a history of successfully treating veterans who suffer from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of that service, including, but not limited to, programs operated by the United States Department of Defense or the United States Veterans Administration.

(g) The court and the assigned treatment program may collaborate with the Department of Veterans Affairs and the United States Veterans Administration to maximize benefits and services provided to the veteran.
WORKS CITED


2 Ibid.

3 Ibid.

4 FY 2009 VA Performance Report (Pages 1-17).


8 Refer to No. 7.

9 Refer to No. 7.


12 Ibid.


14 R No. 7.


19 Refer to No. 14.

20 Refer to No. 7.


24 Ibid.


26 Ibid.
The post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service after September 10, 2001, or individuals discharged with a service-connected disability after 30 days. You must have received an honorable discharge to be eligible for the post-9/11 GI Bill. The Montgomery GI Bill program provides up to 36 months of education benefits. This benefit may be used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses. Remedial, deficiency, and refresher courses may be approved under certain circumstances. Generally, benefits are payable for ten years following your release from active duty. This program is also commonly known as Chapter 30.
